RĪGA STRADIŅŠ UNIVERSITY

SOCIAL WORK CASE ANALYSIS

GLOBAL PERSPECTIVE

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Collection of articles about
experience on case work
and social case management
of eleven countries

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Content

Foreword

For several years Rīga Stradiņš University Department of Welfare and Social Work has cherished an idea to publish a collection of articles summing up the experience of handling social cases in Latvia. The initial idea of collecting social cases on the basis of competence and experience of social workers in Latvia developed into a need to find out also the experience of social workers of other countries in order to be able to compare the specific character of the work done by social workers, intervention and theories, approaches and methods chosen in its process. The social case descriptions included in the collection of articles and the experience in dealing with them have also made it possible to identify the institutions and professionals involved in the intervention, to look at the possibilities of professionals of the social work sector of the country represented in each social case analysis, into public policy, programmes, projects, etc. The collection of articles is designed to reflect the experience of social workers in their work with various target groups.

The idea of which national representatives could be invited to participate in the project was considered during the planning stage of the collection. Initially, there was a desire to gather as many national experiences as possible to cover all the continents. The selection of partners was started in 2015, and by the end of 2017 the work was continued on developing the book, editing, reviewing and publishing of the submitted material. Several challenges were encountered during the development of the collection of articles, including the withdrawal of individual partners from the project, which prevented the implementation of the initial plan of covering all the continents of the world.

Nevertheless, the experience on social case management of eleven countries – Australia, Bangladesh, Bosnia and Herzegovina, India, Japan, New Zealand, Kosovo, Latvia, Lithuania, Portugal and Slovakia – has been gathered in the collection of articles. Each of the articles covers various target groups: families with children, women suffering from poverty, inmates, women who have been victims of poverty, etc.

Each article included in the collection was developed according to a specific structure: a brief overview of the development of social work in the country, characteristics of the target group chosen, description of three to five social cases and a description of the interventions of social cases selected by the authors of the article. In separate articles, their authors have not adhered to the unified structure, but the compilers of the collection encourage readers to value it as a proof of creativity, perceptual diversity and different experience in social work practice.

The implementation of this idea was a great experience in both gaining new knowledge and understanding of the specific nature of social work practice and developing and expanding the international cooperation network. The reliance and trust of

the partners in the Department of Welfare and Social Work was surprising, since there was no previous cooperation with some of the partners.

The collection of articles is intended for social work educators and students, practitioners, social policy and social service developers, representatives of other supporting professions and stakeholders, as the collection of articles may be used as a study material and professionals working in social work practice may get an overview of the implemented intervention strategies and methods employed at work with different target groups in handling social cases. Everyone has the opportunity to find something useful in the collection.

The authors of the idea about the collection and its compilers express their gratitude to all the cooperation partners involved in the development of the collection of articles and to the team of Rīga Stradiņš University who ensured the publication of the collection.

We hope that the collection of articles will inspire social workers and representatives of other sectors of each country to discuss the issues raised in the collection.

Marika Lotko
Rīga, Latvia, 2017

Social Work in Global Context – Reflections on a Rapidly Changing Profession

Over the last couple of decades, the social work profession has experienced an extraordinary growth, at a global level. The International Federation of Social Workers (IFSW) reported that, as of 2017, it represented more than three million social workers in 126 countries. Moreover, in recent years, regions which in the past appeared to be hesitant to support social work have now invested heavily in education of social workers and creation of expanding networks of social services. Social work in China is the most characteristic example of this new trend. In this country, social work was quite an unknown profession for decades. Nevertheless, since 2012 Chinese social work has become the epicentre of very ambitious, state-sponsored project: having trained two million social workers by 2020.

Unsurprisingly, one of the most significant growth areas in social work writing and research has been the field of international social work. If social work is primarily focused on interrelationships between individuals, families, groups and communities and the context or environment within which such relationships take place, then it is apparent that social work was in need to become aware of the impact of the global on social problems.

Although the two most prominent international social work organisations – IFSW and International Association of Schools of Social Work (IASSW) have existed since the 1920s, it is in recent years that social work has focused on the importance of dealing with social problems at a global level. For many years, international social work was primarily synonymous to field visits, academic exchanges, conferences and, more infrequently, comparative projects which mostly represented parallel monologues. A true synthesis of global ideas and transfer of international knowledge was rarely part of the agenda.

However, the concept of social work as a global profession started taking shape after the end of the Cold War. This was not only informed by the rapprochement between countries that for decades were separated by the Iron Curtain but also by the realisation that globalisation superseded the rigidity of borders. This has been evident in the spread of market driven economies and also in the frequency of extraordinary natural and humanitarian disasters that affect whole regions and continents.

Interconnectedness and expansion of market economies, alongside the enormous wealth it helped create, has also been responsible for unprecedented levels of inequality and susceptibility to global financial crises. The crises have disproportionately affected

the most vulnerable communities. The publication of the present book coincides with ongoing discussions about the financial crisis in Europe, which triggered policies of asphyxiating austerity undermining the creation of a "European Social Model".

Many social Workers across Europe and internationally were at the forefront of dealing with the consequences of global financial crises. Not only did they support the most vulnerable communities through innovative and organic projects, but they also sided with the social movements in order to challenge the orthodoxy of unrestricted market economy that prioritises profits over people. The Orange Tide (Marea Naranja) movement in Spain and the Social Work Action Network in the UK have been brilliant examples of the re-politicisation process that has occurred in this context. More recently, the British Association of Social Workers and social workers from Aotearoa / New Zealand have marched through several cities advocating an end to poverty, homelessness, inequality and privatisation of social services.

These movements offer a unique insight into international social work through challenging permeating divisions, perpetuated by borders and class hierarchies. They also demonstrate that social work can only be relevant when it forms alliances and partnerships with the people who use social services. Such approach challenges the view that social work is a narrow technical profession and emphasises on the holistic nature of human experience. Indeed, social workers cannot and should not ignore the overwhelming body of evidence that documents inequality and poverty as the root cause and underlying factor affecting the lives of most service users. Researchers Pickett and Wilkinson have confirmed beyond doubt what generations of social workers have witnessed first-hand while practicing on the frontline: "It is the material circumstances that primarily shape and determine people's lives, not their morality. If we ignore the elephant in the room (inequality and poverty), then our practice would be reduced to the futile function of a 'social aspirin'." The appreciation of this formidable body of evidence and its incorporation into social work debates shapes the knowledge base for a social work model that is genuinely participatory and aims at social change.

Summing up, I would suggest that social justice based social work has been developed around such characteristics as democracy, empathy, militancy, anti-oppression, structure. Conveniently, these characteristics are easy to remember as they correspond to the word Demos (Δήμος), an ancient Greek word which refers to the populace of a democracy as a political unit.

Globalisation has brought up a series of issues, debates and questions. As the world economy becomes more integrated, how do we address global inequalities? Is there a common, singular model of social work? If not, what is at the core of social work and what differs across different societies? If we have common problems – how are they addressed in different parts of the world? Meaningful engagement with these questions is an urgent task for social work in the 21st century. Indeed, this book makes a timely and excellent contribution to the exploration of these debates.

PhD, Professor Vasilios Ioakimidis
Essex, UK, October 2017

Heather Fraser,
Michele Jarldorn

Helping Alliances with Stigmatised, Impoverished Women in Neoliberal South Australia

Introduction

This chapter considers how helping alliances may be used to support stigmatised, impoverished women in Australia during a time of moral and economic conservatism (neoliberalism) (Wallace & Pease, 2011). The focus spans across modes and fields of social work to consider how helping alliances can benefit women experiencing problems with chronic poverty, drug use and / or involvement in the criminal justice system in Australia. The article explains how stigma from multiple social and health problems can collide in Australian women's lives and present themselves to us as social workers in whichever form of practice(s) we are undertaking.

The discussion is underpinned by the data collected from two studies conducted in South Australia in recent years (Fraser & Jarldorn, 2011; Jarldorn, ongoing). In both projects, helping alliances referred to the development of empathic and collaborative bonds between clients / community members and practitioners / advocates / therapists / group workers. Both projects are feminist in orientation, expressed in part by problematising stereotypical gendered assumptions made about how women should behave (Faith, 2011); including consideration of the treatment of women who cannot or do not live up to these ideals. In this chapter, the main purpose is to discuss the gendered nature of the stigma the women receive and explore some of the challenges facing gender sensitive, politically engaged social workers hoping to develop helping alliances in their own work.

For context, it has been noted how neo-conservatism and its welfare austerity measures (Ferguson, 2008; Wallace & Pease, 2011; Ferguson & Lavalette, 2013) are being used to ration resources offered to stigmatised groups, particularly women monitored by Centrelink (the public body for distributing welfare funding in Australia), Child Protection Authorities, and / or incarcerated through the Correctional System. By exploring some of the connections between child abuse, poverty, sexual assault, domestic violence, mental illness and subsequent substance use, the idea that people's with substance use problems are less deserving of social work service provision has

been rejected (Galvani & Hughes, 2010, *947*). However, it has been acknowledged that helping alliances are not easy to develop or sustain, especially with multi-morbid clients who many social workers are expected to treat with "tough love" during the ongoing "war on drugs" and associated calls to be "tough on crime" (Mendes, 2003).

Australian Modes, Fields and Contexts of Practice

Social work in Australia spans five main modes of practice, from casework, group work, community work, social policy and research. These modes of practice intersect what we refer to as public welfare, which is the largest area of employment for social workers in Australia (AASW, 2015). Australian social workers use a wide range of perspectives in their public welfare work, including interventions with women stigmatised through their association with drug use, crime, domestic violence and / or child abuse.

Modes of Practice

Casework involves work carried out with individuals (cases) to meet needs, address personal issues and solve social problems, with files usually kept on each case (Fook, 2002). Casework may be used with women in Australia for a range of purposes. For highly stigmatised women with problems with violence, drug abuse and / or crime, it may be used for the overlapping purposes of income management, housing stability, child protection interventions and / or the execution of criminal justice orders.

Group work literally centres on groups, irrespective of whether groups are designed for therapeutic, educational or administrative purposes (Payne, 2014). A wide variety of possibilities exist including but not limited to support groups for women who have experienced domestic violence, retraining activities for women post-prison release and / or therapeutic groups for women in drug treatment facilities. Education and training groups for women in "hard to reach" or "hard to engage" (for a definition see Duvnjak & Fraser, 2013) target groups are other examples.

Community work refers to work purposefully carried out with collectives or "communities", irrespective of whether they are formed through geographic proximity (for example, living in the same neighbourhood or city), circumstances (for example, experiencing disasters), shared identities (for example, being bisexual) or interests (such as woodworking); and / or ways of meeting (for instance, in person or through the internet) (Fraser, 2005). Community work can be used with women experiencing problems with violence, drug abuse, crime and / or child protection, from leisure groups, community campaigning for better resources or new understandings of social issues (for instance, the impact of strip searching on women in prisons, see Sisters Inside and Flat Out).

Social policy, as a mode of social work practice, involves working in intersections between laws, policies, procedures and programme delivery, promoted (or condemned) by governments, businesses and a wide range of social groups (Payne, 2014). Multiple laws and policies apply to women survivors of domestic violence, drug abuse, mental illness and / or prison, including but not limited to income, housing and health related policies, but also policing and incarceration policies, especially those relating to sex work and (other) drug related crime.

Social work research uses a wide range of methods and philosophical approaches to build knowledge, address issues, find out what service users think of the service, ascertain social needs, organise people, translate individual needs into a social voice, give hidden or unheard people a voice, develop submissions to influence policy makers, change the ways things are done, and / or develop or test new interventions and practices (D'Cruz & Jones, 2004; Mendes, 2003, 2008; Pease, 2012). Our own studies, described below, illustrate how social work research can be used to build knowledge, particularly knowledge about social work practices, which help recognise and address needs of women experiencing multiple, stigmatised morbidities, such as abuse, domestic violence, drug addiction, mental illness and / or involvement in the criminal justice system.

Contemporary Australian social workers usually perform roles that intersect a mix of these modes of practice. For instance, a social worker may be a case manager but periodically runs groups, feeds into social policy discussions and interacts with research, especially in terms of ideas about and evidence for good practice. Another social worker might concentrate on community participation, events and development (see, Ife, 2009, 2012). They are also expected to draw from literature relating not only to how to understand social problems tackled through community work but also how to improve community work practices (Fook, 2002; Ife, 2012, 2013). Groups, individual interviews and policy discussions are likely for this community worker who may not even be conscious of the way she / he moves in and between these modes of practice in the course of their work (Ife, 2013). This is one of the reasons this chapter has been written across the modes, fields and differing contexts of social work practice.

Fields of Social Work Practice

Across modes and fields of practice, the Australian Association of Social Workers (AASW) is the professional body that oversees the accreditation of professional social work training courses and produces the Code of Ethics (2010), which commits us not to just being competent but also being socially just and empathic (also see Healy, 2014). This is still needed as Australia, while economically wealthy overall, is far from an egalitarian society, where, as Oxfam describes, "the richest 10 % of people own more wealth than all other Australians combined" (Oxfam, 2016).

In Australia, most social work fields of practice have emerged historically through a mix of government initiatives and responses to campaigns by social movements,

such as the child rights movement (Ife, 2012), the women's movement (Pease, 2012), the trade union movement (Mendes, 2008), the environment and human rights movements (Ife, 2012). Fields such as income support, child welfare, domestic violence, public housing and homelessness, health, education and training often have overlapping aims and functions in Australia but are frequently criticised for services not being sufficiently coordinated or integrated, for instance, with the same client serviced by various departments which do so in relative isolation with each other (also see Healy, 2014).

Only recently Flinders University shifted the course Understanding Addictions from an elective topic to become a core subject in the Bachelor of Social Work curriculum. This move reflects an appreciation of the gap in knowledge for social work graduates about addiction, specifically drug addictions and intersecting problems of mental illness and poverty. It reflects social work's stronger appreciation of problems of drug use, including incarceration and denigration of particular drug users (Galvini & Hughes, 2010).

Contexts of Practice for Impoverished, Stigmatised Women Clients

For all Australia's economic affluence and socio-cultural privileges, at least 14 % of Australians live in poverty, affecting an estimated 2.5 million people, with a large proportion of that number being women and their children (ACOSS, 2014). Further, a third of all Australians in poverty are working poor (ACOSS, 2014), that is, in paid employment but not receiving sufficient hours and / or pay rates to live above the poverty line (Payne, 2009). If definitions of poverty extended to include not just low income but also access to health, welfare and education services (as suggested by Callendar, Schofield & Shrestha, 2012), the poverty rates were even higher. If we were to concentrate on the number of women living in poverty in Australia, the rates would be higher still, with O'Connell, Rosenman and SaratChandran (2009) describing women's poverty as accumulated over the life course, created through gender inequalities, such as gender pay gap, which starts when women enter workforce, deepens when she has children, extending into women's retirement income.

Australian social work has a long history of working with problems of poverty (Mendes, 2003, 2008) using all modes of social work practice and cutting across multiple fields of practice. Historically most influenced from British and North American social work (Fook, 2002), Australian social workers have not always been empathic towards the poor (Clark, 2006). Today the AASW's (2010) Code of Ethics emphasises the need to be empathic, respectful and committed to the pursuit of social justice, in our dealings with people irrespective of gender, class, age, ability, ethnicity / race or sexual preference. This includes how we work with people in poverty and / or who face problems of sexual inequality, which can affect not just service users but social work professionals, the majority of whom, especially carrying out frontline work are women (Pease, 2011).

In contrast to poverty, which Australian social workers have a long history with, the profession has less familiarity working in the field of problematic drug use and on associated issues. This is a gap given social workers need not work in the field of addictions to come into contact with people who are drug users, including injecting drug users (Galvini & Hughes, 2010; Neale, 2004). We are likely to encounter drug users in a range of social service settings such as child protection, domestic violence, corrections and homelessness services. Australian social workers have not tended to be adequately prepared to work on these complex and often contentious issues, particularly those relating to parents with problematic drug use and custody of their children. Without adequate training, including attitudinal exploration, social workers may fall into the trap of reproducing stereotypes and stigma, and fail to assist clients who present with these challenging issues (Galvani & Hughes, 2010). For instance, we / they may wrongly assume that drug use per se, rather than treatment of particular drugs and some of the most disadvantaged people who use them, is what sits at the heart of women's problems (Ettorre, 1992; Campbell & Ettorre, 2011; Kail, 2010).

In Australia, twice as many illicit drug users have poor mental health and high levels of psychological distress than people who do not use illicit drugs (AIHW, 2014). The co-occurrence of a diagnosed mental illness and a drug addiction is described as co-morbid (or multi-morbid) (Hilarski & Wodarski, 2001). One of the common factors that increase the risk of co-occurring addiction and mental health is having a low socio-economic status (Mills et al., 2009; AIHW, 2014). Prison incarceration rates across the world, including Australia for poorier and / or working class women are also higher than women from the middle or upper classes (Mauer & Chesney-Lind, 2002; Kilroy & Pate, 2010; Sudbury, 2014). While medication and treatment for Hepatitis C and HIV is (currently) subsidised by the Australian Pharmaceutical Benefits Scheme, community based organisations that provide holistic, social support ranging from clean needles, food parcels, advocacy and health advice are at constant risk of de-funding and / or funding cuts (see, for example, Positive Life in SA, in Fedorowytsch, 2015). It is through peer-driven community based organisations such as these that people living in poverty who endure stigmatising chronic illnesses – such as illnesses that may be associated with injecting drug use – can bind together to challenge dominant culture and assumptions.

Historically, many cultures used opiates recreationally (Padwa, 2012). The use of opiates became popular amongst the upper classes in Britain, who began to reject the use of alcohol in response to heavy alcohol consumption amongst working classes (Padwa, 2012: *15*; Harding, 2008). The medicinal powers of opiates proved popular as opiate consumption was far more "pleasant" than other medical treatments employed at the time, such as the use of leaches and bloodletting (Padwa, 2015: *19*). Soon opium was included in all manner of over the counter medications, leading to unrestricted sale of opiate-based drugs of dependence (Harding, 2008; Hari, 2015: *9*; Padwa, 2012). At this time, distinctions were being drawn between men and women who used opiates. For example, a medical journal at the time suggested that when opium was

consumed as a stimulant, it "affected all that was good and virtuous in women" (Harding, 2008: *78*).

As with other countries, the infiltration of neo-conservatism across health, welfare and justice sectors and associated austerity measures has affected the design, distribution, delivery and funding arrangements of public welfare (Baines & McBride, 2014; Ferguson & Lavalette, 2013; Mendes, 2008; Navarro, 2007). Across fields and modes of practice, neo-liberalism is affecting ideological and theoretical frameworks being used to assess eligibility to services, approaches to and outcomes from policies, programmes and services (Tobias, 2011). Too familiar is the tendency to blame the problematic drug user for the entirety of her / his problems in the view that addiction is a failure of the "moral faculty of the addict's soul" (Harding, 2008: *79*). Such a perception is still dominant in many public policy and treatment discourses with addicts often constructed as being "possessed" by the demonic character of a drug such as their own will and desire is all but removed (Brook, 2010). These discourses have been noted because women in poverty with stigmatised drug habits and / or prison experiences seek help from social workers in Australia within this context.

Helping Alliances with Stigmatised, Impoverished Women Clients

This chapter is informed by data from two qualitative feminist research projects conducted in South Australia that involved a (combined) total of 19 women clients (of drug treatment and / or Corrections) and five drug treatment practitioners. The first project, referred to as the Helping Alliances Project, commenced in 2011. In this project individual, semi-structured, audio-recorded and thematically analysed interviews with fifteen casework clients (ten of whom are women) and five treating practitioners were conducted, across two publicly funded drug treatment sites.

This chapter concentrates on ten women clients' testimonies and five treating practitioners. In the second project which commenced in 2013, entitled Radically Rethinking Imprisonment, Jarldorn used the participatory research method Photovoice (Wang & Burris, 1997) to understand experiences of nine women and three men who had spent time in prison. This method involved several hours of researcher-participant interactions for each individual who represented their prison-related experiences through a series of photographs and accompanying written narratives (for more see, Jarldorn, 2015 & Jarldorn, 2015a).

In this chapter, this research will be called the Photovoice Project. Even though the projects were designed to find answers to different questions, participants in both projects spoke of the importance of one or more particular workers who had been central to helping them improve their lives. The focus has now been turned to these helping or working on relationships.

Helping alliances refer to nurturing, insight oriented, collaborative and productive bonds sometimes developed between health / welfare, therapists / practitioners and their service users. Bachelor (1995) delineated three components: being nurtured; being insight oriented; and being collaborative. Horvath (2001, *365*) defines a therapeutic alliance as, "the quality and strength of the collaborative relationship between service user and therapist". The alliance between a worker and a service user is commonly understood to be as important as the mode of psychotherapy used (Johnson & Wright, 2002) and is an important element of social work practice (Beresford, 2011). Yet, according to Meier, Barrowclough & Donmall (2005, *304*), "too little is known about what determines the quality of the relationship between drug users and counsellors".

Our definition of helping alliances incorporates Bordin's (1979) psychiatric concept of "the therapeutic alliance" with Bishop's (2002) more culturally attuned notion of "becoming an ally" throughout the helping process. Helping alliances are important to socially disadvantaged service users carrying the co-morbid or dual-diagnosis because they allow for moments where they can feel fully human and foster profoundly different self-images. From our Helping Alliances Project we learnt from clients and practitioners that they were based on a range of attitudes, skills and behaviours. In plain language clients (or service users) told us they preferred practitioners that they perceived were happy to see them and behaved as if they really cared for them.

> ***Rosie:*** ... there was no judgement. You know she spoke to me like I was not a drug user.

Carla agreed. She was assigned a social worker as part of her parole conditions. While a mandated service user, she has also developed a relationship of trust with her worker, who listened actively and used open body language including empathic eye contact. These workers had non-judgemental attitudes, especially towards different service users' lifestyles, and were prepared to trust and respect them, despite some of the stories service users told. They could understand the struggle of reducing or eliminating problematic substance use, especially when battling past or current experiences of abuse and / or trauma. They had positive energy, could laugh with them and were encouraging. They tried to be sensitive and respectful and work in egalitarian ways, sharing decision making and agreeing upon treatment goals. The practitioners with whom they identified having helping alliances were also competent in multiple therapeutic modalities; committed to the work and could persevere with them; and had some life experience. They did not just sound like they were reading from a "text book". They attended to the details of the work such as following through on promises. They tried to appreciate their service users' humanity and helped others (including other staff) see them as human (for a range of related discussions see Bachelor, 2013; Bishop, 2002; Clarke et al., 2013; Gerdes & Segal, 2011; Levy, 1995; Mallow & Holleran-Steiker, 2010; Room, 2005; Sellman, 2010).

These findings were reiterated by some women who participated in the Photovoice Project. For example, Stella spoke about how her social worker had gone above and beyond the narrow confines of her role as a corrections worker to become an ally. Over

her years of injecting drug use, and having her children removed from her care, by her own account, Stella had been 'self-destructive' which she said was to 'prove' that she really was the failure that she had been labelled as.

Her worker began by challenging Stella's negative perception of herself by exploring her strengths:

> ***Stella:*** She was always reminding me of the positives... she believed in my strengths and that made me think 'wow, maybe I'm not a failure'.

For Stella, alliance with her worker became the catalyst for them to work together to create a community group that supports other women who have been incarcerated. Stella reflected on why this had been important:

> ***Stella:*** just having that one person believe in you, at first it is hard... I mean, I didn't really know who I was but I would never want to disappoint her [my social worker] and all she had done for me...that was what drove me at first until I was able to have my own identity and my own drive and my own vision... it was just that one person.

Helping Alliances as Intervention against Stigma

Helping alliances with service users involve seeing them as people that are much more than the sum of their problems (Bishop, 2002). This is important because the wider community tends to label problematic drug users as sinners, shameful and dangerous. Implications of discrimination are far reaching and stigma attached to substance users can adversely affect their access to treatment, services, housing and employment opportunities (Lloyd, 2010; Room, 2005). To combat such negatives, it is important that social workers across modes and fields of practice adopt non-judgemental positions (AASW, 2010), and encourage all staff to do likewise.

In recent decades, neo-conservatism often means that the moralised territory of "war on drugs" becomes a war on problematic drug users (Hari, 2015), especially if they are mothers (Wodak, 2001). In spite of the progress towards sexual equality, caring for others is still a defining part of femininity in Australia where women are socialised to seek purpose and fulfilment through being a "good" wife and mother, and to internalise responsibility for any "failures" and to put her family's needs before her own (Clarke, 2006). This is significant in terms of welfare provision as women's caring for families "is the prop of social welfare policies and it is the currency in which social exchanges are made in relationships and the home" (Lewis, 2002, *33*).

The impact of gendered forms of stigma applied to women in Australia is worth noting, as socially constructed gender norms related to femininity and motherhood, usually mean that women with drug use problems face more punitive social condemnation than men (Denton, 2001). Stigma originally referred to the branding of

slaves (Lloyd 2010). Now it refers to the mark of disgrace, sullying of reputation and associated discrimination and denial of rights (Goffman 1963). More recently, Link and Phelan (2001) proposed that stigma is a tool of the dominant used to disapprove, reject, exclude and discriminate (2001, *367*). Connecting stigma with drug use and poor mental health, Lloyd (2010, *24*) concluded that the stigma cast upon a drug user is a "major stumbling block to successful rehabilitation", while Room (2005, *143*) argues that drug treatment is a "heavily moralised territory, often resulting is stigma and marginalisation".

Challenging oppressive practices in our varied workplaces is also required, for instance, through re-examining eligibility criteria, intake and assessment procedures and / or distribution of resources that focus entirely upon the "negative" aspects of service users' lives, and require people to present a catalogue of their deficits rather than a well-rounded summary of needs, issues and strengths (Barnoff & Moffatt, 2007; Baines, 2011; Home, 2012).

To cite Kim, an experienced drug treatment practitioner,

> ***Kim:*** It's about trying to help people find where they are happy with themselves. There's something about saying "Hey, I'm proud of what I've done. I'm proud of what I'm doing with my kid... I'm proud of that volunteer place that I went to around the corner; or that interview I went to trying to get a job. I've made enough changes for me to know that I'm moving on", it's a step at a time... that's how hard it is to change a lifetime of habits.

Time and time again in our research we heard first-hand how helping alliances, broadly defined, can be important to people suffering chronic poverty, low social status, limited educational and work opportunities, past experiences of abuse and trauma, and current problems with substance use and mental health. Commonly we heard how service users do not just want counselling, they want counselling from workers that they can connect with; where they are not judged but valued as individuals who amount to more than their substance use. We heard how these connections make a real difference. Conversely, our participants talked about how they found it difficult to make a connection with a worker who appeared judgmental or to be working from a textbook rather than life experience, warmth and empathy.

Neoconservative Challenges to Helping Alliances

Helping alliances with service users takes time, effort and patience to create a mutually respectful relationship, especially for people described as "complex" and / or "hard to reach" (Duvnjak & Fraser, 2013). Organisational support is required, not just workers that are psychologically attuned to – and skilled in – initiating and sustaining them. For therapeutic alliances to flourish, formal policy and procedural support is necessary. In a service delivery climate that is increasingly budget-driven,

time-limited and work-intensified (Baines, Cunningham & Fraser, 2010), helping-alliance building activities may be sidelined not because they are ineffective but because they are considered too labour-intensive.

For social workers, it can mean figuring out how these patterns and explanations of experience of poverty, child abuse, domestic violence, drug use and mental health problems relate, whether this is through the work undertaken with individuals and families, through casework and group work, but also community work, social policy and research. Our point is that while we may specialise in particular aspects of the work there is a need for all social workers to appreciate the implications their work has in other sectors, fields and modes of practice. There is a need for us to collaborate and advocate for the rights of groups so obviously disadvantaged. Informal and formal practices, including those undertaken in supervision, may help or hinder the development and maintenance of helping alliances. Under pressure, some line managers or workers may feel inclined to hurry the intervention process along, threatening the alliances created so far. They may also be encouraged to "tighten" up, rather than remain flexible, to service users arriving a little late for appointments.

As so many Australian social workers across fields understand, it is hard to work on service user issues, such as housing, when so little affordable housing actually exists. Therapeutic relationships, especially those forged between individuals, cannot single-handedly address these now-entrenched social problems. Although they can help reduce the harms of stigma, therapeutic alliances cannot (fully) remedy exposure to traumatic experiences, eliminate poverty or overturn structural oppression (Mullaly 2007).

Contrary to popular belief, the recovery process is rarely over when the service user stops using their chosen substance. As Keane (2002) proposes, "the recovering addict identity is a precarious and uncomfortable state marked by constant self-surveillance and the ever present threat of relapse" (Keane, 2002, *162*). Ironically, the greatest threat of relapse is when the person starts to feel "normal"; where memories of the bad times of substance use fade and the tools of abstinence are not as rigorously followed (Keane, 2002, *163*). To prevent relapses or cope with those that ensue, ongoing support and vigilance may be required, yet in the current neo-liberal climate, service provision is often limited to a crisis response.

Praxis: Insights and Possibilities

Across the two projects, Helping Alliances and Photovoice, our participants' recommendations were, in some respects, modest. For instance, they wanted workers to give them a sign that they were happy to see them; that they, the workers, were prepared to engage fully, not just sitting behind a desk with a polite but distant expression. Helping alliances are formed with workers who clients perceive as sincere and caring; someone who really listens, not just focussing on writing or typing notes; workers who clients feel do not judge or stigmatise them but can engage in critical

and sometimes confronting discussions about suggested interventions. Very simple demonstrations of workers caring about clients included workers, or allies having a positive energy in their approach to their work, smiling and even laughing on occasion. Allies forgive the odd lapse or lateness to an appointment or group meeting. Social workers are prepared to advocate for clients, including clients that have been convicted for crimes in the past. They are consistent and encouraging, compassionate and thoughtful, following up on things, not making false promises, and most of all, are patient with clients' progress.

Do not Ignore Relationships between Poverty, Violence and Drugs

Both of our research projects echoed findings from an extensive research base that has shown that the effects of poverty are mostly negative and far reaching, including but not limited to the quality of housing, diet, clothing, transport, education and training, health, leisure activities, public participation opportunities, but also family dynamics and self-esteem (Henman & Marsten, 2008; Saunders, Watanabe & Wong, 2015; Callander, Schofield & Shrestha, 2012; Berry & Welsh, 2010; Jones, 2008). In Australia, studies have shown that there is often a co-occurrence of poverty, domestic violence, problematic drug use and mental illness (Phillips & Vandenbroek, 2014), although it is likely that incidences are under-reported among middle-classes as the middle-class are less likely to be surveilled by welfare agencies and more likely to afford fee-for-service assistance and access other forms of social capital. While the relationship in and between these four social problems is not causal, links mean that experiencing one of these problems heightens the chance of also experiencing one or more of the others. Family dynamics, individual personalities, conditions suffered, support offered and coping mechanisms developed influence how these social problems will play out (Australia's National Drug Strategy 2010–2015, 2011).

Some of the participants of our studies made personal disclosures about how their exposure to chronic poverty and accompanying stigma led to them internalising the low social status afforded the poor (also see Mullaly, 2007). Many related stories of taking drugs to self-medicate emotional and / or physical pain. Again these patterns are not new. Poverty can induce stress and sometimes boredom, both of which can encourage some to self-medicate or seek escape through drug use. This, in turn, increases the odds of developing further mental health issues associated with chronic drug use, as well as increased poverty given income is channelled increasingly into drug use. Fighting over money, impact of drug use, particularly on children, can be common for impoverished families living in Australia, some of whom will have experienced a mix of these social problems not just across their lifetimes but across past generations. Significantly, majority of women who receive prison sentence in Australia were problematic drug users, had poor mental and physical health, had experienced

physical, sexual and emotional abuse before their incarceration (Kilroy & Pate, 2011). Rarely are these problems solved with a prison sentence, mostly they are made much worse (Baldry, 2010).

Some women who participated in the studies about drug treatment and / or prison release carried deeply felt guilt about disappointing their children. While this may be understandable, there are other factors at play. As Ferraro & Moe (2003, *14*) state, "The ability to mother one's children according to social expectations and personal desires depends ultimately on one's access to the resources of time, money, health, and social support." Majority of child protection cases investigated in Australia occur among poor families (Gillingham, 2015) and often life chances of Australia's children living in poverty and with parents experiencing problematic drug use, are severely constricted (Moore, Noble-Carr & McArthur, 2010). This was reflected by some of the participants whose drug use escalated post abuse.

Problematic Parental Drug Use Post Domestic Violence

Some social workers may correlate addiction to drugs with the reason why women remain in abusive relationships rather than attributing the abuse to a perpetrator. Yet a study by Call & Nelson (2007) with 125 low-income women in drug treatment found that the majority began to misuse drugs after they began to be abused by their partner. This increased drug use has been described not merely as symptoms, but are more likely a response to grief, coercion and fear (Levy, 1995). Other studies have shown that women whose children are removed because they use drugs feel they have been betrayed by the courts and child protection services, and with their children gone, they had no reason left to stay clean (Allen, Flaherty & Ely, 2010).

The women in our studies understood the impact of domestic violence and problematic drug use on children, some recalled their interactions with child protection workers. They experienced dilemmas associated with problematic drug use, mental health issues and child protection concerns first hand. From existing studies we know that mothers declared "unfit" due to their drug use make up a large proportion of women in the child protection system (Smith, 2006). Some women in our study lost or relinquished custody of their children due to their own recognition that their parenting was too compromised. Smith (2006) also notes that mothers who use drugs need to be dealt with quickly as restrictions become ever tighter impeding on attempts to keep them with or reunify them with children who have been removed. However, the impact of problematic drug use by parents on children can be hard to divorce from the wider socio-economic factors underpinning drug use (Dawe, Frye, Best, Moss & Atkinson, 2006). And as some participants indicated and various studies have shown, these socio-economic factors are not always recognised, including by social workers trained to look at the contexts of social problems (for more see, Monnickendam, Katz & Monnickendam, 2010; Agllias, Howard, Schubert & Gray, 2015).

Wider Politics Affect Our Attitudes, Approaches and Interventions

Findings from both of these projects show how gender inequality continues to mar Australian public health and welfare policy making and service delivery (Osborne, Bacchi & Mackenzie, 2010; Marmot, Friel, Bell, Houweling & Taylor, 2008; Smith, Bambra & Hill, 2016). An important consideration in servicing women with complex social problems and multi-morbid health issues is the often unintended but well documented male bias in service delivery; and a bias towards single adult men without family responsibilities. For instance, some of our participants echoed problems associated with majority of drug treatment programmes, policies and procedures overlooking or underplaying importance of parenting and caring responsibilities (Green, 2006).

Against a backdrop of neo-liberalism, moral and economic conservatism, women service users may be judged harshly by the staff involved in the work, seen as morally "worse" than their male counterparts (Denton, 2001, *1–3*). Women service users who participated in our study did not fail to notice lack of sensitivity from service providers and often experienced discrimination which "may shape drug-use behaviour, the availability of resources and access to social welfare" (also Young et al., 2005, *387*). Paradoxically, women's drug use is likely to increase when their children are removed from them. For example, Stella, in the Photovoice Project spoke of the time she was released from prison and felt unable to cope with "freedom".

After nearly dying of an overdose, her children were removed from her care:

> ***Stella:*** they found me overdosed with a needle in my arm, nearly dead. Child protection came and took the kids. Once they did that I went on a path of self-destruction, which saw me end up back in prison for another two years.

All through, Stella was not offered any support for her addiction, loneliness and isolation which had driven her drug use. Instead this only made worse an already vicious cycle that saw Stella separated from her children, spending much of their formative years apart, which Stella believes still has an impact on her children's mental health today.

Neo-conservatism in Australia has made it harder for criticism of the gendered treatment of welfare beneficiaries to be heard. To reiterate, expectations of client gratitude are customary. Yet, Australian women living in poverty, who have had experiences of abuse in childhood and / or adulthood, who are affected by drug abuse and have spent time in prison, may not come with such faces, voices, bodies, minds and histories that map easily onto the popular, mainstream media story of grateful, deserving clients. While some women's physical and emotional appearance will belie the hardship they have survived, many others will wear their oppression on their bodies and in their minds. Irrespective of how women present to services, those facing multiple social problems, especially relating to poverty, domestic violence, drug abuse and mental illness, cannot be ignored by social workers in Australia as they are vastly overrepresented in these fields of practice and others such as primary health, child protection and crisis

housing (Murphy, Murray, Chalmers, Martin & Marston, 2011). In Australia, majority of parents charged with neglect are mothers (single or partnered) rather than single fathers or both parents (Swift, 1995), and almost all parents charged with failure to protect children from harm are women (Brown, Callahan, Strega, Walmsley & Dominelli, 2009). Yet, a gender analysis of these trends is not always undertaken, but needs to be.

Highly stigmatised women do not necessarily abide by the conventional scripts offered women clients who are expected to be open to cross examination, grateful to any help offered and patient, for instance, about waiting for long periods of time or for staff groups to assess whether they are eligible for service. Positive self-regard is not usually promoted by the customary expectation that resource-poor clients display gratitude for any assistance, even if assistance is meagre and mean-spirited (Rosenthal & Pecci, 2006). For people who are resource-poor and have suffered trauma, anxiety and depression may be felt over lengthy periods of time, with expectation of gratitude and the likely effects of stigma, often exacerbating problems with mental health and substance use (Room, 2005).

Goal Setting and Interventions with Stigmatised, Impoverished Clients

Plenty of research exists in relation to negative effects of stigma for people with particular drug use problems, such as those who inject illicit drugs intravenously (Ahern, Stuber & Galea, 2007; Fraser & Valentine, 2008; Radcliffe & Stevens, 2008). What is not so plentiful is research that ties personal experiences of stigma, trauma and "co-morbidity" together, especially for people with substance use problems living in socially and economically disadvantaged circumstances. For instance, Teeson, Degenhardt, Proudfoot, Hall and Lynskey (2005, *84*) argue that drug treatment plans are often compromised for people living under poverty line. Existing literature also shows that service outcomes are complicated by the fact that co-morbid service users usually need more than treatment for substance use problems. Assistance is usually required for other presenting problems, such as insecure housing, unemployment, legal matters and difficulties in parenting and relationships (Mills et al., 2009). Help may also be needed to address discrimination and harassment. Failure to address service users' full scope of social issues is likely to increase the chance of relapse (Futterman, Lorente & Silverman, 2005). Access to resources – including material resources like, childcare, income support or other forms of simple help, such as bus and train tickets – are often required (McLellan et al., 1998).

Goal setting needs to be client focussed, specific, short-term and negotiated between a service provider and a client. While goals may be directly related to their drug use, for example, agreeing to try for one drug-free day per week, it can also be outside of drug use (Marsh & Dale, 2006). For example, a goal might be to read a chapter of a book each day. While their long-term goal may be to go to university in the future, setting the client on the path of regular reading is short-term, feasible and of little or no cost.

When working with a mother, it might be that a social worker builds this into taking their child to library to get a book together or to read out aloud to one another.

Social workers in multi-disciplinary teams can benefit the people they work with by forging strong and respectful relationships with professionals from other disciplines, such as nursing and medicine. Depending on the specific goals and needs of client groups, multiple service responses are possible, including but not limited to holistic counselling and support (online, phone and in person), material aid, cross-modal work that intersects case work and policy advocacy is needed in and beyond drug treatment facilities (Marsh & Dale, 2006). Systems advocacy may also be required. Social workers who want to do more for their service users may write a submission for a policy review or parliamentary enquiry, collaborate with other like-minded workers and agencies to host events or to create cross-referral opportunities between agencies (AASW, 2013).

Creating a relapse prevention group may be useful for clients or communities striving to abstain from particular forms of drug use or significantly reduce use and associated harms (Marsh, Dale & Willis, 2007). The authors of this Paper have concluded that being able to immediately accommodate a woman seeking help is more successful than asking her to come back in six weeks when another group starts. Therefore, rather than having a structured group that runs from week one to week eight, an open group may be used where participants can join at any stage and continue for as long or short a time as they feel comfortable. One model observed in action while conducting this research was Lisa Najavits, Seeking Safety: A Treatment Model for PTD and Substance Abuse (2002), which used in tandem with A Woman's Addiction Workbook (2002), has utility in both group and individual settings.

Rhodes and Johnson (1997, *29*) maintain that an "understanding of the interconnectedness of the issues that cause and support female addiction is critical for creating effective interventions". Of course, harm reduction and recovery are contingent upon the availability of housing, work, education, accessible health services and being able to participate in communities. Highly stigmatised impoverished populations facing greater public condemnation, service cuts and restrictions, including those provided to their children, while worsening health outcomes, are reported for this group, including physical vascular, heart and liver problems, and greater expectations are made of their parenting.

Conclusion

From a global perspective, Australia is an affluent nation but one where significant social problems exist, particularly for people located on the lowest rungs in society.

Our argument has been threefold:

1) social workers need to develop knowledge and skills to work with women clients who face chronic and stigmatised but also gendered social problems and labels;

2) critical casework practices associated with helping alliances offer this subset of clients many benefits; yet
3) there are several challenges that may need to be negotiated to use critical casework in multi-disciplinary teams, all under the guise of health and welfare austerity measures.

We conclude with a call for social workers to support clients with complex, chronic and intersecting social problems in meaningful and constructive ways through helping alliances, while defending existing benefits and services and advocating for new ones, specifically those that understand, work with and do research on collision of several social problems in women's lives, such as poverty, abuse, trauma, drug abuse, crime and stigma. For this effort to be effective, it must occur across the modes of social work, with caseworkers, group workers, community workers, social policy officers and researchers working in concert to reorient public welfare discourses away from narrow splits between deserving and undeserving and into social models of health, where attention is paid to engaging "hard to reach" clients, especially those facing multiple social problems (or morbidities) and integrating programmes and services that use non-punitive, empathic interventions.

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Social Work Practice with Abused Married Women in Bangladesh

Introduction

Social work education was introduced in Bangladesh in 1953 during the regime of Pakistani rule, before the Independence of Bangladesh, which was earned after a bloody war in 1971 (Das, 2014, 2013 & 2012a; Samad, 2014). Since India was partitioned in 1947 on the basis of religion and two independent countries India and Pakistan emerged, there was an exodus of Indian Muslims to the newly formed country Pakistan as it was considered a country of Muslims. Innumerable Muslim migrants from India caused deterioration of law and order situation in Pakistan, and also rehabilitation of these migrants became a matter of serious concern for the then Pakistan government. Upon invitation from the government of Pakistan, a UN expert team of six members visited the country in 1952 to assess the entire socio-economic, law and order situation that was already creating chaos and anarchy across the country due to a significant influx of Muslim refugees.

After thoroughly analysing the overall situation, the UN team recommended a three-month social work training programme to produce trained social workers who could effectively use their skills to deal with the multifarious problems. Considering the recommendations placed by the UN expert team, the government of Pakistan introduced a three-month social work training course in 1953 in Dhaka city of current Bangladesh. This is the beginning of social work education in the history of the country (Akbar, 1965; Das, 2014 & 2013; Samad & Das, 2014; Samad 2009). A centre for social work education entitled the College of Social Welfare and Research Centre under the University of Dhaka was established in 1958, which offered a two-year MA programme in social welfare. The College of Social Welfare and Research Centre was later absorbed into the University of Dhaka as the Institute of Social Welfare and Research in 1973; the Institute currently offers both undergraduate and graduate programmes in social welfare (Samad & Das, 2014; Sarkar & Ahmadullah, 1995). Apart from the University of Dhaka, four more public universities of thirty four in total have so far introduced social work programmes at graduate and undergraduate levels across the country.

Social work graduates are not recognised as social workers in Bangladesh since social work has not been given the status of a profession. The familiarity of social work

as an academic programme is considerably low (Das, 2012a, *46*). The curriculum of social work programmes at university level is influenced by the western social work model, especially American model of social work. Therefore, clinical social work courses are strongly present in the syllabus of social work offered for the students of social work. Social work education in Bangladesh does not have many distinct characteristics, differing from Western model of social work. As a result, social work in the country is yet to be fully contextual in true sense (Das, 2014; Samad & Das, 2014). Although social work is known as an applied social science discipline, direct application of it is non-existent in Bangladesh. Social work graduates are not produced to achieve any specific goals; rather the students of social work are generally trained within many theoretical courses having no sufficient exposure to the corresponding practical fields. Students perform field practice for two months at the undergraduate and another two months at the Master's levels which may be described as ambiguous, confusing and aimless not driving students towards learning practically at the field level with enough zeal and enthusiasm (Das, 2012b).

Thus, social work as an applied social science finds no room either in the academia or anywhere else in the country. Social work graduates are nowhere found as social workers, not in social movement, development, politics, nor in the fields of formulating social policy. They mostly hide themselves everywhere, but act in multifarious fields under different names. Majority of social work graduates are employed in non-governmental organisations (NGOs) actively involved in socio-economic development activities around the country (Das, 2012). The Ministry of Social Welfare of Bangladesh has the Department of Social Services which functions from the grass-root to district and district to division level in order to address socio-economic problems of destitute people in the country. Many social work graduates along with other graduates are employed in the Department of Social Services, but social work graduates get no special preference for employment here (Samad, 2009).

Some renowned social work academicians in Bangladesh are Professor Md. Ali Akbar, Professor Md. Abdul Hakim Sarkar, Professor Md. Abdul Halim, Professor Profulla Chandra Sarker, Professor Muhammad Samad, Professor Tulshi Kumar Das and many others.

Social Work Target Groups

Formal social work practice is non-existent as there is no provision of giving license to qualified social workers in the country. No legislation has yet been passed for social workers to practice social work with specific groups of vulnerable people. Nevertheless, social work graduates work with different socio-economically marginalised and risk groups through many governmental and non-governmental organisations where the graduates work with NGOs that have introduced micro credit programmes to benefit the poor, especially highly marginalised women and men, through self-employment

programmes. Many of them are also involved in education and health-related programmes introduced by some of the NGOs.

Social workers are often found working with children, HIV / AIDS infected people, disaster affected people, abused women, disabled, small ethnic communities, etc. through either government agencies or non-governmental ones. Some of the marginalised and risk groups social workers or people with social work degree engage themselves to work with in order to improve their overall situation are micro credit borrowers (socio-economically marginalised women and men), disaster affected communities, drop-out children, communities and groups that need health services, street and working children, sexually and otherwise abused women, HIV infected people, disable children, patients admitted to hospitals, mental patients admitted to mental hospitals / clinics, unemployed youth, deserted or divorced women, small ethnic communities, slum dwellers, etc. (Das, 2012).

A substantial number of social work graduates serve in many public and private banks in different positions across the country. Social work degree holders also work as high officials in many public sectors, some of them work in police, and a good number of them are employed under prestigious Bangladesh Civil Service. Some of them work in business organizations, too. The number of social work graduates involved in teaching at primary, secondary, higher secondary, and university level is definitely considerable. A few social work graduates work with such international organisations as UNICEF, UNDP, Save the Children, Red Crescent, USAID, FAO, EC, etc. It is important to note that social work graduates are generally not preferred for any specialised services, and they do not perform direct social work practice, rather indirect social work often through their employing organisations / agencies.

Social Work with Chosen Target Group

Abused married women are our target group. It has already been said that there is no direct social work practice found in the country since social work is yet to be recognised as a profession. But social work is obviously practiced, one way or other, through different organisations either by social work graduates or non-social work graduates. Two organisations have been selected, namely Women Support Programme (WSP) – a governmental organisation, and Bangladesh Legal Aid Services Trust (BLAST) – a non-governmental organisation (Das, Alam, Bhattacharyya & Pervin, 2015). There are quite a few branches of WSP and BLAST available throughout the country, and the branch of both organisations is also located in Sylhet city of Bangladesh.

WSP provides its services to abused married women at six divisional cities, namely Dhaka, Chittagong, Rajshahi, Khulna, Sylhet and Barisal of Bangladesh. It helps abused and tortured women get a temporary shelter, legal aid and rehabilitation according to the nature of their necessity. The organisation also works to prevent and mitigate marital conflicts, domestic violence or any kinds of couple conflicts through counselling session, mediation, arbitration, negotiation and litigation (Chakraborty, 2011;

Das & Alam, 2013; Rahman, 2011). The core components of WSP are: cell for prevention of violence against women (CPVAW); women support centre (WSC); ANGANA (income generating programme) and employment information centre (EIC) (Das & Alam, 2013; Hasan, 2011; Rahman, 2011). Only Dhaka divisional office of WSP has introduced all four components; other divisional offices are yet to introduce each of the four core components (Das & Alam, 2013). WSP has been serving the abused and oppressed married women of Sylhet region since October, 1996 (Chakraborty, 2011).

Major activities performed by WSP of Sylhet are: provision of legal advice to the abused women of all categories; receipt of allegations from abused women and arrangement of hearing and mediation meeting between two parties; restoration of family ties through counselling, motivation, negotiation, exchange of ideas and mutual understanding; filing a case on behalf of clients with the "magistrate family court" if other means fail; collection of dower money and subsistence allowance from husbands of divorced and separated women; follow up of legal actions taken to help abused married women who are victims of dowry demands, illegal divorce or separation, illegal second marriage, refusal of fatherhood of a conceived baby, non-recognition as wife and denial of maintenance by the husband, and in some cases by other family members; taking appropriate actions to address problems like rape, kidnapping, murder for dowry, trafficking, acid throwing, etc.; provision of possible security and temporary shelter (up to maximum six months) to from husband's family thrown-out married women with children under 12 years of age; provision of sheltered abused women and their children with food, clothes, income-generating skill training, social work treatment, counselling and primary education for their under aged children free of charge; ensuring treatment for their physical and mental health and work for their self-reliance; and modification of their behaviour pattern and improvement of their quality of life, etc. (Chakraborty, 2011; Das & Alam, 2013; Hasan, 2011; Rahman, 2005).

On the other hand, BLAST has been functioning at different cities (six divisional unit and thirteen district unit) in Bangladesh. By now it has reached all the old districts of the country (BLAST, 2007). Though BLAST was founded in 1993 in Bangladesh, it has been working in Sylhet since 1995 for those married women who are abused, tortured, oppressed, harassed or otherwise victimised either by family members or outsiders (BLAST, 2007).

The core activities performed by BLAST are:

1) provision of legal awareness to poor women, men and children particularly on family and land issues;
2) held mediation sessions on basis of complaints received from clients and network organisations;
3) provision of free legal support in form of litigation;
4) investigation and monitoring of violation of law and human rights;
5) held advocacy programmes for clients;
6) facilitated networking between and among different welfare organisations to serve clients comprehensively, etc. (BLAST, 2007).

However, BLAST of Sylhet generally deals with problems of abused and oppressed married women who often come to seek help from it.

Both WSP and BLAST in Sylhet city work with victim women of multiple types. They provide victims with manifold services such as legal advice, legal assistance, counselling, arbitration, negotiation, mediation, help them collect dower money from a husband, medical treatment, sheltering victims with under-aged children, income generating training, etc. (BLAST, 2012; Das, et al., 2015; Das & Alam, 2013). The officials working in WSP are well-trained to deal with the issues of gender-based violence and provide social work services to victims. Different professionals, including lawyers, doctors, social welfare officers, etc., work together in concerted and coordinated ways in order to effectively handle multidimensional problems of victims coming to WSP in order to seek help from it.

The victims who seek help from WSP generally face such problems as abuse, violence, frequent couple conflicts, forced divorce or separation, extra-marital affair of a husband, frequent dowry demands and resultant conflicts, deprivation from dower money, poverty, helplessness for being thrown out of a husband's family, homelessness, stigmatisation, lack of capacity to take care of children, inability to seek legal assistance, barriers toward remarriage, etc. (Das et al., 2015). Most officials working in BLAST are lawyers as their main concern is to provide victims of gender-based violence with free legal service. Apart from providing legal service, BLAST also provides mediation, arbitration, motivation, counselling, negotiation, networking, awareness and similar services to victim women. Thus, lawyers working in BLAST have also been equipped with psychosocial intervention strategies (BLAST, 2012; Das et al., 2015).

Description of Chosen Target Group

We have chosen abused married women as our target group. Married women of all socio-economic classes in rural as well as urban areas across the country are frequently found victims of domestic violence. It is apparent that domestic violence is widespread and has become a part of everyday life for married women in Bangladeshi society (Das et al., 2015; Hadi, 2000; Johnson & Das, 2009; Schuler & Islam; 2008). Though married women are abused on variety of pretexts, they generally prefer not to disclose it to save the image of the family or due to some other reasons (Das et al., 2015; Naved & Persson, 2005). Many cases of abuse of married women go unreported because of different grounds (Bhattacharyya, 2014).

Bangladesh is a patriarchal society in which male superiority over women is well recognised causing enormous sufferings for most married women. The entire culture that includes traditions, customs, values, norms, beliefs and many other social institutions always favour males and disfavour females, which encourages males to be torturous against their female counterparts. Women are expected to be submissive, tolerant, and obedient to traditional, familial, social and religious norms that always approve male's power and authority (Dalal, Rahman & Jansson, 2009; BNWLA, 2008).

The subordinate status of females often drives a husband and in-laws to abuse and torture the wife (Dalal et al., 2009; Das et al., 2015). Therefore, the abuse of married women around the country is rampant, and the number of abused women is also on the increase. The case of abused married women is rather common in the context of Bangladesh. The article explores how social work practice is being carried out with abused married women by two organisations, namely WSP and BLAST located in Sylhet city of Bangladesh.

Social Worker as Case Leader

Employees working in WSP and BLAST record the case first when a woman, particularly a married woman, comes to the organisation (either to WSP or BLAST) to seek its help for her multiple problems that have accumulated in her marital life. Abused women generally lodge complaints of being repeatedly abused by their husbands and in-laws and look for a solution from the organisation. Although the employees are not qualified social workers but modestly trained in social work, they engage themselves with clients and try to provide required social work services to them. The concerned officials of the organisation hold mediation or arbitration meetings with both parties including the victim's and her husband's side and try to address the problems. Such meetings are held as many times as required. There are officials who try to motivate both sides to restore conjugal life in a peaceful manner; thus, they provide them with counselling and psychosocial therapy. The officials sometimes seek help of psychologists or psychiatrists to reinforce their efforts so that they can bring victims back to normalcy, especially victims are helped to come out of severe frustration. A husband (who is mostly the perpetrator) is also provided with counselling, and efforts are often made to modify the behaviour pattern of the husband in order to re-establish conjugal relationship.

Mediation and arbitration meetings are also held with close associates of both husband and wife to capitalise their wholehearted support to address the trouble jointly. If nothing works, legal actions are typically recommended by the concerned officials. The organisation lodges a complaint with the court against a husband and the victim's in-laws if required and recruits a lawyer in favour of her. Victims are provided with legal service free of charge until the case is resolved. If victims fall sick or they are severely injured / hurt / tortured by their husbands or other family members, a qualified doctor is called to treat them. Victims can be hospitalised if needed. If victims feel insecure in the premises of WSP and BLAST, police are called to ensure security for them. WSP provides shelter to those abused women who either have been divorced, or deserted, or separated and do not have any place to go (Chakraborty, 2011; Hasan, 2011). Those victims are also sheltered by WSP who are extremely helpless with their under-aged children. The organisation arranges skill trainings for sheltered women so they can be self-employed and rehabilitated with self-respect and dignity.

BLAST, however, neither has the provision of giving shelter to the abused women nor any rehabilitation programme or income generating training programme for women who are victims of abuse. BLAST generally refers those victims to WSP who need shelter and rehabilitation. WSP also refers some of the victims to BLAST if they are considered in need of greater legal help. In WSP, different professionals such as social welfare officers, lawyers, psychologists, doctors, even police work together in order to address the problems of abused women. Some professionals working there have had a brief social work training which has made them competent to deal with abused women. Most officials working in BLAST are lawyers, but they do have training courses in human behaviour or similar ones which has helped them to deal with cases of abused women. BLAST has also introduced awareness programme at a community level in order to make people aware of legal actions that may be applied in case anybody committed abuse or torture against the wife or any female member of the family. WSP and BLAST have a better understanding with each other and work in a coordinated way to address issues of abused married women in the region of Sylhet. Internee students of social work collaborate with officials of WSP and BLAST to perform services for abused married women. Since WSP is a governmental organisation, it is dependent entirely on government for materialistic resources that it needs to perform its assigned duties and responsibilities. On the other hand, BLAST is a non-governmental organisation, mostly dependent on foreign donors for materialistic resources that it needs to fight cases of abused married women in the Sylhet region (BLAST, 2007 & 2012; Chakraborty, 2011; Hasan, 2011; Rahman, 2011).

Social Work Service in the Country for Chosen Target Group

There is no recognised social work service as such throughout the country for the chosen target group. Nevertheless, sporadic services are given to victim women of abuse either by governmental or non-governmental organisations. It is noteworthy to mention that despite services provided to abused women, none is described as social work service, and in most cases officials who provide service are neither social work degree holders, nor they have any training on social work courses. Surprisingly, many of such officials even do not know anything about social work as an academic discipline or as a profession. However, there are a few governmental agencies which have been set up to provide such services to abused women / girls in the country. Such governmental agencies include *Sarkari Shishu Paribar* (Balika, Government Children's Family) (Girls), *Samajik Pratibandhi Mahilader Prashikkhan o Punarbasan Kendra* (Centre of Training and Rehabilitation for Socially Handicapped Women), *Nari Nirjatan Damon Cell* (Cell for Prevention of Abuse of Women), *Mahila Sahayata Karmasuchi* (Women Support Programs), One Stop Crisis Centre, etc. (Wiegand, 2012). Mahila Sahayata Karmasuchi or Women Support Programme known as WSP is the most prominent one and exclusively works with abused married women in entire country.

There are many NGOs working around the country which provide social work services to abused women. The names of some prominent NGOs serving the abused women are Bangladesh *Mahila Ainjibi Sommittee* (Bangladesh Women Lawyer Association, BNWLA), *Ain o Shalish Kendra* (Centre for Law and Arbitration), *Mahila Parishad* (Council of Women), We Can Stop Violence against Women, We Can Alliance to End Domestic Violence, Gender and Development Alliance, National Girl Child Advocacy Forum, *Karmajibi Nari* (Working Women), *Durjoy Nari Shangha* (Association of Unpreventable Women), Sex Workers Network of Bangladesh, Bangladesh Society for the Enforcement of Rights and Women for Women, Bangladesh Citizen's Initiatives, Acid Survival Foundation, Bangladesh Legal Aid and Services Trust (BLAST), etc. (Wiegand, 2012).

CASE ANALYSIS

In total eight cases have been selected, five from WSP and three from BLAST. Of eight cases, three cases are presented with intervention characteristics. Of these three cases, two from WSP and one from BLAST have been presented with intervention characteristics. On the other hand, five more cases have been additionally selected, three from WSP and two from BLAST, which have been presented with general descriptions of the cases. More cases have been chosen from WSP than BLAST, as WSP is a governmental organisation with more facilities, and BLAST is a non-governmental organisation with fewer facilities. Both organisations serve abused married women free of charge. Nevertheless, both organisations are open to everybody, which means abused married women of any socio-economic or cultural backgrounds can seek helps there; poorer abused women mostly go to WSP considering its additional facilities compared to BLAST. It is to be mentioned that both WSP and BLAST accept any victim regardless of their socio-economic status or cultural background (BLAST, 2015; WSP, 2015).

WSP has two components in Sylhet; one is Cell for the Prevention of Violence against Women and the other one is Shelter Home. Cell for the Prevention of Violence against Women is headed by one Deputy Director (Magistrate), one Assistant Director (position unoccupied), one Inspector of Police, one Medical Officer (position unoccupied), one Advocate (position occupied), one Social Welfare Officer, one Legal Assistant (position unoccupied), one Bench Assistant (position unoccupied), one Typist, one Guard, three MLSS (Peon) (two positions unoccupied). On the other hand, Shelter Home is also headed by the same Deputy Director (Magistrate), the same Assistant Director, the same Medical Officer (position unoccupied), the same Social Welfare Office, one Trade Inspector,

one Accountant, one Store Keeper / Typist, one Guard, two MLSS (one position unoccupied), one Cook, one Sweeper. There are six offices of WSP located at six divisional cities in Bangladesh. WSP functions under the Ministry of Women and Children Affairs, People's Republic of Bangladesh (WSP, 2015).

BLAST office is located at Sylhet, headed by a Coordinator. It has three segments, namely Accounts, Mediation and Litigation. There is one Accountant for accounts, one Mediation Officer for mediation purposes and one Staff Lawyer for litigation purposes. There is one Field Facilitator, one Law Clerk and one Support Staff. BLAST has its branch office located in all 19 greater districts of Bangladesh (BLAST, 2015).

Case No. 1

Agency Name: Women Support Programme (WSP)
Case Name: Rojina Begum (pseudonym)
Age: 23 years
Husband's Name: Shafiqur Rahman (pseudonym)
Age: 33 years

Rojina and Shafiqur married around five years ago. Shafiqur promised to give 70,000 Tk as dower money to Rojina during the time of marriage. They have two girl children by now. Rojina started experiencing abuse and torture by her husband and mother-in-law on small pretexts immediately after her marriage. She tried to tolerate it for the interest of her conjugal life in the beginning. After a few days, her husband and mother-in-law started giving very little food to her which often caused her to remain hungry. Shafiqur is unemployed, most of the time he passes idle hours at home, never tries to earn money for the family. Rojina's mother-in-law has a piece of land registered in her name, and crops are grown in that land which is the only source of income that helps run the family.

Since land is the only source of income and that is entirely controlled by Rojina's mother-in-law, she is very dominating and powerful in the family. Shafiqur has to listen to all the instructions made by his mother as he is fully dependent on her. Once, Shafiqur's mother asked him to divorce Rojina as she had found Rojina worthless. Shafiqur was in a quandary, and failed to come to the final decision. His mother kept asking him for a divorce with Rojina as she had intended to get him married again. The day came two month ago when Shafiqur divorced Rojina, forced her out of home with her two children. Rojina and her two children have been living with her parents since then. Her husband has not given any maintenance allowance to her and her children yet. Rojina, however, still wants to go back to her husband, thinking about the future of her two small children.

Intervention Characteristics

Nature of intervention made:

1) WSP officials had a psycho-social study session with Rojina first to understand her state of mind;
2) WSP had a study session with Shafiqur to perceive his point of view about Rojina;
3) WSP called a reconciliation meeting with both parties concerned present, along with Rojina and Shafiqur;
4) WSP called a separate reconciliation meeting with only Rojina and Shafiqur being present;
5) WSP held counselling session with Rojina and Shafiqur separately, with presence of its officials;
6) WSP also held a comprehensive counselling session with Rojina's mother-in-law;
7) WSP called another reconciliation meeting with the presence of both parties including Rojina and Shafiqur. After holding a meeting following the meeting between both parties along with the presence of WSP officials, and also closed-door negotiations held between Rojina and Shafiqur, and a separate mediation meeting held between Rojina's mother-in-law, Rojina and Shafiqur along with WSP officials, the following decisions were reached on the basis of the consensus of everybody concerned in order to have a sustainable solution of the problem:
   - Rojina and Shafiqur will stay together as wife and husband hereafter, as before;
   - Shafiqur will take care of his wife Rojina and their children; he will bear all maintenance expenses for his wife and children from now onwards;
   - Shafiqur will never abuse and torture his wife Rojina;
   - Shafiqur will never demand dowry from his wife Rojina;
   - Rojina will obey all justified orders of her husband Shafiqur;
   - Rojina and Shafiqur will behave well with each other's relatives;
   - Rojina will respect her mother-in-law and will never disobey her;
   - Rojina and Shafiqur will take care of each other as wife and husband and will perform their duties and responsibilities accordingly;
   - If the above-mentioned conditions are not followed properly by any of the parties, legal actions will be resorted to whenever necessary (WSP [Office File], 2015 & Interview held with the WSP officials, 2015).

Case No. 2

Agency Name:
Women Support Programme (WSP)

Case Name:
Rukshana Begum (pseudonym)

Age: 22 years

Husband's Name:
Faruk Miah (pseudonym)

Age: 28 years

Rukshana and Faruk married three years ago with the promise of dower money 200,000 Tk to be given to Rukshana by Faruk after the marriage. They have a two-year old girl. Although Rukshana and Faruk had a love marriage, they had never got their marriage officially registered. They had a happy married life for only one year. But after the birth of their baby girl, which was just one year after the marriage, Faruk, the husband of Rukshana, started gradually changing his behaviour towards Rukshana as he often got irritated with her without solid reasons. Once he asked Rukshana to bring money from her father since no dowry was given to him during the time of marriage. Rukshana's parents are old and socio-economically very poor, not in a position to give any dowry to her husband. She was anxious and pleaded with Faruk not to ask for dowry to her parents. Faruk was angry and started beating her ruthlessly. Thereafter, he kept abusing Rukshana time to time on small pretexts, mostly for dowry.

One day Rukshana discovered that her husband had fallen in love with another girl. She was again beaten up like anything when she tried to inquire about it with him. At one point, Faruk admitted to Rukshana that he was in love with a girl and intended to marry her soon. He also asked Rukshana for her permission to marry the girl, which Rukshana refused to give. The relationships between them deteriorated further because of Rukshana's repeated refusal to give permission, and subsequent abuse and torture committed to her by Faruk. At last, Faruk beat her brutally and forcefully drove Rukshana out of home. Rukshana had to seek shelter at her parents' along with her small child. Six months have gone by, Faruk has never tried to make any connection with Rukshana, nor has he provided any monetary support to Rukshana and her child. The child once fell sick and over telephone Rukshana requested Faruk to come to see the child, but he refused to arrive.

Rukshana has eight brothers and sisters who are all dependent on her parents. Her parents do not have any ability to take her and her child's responsibility. She also does not want to be a burden on her poor parents, and, therefore, she is eagerly waiting to go back to her husband accepting any condition to be imposed by her husband. Thus, she has sought help from WSP. WSP has recorded the case and made the following intervention.

Intervention Characteristics

1) WSP officials first called Rukshana to have an interview with her to understand her psycho-social situation and the kind of problem she was suffering from;
2) WSP had an exclusive interview with Faruk to comprehend his allegations against Rukshana;
3) WSP called an exclusive reconciliation meeting only between Rukshana and Faruk, where WSP officials were present to facilitate the entire proceedings of the meeting;
4) WSP called a mediation meeting with the presence of both parties concerned, along with Rukshana and Faruk;
5) WSP held an exclusive negotiation meeting one-to-one between Rukshana and Faruk, with the presence of WSP officials;
6) WSP held counselling session with Rukshana and Faruk separately, with the presence of its officials;
7) WSP held a joint counselling session where Rukshana, Faruk and WSP officials were present together, helped each other mend the broken relationship between Rukshana and Faruk;
8) WSP called a comprehensive reconciliation meeting with the presence of relatives of both parties along with Rukshana and Faruk.

After holding a series of meetings between both parties along with the presence of WSP officials, and also closed-door negotiation held between Rukshana and Faruk with the help of WSP officials, the following decisions were taken unanimously in order to restore the conjugal life of Rukshana and Faruk:

1) Rukshana and Faruk will again live together as wife and husband;
2) Faruk will take all responsibilities for his wife Rukshana and their child including maintenance expenses for them;
3) Faruk will immediately abandon illicit relationship with another girl;
4) Fakur will never abuse and torture his wife Rukshana;
5) Fakur will stop demanding dowry from his wife Rukshana;
6) Rukshana will listen to all justified orders given by her husband Faruk;
7) Rukshana and Faruk will behave well with each other's relatives;
8) As wife, Rukshana will respect her husband and will take care of him;

9) Rukshana and Faruk will be mutually respectful to each other as wife and husband, and will perform their duties and responsibilities accordingly;
10) If the above-mentioned conditions are not followed properly by either husband or wife, legal actions will be taken to resolve the problem (WSP [Office File], 2015 & Interview held with the WSP officials, 2015).

Case No. 3

Agency Name: Bangladesh Legal Aid Services Trust (BLAST)

Case Name: Sulekha Begum (pseudonym)

Age: 28 years

Husband's Name: Belal Ahmed (pseudonym)

Age: 35 years

Sulekha and Belal married around four years ago. Belal promised to give 400,000 Tk as dower money to Sulekha during the time of marriage. After marriage both of them left for London where Belal started working in a restaurant. They were living there happily for quite some time, but Belal left for Italy after one and a half year of their marriage. They had no children till then. Sulekha became helpless in London as there was no one to take care of her. Belal was in touch with Sulekha from Italy and told her of coming back to London soon. After six months of his departure, Sulekha decided to come back to Bangladesh as it was impossible for her to survive alone in London. Sulekha took shelter at her parents' in Bangladesh. Belal was still in touch with her and had expressed his commitment to come back to her as soon as possible.

However, Belal has stopped any communication with Sulekha for the last year. He neither makes telephone calls to Sulekha, nor receives any telephone calls from her. It is simply unbearable for Sulekha, and she cannot wait for Belal any more. Sulekha has now decided to ask for a divorce from Belal, and is, therefore, seeking help from BLAST. BLAST has taken the case and has intervened in it for a solution.

Intervention Characteristics

1) BLAST first held an exclusive interview session with Sulekha to have a better understanding of her psychosocial situation and also her current allegations, demands and desires to Belal;
2) since Belal is abroad, BLAST arranged a negotiation meeting with his father and elder brother to understand the viewpoints of Belal as they are in touch with Belal currently living abroad;
3) BLAST explored the possible reunification between Sulekha and Belal by holding a tripartite mediation meeting between Sulekha, Belal's father and his elder brother, and also BLAST officials;

4) BLAST arranged an exclusive counselling session with Sulekha to explore different alternatives as Belal still desires to restore conjugal relationship with her;
5) BLAST peformed a negotiation meeting with Belal's father and elder brother to communicate the decisions of Sulekha with them and also to understand the latest opinion of Belal's towards the stand taken by Sulekha;
6) BLAST held a counselling meeting with Sulekha for obtaining an amicable solution of the problem. The following problems were identified by BLAST officials:
   - Sulekha no more wants her conjugal life restored with Belal; she only desires a divorce;
   - Sulekha wants dower money 400,000 Tk from Belal as that was promised to her during the marriage;
   - Sulekha is no more interested to be involved in a mediation meeting with the relatives of Belal;
7) BLAST held a negotiation meeting with the presence of Sulekha, Belal's father and his elder brother along with BLAST officials to decide upon a formal divorce between Sulekha and Belal.

After having discussed the matter in detail between and among all the concerned, the following resolutions were made in unanimity:

1) Belal will have to pay the dower money 400,000 Tk to Sulekha;
2) Belal will make the payment in instalments, and will complete the entire payment within next two years;
3) Belal formally and officially will divorce Sulekha accepting all the conditions settled in the negotiation meetings held by BLAST;
4) Belal and his family members will no more contact or otherwise disturb Sulekha;
5) Sulekha will also not contact Belal and his relatives;
6) Sulekha and Belal will not have any other demands to each other;
7) Sulekha does not want maintenance expenses from Belal as she is alone and does not have any children;
8) If the above-mentioned resolutions are not properly implemented by either Belal or Sulekha and their relatives, legal actions will be followed in order to reach a solution. BLAST will follow up the case, and will take legal actions if needed (BLAST [Office File], 2015 & Interview held with the BLAST officials, 2015).

Case No. 4

Agency Name: Women Support Programme (WSP)

Case Name: Shahana Akter (pseudonym)

Age: 29 years

Husband's Name: Helal Ahmed (pseudonym)

Age: 36 years

Shahana previously married one person who died five years ago. She has three children from her first husband. Her current husband had lied to Shahana as he claimed to have his first marriage with her. After the marriage, Shahana has come to know that Helal was married two times before the marriage with her. It means marriage with Shahana is his third marriage. Helal is currently having three wives alive, including Shahana. His second wife has not remained with him, as she remains separated because of bitter relationship developed with him. Helal has five children from his first wife, and none from the second one. Now Shahana and the first wife live with Helal along with Helal's five and Shahana's three children. His first wife alleged that Helal is of bad characteristics as he always wants to marry, despite having wives.

According to the Muslim Marriage Act Ordinance 1961, an adult male must take permission from his wife or wives if he intends to marry further. He cannot marry if his wife does not permit him to marry again. Helal married one after another, but never bothered to take any consent of his current wife or wives. Helal's first wife alleged that she had never known that he would marry since his two wives were still alive, though his second wife was living separated. But to her surprise, Helal married again and brought Shahana home. Although Shahana feels cheated, she and Helal's first wife remained living with Helal. Shahana had no problems living with Helal's first wife as they gradually developed a kind of mutual relationship with each other. However, a year later, Helal decided to marry again, and this time he forced his two wives for their consent. Helal was actually marrying another girl secretly, and after coming to know about it both wives hurriedly became present at the place of this marriage. Helal tied both of his wives to a tree and forcefully asked for their permission for his next marriage, as Kazi (Islamic priest who solemnises marriage) present there refused to solemnise the marriage without permission. Helal beat Shahana and his first wife mercilessly as they refused to give permission for his fourth marriage. So, Helal failed to marry for the fourth time, which made him very angry against his current two wives. He immediately left both wives and stopped providing them with all maintenance allowances.

Both wives went to the Ward Commissioner (Representative of City Corporation) to make allegations against Helal for not

giving maintenance allowance. The Ward Commissioner arranged an arbitration meeting with the presence of Helal, his two wives and their relatives. It was decided in the meeting that Helal would bear all the maintenance expenses for his both wives. Helal bears maintenance expenses for his first wife, but refuses to do the same for Shahana as he says Shahana has a job and can manage her living. Therefore, Shahana has come to WSP to seek help in order to ensure her maintenance expenses from her husband Helal. WSP has registered the case, and already given a notice to Helal to be present before WSP on a specific date (WSP [Office File], 2015 & Interview held with the WSP officials, 2015).

Case No. 5

Agency Name: Women Support Programme (WSP)

Case Name: Assia Begum (pseudonym)

Age: 21 years

Husband's Name: Elasuddin (pseudonym)

Age: 28 years

Assia married Elasuddin one year ago with 120,000 Tk as dower money. They have a boy child by now. Immediately after the marriage, her husband and in-laws started demanding dowry to her. Assia had to go through frequent torture and abuse from her husband and in-laws because of their repeated dowry demands. Assia's parents are not alive anymore. Her elder brother gave a bicycle worth 10,000 Tk and a golden chain, golden earrings to Elasuddin as symbols of dowry during the time of marriage. After the marriage, Assia's husband Elasuddin sold bicycle, golden chain and earrings.

Now, Elasuddin frequently tortures Assia physically and asks her to bring money from her elder brother. Once, Elasuddin, his mother and other relatives asked Assia to bring 60,000 Tk from her elder brother as they had decided to build a house and also buy some furniture. Assia's elder brother fulfilled this demand. But her husband and mother-in-law kept repeatedly demanding the dowry. Assia has infrequently been severely abused for being unable to fulfill their growing demands. On several occasions, Assia was deprived of food as she had failed to bring the dowry from her elder brother. Once, her husband beat her brutally when she was seven months pregnant. Learning about this torture, Assia's elder brother came to see her at her in-laws' house. Then Assia's mother-in-law insisted him to take Assia along with him to his house. Considering the predicaments of Assia, her elder brother instantly decided to take her along. Assia came to her elder brother's house and started living there.

After a few months, Assia gave birth to a baby boy, but her husband or in-laws made no communication with her since she had come to her brother's house. None of them including her husband

even arrived to see the new-born baby. Assia's husband takes no responsibility or provides Assia with maintenance expenses for her and her child. Assia's elder brother is poor and struggles a lot to shoulder the responsibility for taking care of Assia and her child. Now Assia has come to know that her husband Elasuddin has married again without taking permission from her. Assia no longer wants to return to her husband and live with him. She wants a divorce from, and demands dower money and maintenance allowance for herself and her child.

Assia is, therefore, looking for help from WSP so that she can get divorced as well as have dower money and maintenance allowance from her husband. WSP has registered the case and will soon arrange a reconciliation meeting where both parties will be asked to remain present (WSP [Office File], 2015 & Interview held with the WSP officials, 2015).

Case No. 6

Agency Name: Women Support Programme (WSP)

Case Name: Nazma Begum (pseudonym)

Age: 30 years

Husband's Name: Ebu Miah (pseudonym)

Age: 39 years

Nazma married Ebu Miah 12 years ago. They were living happily with two of their girl children. Nazma was satisfied with her married life, loved to be with Ebu Miah. Nevertheless, she noticed her husband changing over the last year, as his behaviour towards her gradually became atypical. Nazma could not understand her husband. Soon, she heard that her husband had married again, but took no permission from her. She also came to know that the girl he married recently is the one he had been in love with for the last year. Nazma became devastated, but still decided to stay with her husband. Ebu Miah started abusing Nazma physically after the second marriage, which he had never done before. Nazma was frustrated and had no idea about her future course of action. There were frequent quarrels between the two; her husband was increasing his abuse and torture day by day. To her surprise, one day Ebu Miah and his second wife demanded her to pay 500,000 Tk if she wanted to remain with them. Even all her in-laws supported Ebu Miah, and asked her to leave her husband along with her two baby girls. Her in-laws' reasoning was since Ebu Miah did not desire her any more, she would immediately have to leave him. Nazma was helpless and anxious thinking about the uncertain future of her children and herself. She kept on undergoing brutal abuse by her husband, his newly married wife, and in-laws.

Once they all together abused her very badly and drove her out of home along with her two baby daughters. Nazma and her

two small children felt forced to seek shelter at her father's house. Currently, she and her daughters have been living with her parents, but the parents are poor, hardly able to take care of them. Nazma still does not want a divorce from her husband; rather she would love to go back to her husband considering the future of her children. She does not mind living with the second wife of her husband, though she sees no hope of being united with her husband as he no more wants her. She has no other option, but wants to be with her husband at any cost.

Nazma desperately expects WSP to take necessary steps so that she and her husband along with their children and his second wife can again live together peacefully. She expects nothing else from her husband. WSP has registered the case and has given a notice to Ebu Miah asking him to be present before the hearing officers of WSP on a specific date. Hearing officers of WSP consist of Deputy Director (Magistrate), Advocate and Social Welfare Officer (WSP [Office File], 2015 & Interview held with the WSP officials, 2015).

Case No. 7

Agency Name: Bangladesh Legal Aid Services Trust (BLAST)

Case Name: Mitali Islam (pseudonym)

Age: 21 years

Husband's Name: Abdur Nur Anis (pseudonym)

Age: 22 years

Mitali married Abdur Nur one and half years ago with the promise of dower money 200,000 Tk. They had a happy conjugal life for only one month after the marriage. Mitali is four months pregnant now. Two months before, Mitali's husband suddenly demanded 100,000 Tk to Mitali as dowry, telling that he would start a business with that money. Mitali's father gave 50,000 Tk to Abdur Nur, but Abdur Nur was not happy as he had not received 100,000 Tk according to his demand. He was angry and took Mitali to her parents and left her there. Thereafter, Abdur Nur stopped any communication with Mitali. Four months have gone by, Mitali is very anxious as Abdur Nur neither accepts her phone calls, nor he makes any calls to her. Mitali is desperate to go back to her husband, accepting his every demand. Her parents are poor, and unable to take her responsibility. She feels helpless thinking about the future of her expected child since her husband provides her with no maintenance allowance.

She has come to BLAST to seek its help in order to reunite with her husband. BLAST has recorded the case and asked both parties to be present on a specific date for mediation. Unfortunately, both parties remained absent on the first mediation meeting. Later, Mitali informed BLAST that she was trying to negotiate with her husband personally without taking the help

from BLAST. Her personal efforts failed and she again requested BLAST for doing something to convince her husband so that she could remain with her husband. BLAST fixed a new date for mediation and negotiation, and also asked both parties to remain present in it.

Mitali and her relatives were present on the new date, but Abdur Nur and his relatives were again absent in the mediation meeting. Abdur Nur was asked to explain as to why he had remained absent from the mediation meeting twice. He appealed for a new date to BLAST. Then BLAST announced a new date for mediation and asked both parties to be present in the meeting. This time both parties were present and had an intensive discussion with each other and also with the officials of BLAST, but failed to come to a solution. Thus, Mitali and Abdur Nur were asked to have an exclusive and closed-door discussion with each other to address their problems and come to a solution. They failed again. Afterwards, the relatives of Mitali and Abdur Nur sat together exclusively to explore a solution, but found no positive results. Abdur Nur alleged that Mitali is horribly quarrelsome, and not in a position to adjust to him and his relatives.

Both parties and the officials of BLAST held a meeting after a meeting with Mitali and Abdur Nur to reach a consensus for restoring their conjugal life, but without success. Mitali told she is pregnant and expecting her baby soon. She longs for her conjugal life as she loves her husband and wants to be with him. Abdur Nur told he tried his best to continue the conjugal life, but Mitali was very problematic and, therefore, he no more wanted to continue his conjugal life with Mitali. Since this mediation meeting failed to produce any results, BLAST repeatedly announced a new date for mediation. Both parties were present on the new date for mediation. They again held a discussion with each other with the presence of BLAST officials, but no consensus was reached. Mitali and Abdur Nur again held a closed-door exclusive discussion with each other, but without a result. Mitali wants her conjugal life back at any cost, but Abdur Nur is adamant for being unable to restore his conjugal life with Mitali.

At last it was decided by both parties with the help of BLAST that Abdur Nur would provide Mitali with 1500 Tk per month as maintenance allowance from then onwards till the baby is born since Mitali is pregnant. Later, after the birth of the baby, BLAST will again hold a mediation meeting with the presence of both parties including Mitali and Abdur Nur (BLAST [Office File], 2015 & Interview held with the BLAST officials, 2015).

Case No. 8

Agency Name: Bangladesh Legal Aid Services Trust (BLAST)

Case Name: FarzanaAkter (pseudonym)

Age: 20 years

Husband's Name: Wasim Ahmed (pseudonym)

Age: 35 years

Farzana married Wasim around two years ago with the promise of dower money 600,000 Tk. Though they have had two years of married life, they have no child yet. Farzana could enjoy her married life without difficulties for only seven days. Wasim started demanding dowry to Farzana after one week of their marriage. Once when Wasim was very desperate, he demanded 200,000 Tk from Farzana as dowry, which Farzana completely refused to pay. Wasim was angry, causing her severe injuries because of her refusal. Farzana's parents are poor, and she does not want to ask her father for money. Wasim kept asking Farzana to bring money from her father, and Farzana was also stubborn not to bring the money or ask her father for it to fulfil the demands of Wasim. Perceiving the stand of Farzana on the issue of dowry, Wasim simply went mad, and Farzana also kept telling that his demands would never be fulfilled. Wasim then beat her mercilessly, and warned her of dire consequences if she failed to bring the money from her father. Farzana was scared and felt unsafe and insecure staying with her husband. Although she was afraid of getting killed as her husband had gone crazy for dowry, she was no way planning to leave him.

One day Wasim severely beat Farzana again for refusing to bring the money, and took her forcefully to her father's home. Wasim left Farzana with her parents and hurried away. Ten long months have passed since then; Wasim has made no efforts to communicate with Farzana; he has not also received phone calls from her. Wasim is not bothered to provide maintenance allowance to Farzana. Farzana has now decided to demand a divorce from Wasim. She also wants the dower money, the money which Wasim promised to give to Farzana during the time of marriage. Moreover, Farzana demands maintenance allowance from Wasim for her daily living.

Thus, Farzana has come to BLAST to seek its help so that she can ensure official divorce with Wasim, and can also obtain all her dues from him according to the Muslim Marriage Act. BLAST has recorded the case, and has proceeded to hold a mediation meeting on a specific date. Both parties were present along with Farzana and Wasim on the first day of mediation. Farzana clearly asked for a divorce and demanded all her dues from Wasim as she no more wanted her conjugal life with the man. However, Wasim showed his interest in restoring his conjugal life with Farrzana, which she vehemently refused to accept.

Since Farzana avoids her conjugal life with Wasim and desperately seeks a divorce, Wasim appealed for more time to think over divorcing Farzana and paying her dower money along with the maintenance allowance. BLAST has announced a new date for the second round of mediation (BLAST [Office File], 2015 & Interview held with the BLAST officials, 2015).

Social Work Methods Used in Frame of the Case

The target group of both organisations is married women with multifarious sufferings resulted from repeatedly occurred domestic violence. Victims generally come either to WSP or BLAST to seek help in order to protect themselves or ensure justice or demand trial for those who often abuse and torture them in their married life (BLAST, 2012; Das & Alam, 2013). It is the victim who comes to the organisation, not vice versa. The personnel of both organisations receive victims at the premises of the organisation, record their allegations against perpetrators, listen to their miseries and sufferings, and formulate the case in detail (Chakraborty, 2011; Das & Alam, 2013).

The personnel of the organisations generally does not have background in social work, nor do they have sufficient training on social work or related academic disciplines; however, many of them are lawyers and a few are of a different academic background. Although the personnel of the organisations does not have knowledge in social work, they do apply social casework, which is a basic method of social work often used in clinical social work practice. Since they are not professionally and academically trained social workers, they do not exactly follow the order of social casework practice; rather their practice of case work in this regard may be described as commonsense social work practice which also benefits the victims seeking help from the organisation.

The first step undertaken by the personnel is to interview a woman who has been the victim of domestic violence and looking for a solution to her predicaments. The official concerned in the organization builds a rapport with the victim and tries to interact with her very closely, giving her due respect and recognition. It is a form of psychosocial study of a victim undertaken by the official in order to understand her psychosocial state following the allegations made against her husband and / or in-laws. Although neither the organisation nor the concerned official describes this dealing between the official and the victim as psychosocial study of the victim, it is to some extent psychosocial study with due sympathy and empathy extended to her from the part of the official. It is the first step followed to record the case in detail which may be called the case history of the victim.

After recording the case, it is thoroughly studied and the problems are specifically diagnosed for taking further actions. At this stage, perpetrators that may be either

husbands or in-laws, or both are called in at the organisation for interviewing so that allegations made by the victim could be examined and cross checked. The official interviewing the perpetrators also seek their opinion and explanations about the allegations of the victim. After holding discussions with both parties, the concerned official fixes a date for negotiation, mediation and arbitration where both parties are invited to discuss with each other in order to reach a solution. The officials of the organisation facilitate the entire proceeding of the negotiation, and often ask the involved to compromise each other so that the conjugal life of a husband and a wife could be restored.

In many cases, husbands fail to respond to the call of the organisation or occasionally refuse to cooperate with the officials. Nevertheless, when intimidated of legal actions for abusing the wife, they tend to agree to cooperation with the dealing officials of the organisation. Negotiation meeting is held many times with the presence of a wife and a husband and their relatives where officials are always facilitators leading the discussion to a reasoned outcome. If negotiations result in failure, the officials lodge a case with the court against the husband and in-laws on behalf of a victim woman (Rahman, 2011). The court finally settles the dispute according to the legislation enacted to punish perpetrators who abuse and torture married women. Abusing husband and in-laws, therefore, generally do not prefer the case to be settled by the court. Most cases are resolved through multilateral discussions involving different parties, aiming to address conflicts between a wife and a husband and / or in-laws that cause a victim to suffer from abuse and torture. Once the case is resolved, the organisation generally does not follow it unless new complaints are made by a victim.

Aims of the Method Used

As mentioned, social casework method is used to deal with victims of domestic violence; however, the officials dealing with it do not have social work knowledge, neither do they have any training to deal with such cases (Das & Alam, 2013). It is a type of commonsense social work practice undertaken by the officials working in both organisations. The officials do not know the name of casework, but most of the actions designed and applied to address the troubles faced by victims seeking help from the organisations may be described as micro social work practice where social casework method is employed. The basic aim of using social casework method is to diagnose the problems of a client so that appropriate treatment could be designed and applied attempting to eradicate the problems. The officials of both organisations work with victims of domestic violence to achieve identical objectives. Yet, their treatment plans do not match those of trained social workers. Since the officials lack knowledge about the principles of casework, values of social work, models, approaches and theories of social work, they mostly fail at handling the case appropriately. Their

approach is not systematic and scientific enough since it is based on extempore actions. Therefore, solutions that are recommended for a victim may be stated as mechanical, not socio-psychologically very sustainable. However, it does not mean that solutions proposed and accepted by both parties, facilitated by the officials of the organisations, are worthless or meaningless, rather they are precious for victims as they gain strength to resettle and restore their congeal life with new hopes and dreams, and, of course, with more prestige and honour (Das et al., 2015, *174*). That is how many victims are rehabilitated and reinstated in their own family with the husband and children. So, the aims of using their own casework method to deal with the victims are to remove them from the brink of acute vulnerabilities caused due to frequent abuse and torture of husbands and / or in-laws. It secures lives of victim women, as well as her children.

Brief Information about Clients

Victim women seeking help either from WSP or BLAST belong to nearly the same socio-economic strata, though both organisations welcome clients of any socio-economic background. It is to be noted that clients of all socio-economic categories come to the organisations for help, but most clients belong to low or lower middle class category (Das et al., 2015, *171*). Some of them represent middle class, and a few belong to upper middle class or upper class. It is not clear as to why the number of victims from middle, upper middle and upper class category seeking help to either organisation is much lower compared to the number coming from lower socio-economic background. One reason behind it may be that victim women of better socio-economic background do not want to lodge any complaints against their husbands and in-laws outside home because of their family honour and prestige. Most victims coming to the organisation for help have had early marriage, before the age of 20 (according to office records found in both organisations); and they tend to have an 8.5-year-age-gap with their husbands on average (Das et al., 2015, *167*). A substantial number of clients are found illiterate, and only a few have education up to primary level or at best – secondary level. According to the officials of both organisations, sometimes they receive clients of high economic background with much higher educational qualification. But it happens once or twice a year. Victims generally approve slight beating by their husbands, but decide to seek help from the organisations when it becomes unbearable for them. It is understood from statements of many victims that wife beating is to some extent culturally approved in the context of Bangladesh (Das et al., 2015: *168*). Most victims seeking help from the organisations are socio-economically dependent on the husband and hardly can think of living alone along with small children, without their husbands. Their parents are poor and do not have capacity to shoulder the responsibility of their daughters and grandchildren. So the abused and tortured women completely become helpless as relationships with

their husbands gradually deteriorate because of different reasons. Victims often feel forced to seek help from any of the organisations, either WSP or BLAST, since they do not know how to get legal help or where to go for legal help. Abusive husbands think that their wives with children cannot remarry and cannot leave them as they are dependent on him. It, in fact, drives him to exploit this helpless situation of his wife, and abuse her more.

Almost all victims coming to the organisations for help are frequently abused and tortured because of dowry demands of their husband or in-laws, or both. Dowry is a cash-money or materials demanded by the bridegroom to the bride during the time of marriage. The marriage is generally not solemnised without fulfilment of dowry demands of husbands and their families. However, it needs to be noted that in many cases demands of dowry by husbands and in-laws to wives and their parents continue for a long time even after the marriage, causing abuse and severe torture to wives for fulfilment of frequently placed fresh dowry demands by husbands and in-laws. It is true that demanding dowry by a husband to a wife is legally punishable, but married women who face inhumane acts of violence because of being unable to fulfil dowry demands do not feel encouraged to seek legal assistance for remedy as they are culturally obliged and obedient (Chowdhury, 2010; Nasrin, 2011; Das et al., 2015). Hence, abused married women who have sought help from both organisations so far were mostly victims of dowry demands. Many victims want to be with their husbands despite being repeatedly abused, and, therefore, desperately look for help from the organisation. They neither want to be divorced, nor to be dependent on parents, as they know that a divorcee always lives with social stigma. Some victims have had to come to the organisation as their husbands have secretly married the second or the third time, or even more which has caused bitter relationships between wives and husbands which has resulted in severe abuse for wives. A few have sought help from the organisation as their husbanda have been indulged in extra-marital affair that has also caused violence and torture against wives. There are victims who have alleged that their conjugal life has been alright after the marriage for quite some time, but then their husbands have suddenly realized that their wives were not beautiful, and they no more want to live with them. Wives feel helpless in this context and seek help from the organisation. Some victims seek help as they have been divorced after giving birth to girls. Most of these victims alleged that they were divorced by their husbands blaming them for delivering baby girls, and a few were divorced for consecutive delivery of a girl child. These victims have tolerated abuse and torture of their husbands and in-laws, but still have not been able to save their conjugal life as husbands or in-laws, or both have held them responsible for the birth of baby girls, and have subsequently divorced them.

Evaluation Methods of Clients' Needs

An abused woman who is a client to an organisation is evaluated in terms of her needs through different means by the concerned officials of the organisation. To evaluate the needs of a client, the concerned official first tries to understand why she has come to the organisation, and, therefore, the method of interviewing is used. It may be called an in-depth interview. However, before starting interviewing with a client, she is warmly welcomed by the assigned official which may be described as acceptance of a client to the organisation. The client is gestured with positive body language that in turn builds a trustworthy relationship between her and the dealing official. Sometimes it takes time for the official to become closer to a client or establishing trustworthy relationship with her as she hesitates to disclose her bitter experience with her husband and struggles to explain her needs she has come to the organisation for. In many cases, the dealing official sits in closed-door meeting with the client on several occasions in order to gain her trust, and the official often strives to maintain emotional balance with the utmost support and care so that the case could be appropriately handled. The aim of sitting with the victim time and again is to assess the needs submitted by her and explore her strengths and weaknesses to address her immediate needs, and also find out the ways through which her conjugal life may be restored or legally ended. Since abused married women are clients seeking help from the organisations, the kinds of abuse and torture they experience are listed first and then the names of perpetrators, either husbands or in-laws, or both indulged in abuse and torture against her, are recorded (Official records of WSP & BLAST).

To understand the situation and the needs of a client better, the organisation contacts the husband first and asks him to be present in a reconciliation meeting where the victim is also asked to remain present. The concerned official interacts with her husband, discusses complaints lodged against him and his other family members by his wife, and tries to perceive his opinion and arguments about his wife's allegations. Husbands generally do not want to admit allegations made against them, often term them as baseless, and sometimes describe their wives as quarrelsome and trouble creating. Most husbands clearly argue that they are no more interested to carry on with their conjugal life as they express their deep frustration over the behaviour patterns of their wives. As stated, clients are predominantly victims of dowry demands of their husbands and in-laws, or both, though they often refuse to accept this allegation because of fear of legal actions. After discussing each and every aspect of the allegation with husbands, the officials dealing with their cases usually become successful in pursuing them to admit their offences against their wives. Once they do, they feel forced to resolve all the problems with their wives.

The concerned official sits with both a husband and a wife separately, and discusses matters relating to reconciliation between both of them. A husband and a wife also sit with each other in a confidential manner several times receiving purposeful

help of the officials of the organisation. The officials always act as facilitators so that husbands and wives can reunite to resolve their problems. Many times, the officials call family members of husbands and wives to the organisation, sit with them and discuss the issues of conflicts with them, and also seek their support and cooperation to address the conflicts. There are several meetings held with the presence of a husband, a wife and their family members and relatives for comprehensive but specific and conclusive discussions over the issue of reconciliation and negotiation between a husband and a wife. It is not that family members and relatives of a husband and a wife, especially relatives of a husband, extend their full support and cooperation to address the issue; rather they are sometimes vehemently opposed to restoring the conjugal life of a husband and a wife, blaming the wife for all the misfortune she has faced so far. The officials work hard to convince family members and relatives for a positive solution so that the wife can again life with the husband in a peaceful family environment without violence, abuse and torture. Family members are requested to extend all support in order to ensure and restart peaceful and happy conjugal life of both a husband and a wife, with their children (Official records of WSP & BLAST).

Not every case dealt by the organisation can be termed as successful, but the number of successful cases is obviously substantial. Apart from an interview, a negotiation, a reconciliation and a mediation, the officials adopt many other strategies to provide clients with mental and psychological support so that they can bring their confidence back to lead a normal life. Counselling, motivation, inspiration, encouragement, sympathy, empathy are often provided to victims at different stages while interacting with them aiming to make them feel worth of themselves. After understanding exact needs of clients, the officials try to identify strengths and resources of clients so that needs of them could be addressed with their strengths and resources. It is important to note that the organisation named WSP arranges training programmes in different trades for those clients who have been left or divorced by their husbands, who have not been found anywhere afterwards. There is a Shelter Home in the premises of WSP where those clients who have completely become homeless after being abused, tortured and divorced are kept. Abused women with children who are scared of further torture by their husbands and in-laws and no more want to go back to their husbands are also sheltered in the Shelter Home of WSP. The inmates of the Shelter Home of WSP can stay there up to six months, which may be extended if necessary. All support including food, clothes, lodging, medical care, schooling for children, and security are given to the inmates while staying in the Shelter Home (Das & Alam, 2013, *109*). They are also provided with counselling, motivation and training in different trades for self-employment. Sometimes the officials of WSP contact employers of many organizations for employment of victims living in the Shelter Home.

BLAST does not have such facilities as WSP. It neither has any Shelter Home, nor any provision of giving victims food, medical services and security. BLAST generally

accepts clients who have deep frustration and depression over torturous and abusive behaviour of their husbands and in-laws, seeking help from the organisation for legal solution. It does not mean that BLAST only deals with legal actions; it also tries to address problems through negotiation, mediation and reconciliation between a wife and a husband, and their family members. One of the most important aims of BLAST is to assess the needs of victims coming to seek help from the organisation. BLAST evaluates a client's situation thoroughly by interviewing her as well as interviewing her family members; it tries to diagnose her problems and needs so that appropriate actions may be designed to address all her barriers she faces. If BLAST finds the case rather complex, and a husband and his family members repeatedly refuse to cooperate with its officials, or they just do not show any interest in restoring conjugal life of a husband and a wife, blaming only the wife for her being abused, the case is taken to the court for the trial of perpetrators, mostly a husband and his family members. BLAST fights the case in the court free of charge on behalf of the client (Official records of BLAST).

In some cases, if the officials find a client with no shelter or nowhere to go after being abandoned by the husband and his family members, or she is very much scared of going back to her husband, the officials generally refer her to WSP as it has the Shelter Home which a client at that instance needs most. Even after the assessment of needs of a client, if the officials ascertain that a client needs medical treatment as she has gone through physical torture and abuse for a long time, she is referred to either hospital or WSP where she may be treated free of charge. BLAST does not have the provision of providing a client with a Shelter Home or medical services (Official records of BLAST). Poor, utterly helpless and unemployed clients are sometimes referred to WSP for training on income generating activities so that they can be self-employed. BLAST is mostly concerned with providing legal aids to victims who are unable to seek legal actions on their own because of their financial constrains or ignorance. Yet, it does not ignore its responsibility to assess psycho-social needs of clients as it works for clients' rights and welfare by addressing their psycho-social problems and needs through reconciliations between and among concerned parties.

Assessment Instruments

Though WSP and BLAST provide certain services to victims of domestic violence in a formal manner which are more like social work services to the clients according to their needs, both organisations are not known as social work agencies, and the service providers are also not recognised as professional social workers as they lack social work academic background or training. Therefore, assessment instruments used by the officials of the organisations for assessing the needs of clients should not be described as very formal and structured as instruments followed by

social workers doing the same. It may be noted that assessment instruments are more or less alike with assessment instruments of social workers while assessing the needs of clients in a similar context. We need to keep in mind that social work services in Bangladesh are still at rudimentary stage as those hardly follow any formal and structural form of social work practice.

Questionnaire. Officials of WSP and BLAST do not prepare and use any formal questionnaire to assess the needs of clients coming to seek help from them. They generally talk with them face-to-face using open-ended and unstructured interview schedule which may be at best described as informal schedule format used to interview clients. It is more of an interview guideline that helps the concerned official to build a rapport with a client initially, and later on record the entire story of her sufferings, and also her current needs and desires to get rid of abuse and torture committed by her husband and in-laws. The official sits with a client several times, according to the necessity; holds elaborate discussions with her; and notes down all allegations against her husband and in-laws one after another. Frequent interaction between the official and a client is informal discussions aimed at defining problems and needs of a client and their possible solutions. The officials interact with family members and relatives of a client in the same way as they use open-ended and unstructured interview schedule while talking with them with regard to abuse and torture of a client. They also discuss matters relating to probable solutions of problems more informally without using prescribed questionnaire or interview schedule, though proceedings of a discussion are properly recorded for future course of actions.

The same format is used to interview a husband and his family members. However, the officials prepare and use the unstructured interview schedule to interview a husband and his family members on the basis of allegations made by a client. Therefore, questions asked to them are not similar with questions that are generally asked to a victim. The officials try to cross-check all information received from a victim with a husband and his family members, and seek their opinion towards reaching a solution of the problems that have caused fragile relationships between a wife and a husband. Sometimes they use a check-list in order to interact with a victim and her parents as well as a husband and his family members. Instruments used to assess the situations are always very informal, attempting to extract in-depth information from all the concerned parties so that appropriate measures could be undertaken.

Interview. Interviewing technique is used most by the officials of both organisations to facilitate interactions with different parties involved in the discord. Yet again, it is not a structured interview, rather – unstructured and very much informal. The officials interview a victim and her parents, and also a husband and his family members in an informal manner. Interview is preferred as it is considered the most

effective technique to collect data from illiterate and less educated persons. As stated, most victims of domestic violence seeking help from the organisations are illiterate and less educated which encourages the officials to adopt interviewing to interact with victims. In fact, victims, their husbands, their immediate family members and significant others, all belong to low educational background, and, therefore, the interview technique is considered best to interact with them and to extract information from them.

Home Visit. It is not the policy of WSP and BLAST to visit the house of victims or perpetrators, or anyone else involved in conflicts. Therefore, the officials assigned and concerned generally do not visit anyone's home to interview anybody staying there, which may be considered very important in the entire process of diagnosing problems and needs of a victim, and also detecting a solution. Instead, the officials always invite everybody concerned to the office of the organisation in order to make in-depth interactions with him or her through interviewing. Nvertheless, if perpetrators and their associates fail to cooperate or ignore the call of the organisation and remain absent repeatedly in pre-scheduled meetings, police is informed to bring perpetrators to the organisation forcefully, or police is asked to take necessary actions against perpetrators.

Conclusions

The way social work is being practiced with abused married women in Bangladesh has been explained in the current article, though this practice of social work is not officially recognised, as the status of social work is yet to be determined by the state. There is no doubt that both organisations, WSP and BLAST, are ideal social agencies for micro social work practice. However, the officials working in both organisations do not have social work background; they do not have any training in social work which, in turn, prevents them from performing exact role of a social worker while dealing with the cases. It does not mean that the officials are far from acting the role of a social worker to address problems and needs of victims of domestic violence.

Many activities performed by the officials are very similar to the role of a professional social worker played in an identical context. Officials of both organisations play the role of mediators, negotiators, and arbitrators in order to restore conjugal life of a wife and a husband in a peaceful manner. They are facilitators who generally make both parties (wife and husband) sit together face-to-face and resolve their grudge and misunderstanding through discussions and negotiations. The officials act as change agents as they try to bring about positive changes in the behavioural pattern of both a wife and a husband so that they can adapt themselves to each other for the greater interest of their conjugal life. They are counsellors too as they often

provide victims of domestic violence with counselling in order to bring their confidence back for their survival. Victims are also trained in different trades aiming to make them self-employed for those who are completely helpless as a husband is not found, or negotiations between a wife and a husband have failed resulting in a divorce. All these activities undertaken by the officials to address problems and needs of victims may be described as practice of social work.

Though, the activities are not much structured; rather they are more scattered, informal and haphazard based on commonsense of the officials working with victims. If the officials of both organisations are properly trained in social work practice, they can deal with victims of domestic violence much better than currently. The officials are successful, but they can achieve more success after being trained in social work. The practice of social work carried out by the officials may be at best termed as commonsense social work practice.

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Families at Risk in Transitional Society – Case of Bosnia and Herzegovina

Bosnian History and History of Social Work

Bosnia and Herzegovina is a multicultural, multi-ethnic and multi-confessional country and its diversity is great advantage, but often presents a "stumbling block". Fifty years of communism and ideology of "Brotherhood and Unity" kept these devastating forces under control. This peaceful period, period of intensive developmental spheres of society was destroyed at the beginning of 1990's, following four years of horrific war for its citizens (1992–1995). Dayton Peace Agreement (December, 1995) brought peace but left many problems in the organisation of the country and its functioning. State and administrative-territorial organisation of the country created in accordance of regulations of Dayton Peace Agreement is such that the country is divided into two entities and one District (Federation of Bosnia and Herzegovina, Republika Srpska and Brčko District). Federation of Bosnia and Herzegovina is divided into a ten cantons. Republika Srpska is organised on the principle of municipalities. One part of the country, the Federation of Bosnia and Herzegovina, is decentralised and the other, Republika Srpska, is centralised. Entities and cantons are completely independent in creating policies as well as social policies. This brings huge social inequalities among citizens, depending on their place of living. Poorer cantons cannot provide even basic human rights; however, some can provide benefits and social protection rights. Thus, social protection rights, also many other rights, are directly dependent on economic power of entities and cantons.

After dissolution of Yugoslavia and the generally good practice of social work in that period and that ideology, citizens were faced with drastic changes in all aspects of social life. Fifty years of peace and prosperity were replaced with the war (1992–1995), bringing a horrible experience to its people (large number of people were killed, wounded, with a considerable number of orphans, refugees and displaced persons, separated family members, etc.). Facing such a serious humanitarian crisis, the system was collapsing. At that moment, international non-governmental organisations come to play, bringing new experiences in social work, which were completely unknown till that time.

History of social work in full can be linked to social events and turbulence that followed the state of the society in the twentieth century. Social work was founded as a response to social occasions after WWII, and today is celebrating 57 years of its existence.

Education of social workers in Bosnia and Herzegovina can be structured as follows:

1) phase I – 1958–1985 (two-year education);
2) phase II – 1985–1992 (four-year education);
3) phase III – 1992–1996 (war period);
4) phase IV – since 1996 (post-war period, further academic development).

Higher school for social work was founded in 1958, and as professor Dervišbegović points out: "It was a large and progressive step, but a significant contribution to the humanisation of relations in the society" (Dervišbegović, 1999, *12*). During this period a number of social problems occurred, as a result of sudden industrialisation, urbanisation and migration. Social work was developing under strong political, economic and social circumstances, bringing new knowledge and experiences. Rapid process of industrialisation and urbanisation caused migration from rural to urban areas, especially in the 1960's and 1970's (Dervišbegović, 1999). These dynamic events subsequently had a change of social problems such as changes in family structure, family conflicts, difficulties in raising children, emergence of new forms of deviant behaviour among young people, problems of the elderly, war veterans, etc. Beside engagement in centres for social work, as major social work address, new areas of social work found their place, especially in industry and working organisations, health institutions and other social welfare institutions. At the beginning of construction of social work programme and employment policy which recognized social work as a profession, the biggest problem was lack of educated social workers, and by employing other professionals like lawyers, sociologists, paedagogues, psychologists instead of social worker was an attempt to overcome this problem. The problem remained for decades; nowadays, expert teams have employed different profile specialists, social workers, lawyers, sociologists, psychologists, etc., so the problem has lost its topicality.

Dominant method of social work was casework (Dervišbegović, 1999). A small number of experts and accumulated problems left no room for preventive work, which enhanced such service as curative social work (Dervišbegović, 1999). Stubbs (2001) concludes that Bosnia and Herzegovina "had a well-developed and specific social policy and social work, combining elements of Yugoslav self-management, Bismarckianism and socialism" (Maglajlić, Selimović, 2014, *18*).

From the time of establishment of Higher school for social work (1958) to the present significant changes have occurred. First generations of social workers predominantly were male, mean age was thirty five and majority of the enrolled students were part-time (Dervišbegović, 1999). Today, female workers predominate (approximately 90 %), full-time students and standard age.

Since 1985 social work was integrated in the Faculty of Political Sciences and transformed into a four-year education. This marked the beginning of further scientific and academic development of social work study, developing post-graduate studies and firther doctoral studies. Dominant strategy until today has remained education of polyvalent / generalist social worker, which could find their place in labour market in any institution and in any field of social work.

Theory and practice of social work that had been practiced for almost half of a century, in conditions of socialist ideology left a significant mark on the origin and development of the profession.

Beginning of the war in the 1990's caused general crisis, bringing complete system to a collapse. This was a period of complete collapse and humanitarian crisis of a large scale. Thanks to solidarity and help provided by family, relatives, friends and neighbours, a large number of people managed to survive this four-year period of war horrors. Help of international organisations was also very significant. Citizens were killed, wounded, families were destroyed, separated, women and girls were raped, children were killed, majority of people become refugees or displaced. Family back then was destroyed in one way, the worst one, complete families were executed. It was a time when many factors, regarded as risky now, especially poverty and unemployment, were present and so realistic like never before, but obviously these factors only in combination with others may cause dysfunction of a family. Today, these factors are considered as the dominant cause all misfortunes of a family and an individual. Social workers in this period worked in extreme circumstances, helping people in different ways. Their professional role was minimised and professional capacity reduced on "administrating humanitarian aid, and providing protection of refugees, displaced, hungry, homeless, elderly and powerless" (Miković, 2005, in Bašić 2008 / 2009).

It is important to emphasise that the Department of Social Work at Faculty of Political Sciences also worked is such inhuman circumstances. Since the town was under a siege during the war (1992–1995), students from other parts of the country were unable to attend classes. Professors taught daily to small group of students, but their community engagement was of huge importance. The author was one of these war students and greatly admires the professors, seeing them as real heroes.

Post-war period brings changes in the development of education and social work practice.

Modern post socialist Bosnian society is very often characterised and described as "post conflict, transitional and poor society" (Bašić, 2012: *119*). These terms indicate seriousness of political and economic, as well as social reality, of holding citizens in extreme psychological uncertainty over the period of two decades.

Transition from socialism to capitalism and a market economy has produced many problems rather than the expected post-war prosperity and "deserved" welfare. Huge industrial giants were destroyed during the war and through the process of post-war privatisation, as a result, leaving a huge army of unemployed and poor people.

Social Work Definition

Theoretical trends in social work from the beginning had its focus on a human being, human needs and their satisfaction, considered in a context of societal certainty, and community, determined by economic, social and cultural factors. Lorenz emphasises contextualisation of social work, considering social work on relations "political sphere-private sphere; professional elitism-social movements; academic independence-domination of other disciplines" (Hessle, 2001).

Professor Dervišbegović (1999), founder of social work in Bosnia and Herzegovina and one of most important theoreticians, in his book "Social Work – Theory and Practice" writes:

> "If the world was a perfect place, it would offer warm and safe accommodation, adequate food, appropriate job, good health care, love and attention of friends and family, in one word standard of living worthy of human dignity. It would be the world with minimum stress, suffering, pain, deviations and antisocial behaviours. Every human being would find sense of life, satisfaction and happiness. Unfortunately, the world is anything but perfect and righteous, because of that social work was developed trying to provide help to people and institutions to deal with this imperfections. Social worker cannot be satisfied if in this imperfect world exist many children who get to sleep hungry, if many old people are helpless, if many handicapped are excluded, if there are physically and sexually violated women and children, if some divorced parents neglect their children, if there is only one person who suffers from loneliness, hunger, discrimination, a lack of safety, violence or has emotional problems, there is need for social work." (Dervišbegović, 1999, 11–12, translation Sanela Šadić).

One of the most important definitions is provided by professor Dervišbegović (2003) who defines social work as "professional, scientifically based activity taking measures and actions for preventive activity, e. g. preventing the emergence of social problems in the community, groups and individuals, as well as resolving state of need (individual, group, community) with their engagement when they need help" (Dervišbegović, 2003, *30*).

This definition recognises the very important fact that social work is a profession based in science. It, therefore, requires that social workers both conduct research and base their interventions for prevention and problem resolution on the scientific research findings of others from both within and outside the profession. If one looks closely, it is obvious that the definition focuses on the following and in this order: community, group, casework. Prevention activities should be done at the macro level. The second obligation of social work is resolving problems of individuals, groups and communities, by empowering users to exercise their full engagement in problem resolution. An important role of social workers in implementation of human rights has always been obvious, but in this contemporary period social work is explicitly being defined as a human rights profession.

Poverty, Unemployment and General Conditions on Implementation of Human Rights

The most dominant reasons of social exclusion and poverty are high unemployment rate, high ration of grey economy, labour insecurity, gender discrimination especially in private sector, as well as insufficient and inadequate social protection assistance. Poverty directly impacts human dignity, and the "multidimensionality of poverty as a phenomenon allows us to view it as a condition characterised by sustained and chronic deprivation of resources, capabilities, choices, security will be needed for adequate standard of living and exercise of other civil, economic, political, cultural and social rights" (Brozek, 2005, *9*). In short, individuals and families living in poverty have a greatly decreased quality of life that offends human dignity. Implementation of basic human rights conditioned by insufficient financial resources and their inequitable distribution, as well as other factors determines the day-to-day work of social workers. Eide (2001) considers the most serious barrier in implementation of economic and social rights is social inequality. According to the report of Ombudsmen (2005), the implementation of social rights is particularly difficult, and a huge number of citizens ask for protection of following basic rights: housing, work, health, food, social security, and minimum of existence.

The Global economic crisis in 2008 generated a greater economic crisis and increased poverty at the local level than what had already been experienced before 2009 in Bosnia and Herzegovina. Bosnia and Herzegovina does not have a defined poverty line, but according to the Living Standards Measurement Study (LSMS) poverty survey, the poverty line is 3.10 $ per day, and for a four-member family it is 373 $ per month (Brozek, 2005). According to the periodical report of UNDP (2005), a person lives in absolute poverty if he or she daily spends 1 $. Some statistics show that in Bosnian society 20 % of citizens live below the poverty line, and 30 % above the poverty line. Unemployment stands overall at 40 % (Icva, 2014), but youth unemployment is much higher at 65 % (UNDP, 2015). These statistics are getting worse every day. A family that earns € 500 lives at the poverty line, and to meet all their needs they require at least € 600 (Icva, 2007). A large percent of families do not have such income. Every sixth household lives in poverty (UNDP, 2015), and social inequalities are only increasing. The average wage cannot cover even half of the food basket. Every second child does not have health insurance, and every second child comes from the categories that do not have social assistance. In 2003 and 2004, even 37 % of households had no visible income (UNDP, 2007). The same UNDP report notes that 16 % of the total population asked for help from centres for social work, and approximately 100 thousand of those in need were not covered by any assistance. This is particularly dramatic for the elderly where 65 % do not have pension and the majority of those who do receive only the very lowest amount – € 160 per month.

In such complex social and economic circumstances vulnerable groups are increasingly vulnerable and excluded. This is particularly so for children who have become one of the most vulnerable groups. Large numbers of children do not have adequate housing, health insurance, access to education, and, therefore, live in extreme poverty. Those who are most vulnerable come from large families, single parent families (especially single mothers), divorced families. Their parents have lower education or are unemployed and often live in more rural areas of the country.

Social Protection in Bosnia and Herzegovina: Possibilities and Limitations

Bosnia and Herzegovina is a signatory to the most important international and regional human rights documents (the two most important for protection of social rights are the International Covenant on Economic, Social and Cultural Rights and the European Social Charter). These two documents contain the responsibilities as well as instructions on how progress in improving social protection is to be measured. Unfortunately, the distance from human rights' ideas and their implementation or attainment is increasing and becoming more visible, primarily as the result of political, economic and moral crises. Post-war Bosnia and Herzegovina is a fragmented state, with many units, completely independent in defining social policy and social protection systems (entities, cantons, municipalities). Social protection rights are implemented on the basis of one's citizenship. The Federation of Bosnia and Herzegovina is organised in cantons and highly decentralised; however, the Republika Srpska is centralised, where the municipality is most important in the implementation of social protection rights. There is no state level institution which would be involved in creating social policy and social protection rights or any criteria in the implementation.

Fragmentation and decentralisation has caused serious territorial disparities in the extent of the rights but also the quality of services and access to the rights (Šadić, 2014). Disparities among cantons are great so a person with mental disability in Sarajevo would receive € 60, but in Bihać only € 20, and in Mostar these persons would not have any kind of assistance (different cantons). And for other categories and rights the situation is similar. Poor cantons and municipalities cannot provide even basic rights and services (child allowance, foster care, maternity assistance). Few cantons, so many years after the war, have not adopted social protection law and in that way disqualify their own citizens in achieving even basic rights. This situation has been made worse by poor economic capabilities. Bosnia and Herzegovina spends 24 % of GDP on social protection and 4 % on social assistance (UNDP, 2015). This places the state in the second place, after Croatia, by allocations for social protection, compared with other European countries (OSCE, 2012). Having in mind that all systems for social protection are organised in a way that benefits certain categories, on the basis

of the status, 20 % of the poorest population gets only 17 % of all allocations for social protection (OSCE, 2012).

The war itself left many problems with huge human losses and infrastructural damage. The social protection system in the past two decades was oriented to simply patch up the damage caused by the war (war veterans and their families, refugees and displaced persons, children without parents). Although the budget for social protection was larger than in other countries in the region, the needs continue to be great; thus the poorest do not get enough help. Priorities after the war were war veterans and civil war victims for the social protection system, and the allocations in the social protection for these categories have been the largest. There is a huge difference even between the two categories of the veterans. War veterans have priority and there is a huge difference in the amount of money which they receive in disability allowance. Even 49 % of all allocations for social protection are expenditures for war veterans, from the poorest categories 13 % and for child protection only 5 % (Habul, 2007). This discussion is still on-going with the basic idea to be guided by the needs and not by status.

Two main discourses are shown here: moral and social justice. One group believes that war veterans deserve to get benefits because of their selfless struggle for the survival of the county. The other believes that there should not be any difference between war veterans and civil war victims, guided by the idea that the degree of disability should be the only criteria. On the other hand, there is pressure on the national government by the International Monetary Fund (IMF) and the World Bank (WB) to reduce all administrative expenses, as well as allocations for war veterans.

According to the law, social protection in the Federation of Bosnia and Herzegovina is an organised activity focused on providing social security of its citizens and their families which are in a status of social need. In the same legal article the emphasised aim of social protection is to detect, reduce and remove causes that lead to a state of social needs as well as acquisition of certain rights of social protection. It is also important to accent that the mission of social protection, inspired by the Convention on the Rights of a Child, is exercised in the best interests of a child. In the law, as well as in everyday practice, this idea is a leading premise for the social protection system.

Practitioners who exercised social work in the previous socio-political system after the war met with serious changes in their engagement and practice, especially with serious change of service providers and ownership. The only providers of services in that period were public institutions (centres for social work, as well as other institutions for the elderly, children, youth delinquents, etc.), but in the following period a serious change happened that caused quite confusion in many aspects. After the adoption of the law on social protection in 1999 (Federation of Bosnia and Herzegovina) there was a space created for other subjects participating in providing services. According to this law, social protection activity can be provided by humanitarian, civil, religious organisations or even individuals. During the war, many humanitarian organisations appeared, bringing money, new knowledge and practices. At the beginning

they offered material support, but at the time after the war, donor politics were changed and the main focus was on 'sustainability'.

Bašić (2008 / 2009) excellently analyses:

> Although employees of the non-governmental sector most often were not professional social workers, thanks to the high technical and material equipment and huge financial resources / funds, the NGO sector very rapidly takes over the number of jobs previously performed by social workers in centres for social work and other organisations / institutions. Since they are largely determined by its dependence on donors and their money, and limited status of the project (as a time limited concept) and the lack of sufficient knowledge and skills for professional manner, the activities of NGOs or organizations of third sector could not alone achieve significant results in social sphere, and ignorant attitude from the beginning is gradually changing and evolving in partnership. So in the next period we are witnessing intensive activities on mutual transmission of knowledge, experience, concepts and institutional strengthening centres for social work, especially in larger, urban environments. In this way social work is overwhelming professional space and not only in the sphere of social protection. Complexity of social problems and constant, post-war state of crisis in all spheres of social life – from economics over politics to ethics and morality, has resulted in the permanent expansion of the mandate of social work." (Bašić, 2008 / 2009, *525*, translation Sanela Šadić)

According to some resources, there are 12 thousand registered and active non-governmental organisations in Bosnia and Herzegovina (klix.ba), but it seems that their work is not visible enough. Since non-governmental organisations almost do not give any material help, centres for social work seem to be the only address where persons in a state of need can apply for assistance and help of the kind. In such poverty and unemployment, the centres become more important than ever before. Citizens still expect help and support from public sector. Unfortunately, economic situation in majority cantons is very bad and cannot provide for meeting even the most basic rights.

To partially demonstrate how this works in practice, case of maternity rights as shown by newspaper titles has been chosen: Are Mothers in Sarajevo Worth More than Mothers in Posavina Canton?; Eight March Protests under Titles "Freedom to Birth; Government again Promised to Pay November Reimbursement for Mothers in Zenica-Doboj Canton; Around 30 Mothers with Babies again in Front of Zenica-Doboj Cantonal Government; Instead of 100 KM, Government Offered Mothers a New Law; Protest of Pregnant and New Mothers in Sarajevo: Are Children Privilege for the Rich?

In the past period in some cantons, centres could not provide any social assistance. Social workers are under constant pressure in decision-making about whom, when, and what kind of help should they provide for their clients. Although the rights are defined by the law, service provision in reality is not that easy or clear. Sometimes the law

defines the maximum social assistance, but not minimum (depending on cantonal legislation). One of the most important conditions for achieving any social protection right is the working ability on the part of a client. And in general, if a person is unemployed and lives in poverty that would not be reason enough to qualify for social assistance. Unfortunately, the law is rigid and social workers are obliged to implement these regulations. Social protection rights, as well as other rights are preconditioned by citizenship; that is, one must live in certain entity or canton to be eligible for certain social protection rights. Canton Sarajevo, for example, one of the wealthiest cantons, prescribes that persons need to be registered for one year in the canton before they can apply for any social assistance. Majority of social workers believe that criteria for implementation of social protection rights is too strict (70.7 %), and as well, that procedures are too complicated (Šadić, 2014).

Family Social Protection in Federation of Bosnia and Herzegovina and Social Work Practice

Everybody (parents, social workers as well as other professionals) agrees that children deserve special attention of society. Social protection of the family is one way to provide positive circumstances for children. The social protection law in FBiH is inspired by the **Convention on the Rights of a Child in child protection**. The social protection law itself is organised in three units: social protection, civil war victims and families with children.

Social protection users are:

1) children without parental care;
2) educationally neglected children;
3) children whose development is hindered by family circumstances;
4) persons with disabilities and people with difficulties in physical and psychological development;
5) persons financially unprovided and unable to work;
6) the elderly without family care;
7) persons with socially unacceptable behaviour;
8) persons and families in need that, due to special circumstances, require a specific kind of social protection (Convention, *Article 12*).

Individual rights according to this law are:

1) financial and other material support;
2) training for life and work;
3) accommodation in another family;
4) accommodation in institutions of social protection;
5) social and other professional work;
6) residential care and help at home.

Cantonal regulations shall determine the amount of financial and other benefits, as well as cantonal regulations and other rights from social protection can be established in accordance with programme development of social welfare and their abilities (Convention, *Article 19*).

According to this law, families with children have these rights:

1) child allowance;
2) allowance for employed women / mother, during her absence from work due to pregnancy, childbirth and child care;
3) financial assistance during pregnancy and childbirth women / mothers who are not employed;
4) one-time assistance for equipping a newborn child;
5) help in feeding a child up to six months and additional food for woman / child in time of nursing.

These rights have to provide help and support to families with children. Family protection actually has an emphasis on child protection, through maternity and child protection because of developmental sensitivity of early childhood. The law on social protection (Federal level) in its title has the word "family", but its protection is provided through mother and child (particularity). Family protection in the Federation of Bosnia and Herzegovina is very diverse and unequal. In Sarajevo Canton, family protection (read maternity and child protection) is higher than in other cantons. It is obvious that this particular approach lacks an integrative vision. In the approach to any right in social protection system the leading criteria is working ability. Thus, a parent who does not work cannot apply for social assistance because they should provide financial resources through labour market. In this case they can apply for child allowance. Although child allowance is very symbolic (from € 5 to € 18), it is very often the only income for the family.

In addition to these financial and material rights for mothers and children, centres for social work are obliged to give other kinds of support to families at risk. Social workers can play an important role in family counselling and psychotherapeutic treatment. Couples who did not achieve parenthood are entitled to assistance and counselling in centres for social work. Thus, their everyday work is related with foster care, adoption, guardianship and mediation.

Parenting education is the third important role. In modern society, huge importance has also been recognised when it comes to work with youth delinquents. In past few years, family violence has become regulated by separate law and social workers become the most important professionals in this challenging task, as well as in protection of victims of human trafficking. Cooperation with other institutions is necessary when social workers are professionally engaged on such complex tasks.

Cooperation between Institutions: Conditions for Qualitative Professional Work

Centres for Social Work are still the most important institutions for implementation of social protection rights. Services they provide are help to obtain social welfare rights, protection of children and families, protection of persons with disabilities, youth delinquency, family violence, elderly protection, etc. Their work is respectful in numerous services for children and families from financial support to counselling and psychotherapeutic work (material and non-material assistance). Other social welfare institutions (institutions for children, elderly, and persons with mental illnesses or youth) provide services of social protection. Some centres for social work in their qualitative functioning meet with technical, material, human and financial incapacities (Šadić, 2014).

In addition to the public social protection institution, there is a growing number of non-profit and private service providers. For-profit are now offering a relatively new service – private counselling services. Another novelty in this sector is the opening of private institutions, e. g. services for the elderly.

Non-profit organisations are organisations of civil society or non-governmental, organised as an association of citizens or foundations. These organisations are involved in social protection and they offer a variety of services, like inclusion of children and youth, minorities, etc., providing money thorough projects.

Cooperation among these different organisations and institutions is very important. It can also be cooperation of different professionals who form a team to accomplish their work in one centre for social work. Permanent teams often consist of professionals in social work, psychology, paedagogy and law. Smaller centres for social work sometimes do not have all professionals permanently employed. Social workers usually cooperate with ministries, municipalities, and other centres for social work, as well as police, courts, schools, institutions, health institutions and NGOs.

Vertical cooperation among institutions is functioning, and it is hierarchical and very often supervisory and consultant. Instructions what lower institutions get from higher sometime are not very clear which is confusing for social workers and can disable service users in implementation of their rights, and generally not receive enough information from higher levels / ministries (UNICEF, 2013). From the results published by UNICEF (2013, research done by Custom Concept), officials from higher institutions are more satisfied with cooperation then lower. Horizontal coordination and cooperation is sometimes slow and not efficient enough. Social workers also complain that responsibilities are not so precisely defined, and that majority of the responsibility is transferred to centres for social work (UNICEF, 2013). An additional serious problem is a lack of adequate institutions.

CASE ANALYSIS Families at Risk – Experiences from Bosnia and Herzegovina

Case No. 1 Denis (child without parental care, family problems)

Social Welfare Department was addressed by Denis's grandparents when he was six years old asserting that they are not able to take care of him anymore. From the early years the boy's life has been difficult and complex even for professionals. As a child without parents and with grandparents who are not able to take care of him, his life was taking place at various institutions ranging with short episodes of stay with his grandfather (after his grandmother's death).

In extramarital relationship, Sandra gave birth to a healthy baby, immediately after giving birth, she left that child to her parents. The father of the child is unknown and it has never been established who the actual father was. Denis was left to his grandparents to be taken care of, and after a while Sandra got married and gave bith to seven children and due to lack of care for those children all of them were placed in appropriate institutions. Regarding the fact that Sandra has certain mental problems, she was categorised as a person with minor mental retardation. This is one of the most complex problems that social workers have had to work with. The resolution of this case involved several institutions and numerous experts.

In this case, the focus is on Denis, who was abandoned as a baby by parents and whose childhood was very difficult and full of challenges and problems. He has never felt parental love. As it was mentioned from the beginning, of his earliest childhood grandparents were responsible for him. When he was six, grandparents addressed the Social Welfare Department demanding they assume care of Denis. They stated that they were no longer capable to take care of Denis due to bad health and really bad financial situation. Neither of them has ever worked in a company so they are not entitled to retirement and officially they do not have any income. They own an apartment and some land outside a city, and when they were younger that had been their only source of income.

After they sought for professional help, Denis was located in an institution which took care of the children without parental

care. The grandmother died when Denis was seven. The grandfather has occasionally seen Denis, and has sometimes brought him home with him. The grandfather has left all his property to Denis, and now he has the right of ownership. The mother is still not interested in taking care of Denis although she has occasionally seen Denis in the grandfather's house. From time to time, Denis has had opportunities to see his step-brothers and step-sisters.

After being placed in an institution, Denis has adopted to the living conditions there. He is a very intelligent boy with good records and marks at school, he has hobbies, and football is the most loved. When he was in the fifth grade, problems started, running away from school, lower grades, disrespect of authority of school teachers and paedagogues in the institution. Due to misbehaviour, he was transferred to another school but with no positive changes in his learning and behaviour. After that, a few more times he was transferred from school to school, but with no results. His school failure is not in accordance with his intellectual abilities.

Due to the highly expressed disinterest in school and problems in behaviour, regular schooling was interrupted. In the seventh grade, he started hanging out with children who have socially unacceptable behaviour. Soon after that he began to experiment with drugs, after which the problems have multiplied. Experts at the institution soon noticed that Denis has problems with drugs, consumption of which is forbidden in the institution. Under the influence of others, his dealers, he commits criminal offence. In the institution, without the permission of educators, he began increasingly escape from the institution, betrayed vagrancy with friends. He often visited his grandfather without prior consent of educators and social workers.

The grandfather loves his grandson, and Denis is attached to him, but he has created double authority. The grandfather often promises the boy that he will take care of him and he would never be in an institution again. Denis has a sincere hope for such reality. When the grandfather took Denis with him, he would frequently return him back to the institution complaining to a social worker that he could not take care of Denis, and that Denis does not behave properly. This caused disappointment and Denis's behaviour has worsened.

In a series of problems that have followed Denis from his early childhood, and numerous attempts of experts who have had the opportunity to work with Denis in the Social Welfare

Department, also in the institution in which he has stayed, the most complex and professionally far the most challenging is that Denis could lose support of the social protection system. At the moment, him having turned 16 years of age and because of his behaviour, and since he is a drug addict, there is no institution that would be able to provide accommodation and support for him. When his educators in the institution noted that he has a drug problem, transfer to another institution for drug rehabilitation has been initiated but with no positive outcome. Due to the fact that he has just started using soft drugs and being put for the treatment to the institution with much older people heavy drugs addicts created an additional trauma for Denis, and after a short period of time, he run away from that institution.

After talks with a social worker at the Social Welfare Department (which was appointed his legal guardian), he said that he was very aware of the situation and that he does not want to return to any institution of social protection. He wants to live with his grandfather who will take care of him. That was finally done, the social worker has regular contacts with Denis and his grandfather, and due to their not so good relationships helps them resolve conflicts between them. Also, since the grandfather does not have any steady income, the social worker helped them solve the difficult financial situation by giving them assistance in the shape of fostering, the use of services of public kitchen, and the right to one-time financial assistance. The grandfather is now appointed the legal guardian to Denis. Social workers continue to regularly contact Denis and his grandfather still with an advisory role.

Case No. 2 Amelia (problem of poverty, addiction, lack of childcare)

A neighbour informed the Social Welfare Department that a single mother who is a drug addict, living with her ill mother, is unable to care for two young children.

Amela (30), when married to Edin (33), gave birth to two children, Armin (8) and Amar (5). Amela has graduated from high school and has never worked. Previously, she was married; she was married for five years. Her first marriage was harmonious and she loved her husband. But her first husband did not want children and that was the most important reason for their divorce. After a short acquaintance, she got married to her second husband Edin and shortly after they had two children. Four years ago she divorced her second husband Edin, and the children remained

with her. Edin is also a drug addict and seriously ill. After the divorce, he did not contribute to children support, contacting only children by telephone a few times after the divorce. He does not show any interest in children and does not visit them. Amela has a problem with drugs and has become a heavy drug addict. For a few months she was in the community for drug treatment, but she voluntarily came out of the treatment programme. Very soon she returned to her earlier lifestyle.

After the divorce, she lived with her mother, because her housing problem was not solved. Her mother worked for several years as a waitress at a restaurant and that was not enough to achieve the conditions for retirement. Since she is seriously ill, her right for compensation in a case of personal disability has been recognised, also the right for care and assistance. Hers monthly income is around € 220.00, and that was an amount for needs of the entire family. The mother was married to a man who was a prominent artist, but after the divorce he never cared about his daughter Amela, and later on he got married a few times. Amela often has visits of hers drinking and drug addicted friends. She has serious psychological problems, often fighting with her mother, and often physically abusing her. The apartment where the family lives is in poor condition, the walls have not been painted for years, the furniture is very old, and the entire place is messy and dirty. Due to the modest income the family fails to satisfy their basic needs, children are modestly dressed, but neat.

Social workers and psychologists from the Social Welfare Department after the initial information obtained from neighbours visited this family. The current situation of the household, especially the children is very poor which is why they have taken urgent steps. At the moment when experts visited the family, children were left home alone. The mother was not at home, and her grandmother was in the neighbourhood. When their grandmother came, she was glad that someone had come to take care of children, and although she is very ill, she had taken care of the children. It is recognised that living conditions are not satisfactory for the two children and the decision has been made that children should immediately be placed in an institution. The grandmother has accepted this as the best solution for the children, but the mother was not at home, so everybody had to wait for her in order to receive the mother's approval to accommodate children in an institution. The mother is aware that she is unable to properly care for children; therefore, she gave approval to place children in the institution.

Social workers agreed on required dates in order to continue working with the mother. It is planned that they make arrangement with mother so she could be included in a rehabilitation programme. It is necessary to continue work with the mother in order to create conditions for the return of children to their family.

Case No. 3 Family Mušić (disordered family relationships and violence against the child)

The Mušić family consists of a father Senad (60 years), a mother Samija (58 years), a daughter Farah (13 years) and a daughter Ema (17 years).

The school contacted the Social Welfare Department because of violence against their pupil, the minor Farah. The bruises and neglegence were noticed, and she complained of being hungry because her parents did not provide lunch money and denied her food at home, as well as being beaten and harassed. The situation that culminated and was the final instance was that she was beaten by her mother; the father watched the mother beating the girl, and avoided taking any action. The girl said that her father forced her to beg on the streets in order to meet his own needs. Her father has been an alcoholic for years and has a problem with this issue. As a participant of the war in Bosnia and Herzegovina he was diagnosed with PTSD, and inclinable to aggressive behaviour and depression.

The mother is employed as sanitary maintenance and has an income of around € 300, she has finished primary school. The father graduated from high school and he is a machine technician. Both were born in small communities, and at the beginning of the war came to Sarajevo. Her father was a member of the Army of Bosnia and Herzegovina during the war where he was badly wounded. He has had the right to personal pension, and on the basis of disability has a disability pension. His income is approximately € 400. The total income of the family is sufficient for meeting the everyday needs of a four-member family. The family lives in very poor housing conditions, a small apartment and very poorly furnished, in which hardly four people can live. The apart-ment is located in the very centre of the city. The location of the apartment attracts girls to be out there walking or hanging out in some cafes.

From his first marriage, the father has two children, who have been entrusted with the mother after the divorce. He has never contacted them or participated in their support. The children of that marriage are now adults and have their own families.

The marriage between Senad and Samija from the very beginning has been problematic, and relations burdened by mutual accusations, mistrust, quarrels and antagonism. Health conditions of both the father and the mother were very poor. The father is a person with disabilities, and the mother also has serious health problems.

The accumulated problems in the marriage influenced the exercise of parental roles. The problems of parenting and lack of control are especially noticeable with the younger girl Farah, with noticeable consequences of violence. Farah has problem in her learning process and has a lot of poor grades. Repeating a class in school and parents not knowing anything about that. The mother's excuse was that she is the only one employed and that she has duties of the job and at home so she has not been able to go to school and be informed about the success of her children. The latest case of violence was registered at school and that was the warning bell to engage institutions and experts in order to address the problem of violence against Farah, simultaneously solving the problem of relations in the family and that of bad parenthood.

Case No. 4 Senada (the problem of communication in family and violence)

Senada (50 years) asked for help in Safe House for Women Victims of Violence because of marital problems and violence of her husband. She comes to a safe house upon the recommendation of a psychiatrist from the psychiatric clinic. Senada has been in the marriage for 25 years, married to her husband Amir (51 years), they have a daughter Sabina (25 years) and a son Amar (20 years). She was born in a small town in eastern Bosnia, and during the war she lost the closest family members. Her father disappeared during the war and has never been heard of, her mother lives alone and receives a pension, she has three sisters and two brothers, who have their own families. She graduated from high trade school, is unemployed and has never been employed. Currently Senada lives with her mother. Her daughter is married and has a child. Her son is employed and lives with his parents. Senada's husband graduated from high school and has

been employed in the mine and has regular income. Although he has a regular income, he has never allowed Senada to possess any money and manage that money, he would rather buy all the necessary groceries. They have their own housing.

Senada sought professional help of social workers when she heard from other clients of such help. She reported violence by a husband who has abused her for years and has not ceased even after she has left him.

During the reception she was very upset, scared, with few visible injuries on the right arm and part of her back, unsure, but determined that she no longer can and wants to tolerate daily violence which she is exposed to by the spouse. Due to many years of control by the husband and prohibited social contacts, she has the feeling that the house she lived in was surrounded an invisible wire, which only she knows of. For her, this house equals prison.

Senada has been exposed to various forms of violence including psychological (extremely jealous outbursts, accusations, monitoring, control of movement, even banning visits to a physician); physical (inflicted visible injuries on the body); economic (never had money which she could spent). Her secret was very well kept from the children and relatives that her husband would beat and harass her, even though children were aware of the problems in the marriage of their parents and that the father beat their mother. Children are not excessively interfering in relations between parents.

Intervention Characteristics

Treatment in the Safe House for Women Victims of Violence (Women's Shelter). Professional treatment in this case included individual psychotherapy with women and husband, group psychotherapy, marriage counselling, body therapy, medical help, legal counselling

Medical Assistance. Senada came to a safe house on the basis of a psychiatrist's suggestion from a mental health centre where she first sought for help. Upon arrival to the safe house, she had obvious bruises on her body as a result of injuries inflicted by her husband. She immediately received medical attention.

Legal Counselling. A social worker gave her all the necessary information on the rights that she has under the law on social protection, family law and criminal law.

Cooperation with Experts and Other Institutions. In this complex case, a few different professionals and institutions cooperated. Social workers, psychologists, psychiatrists and physicians were included, as well as different institutions – Centre for Mental Health and Safe House for Women.

Body Therapy. This method has been practiced with victims of violence in order to return awareness of self, their body, their own existence and emotional release. This psychotherapeutic method is focused on connection of psyche and body with the aim to reduce and eliminate symptoms. After a psychotherapist's talk with a client about the problems and concerns, touch and breathing techniques are used which can be combined with other techniques, e. g. drawing.

Group Psychotherapy. During the two weeks of stay in a safe house, Senada regularly attended group therapy sessions with other women who have faced similar problems.

Individual Psychotherapy. During the client's stay in a Safe House, individual cognitive-behavioural therapy was conducted with her, which continued for a long time, even after the departure of the client.

In accordance with the statement of wife, her spouse was showing serious signs of pathological jealousy (which he did not deny), he went away from the workplace during working hours and came home to check whether his wife was with another man, he climbed up the balcony and in this way entered the house, he was looking for traces in the snow, checked her underwear, accusing her that she had been in an affair with a number of different men. This is why the social worker suggested that the husband should turn for medical help, which he obeyed and addressed the Centre for Mental Health, and has been on the treatment by a neuropsychiatrist.

Marital Counselling. Since the client spent 15 days in the safe house, the treatment had just started, but the therapy was continued as an outpatient in agreement between the marital partners.

Two days after receipt of the client in the safe house, her spouse addressed to the safe house and asked to speak with his wife. Initially, the client refused any conversation with her husband that he hardly accepted, threatened that he would commit suicide, coming in front of the safe house stood near the house and watched, begging that a social worker would persuade his wife to talk to him because he was ready for change and found

it impossible to accept the breaking of his marriage, calling all the relatives, friends and begging them to influence his wife to agree to talk to him. A social worker conducted four interviews with the wife before she agreed to talk to her husband.

After the husband threatened to commit suicide, a social worker informed the competent centre for social work and the police about that.

The first partnership interview was conducted while the client was in the safe house because she ultimately decided that she would speak with her husband in the presence of a social worker, and she was willing to tell him what the problem was.

On the first partnership discussion that was led by a social worker, both spouses were able to say everything that was their problem, but they also felt the need to say what was positive in each of them and what it was that they appreciate about each other.

The husband had a need to emphasise how important it was that his wife sought help in the safe house, and by doing so she gave him an opportunity to apprehend how serious the situation for her was, and during the separation time he was able to think about and understand his mistakes.

He immediately accepted responsibility for his behaviour; he was aware that this was a serious problem but also that he was ready to change. The wife in her statement seemed very safe, citing everything that bothered her and her what problem was.

After only two partner talks, the client decided that she wanted to return to her spouse and give him another chance. She also let him know that she had great support of her brothers and sisters, that she has a family home in which she could live, and that she has the support and assistance of institutions.

After leaving the safe house, spouses came to therapy every 15 days, and each time it was very evident how relations had improved, and how important and useful the support they had was.

The husband has repeatedly felt the need to thank social workers in the safe house and a social worker in the centre for social work, constantly emphasising that it was important that he had the opportunity to help him and that he was heard, and he emphasised that it was important that the social worker from the safe house informed the police and the social welfare centre that he had threatened to commit suicide, he says that he was then

able to do so. He recognised that there was somebody wanting to help him, listen to him and that he was grateful for that. In all interviews. he claims to be thankful that such institutions exist that can help, the possibility he had been unaware of, and he knows a lot of other people who also need such help but they do not know or do not want to arrive for help.

Both spouses have stressed the importance of the opportunity to talk in this way, pointing out how important it is for them and how their relationships have improved after several interviews, how better they now communicate with each other, but also how their intimate relationship has become better and more quality, and that it was very important. Now they have common plans. They think that they have not received help just as a partners, assistance has been also received by people in their surroundings, their children, neighbours, friends, relatives, as they have all suffered due to their problems.

A case that at the beginning seemed very difficult and complex in fact later proved how little they needed to fix their relationships, how access and cooperation of the safe house and centre for social work was important and how the clients themselves have recognised the important and relevant to them. Also it was important not only to help a victim of domestic violence but also provide assistance to the perpetrator, giving them the opportunity to work together with the expert help on an attempt to overcome the problems that have been present for many years.

Given the fact that the perpetrator of violence showed serious signs of pathological jealousy at the beginning, it seemed that the change was almost not possible or it a lot of time for change would be necessary, nobody expected that the change would take place in quite a short time.

It actually shows how important cooperation of institutions was, and also how important the willingness of both spouses on changes was, which eventually resulted in a good outcome and better relations.

Both spouses were (although the victim has only primary education and, a perpetrator of violence high school) very well in verbalisation of problems and needs, what is that which does not suit them and what is that they expect, and what is good with both of them, but they were also very good in verbalisation and were aware of the changes that had occurred during the partnership work.

Case No. 5 Dijana (poverty, drug addiction and inability to take care of the child)

A neighbour who found her daughter Maja on the street in front of the house, battered and poorly dressed, and after she found her mother unconscious lying in the house called the police, after that she contacted the Social Welfare Department on the problem and informed them on a single mother Dijana and her daughter she was unable to care for.

Dijana (39 years) is unemployed and the mother of a little girl. Dijana has spent a significant part of her life with her family in Germany. There she gave birth to a healthy baby girl Maja. The father of the child, prone to crime, multiyear prisoner, did not recognise the child. However, although he did not acknowledge the child, he financially helped Dijana as he was able. Diana's father, breadwinner, died a few years ago, the mother inherited her father's retirement, seriously ill and a person with disabilities, with limited means and she was not able to help Dijana and her daughter Maja. Dijana has a brother who is mentally ill, has his own family and he is not in a position to help his sister. Because of the unresolved residency status, Dijana with her daughter returned to her homeland. She never had her own place to live in and because of this she was a subtenant and constantly changing addresses of residence.

In her youth, Dijana started to consume alcohol and drugs. After returning to Bosnia and Herzegovina, she continued in the same manner and, therefore, she was not able to take care of her daughter Maja. The apartment was messy and bottles of alcohol were all over the apartment. Her cousin on the mother's side provided her a significant aid and support in taking care of her daughter. Since she was an unemployed tenant and without any income, she was financed by her mother and a former partner who sent money to support her daughter. Maja regularly contacted her father over the phone. Neighbours often provided assistance in food and clothes, mostly because of compassion toward the girl.

The problem of addiction and complex psychological problems affected the inability to conduct a parental role. Dijana has often beaten her daughter, in the house there was no food, nor was she able to conduct housework, cooking, washing and care for her daughter.

After a while Dijana came into the relationship with a man who abused and controlled her. Several times she was beaten, but never wanted to report him to the police for violence. He had absolute control over her. This only worsened the overall situation because her partner pushing her further into the wrack of addiction took away her money and abused her daughter.

Dijana is not aware of the problems, she denies the problem with alcohol and drugs, the problem of violence in relationship with the partner. Although clearly she was not able to take care of her daughter, she denies beating her daughter, and that she was not able to take care of her.

Her daughter Maja is a very intelligent girl, who is in preschool age, points out that her mother and her partner beats her, that there is nothing to eat and no one to take care of her. She is aware that her mother drinks too much and consumes pills. Then she sleeps completely lost and she often loses consciousness. Her mother beats her with heavy objects, as subsequent medical findings confirmed. Since Dijana was not aware of the problems which she has, there is need to help her identify the problem and enter into a process of drug rehabilitation programme. Her mother and cousin are ready to provide any form of assistance which will help Dijana successfully came to a healing and be able to resume parental responsibility. For the girl it is necessary to provide an adequate form of protection until conditions have been fulfilled and that she can again live a normal life with her mother.

Intervention Characteristics

Professional treatment in this case included police intervention, placement of a child in home for abandoned children and work with the child, treatment of the mother in an alcoholism treatment facility, individual psychotherapy, group psychotherapy, medical help, legal counselling, and counselling work with mother, cooperation of experts and institutions.

Police Intervention. After the neighbour accidentally met the girl Maya in very poor condition, battered, frostbitten and crying in front of the house where the girl lived with her mother, he alerted the police, who quickly responded, the police found her mother drunk and under the influence of pills / drugs, which she regularly consumed lying on the floor completely unconscious, several cigarettes were in the ashtray, and the stove cooker was lit and burning. The stove was dirty as previously something had

been burnt on it. There were garbage bags on the floor full of empty bottles of alcohol. The mother denied undermining the daughter, as well as consuming alcohol. She admitted that it worked at night, but never in front of the girl. The police recorded that the girl had injuries. It was later proven and registered at the clinic by a doctor. Criminal charges against the mother for violence against the child were raised. The police arrived immediately alerting the relevant department of social protection that has taken over the case.

The Child's Placement in Home for Abandoned Children. A social worker saw that the child's condition is such that it requires immediate professional intervention. The reason was the inability of the mother to care for the child. As the grandmother was not able to take care of the girl, and no other close relatives who could take care, the girl was immediately placed in home for abandoned children. Social workers, together with other institutions and experts, continued to work with Dijana in order to create conditions for the return of the child in the family.

Work with Daughter. Maja is a very intelligent girl who attends first grade and has achieved remarkable results at school. The girl is verbally communicative, spontaneous, open and curious. For her age she understands things very well, and it is obvious that somebody talks with her about many things. Employees of the institution to which she was accommodated noticed that from the moment of arrival at the institution; she protested in different ways and did not accept the situation that she was separated from her mother. She cried, coming into conflicts with other children, not being involved in a game and wanting to have things her way. She constantly has hope that her mother will come to pick her up. She was very sad when her mother did not come to visit her, especially when her mother did not come for a long time. She lives in conviction that soon she will be returned to her mother.

Legal Counselling. Dijana is unemployed, without home, and a person who has problems of combined addiction (alcohol and drugs); she is unable to work and, thus, provide a steady source of income. In addition to the occasional help of her mother and former unwedded husband, who sends money to a child, there is no other income, nor help. A social worker has informed Dijana of the opportunities and rights that, under the law on social

protection, she has. According to the Social Protection Law, she is eligible for one-time financial assistance as a person in need. The child has a right for child allowance. In order to resolve the housing problem, she has got financial aid to cover the costs for accommodation.

Medical Support. Dijana checked in the Institute for Alcoholism, where she was diagnosed in relation with alcohol abuse, mental and behavioural disorders were also diagnosed caused by usage of psychoactive substances. Immediately she was included in drug therapy and in the programme of counselling in this institution.

Treatment of the Mother in Alcoholism Treatment Facility, Individual Psychotherapy and Group Psychotherapy. At the time when professional work with Dijana began, she was in a relationship with a man a few years younger than she is, who has no education, also unemployed. She denied that he consumed alcohol or drugs. At the beginning she told social workers that he is attentive to her and Maja and that he helps them with household chores. In later work, it was concluded that this relationship was problematic for her. Although she denied the existence of any problems in this regard, a social worker could see that he controls Dijana, and that she was afraid of him. This was the reason that the process of her recovery and rehabilitation had a few ups and downs, it was complicated and time-consuming. The process of detoxification was unsuccessful until the moment when she decided to leave the man she was dating.

At the first interview with a social worker answering the question on frequency of alcohol consumption she replied that it was just occasional, adding that she was neither alcoholic nor drug addict. Sometimes at night, when the girl fell asleep, she would look for vent for herself. When a social worker informed her about allegations of her relatives that she neglected her daughter and that her daughter left the house early that morning in search for help, and that she used a hammer to beat her into the head Dijana denied everything. She blamed her mother not wanting to help her, and her wanting to separate her from the daughter. She pointed out that she was a good mother and that she wanted to take care of her daughter, but no one wanted to help her. Dijana denied that she had beaten her daughter, saying that would happen only when she was mischievous.

The process of treatment at the clinic was implemented with the help of a neuropsychiatrist and therapists. Significant progress

has been achieved during long-term individual psychotherapy. Although a group therapy is an integral part of the institution, initially she showed discomfort and displeasure and openly protested against this treatment.

In a group therapy she bothered to listen to other people's problems, noting that she already has enough of her own problems and that it was too much to listen to other people. She was always late for sessions, verbally accepted it all, stressed polite, minimising her problem of addiction, she has low tolerance for frustration. From the conversations it was observed that family relations have been disturbed and that was the problem for her. During the conversation of a social worker with Dijana's mother, it was possible to notice that she was very concerned for the life and health of their grandchild Maja. She was afraid that, due to her loss of consciousness, it would be possible that Dijana lit apartment and that the girl could go to the street and get hit by a car. The worried grandmother asked a social worker to find adequate accommodation for Maja, while her daughter does not begin with the treatment and does not change hers habits. Several times Dijana has changed the address of residence; thus, social workers sometimes would not hear anything about her for several months. During this period she never visited her daughter in the institution where the daughter was situated. Although she initially denied the existence of the addiction problem, after her social worker informed her about all the possibilities, she agreed to undergo the rehabilitation programme and treatment of addiction.

A social worker asked her for regular confirmation that she was present in the treatment programme, so she can freely visit her daughter in an institution she was situated in. Dijana has repeatedly decided to start with this programme. Although she has had every professional support of the institution, she has always had second thoughts regarding the rehabilitation programme. Voluntarily she leaves the institution, which is a violation of the programme agreement. The turning point in her life came when she decided to leave the extra-marital relationship in which she was a victim of violence and the controlled one. Whenever she faltered from addiction treatment, after a while she came up to social workers with deep regret and great promises. She felt guilty that she could not persist in the quitting process, but also because of the fact that she was not a good mother and had not visited her daughter for a longer period.

The period of denying the existence of problems with Dijana lasted for a longer period. A social worker had faced her with the possibility that the social welfare service could take away parental rights and she could be permanently prevented from seeing her daughter, which awakened her sense of responsibility. At one point, a strong desire to take control of her life was awakened in order to continue to take care of her daughter.

A social worker cites the example of Dijana as one of the positive examples and case in which a serious personality change has occurred as well as creating the conditions that the girl could be returned to the mother.

Having decided that she wanted to change her life and after a successful healing process, Dijana has received strong support from her mother and aunt who gave her financial assistance; now Diana was motivated to find a job on her own. Since she had no formal education, it was hard to find a steady job, but she did not give up. She cleaned houses and apartments not refusing any job.

After social workers continually worked with Dijana, with the help of other experts, there has been a great progress in her behaviour. They regularly monitored how she behaves in the process of healing from addiction, and how it came to qualitative changes in her life, social workers now consider returning the girl in the family, and she is looking forward to it.

Case No. 6 Fatima (poverty and beggary)

In service for care of children in need (day care center), a mother who has seven minor children comes there every day. From a variety of extra-marital relationships she has the eighth child currently in the seventh month of pregnancy. It is a family of Roma origin. Fatima very young entered into extra-marital relationships, which have lasted for a short time period. Upon termination of the first extra-marital relationship, she frequently changed partners; out of eight three of the children have an identical father and they were born in one longer relationship. Her eldest daughter, who is 19, is married and has one child.

During the arrival to the day care centre, it was observed that children had been hygienically neglected and that there was lack of hygienic habits. The behaviour of the children is variable, from mild and calm to highly expressed aggression. Mutual

relations of the family members have been conflicting, and often escalate in violence (siblings fight, swear at and insult each other). The mother also tends to be violent towards the children, and when drunk, destroys property and important personal documents (birth certificates, identity cards, health cards). From the seven minor children, only the eldest son, who is seventeen and attends school, has developed hygienic habits and does not live with his mother, but with relatives who live close to the mother. Other children do not attend school because of poor housing conditions and poverty in which this family lives. Two girls behave inappropriately and dress like boys, and act as men would. One of the boys shows skills in mathematics, but due to not attending school, he is not able to improve those skills more significantly.

All children in the day care centre show behavioural problems. The mother is afraid of separation with children. Although she is not required to be present in a day care centre during the day, she regularly comes and spends the day with the children and supervises them. In cooperation with the police, it was discovered that the family is engaged in begging and that they live from the income generated this way. The mother forces children to beg for money on streets.

Intervention Characteristics

Professional treatment in this case included legal counselling and implementation of social protection rights (one-time financial assistance and child support), use of day care centre for care of children in need, housing, counselling work with mother and educational and paedagogical work with children.

Legal Counselling and Implementation of Social Protection Rights. A social worker at the Centre for Social Work informed the mother of social welfare rights, following which the mother collected all the necessary documentation for realisation of one time social assistance and the right to child support.

Resolving Housing Issues. Fatima and her eight children used to live in improvised conditions, completely inadequate for the life of a multi-member family. The Centre for Social Welfare in cooperation with the municipality in territory of which Fatima and her children live, has provided a fully furnished apartment to this family which meets the needs of the family. Despite efforts to provide accommodation to this

family, the mother has eventually sold all things and left the apartment because, according to her, the apartment is on the outskirts of the city.

Using the Service of Day Care Centre for Child in Need. A social worker from the centre for social work has provided this family use of Day Care Centre for Child Care in Need. This service can be used for the period of two months, in exceptional circumstances for a longer one. The children from the respective families daily came to the centre for prolonged periods, where they were able to meet nutritional and hygienic needs. Upon arrival to the day centre, hygiene dilapidation and lack of hygienic habits were obvious. Professional engagement has largely been focused on developing work habits in children. Since children do not attend regular school, there is evident educational neglect, which requested special attention. One of the children has a talent for mathematics, but, because of lack of regular school attendance, it has remained undeveloped. Most children are not interested in learning and do not want to attend school. The mother does not encourage them; thus, the experts are prevented from achieving more substantial results. Every professional engagement with the intention of working with children to develop basic skills (reading and writing) has been unsuccessful.

A larger number of children show anti-social behaviour, they are aggressive, often fight each other, the girls are particularly aggressive and behave like boys. A social worker used a variety of techniques to work with children and put aggressive behaviour under control, unfortunately without significant success.

Advisory Work with Mother. Social workers from social welfare centre and the day care centre as well as other experts (psychologist and paedagogue) worked with the mother and the children.

Advisory work with the mother, prone to alcohol and begging and neglecting children, was complex. On several occasions, under the influence of alcohol, she has destroyed all personal documents of the family (identity cards and birth certificates). The first aim of the work with mother was to raise awareness of the problem, which she denied. A social worker's attempts to convince the mother that the children had to attend school, which is mandatory, were unsuccessful. Creation of the plan of activities with mother, but also with the children at the very beginning

was thwarted. She refused any cooperation with the experts. She denied the problem of alcohol consumption and problems in exercising parental role.

The mother controls children, which is why it was impossible to achieve progress with children. Even during the stay at the day centre, where normally only children reside, she had a need to be there and control the situation. Therefore, it was not possible to progress even in work with the children.

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Social Work with Individuals an Indian Perspective

Introduction

Working with individuals is the earliest and oldest method of social work practice. It seeks to help people individually through a one-to-one relationship. The goal of working with individual's intervention is to bring positive changes in an individual's functioning and in the environment factors which impinge on it.

In India over the last few decades there has been a gradual evolution from the personal problem orientation of working with individuals to more political analysis of power, caste, class, gender issues and human rights violations as they impact individuals and families. Today there is a growing realisation of ineffectiveness of limiting the unit of analysis in working with an individual's assessment and intervention to the most immediate social unit, the micro system and the need to bring into focus the less direct but potentially more significant systemic influences on individual problems and to develop strategies to deal with the more profound causal factors behind individual dilemmas. Thus, focus on working with the individual's practice today is to empower a client to change social, interpersonal and political environments that have an impact on well-being rather than on helping a client adjust to an oppressive social context.

Phases in Social Work with Individual Process

Study, assessment, intervention, termination, evaluation and recording are the main divisions of social work with individual process. They are threads of the process that will continue to be interwoven throughout the process. We, as social workers would logically place study, assessment, intervention, termination and evaluation in that order, but many times these steps are not performed in sequence and as Gordon Hamilton said they are woven in and out, one process paralleling another.

For many children, their needs and rights get violated. Children experience and suffer abuse in different forms, be it physical, sexual, emotional or neglect, which many a times goes unnoticed. These children are often deprived of experience of childhood, which affects them in a negative manner. There are numerous studies to indicate how childhood experiences create a long term impact on a child through his / her growing years.

This may leave children confused, angry, indifferent, and fearful resulting in different behaviour patterns – rebellious, resilient, submissive, lacking self-esteem and confidence. These time-testing situations can be changed to help children cope positively with their existing situations and move towards experiencing healthy situations. There are different therapies developed; for example, child centered therapy and behaviour therapy, cognitive behavioural therapy (CBT).

In India, social work as a profession is still associated with charity and struggling to be recognised. There is an attempt to move away from philanthropy, needs and welfare approach to a rights-based approach. Emphasis is put on family-based and holistic development rather than institutional and custodial care. A client is not considered as a beneficiary and recipient, but rather as a partner to bridge the gap between inclusion and exclusion, and improve the quality of life.

Social Work with Other Target Groups in India

Social workers work with a diverse group in varied settings. They aim both towards individual and collective change. As social workers, they take on many roles as per need of the setting. Though social work in India is still not very much recognised as a profession, it has made its impact on the society by working on many issues and target groups. Following are the target groups:

Children. India is a signatory to the United Nations Convention for Rights of Children (UNCRC). The Indian government has made several programmatic interventions related to health, education and child protection. Social workers subscribe to pro-child legislations pertaining to specific and critical areas such as children without family or family support, juvenile justice, child rights, child labour, child marriage and sexual crimes against children.

Families. Social workers help families overcome some of life's most difficult challenges: poverty, discrimination, abuse, addiction, physical illness, divorce, loss, unemployment, educational problems, disability, and mental illness. They help prevent crises and counsel families to cope more effectively with stresses of everyday life and seek preventive and rehabilitative interventions for an improved quality of life. Social workers help unwed mothers in their rehabilitation, arrange foster care for children, and help parents and children navigate the adoption system.

Mentally Ill and Homeless. Homeless persons wandering on streets have a high prevalence of mental illness. Social workers working with this group act as a link between the mentally ill persons and mental health professionals to facilitate treatment and counselling, arrange for shelters for mentally ill persons, trace their families and work towards their restoration and rehabilitation in society.

Patients. Medical social work is a sub-discipline of social work, also known as hospital social work and healthcare social work. In India, medical social workers work in hospitals, outpatient clinics, organ transplantation, community health programmes, trauma centres, mobile health care vans, long-term care facilities or hospices and as transplant coordinators.

Person with Disability. In India, persons with disabilities is the most vulnerable group. In many places people with disabilities are shunned, abused, or abandoned at birth due to poverty or some religious beliefs, since parents are ashamed of their disabled child and no proper care system is available. There is a range of issues faced by persons with disabilities in India in terms of their education, economic and livelihood issues. Social workers work with the disabled to empower them, provide them access to relevant services and enlist their participation towards their own devel-opment.

Prisoners. The situation of prisoners especially under-trials is pitiful since they languish in prisons for a long time due to apathy and indifference of the state and society. Social workers engage in making home visits to connect a prisoner with the family, facilitate access to legal aid, work towards their socio-economic rehabilitation and welfare of children of prisoners.

Self-help Group. A self-help group (SHG) is a village-based financial intermediary committee usually composed of 10–20 local women or men. These self-help groups in India are linked with National Bank for Agriculture and Rural Development (NABARD). A social worker does intervention in initiation of savings and credit activities, and promotion of income generating programmes with these self-help groups and brings economic development and independence in women and their families. Also, empowers them to understand the better welfare of family and creates awareness on different social issues. In these processes women / men are motivated to participate and contribute to general social and political matters in their respective villages, including their rights.

Elderly. The act for senior citizens is called the Maintenance and Welfare of Parents and Senior Citizens Act, 2007. Due to the emerging concept of nuclear family in India, the older generations find themselves living alone, lonely and often with no one to speak to or seek help from in cases of medical emergencies. On the other hand, those elderly who still live with their immediate family find themselves strangers in their own house, shunned and often abused by their near ones. Most of them are unaware of new laws and their rights. Social workers intervene in responding to issues of physical and mental abuse and help them live a dignified life.

Youth. Youth are the backbone of the country. Yet, due to social, economic and political barriers, youth do not participate fully in the development process. Social work with underprivileged youth involves focusing on helping them to undergo treatment in de-addiction centres and development programmes like generating education, training and employment opportunities and enhance their potential leadership qualities in different areas.

Victims of Natural Disaster. Social workers often engage to help facilitate resources from the government, networking with service providers, research on long term impact mental health impact and policy advocacy in the area of emergency response at the site of natural disasters.

Work with Systems. In the effort to help various target groups, social workers work closely with government systems like police, courts, hospitals, government offices. Social workers typically engage in sensitisation trainings and capacity building of the systems to work effectively towards the rights of various groups by strategically establishing collaborations with various government departments.

CASE ANALYSIS

Case No. 1 Learning Difficulty

by Armaity Kelawalla

The Constitution (Eighty-sixth Amendment) Act, 2002 inserted Article 21-A in the Constitution of India provides free and compulsory education of all children in the age group of six to fourteen years as a Fundamental Right in such a manner as the State may determine, by law. The Right of Children to Free and Compulsory Education (RTE) Act, 2009, which represents the consequential legislation envisaged under Article 21-A, means that every child has a right to full time elementary education of satisfactory and equitable quality in a formal school which satisfies certain essential norms and standards.

Primary education is a fundamental right. Educators and parents consider education as an investment for the future of a child. A child who is an under-achiever by scoring low grades or failing and not being able to cope has always been a source of anxiety for all parents and the school system wanting them to be excluded and labelled. However, children with special needs and deviating from the norms are considered to be misfits rather than a challenge to our education system. The question may be posed whether education focuses on exclusiveness in society and the right to inclusive education being violated. Schools often do

not give quality education that responds to the diverse needs of their students with disabilities. It is a vicious circle as it leads to restricted possibilities for higher education, employment and income in the future. It is a major cause of social exclusion. It may lead to marginalisation of persons with disabilities in the family, school and community.

Raj (name changed) aged eight years was in grade three in a private school. His medical and family history is not known as he was adopted at the age of three months. His mother has done primary school and works as a domestic help. The father has finished school and works as a chauffer for a call centre. He is the only child and lives with his parents and paternal grandmother in a one room self-contained flat in a dilapidated old building.

Raj's mother dreaded "open house" in school. It was a day when teachers would meet the parent and give feedback about the child's academic performance. The teacher's monologue continued as she was disdainful about his performance and called him "the biggest duffer in the class". His papers were incomplete, spelling errors and illegible writing was peppered with the teacher's correction marks. The teacher complained of him being a nuisance value in class as he was inattentive, impulsive and kept moving around the room. This was followed by a warning from the principal that the child should join a special school. The child's apprehensions knew no bounds as his father greeted him with lashes from his belt as he reached home.

A few days later the mother while at work got an urgent phone call from the principal's office. She was asked to come to school immediately. Her imagination ran riot as to what may have happened to her son. She was spell bound when the principal told the mother that her son was suspended for a month. The child had thrown out of the window into the muddy puddles all the English and Math's notebooks of the whole class during the lunch break. This was during the rainy or monsoon season. The assistive staff were trying to retrieve the note books. The other parents were furious and had surrounded the principal demanding that the child be suspended. This type of behaviour would have adverse effects on their children too. Also the child was defiant and showed no remorse to give any explanations for his actions. This was the background for the reason for referral of Raj to a social worker. The mother cited her helplessness and resented having adopted this child.

Intervention Characteristics

Establishing Rapport and Communication through Play. Since the child's experience with teachers and parents had been very frustrating and hostile he had the tendency to perceive a social worker as an authority and controlling figure. All efforts to reach out were met with sulking or screaming, defiance or temper tantrums. It was essential through play to convey to the child unconditional acceptance and being non-judgmental. Gradually a rapport was built and the child expressed surprise as the worker did not complain to his parents. Confidentiality and trust is essential for open communication. The dilemma faced for the worker was many times the parent's right to know what happens in the sessions versus the child's right to self-determination and confidentiality. The child was involved in decision-making as to what to share with the parents. Thus, the child through play became more cooperative and less resistant. He expressed his desperation as no matter what he did was not good enough for his parents. He expressed his sense of desolation and desperation. He had thrown out everyone's notebooks so that there were no lessons to be done and no exams. Then there was no need for the parents to come to school and hear the teacher calling him a "duffer". He was afraid that he would be sent away to the orphanage again.

The child embraced the worker, and it was the first time responding positively to touch. If anyone touched him it was a reflex action to withdraw as he felt he was going to be beaten up. To love and be loved is the greatest need of human beings. In many ways the session through play taught the worker more about the child than any theories in books did. Play is a catharsis and playing out their experiences and feelings is a natural self-realisation process and brings about change in behaviour. Play was a good medium for the child to share his hopes, fears, laughter and tears. It was through play that the worker became aware of the strengths of the child and his talent to dance.

Psycho-Educational Assessment. Since Raj was cooperating with the worker and, with consultation with the parents, and permission of the child, it was decided to refer Raj to a multi disciplinary team to get a holistic perspective of the child. The purpose was not to label the child as having Learning Disabilities and Attention Deficit Hyperactivity Disorder (ADHD) but with early intervention minimise the concerns of "at risk" children It is a hidden disability, and awareness about it is practically

unknown. Examination of vision and hearing showed that there were no sensory issues involved. On the Wechlser Scale of Intelligence for children (WISC), the FSIQ falls in the above average range of intellectual functioning. Hence, low intelligence as the cause of low performance in academics was ruled out. Significant underachievement was evident in the areas of reading, spelling, written expression and Math's. These language-based difficulties are partly attributable to English not being his mother tongue.

Recommendations. Remedial education and study skills:

1) occupational therapy for improving sensory integration and motor coordination;
2) intensive individual counselling for the child's emotional problem and behaviour modification programme;
3) dance movement therapy;
4) family counselling for appropriate disciplining techniques and fostering the child's sense of security and self-esteem;
5) work with teachers, peers, principal and the school;
6) awareness of the Right to Education Act through media, parents, law enforcers, activist and educational board, NGOs and government.

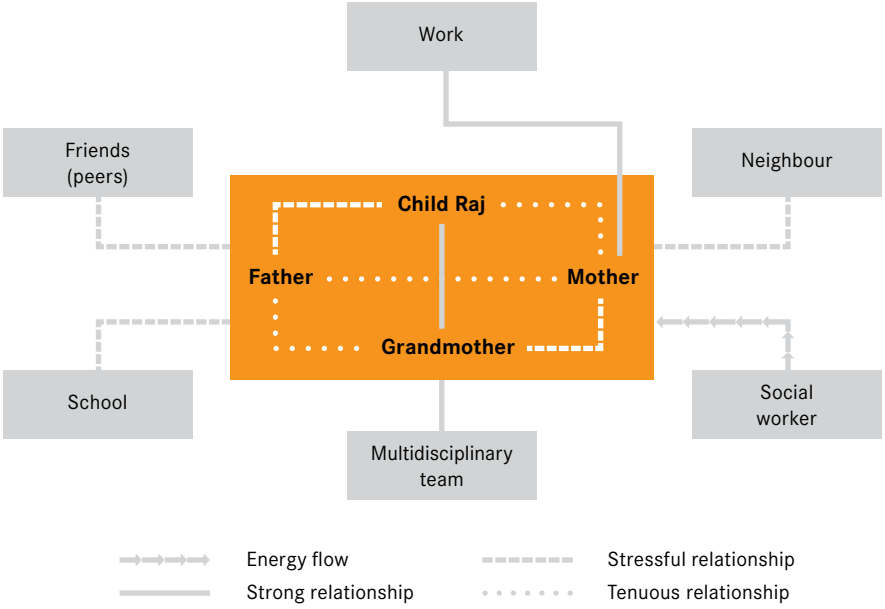

Figure 1. Hartman Eco Map

Working with the Family at Micro Level. Home visit gives an insight into the natural environment of the child. The child is left in the care of the grandmother who is very frail and finds it difficult to cope with the child due to ill health. The child is not sent down to play with the children in the neighbourhood as he gets into fights and is ostracised due to poor academic performance. The rest of the time is spent watching television. The parents were too tired by the end of the day to cater to the needs of the child. A joint session with the parents and grandmother was essential to initiate change in the family and to empower them. Consistency in discipline followed by all would not cause confusion to the child. Inputs in behaviour modification were given stressing the three Rs (Rewards, Reinforcements and Reminders). A dialogue with the child to explain the repercussions of misbehaviour would have to be initiated rather than using punitive and corporal punishments. The father was warned about legal actions if the child was battered too much. The family should be involved in fun activities and outings which would bond the family. Since the child had a talent to dance, he was enrolled in a weekend class. This was a motivating factor and he was willing to put effort in his academics. This channelised his hyperactivity and increased his frustration tolerance. It gave him an opportunity to socialise and be accepted in a peer group. Follow up was done. The strengths perspective is the process of using resources within and around the client, family, group and community to overcome challenges and empower them to cope.

Working with the School at Mezzo Level. Support from school and home environment increases academic and social performances. The partnership model is in which the social worker, family and school all work as a team to promote the holistic development of the child. The intervention was done at the mezzo level with the school. Since learning disability was a hidden disability, it was essential to create awareness about the identification of children at risk. The worker requested the principal to give another chance and that he had made amends about his impulsive act of throwing the notebooks out of the window. The worker gave a copy of Raj's psycho-educational report and that he did not qualify for a special school as he had an above average IQ. The principal was also provided with the list of concessions the child was eligible given by the educational board. It was the rights of the child and it was the duty of the school to fulfil it. The least restrictive environment which minimises labels

of students can be obtained best in an inclusive classroom. The principal was reminded about the Right to Education Act. She was apprehensive of getting into conflict with the law and, hence, agreed to give Raj another opportunity. The social worker agreed to give all the support to the school and give inputs for inclusion and work with the school for early identification and intervention for children at risk.

Workshops were conducted for teachers for early identification of children at risk, and the staff felt equipped to handle them. A remedial teacher worked along with the class teacher and gave her a lot of input in making learning a joyful experience for the class. Also a workshop on effective parenting skills was conducted by the social worker, and the parents realised that besides academics children should also be given an opportunity to play and develop their other talents.

The annual day is an opportunity for the children to demonstrate their talent. It took a lot of convincing by the social worker to give Raj an opportunity to perform in a dance. The teacher was apprehensive that he would disrupt the show. He was given the lead role in the dance for the annual day. The social worker was overwhelmed as at last Raj was recognised by his name, personality and talent. All children learn, though some learn differently.

Working at Policy and Macro Level. The Indian scene of the problem of learning disability may get compounded due to different factors. Multilingual exposure to the language of instruction was different from the language spoken at home. Very poor infrastructure in schools catering for large numbers affects individualisation of a student. Too much pressure on academics is given rather than extra-curricular activities. Teachers' education curriculum should contain a compulsory subject along with practicums on children with special needs. Teachers should be taught Universal Design of Learning (UDL) which caters to the multifarious needs of different types of learners. This is a multi-sensory approach. Inputs in assistive technology for teaching should be given. Also reasonable accommodations in providing accessibility and disabled friendly environment will promote inclusion. Regular workshops should be conducted for parents. Stringent measures should be taken by law enforcers and government against schools who violate the Right of Education for a child. The greatest barriers faced are attitudinal in nature. Mass media can be used to change the attitudes.

Inclusion. Inclusive education is the least restrictive environment and the ideal situation for the holistic development of a child. Every child should be taught by the regular class teacher and deal with the challenges of children who learn differently in the classroom with all the support required. Inclusion celebrates differences in abilities and not, as in case of prefix "dis", lack of the given ability. The five A's encompass inclusion which is Acceptability, Affordability, Accessibility and Accountability and will ensure Achievability of an Inclusive society so that all children will grow into productive, happy and healthy adults.

Case No. 2 Leana and Reena the Twins

by Ashwini Thatte

Sunita the birth mother was a 20-year-old woman, she was unmarried, staying in one of the rural parts of Maharashtra, India. She was HIV positive and delivered female twins in Govt Hospital in a small town of rural Maharashtra. The hospital authorities contacted agency social worker, as the mother, considering her socio-economic and physical conditions, wanted to relinquish her babies.

A social worker met Sunita and spoke to her about advantages and disadvantages of keeping the children in the institution.

After some period, Sunita's twins were also diagnosed positive with HIV. Sunita was terrified, with the thought of their rehabilitation. The Developmental Paediatrician of the institution reviewed the mother's history of pregnancy, birth of Leena and Reena, their developmental milestones. She also completed physical, neurological and motor examination.

Relinquishment counselling of the mother was an important step needed to be sensitively and carefully handled. All the anxiety and concerns of the mother and helping her to come to the terms with the major decision of her life of relinquishment of babies, and focusing on her empowerment.

Sunita was discharged after two months as there was no place in the hospital, and Sunita herself wanted to go home. She was prescribed powerful medicines. As her relatives, who were staying nearby, did not want to take her responsibility. Sunita was depressed. The professional social worker provided psychological support to Sunita. The social worker herself admitted to the residential institute for HIV patients.

Intervention Characteristics

Here, the role of a social worker is multifaceted. The client and the social worker are collaborators in the strengths approach. The principle of self-determination and active participation of the client is stressed. The strengths perspective focuses on the assumption that people can cope through resilience and resources. Empowerment emphasises on abilities and strengths and the person not to be a victim but gain mastery over their lives.

At the admission in the residential care for children both these children looked tiny, skinny, malnourished, and underweight, 1.3 kg and 1.7 kg, respectively. Both girls had dark complexion. As both were weak, they were immediately hospitalised for their intense care.

The day they came into the care of the institution, they received love and care, a sense of safety, encouragement, respect, opportunity to achieve their right to survival and given appropriate medical hel p in investigating reasons for Leena and Reena's delayed development, they had to be taken for a series of medical tests.

The case was once again presented before the Child Welfare Committee (CWC). After studying the necessary information, the CWC passed an order stating Leena and Reena were to continue their stay in with the said agency and could be considered for adoption.

According to the United Nations Convention Protection for Every Child (CNCP), this involved submitting regular reports about their health and social development along with efforts after all the necessary procedures to get Leena and Reena declared free for adoption. (The Child Welfare Committee is appointed under the Juvenile Justice Care and Protection Act, 2000 to ensure care and protection for every CNCP). This involved submitting regular reports about them.

All through this period, the agency's efforts were on to identify a suitable adoptive family for Leena and Reena who would meet her specific physical, medical, emotional, social needs. It was hoped that by being adopted, they would get lifelong family, stability and legal status. Unfortunately, there was no suitable family available to meet these twins' needs in India. This was understandable given people's mind-sets, scarce availability of resources and facilities, and support adoptive parents' receive from family when considering adoption.

Networking with agencies abroad was started. The necessary information about Leena and Reena was sent to a few agencies. After a long search, one family was identified which seemed suitable for the twins, as per guidelines laid down by the Central Adoption Resource Authority (CARA). CARA secretary was approached to consider the case as an exception in the interest of the children.

Then came the day when all the efforts to find a suitable family for Leena and Reena were being rewarded. Since adoption in India seemed a remote possibility, the agency had kept open the option of inter-country adoption. The day came when the agency received an application from a couple abroad. They were in their early 30's and both professional having engineering background settled in the USA. The application form indicated that the couple had the competencies to cope with the challenges of raising twins with HIV positive history. After a number of questions, back and forth, it was finally decided that there was no doubt that the match was made. (The home study report is an assessment of the couple aspiring to adopt indicating their suitability to adopt based on their experiences from childhood, social and marital relationships, health condition, motivation and attitude to adoption, their skills and competences in upbringing of children, and children with specific needs where applicable, and their financial standing.) From here on, there were a lot of procedures to be followed, the documents were in place and the adoption plan confirmed, the couple sent a lovely photo album along with some cuddly toys for Leena and Reena.

This was also the time when the petition for adoption was filed in the High Court at Mumbai by the parents under The Guardians and Wards Act, 1890 (GWA, 1890).

1898 applies to a Hindu family adopting twins of same sex. Since adoptive parents had come down to India, their petition was filed in the High Court under the GWA. This Act appoints the petitioners as guardians of the child. Every Foreign National adopting or taking a child under guardianship.

Interventions with Social Work Perspective. India is a signatory to the United Nations Convention on the Rights of the Child (UNCRC), and Adoption is an option available to ensure the child's right to a family.

Every child has the right to family, and as a social worker one should work on protecting this right.

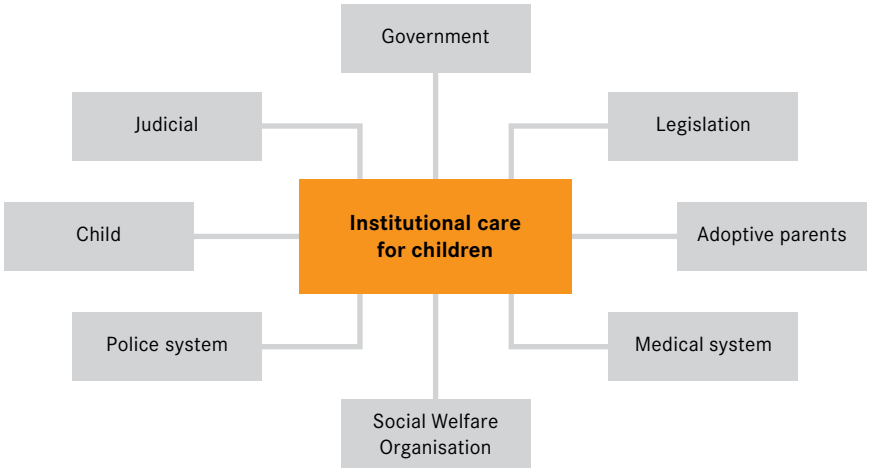

Figure 2. Institutional care for children

In order to help children exercise their rights, various organisations have been working tirelessly creating awareness about Children's Rights. Some directly intervene with children to ensure their safety and protection.

These interventions of a social worker will focus on dealing with her transition issues, language and communication skills. Her social skills, perceptions and attitudes about the family, which is the most important foundation with the child reciprocal social interaction skills, communication skills, presence of stereotyped behaviour, interests and activities. The mnemonic WASP (Wait, Absorb, and Slowly Proceed) is used for a client who feels upset and anxious. It becomes important to focus on the ability rather than disability. This is a sensitive issue and it had to be tactfully dealt with, that it is essential to strengthen the coping capacity of the family because in India the family is the only support system as there is no other support. As one goes through the process of adoption, they will find a social worker to be indispensable in pre-adoptive counselling, in selection of a child, in legalisation, and in post-adoptive assistance.

Through all these processes, a social worker works with the principle that it is the child's right to good family. A social worker needs to be receptive about parent's points of views, skills and knowledge. A sharing of questions and experiences,

with an understanding listener, can help prospective adopters feel enriched.

Social work relationship is an empowering resource for change. It worked on partnership model of the worker and the clients. The group worked on collaboration and worked on the improved quality of life for birth-mother. We are not to be defined by limitations but rather by possibilities, for instance, in the above mentioned case as they were twins they were shown to the prospective adoptive couple after their preparation for adoption, for their further rehabilitation. They have been accepted by the family and case is proceeding through court. These twins have got a nice, open minded family, who have accepted them with all their background status. The family prepared themselves for adoption and were waiting to provide love, care, protection and home to those who were born to an ill mother in a government hospital; that mother could not provide them materially or emotionally or otherwise.

Assessment of the Child to be Adopted. A sensitive child development professional should work with a good medical practitioner in assessing a child's potential for further rehabilitation. One must know of factors that can place the child at risk however experienced and keeping good follow-up of medical records a doctor may be in his / her assessment, it may be possible that a child thought to be normal at the time of assessment may turn out to be handicapped in some way. The professional social worker should be completely honest, and reveal all known facts to the child's parents; for instance, in this case the birth mother known to be with HIV status. This fact was shared with the adoptive couple.

Legal Aspects in Adoption. In accordance with applicable law and procedures the competent authority ensures legal adoption of the child.

Adoption in India is at present governed by personal law and, therefore, only Hindus can avail of HAMA 1956. The Hindu Adoption and Maintenance Act, 1956 (HAMA, 1956) other communities like Muslims, Christians and Parsis are not covered under this Act.

The Guardians and Wards Act, 1890 (GWA, 1890) merely grants the applicant legal guardianship of a child until he or she attains adulthood.

All the inter-country adoptions are processed in India under the Guardians and Wards Act of 1890, and, hence, are not complete

or final adoptions. It is absolutely crucial that all these children are adopted according to relevant adoption laws of the adoptive parents' country. Only then would these children be conferred the same status as that of a biological child and enjoy equal rights of inheritance and citizenship.

Post-Adoptive Follow-Ups. Follow-ups help in strengthening the parent-child relationships. With the consistent follow-ups, the professional social worker builds empathetic and friendly relationships with the adopted child during early adolescence where enhancement of quality family life is required by both parents and children.

Self-help groups of adoptive parents as well as of children plays very important role in increasing thrust for adoption as one of the most significant and successful forms of permanent rehabilitation. The professional social worker can facilitate these groups.

Conclusion. A professional social worker has worked on the case with multidisciplinary approach and also planned her strategies at micro, macro and mezzo levels.

Case No. 3 From Street to Rehabilitation Centre

by Mangala Honawar

"Children in conflict with the law (CICL)" as per the Juvenile Justice (Care and Protection of Children) Amendment Act 2015 means a child who is alleged or found to have committed an offence and who has not completed eighteen years of age on the date of commission of such offence or being suspected of committing an offence. The Act enables a multi-disciplinary inquiry by a Juvenile Justice Board (JJB), consisting of a Principal Magistrate and two Social Workers as members sitting as a bench, to conduct inquiries into juvenile crime in a child-friendly manner in order to pursue "the ends of justice". Children, who are not released on bail, are required to be first placed in the reception unit of an institution called the Observation Home (OH), pending inquiry, and those who have been found guilty can be give final orders in the form of admonition or community service or can be sent to a special home for a maximum period of three years. Resource Cell for Juvenile Justice, a field action project of Tata Institute of Social Sciences runs a Help Desk (HD) in OH on the lines of "May I Help You" desk comprising two trained social workers who assist the JJB in the rehabilitation of the CICL.

Vinay, 15 years old, post apprehension when brought to Observation Home for the fourth time on charges of committing theft, came in contact with the Help Desk social workers during their visit to the dormitory.

During interaction, the boy revealed that his parents had passed away and his maternal aunt who worked as a domestic maid was his guardian. Till 7th standard, Vinay regularly attended a BMC school and was good at studies. His inability to refuse his friends' offer got him strongly addicted to drugs. Soon he dropped out of school and stopped returning home due to his aunt's disapproval of his drug habit. He began staying on streets with other drug addicted boys. To support their need for drugs, at times, they took to crime. He was caught when he tried to steal a bike under the influence of drugs and was handed over to the police.

Being a repeat offender, the JJB asked HD social workers to conduct a social investigation of the boy. Based on the details given by the boy, social workers traced his home. They found that he was into a bad company and took to crime to support drug abuse. His aunt agreed to visit him in OH but expressed her unwillingness to release the boy until he gave up drugs. As a result, social workers prepared an Individual Care Plan (ICP) for the boy in consultation with a Probation Officer. Due to the poor economic condition of his aunt, the rehabilitation centre agreed to admit the boy at a concessional rate. Based on the ICP, JJB passed an order of conditional bail (bail on the condition that a child will complete the de-addiction treatment) in favour of sending him to a rehabilitation centre. HD social workers received supervision order of the boy from JJB to provide updates regarding the progress of his treatment. Social workers successfully started the process of rehabilitation of the child in the de-addiction centre and made monthly visits to the centre to check on the progress of the boy.

Intervention Characteristics

Working with Individuals: Social Work with Children in Conflict with Law. Social work with children in conflict with law needs a generalist social work approach that moves beyond individual focused practice to an expansive sphere of intervention at multiple system levels. In this process, traditional social work methods like case work and innovative methods such as group counselling are used in combination to address the problem and to strengthen the inherent capacity of a child.

Work with Individuals. Work with individuals is used as it is important to help a child and his family individually through a one-to-one relationship by empowering them to change social and interpersonal environment that has an impact on their well-being. The following process is followed:

Interview. Social workers and clients sit across a desk and interview a parent / child to understand circumstances in which the child has committed the crime. In the first phase, social workers complete a face sheet of the child comprising basic details namely name, age, address, police station, section under which the child is apprehended, duration inside observation home, first time or repeater, access to lawyer, etc.

Engagement. Social workers orient clients about their own role and services provided by them free of charge. They explain their clients procedures under the juvenile justice system, different types of bail, conditions of bail and availability of free legal aid, etc. Social workers listen to a child and parents, accept the child, and acknowledge that the child has done wrong, at the same time showing reassurance in his ability to change himself. This helps to build rapport and trust and be able to form a purposeful relationship with them.

Assessment. JJB also gives Social Investigation Report (SIR) orders to HD social workers comprising home / school / police station visit of a child. Visits give a unique opportunity to do a detailed study of the background of the child and his family, health history, socio-cultural background, living conditions, history of the child's deviance if any, visit to the child's school, in some cases a visit to neighbours, visit to the nearby police station and visit to the child's school. Based on this, social workers make an economic and psycho-social assessment of the child. Once a comprehensive report is submitted to JJB, social workers move towards intervention.

Intervention. Social workers place emphasis on the ability of a child and parents to make important decisions about their willingness to engage in the rehabilitation process. The main focus of intervention is to help the child and parents help use existing services within the system. Individual care plan is prepared jointly by social workers and probation officers associated with JJB to help the child achieve his goals and interests. It includes a step-by-step plan of the progress the child is likely to make in the rehabilitation process while on conditional bail.

The rehabilitation may involve the child entering a vocational training programme or admission to a de-addiction centre or attending informal education class run by a non-governmental organisation in the community.

Supervision. JJB gives supervision orders to HD social workers either when the child is on bail, conditional bail or when the child has pleaded guilty, or when the case is disposed. Supervision is also an important step in the Individual Care Plan. A social worker either makes a visit to the child and his family or vocational training centre or de-addiction centre to check the progress of the child. Alternatively, the child can also be given a final order by JJB to attend group counselling. In this way, JJB and social workers get an opportunity to keep direct contact with the child on regular basis and monitor his progress.

Group Counselling Method. In this, children report to the Observation home on the given date every month and are referred to NGOs members of which conduct sessions with the group. Children are engaged in a form of therapy where they benefit from shared experiences.

Formation Stage. Firstly a group is formed and the same group is asked to attend all five sessions. The facilitator uses an ice-breaker to introduce all members to each other and explain them that this session is a safe place to discuss about one's personal life and receive support from other members. The children are made to sit informally in a circle and certain rules like maintaining confidentiality, not to attack each other verbally or physically, actively participate in the group process, and speak one at a time are laid down.

Involvement Stage. In this stage, a facilitator takes up one theme like anger management, communication, coping skills and asks each one to share their experiences. Open sharing in a group at times results in feelings of shame, guilt, anxiety and frustration. Here children feel involved, and a facilitator deals with the conflicting emotions in a non-judgmental manner. Attempt is to enforce that difficulties are not singular to one person.

Transition Stage. In this stage group members have more or less accepted weaknesses of each other, and it is the time to feel close to members of the group. The facilitator builds on the strength of the group and tries to re-enforce support, trust, acceptance, sensitivity and unity among the members.

Working Stage. In this stage, a facilitator becomes less active and group members are able to express the benefits of the group process and confront each other objectively, and are able to extend support to each other when needed.

Ending Stage. In this stage, a facilitator re-affirms the benefit of the group process where children learnt that there are others with similar struggles in their lives, and one can deal with life if one shares thoughts and concerns openly, builds a community of such friends and learn from each other. At this stage the group terminates.

The member of an NGO closely observes each child in the group and gives a report to JJB on the changes observed in a child's behaviour at the end of five sessions. This helps the JJB in deciding whether the child's case can be closed or the child needs additional supervision.

Thus, one can conclude that, though work with individuals and group counselling are effective in dealing with children in conflict with law, there is scope for social workers to intervene innovatively especially by engaging various stakeholders from Juvenile Justice System.

Case No. 4 Challenges in Acquiring the Right to Quality Health Care

by Manjushaa Battle

Article 6 of the Convention on the Rights of the Child (CRC) states that children have the right to live and that governments should ensure children survive and develop in a healthy way.

The Convention places a high value on the children's right to survival and states that children have the right to good quality health care, safe drinking water, nutritious food, clean and safe environment, and information to help them stay healthy (Article 24 of CRC).

According to the Census Report (2011), about 40 % of children in India suffer from food crises, ill health, malnutrition and allied problems. It is estimated that in India, 125,000 children are born every year with congenital heart disease, and 78,000 infants die of congenital heart disease in India every year.

Family History. Krishna (name changed) is an 11 month-old boy. His family consists of parents and an elder sister. His father, Bala, 23, is an agricultural labourer; his mother Suhasini, 20, is a homemaker; his elder sister Laxmi, was three years old at

the time of the intervention. Krishna's family belongs to one of the indigenous tribal communities the population of which is rapidly declining. This ancient tribe is famous for their traditional paintings (Warli Paintings). This community speaks a language that has no script. The community mostly uses a traditional approach to treat any disease.

Krishna's family stays in a hamlet named Hasnepada which is a remote rural area. Though it is located close to a large city like Mumbai, it lacks modern medical facilities. The Warli tribesmen are still not urbanised. Krishna's parents are illiterate. The family's primary source of income is agriculture. His father works during the rainy season which lasts for about six months and during the next six months he works in brick kilns, provided work is available. His monthly income is Rs 2,500 which is inadequate to fulfil the basic needs of the family.

Medical History. Krishna was born in the Primary Health centre (PHC) which is the only health care facility, located about three kilometres from his hamlet. During her pregnancy, Krishna's mother was anaemic and was not aware of the significance of any vaccination. Krishna's birth weight was much below par and his growth was very slow and he was unable to suckle. Being completely unaware of his medical condition, the parents did not pay much attention to his constant crying and inability to suckle. Krishna would cry a lot due to hunger and would often turn blue owing to lack of oxygen. Most of the time he would be breathless but his parents were clueless about his illness. They never consulted doctors both due to lack of funds and deep-rooted traditions. Instead, they consulted a religious "guru" on a few occasions, but did not continue his treatment due to financial limitations and also because there was no improvement in his condition. Later, social workers referred him to a multi-specialty government hospital, and he was diagnosed with congenital heart diseases in the form of right ventricular hypertrophy; therefore, surgery was suggested.

Intervention Characteristics

Phases of Social Work with Individuals. Assessment, engagement, intervention, termination and evaluation are the main divisions of social work with individuals. Actually, these steps are not performed in sequence, and as Gordon Hamilton claims they are woven in and out, one process paralleling another.

Problem Identification. Krishna's problem was identified in a medical camp organised by a student social worker placed for fieldwork in that area. The Integrated Rural Health and Development project, a Field action project of the Tata Institute of Social Sciences, Mumbai, organises periodic general health check-up camps in remote areas of tribal communities. In the medical check-up camp, Krishna and his mother were prescribed iron-folic acid tablets to improve their condition. The student social worker explained Krishna's problem to the supervisor, and the supervisor immediately met the PHC doctors to assess the medical condition and emergency.

Theoretical Formulation of Work with an Individual and the Family. In the initial stages, a social worker worked on understanding the individual and the family which needs help. In this process, the social worker focused on understanding the psychosocial aspects to find out what the family thinks about the child's health problem and the kind of assistance that should be provided.

Home Visit. The individual's family resides in a one-room kitchen and the house was built using the funds provided by the Indira Awaas Yojana – one of the rural housing schemes of the Ministry of Rural Development. The family does not have even the basic things such as a cupboard, a bed, a toilet and has very few utensils. The entire family looks malnourished.

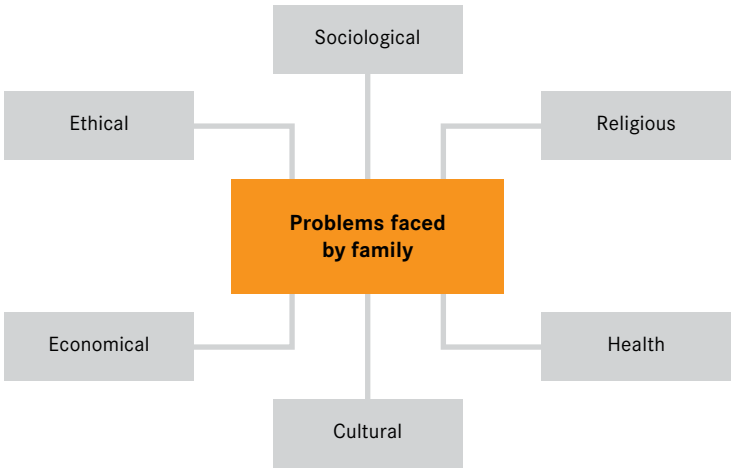

Figure 3. Problem assessment areas

Assessment of the Problems Faced by the Individual and the Family. For understanding the problem of the individual and his family, the social worker obtained information and made an assessment about the social situation, financial factors, possible fears about modern medical treatment, and the requirement of long-term treatment in the city. The following points were explained to the individual's family – the lack of medical facilities in the Primary Health Centre (PHC) to diagnose the individual's problem, the family's inability to access those facilities and that a delay in treatment could be fatal. Based on the assessment and taking into consideration all the causative factors, a plan of action was drawn and helping activities were carried out.

Engagement. The social worker suggested the need to refer the individual to multi-specialty government hospital; her role and the family's role; responsibilities and support were explained on a one-to-one basis. During the treatment process, the family's support was significant as the individual constantly required both parents with him.

Intervention Stage

Hospital Visits. The social worker accompanied the individual and his family to all the government and private hospitals located in the city. The social worker provided assistance to get free treatment and concessions on the diagnostic tests in the private diagnostic centres as some test equipment was not available in the government hospital. While the process of diagnosis was taking place, the social worker played a major role by counselling the entire family. The family lived below the poverty line and lacked the financial resources for medical treatment. The family was unaware and ignorant of the progress in medical sciences and had given up hope that the child could be completely cured. The social worker empathised with family members at each stage of treatment and involved parents. Each visit to the hospital was a big challenge for the social worker to motivate and counsel the entire family about the necessity of medical intervention to improve the health of the child, make important decisions about their willingness to engage in the medical treatment process.

Participation of the Community. Understanding the rural culture, the need for community support, financial help and the minimal risk factors involved in the medical treatment**,** the social worker along with the individual's parents had a meeting with

the village Panchayat (a village council). Panchayats are responsible for solving major issues of villagers by taking collaborative decisions. The Panchayat extended its support to the individual's medical treatment and decided to support, to some extent, his family financially; thus, funds were collected from the each member of the Panchayat.

Networking. The social worker played a role of a mediator's to get access to the State Medical Assurance scheme for the people below poverty line. A lot of challenges had to be faced as the family did not possess the required documents to avail from the scheme. Networking was done with various governmental departments to make the documents. This empowered the family to understand the process which would be helpful if they needed any further assistance in the future. On a few occasions, assistance was provided in the form of free lodging arrangements for the family in collaboration with other NGOs.

Supervision. A bigger challenge appeared; although all the formalities had been completed for the surgery, the child could not be operated as a long list of children were waiting for a similar kind of surgery, and due to lack of infrastructure to accommodate all the needy patients. Krishna's case was kept on hold for the next three months, so it was necessary to monitor the child's health by visiting his family on regular basis. Supervision process plays a significant role in updating the status of the treatment to a child's family and keeping a close eye on changes occurring in the child's health before and after the treatment. In this case the supervision process was carried out by the student social workers and weekly feedback was given by the social worker. The social worker used supportive techniques with the family members; for example, by narrating her own experiences in working with government systems and encouraging them to keep the faith in the system.

Ending Stage. With this particular individual, the social worker could not do any termination as there was a long waiting period for the surgery. Moreover, the child had other health issues during the waiting period. As mentioned earlier, due lack of awareness the family did not pay any attention to his minor illness which had serious consequences and evenually Krishna lost his life without any treatment.

Ethical Dilemmas. Social worker played an important role through modelling and engaging in discussions relating to conflicts between the two ethical dilemmas. These were the dilemmas

between values of protection of life versus equality. There is a longwaiting list for children who needed a similar surgery, and parents were anxious that the surgery had to be performed as soon as possible. The parents might have experienced discrimination and injustice in the past in achieving quality of health care for the child due to their poor financial condition.

Conclusion

In India, the need is to strengthen the health care system and its infrastructure so as to bridge the gap between the rich and poor, urban and rural areas. This would re-establish faith of the people in the system to provide quality health care for everybody.

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Home Visiting for Prevention of Child Abuse and Neglect in Japan

Outline of Japanese Child Welfare Establishment of the Child Welfare Act

Today's Japanese child welfare system was established following the enactment of the Child Welfare Act in 1947, after World War II. The War ended in August, 1945 and Japan was placed under the control of the United States. In 1947 Peace Treaty took effect and Japan was released from the control of the United States. And the Constitution of Japan was implemented. Based upon it, the Child Welfare Act was established.

According to the Article 25 of the Constitution of Japan, "all people shall have the right to maintain the minimum standards of wholesome and cultural lives", and "in all spheres of life, the State shall use its endeavours for the promotion and extension of social welfare and security, and of public health".

In Article 1, the Child Welfare Act stipulates that "all people shall endeavour to ensure children to be born and to be grown up with healthy minds and bodies". And in Article 2 it prescribes that "central and local governments as well as the protectors of children shall be responsible for the healthy growth of both minds and bodies of the children". Conventionally, children were considered to be belongings of a family. Only when a family could not bring them up due to death or poverty of a parent, measures to protect children were provided. However, with the enactment of the Child Welfare Act, it stipulates that welfare of every child, including children in need, shall be realised and that the whole society including parents shall take responsibility for child rearing.

In the Children's Charter enacted in 1951, the idea of child welfare is defined in the preamble and the 12 sentences.

Following is the preamble:

> We, the people of Japan, in accordance with the spirit of the Constitution of Japan, do adopt this charter to set forth proper attitude toward children and bring about their well-being.
>
> The child is and shall be respected as a human being.
>
> The child is and shall be given due regard as a member of society.
>
> The child shall be brought up in a good environment.

From Child Welfare to Child and Family Welfare

After the period of post-war recovery, Japan entered the rapid economic growth period in the 1960s. The industrialisation of urban areas advanced and young workers in large numbers moved into urban areas. They married soon after, and nuclear families increased. Many families had to raise children in the situation with little assistance in their community. Meanwhile, women came to enter the labour market, and dual-income families increased. As a result, the demand for out-of-home childcare increased and the family function of bringing up children came to change.

In response to the change of these social circumstances, the government expanded the range of child welfare to child rearing family. Accordingly, the Children's Bureau of the Ministry of Health and Welfare (at the time) changed its name to the Children and Families Bureau, and the Troubled Child Consultation Centre was set up in each municipal welfare office in 1964. In addition, the Mother and Child Welfare Act was enacted for the purpose to support a fatherless family. And Child Care Allowance was paid to parents rearing children with disabilities.

Measures for Children with Disabilities, Promotion Measures for Maternal and Child Health and Enforcement of Child Care Measures

After 1970, the negative aspect of the rapid economic growth including the environmental problem was observed with concern, and the government promoted welfare measures positively.

In the field of child and family welfare, measures for children with disabilities and maternal and child health measures were promoted, and child care measures were enforced. Especially, the International Year of the Child in 1979 and the International Year of Children (Persons) with Disabilities in 1981 triggered to improve Maternal and Child Health and Children (Persons) with Disabilities Welfare.

As for measures for children with disabilities, home welfare service became more important. Facilities for children with disabilities became expansive and established more. As for maternal and child health, the Maternal and Child Health Act was enacted independently of the Child Welfare Act. Since then, health checkups for pregnant women, nursing mothers and infants were greatly improved. On the other hand, more and more child care centres were established, thus, the number of child care centres increased by approximately 3,800 places within five years from 1975 through 1980, and the number of children entering child care centres increased by 25 % (Ministry of Health, 1998).

Development of Measures for Child Care Support

In 1989, the total fertility rate recorded the lowest in history, which was called "1.57 Shock" (total fertility rate). Thereafter, measures* against society with declining birth-rate were considered seriously. Social environment surrounding child care turned worse. The increase of parents who complained anxiety over child rearing and the issue of child abuse came to be obvious. Under these circumstances, aiming at making social environment safer for parents to have and raise children, the government devised the Angel Plan with the main aim to fix the declining birth-rate in 1994 and the New Angel Plan in 1999. In 2003, the government established the Act on Advancement of Measure to Support Raising Next-Generation Children and obliged municipalities and business proprietors who had many employees to formulate a 10-year action plan from 2005. In addition, the Child Welfare Act was revised and "the child care support project in community" was included in the Child Welfare Act. The child care support for "all families" was prescribed as the duty of municipalities.

In 2012, the Children and Child Care Support Act and other related acts were enacted. Local governments devised the Children and Child Care Support Project Plan for one period of five years, which is to be enforced in 2015.

The Convention on the Rights of the Child was adopted in the United Nations in 1989 and Japan ratified it in 1994. Revision of the Child Welfare Act was made in 1997. Accordingly, a child is regarded as an individual person with rights. And it is devised that the idea of child welfare is converted from welfare to well-being. The government started to provide social support to aid-requiring children, such as children in poverty, orphans and children with special needs.

In addition, the government came to implement policies to improve the quality of life and health of all children.

Legal Status of Home Visiting Services and Social Risk of the Target

Since the Convention on the Rights of the Child was adopted in the United Nations, child abuse came to be highlighted as a social problem. The government collected statistical data of the number of consultations on child abuse cases at child guidance centres from 1990 and started to consider measures. In 2000, the Child Abuse Prevention Act was enacted and revised every three years. As a result, the formation of organisation

* In 1990, the Japanese Government set up a liaison group of relevant ministries and agencies related to develop an environment for healthy birth and growth of children, and definitely recognised the problem of declining birthrate as a policy issue.

made progress to detect child abuse at an early stage and intervene in it. The Regional Council of Countermeasures of Children Requiring Aid, consisting of specialised agencies and private sectors, was founded. In addition, the number of reports increased with the growing concern about the issue of child abuse as a backdrop. The number of consultations on child abuse cases at child guidance centres across the nation continues to grow.

In the meantime, an expert meeting was set up in 2004 under the Social Security Council and since then has been held every year to inspect deaths caused by child abuse. It consists of paediatrician, obstetrician, psychiatrist, lawyer, psychologist, scholar of child welfare, directors of child guidance centre (representatives), staff of local government welfare section (representatives); 12 people in total.

Members from the following organisations attend the meeting as observers: Cabinet Office, Ministry of Internal Affairs and Communications, Ministry of Justice, Ministry of Education, Culture, Sports, Science and Technology and National Police Agency. It compiled reports 10 times subsequently. According to the reports, the ratio of 0 year old children among children died by abuse (except a double suicide – child or children and mother, father or parents) accounts for 40 % since the first report (Child Bureau of the Social Security Council, 2014).

Besides, about half of them were less than one month old. The result suggests the necessity to support families with a social risk during a pregnancy or a postnatal period. Especially, the necessity of social support to those who have problems such as unwanted pregnancy, single mother, poverty, family or marital trouble, social isolation or mental disorder.

In such situation, many municipalities aim at construction of a child care support system which combines “public approach” for ordinary child rearing families and “high-risk approach” for families with social risk. In addition, the maternal child health section and the child welfare section collaborate or cooperate closely to construct the system.

In Japan, it is obliged to submit the notice of pregnancy in Article 15 of the Maternal and Child Health Act. In Article 16, it is stipulated that municipalities should issue a maternal and child health handbook to pregnant women. The issuance of the maternal and child health handbook is the starting point where pregnant women and infants become available to use maternal and child health services such as health checkups or health guidance. Therefore, the notice of pregnancy is considered to be a starting point in child care support system of municipalities. And as for the care after delivery, municipalities are improving the system to implement Community Child Care Support Centres, Visit to All Families with Infants and Home Visiting Childcare Support Services effectively, which is prescribed in Article 6 of the Child Welfare Act.

Implementation System of Home Visiting Services

The Home Visiting Services of Japan are composed of two types. The purpose, targets and average implementation rate of the municipalities across the nation (in 2012) are as follows.

Type A: Home Visit Services for All Families with Infants within four months after childbirth

1. Purpose: Through visiting all families with infants, it intends to prevent isolation of families and prepare an adequate environment for child care. Information about social resources about child care should be offered and anxieties and worries over child care should be listened to. Families in need of help should be provided with appropriate services.

2. Target and frequency: All families with infants within four months after childbirth receive a visit once.

3. Home Visitors: Public health nurses, midwives, nurses, childcare workers, members of maternal and child health care, chief commissioned child welfare volunteers and so on.

4. Average Implementation Rate: 94.1 %.

Type B: Home Visiting Child Care Support Services for families in need of help

1. Purpose: Providing the "families in need of help" grasped through Home Visit Services for All Families with Infants, Maternal and Child Welfare Project, and services provided by the relevant organs with continuous home visiting services and offering said families guidance and advice on child care to ensure them proper child care.

2. Target: Families in need of help:

1) Pregnancy Period: Young age pregnancies, pregnant women not receiving health checkups, unwanted pregnancies, and so on;
2) Within one year after childbirth: Mothers who have strong anxieties over child care or feel isolated due to parenting stress, depression after childbirth or neurosis of child care;
3) Child Care Period: Those who are in inadequate condition for child care or at risk for child abuse;
4) Risk Intervention: Families with infants who are removed from facility care or foster home care to home care support. Keeping an eye on families with an aid-requiring child.

3. Family Support Worker: Those who received training at municipalities, with qualifications such as a public health nurse, mid-wife, nurse and child care worker.

4. Average Implementation rate: 67.3 %.

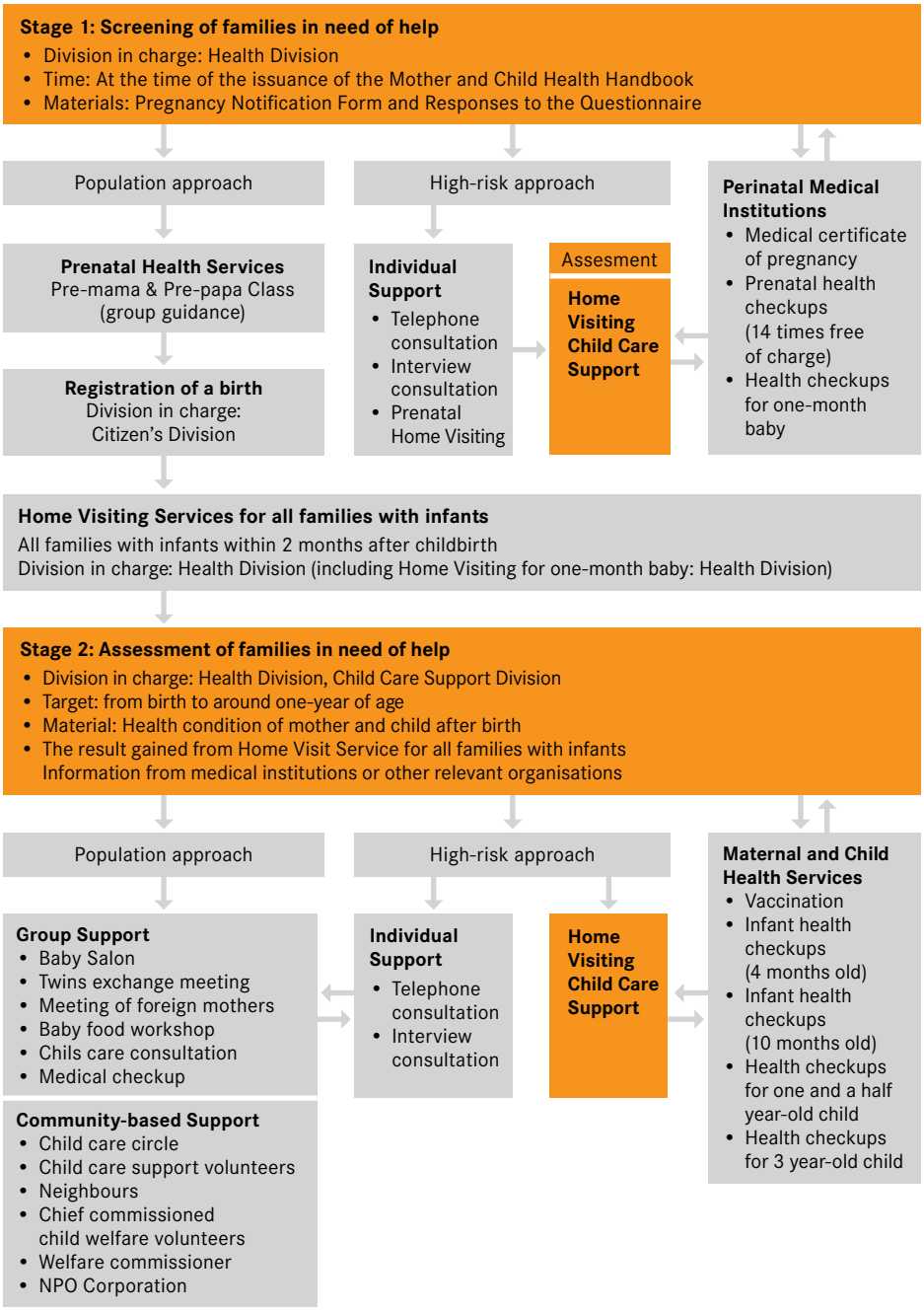

Figure 1. Implementation System of the Home Visiting Services of Tahara City

Implementation System of Home Visiting Services of Tahara City

Each municipality utilised two types of home visiting services effectively and established the system to support socially at-risk families from a pregnancy period. The following is the implementation system of the Home Visiting Service of Tahara City in Aichi Prefecture (see Figure 1).

Stage 1: Screening at the time of the Issuance of the Mother and Child Health Handbook

All municipalities in Japan issue the Mother and Child Health Handbook to mothers who submit a pregnancy notification form. In Tahara City, a public health nurse at the health division is in charge of the issuance of the handbook. She interviews all pregnant women individually. Based on the pregnancy notification form and the responses to a questionnaire, she screens for the need of future support and make a home visit reservation with high-risk pregnant women to obtain more detailed information.

Later, a public health nurse in charge of the residential area of the target family visits their home and performs an assessment of the need for continuous support. Home Visiting Child Care Support Services is also initiated during pregnancy period upon need. In some cases, families in need of Home Visiting Child Care Support are introduced to the health division by the medical institutions which perform the maternal and child health checkups.

Stage 2: After childbirth identification of families in need of support

After childbirth, in addition to the variation of risk factors during pregnancy, new needs for support may arise from child care fatigue after childbirth, anxieties over child care, a premature baby and illness or disability of the infant. For this reason, Tahara City initiates Home Visit Services for All Families with Infants within two months after birth and endeavours to identify families in need of support in the earliest stage as possible.

As for the families in need of support, a public health nurse in charge of the residential district visits them and performs the assessment of support needed. She makes a report on the support needed at the study meeting about the case of Home Visiting Child Care Support Services and designates a family support worker in charge of the target family.

At present, 23 part-time family workers have registered in Tahara City. Each of them is qualified either as a public health nurse, midwife, nurse, child care worker or a clinical psychologist, and has completed the training course conducted by the city. As they assume different expertise backgrounds, they are able to respond to various support needs. In addition, as target families often have various and serious problems, the number of cases for one family support worker is limited to less than 2–3 cases for a period of time so that her burden is lightened.

Outlook of Japanese Family (Ministry of Health, Labour and Welfare, Comprehensive Survey of Living Conditions 2014):

1) households with children were only 23 % of all households. Of these, households with one child were 46 %, with two children 41 % and with more than three 13 %;
2) 72 % of households with children consist of nuclear families. 18 % were three-generation-family households where grandparents live together, and 7 % single parented;
3) among the households with children, 66 % of mothers have jobs. More than half of the households have double-income. However, the percentage of regular employees (22 %) were less than that of non-regular employees (35 %);
4) looking at the relation between children's age and mother's occupation, more than half of the mothers with children under age three are without a job. We could explain that majority of them took the opportunity of childbirth to quit working and spent their time raising children at home.

Implementation System of Home Visiting Child Care Support Services of Tahara City

The Home Visiting Child Care Support Services of Tahara City are provided for free. The decision to provide the services is made at the case conference which is held an average of once a month and is composed of representatives of the health and the child care support divisions. Therefore, they make a comprehensive assessment of such factors as unmarried teenage mothers, poverty and isolation, mental illness of mothers, children with illness or disabilities and multiple pregnancies, and give priority to high risk families.

In Tahara City, a support plan for a target family is arranged for a course of three months. Visiting time of family support workers varies according to the contents of the support, but generally one to two hours. Frequency of visits is predominantly once a week.

The contents of the support include:

1) consultation service for maternal and child health;
2) support for housekeeping: a family support worker works with the family to prepare food, do laundry and cleaning;
3) child care support: the family support worker takes care of infants or gives them a bath together with the family. (Some municipalities do not provide the support service for housekeeping.)

Regarding the case management of the Home Visiting Child Care Support Services, the health division and the child care support division share the role. The health division is in charge of the casework for young age pregnancies, pregnant women not receiving

health checkups or unwanted pregnancies from their pregnancy period. Also, they are in charge of the casework for caretakers with depression after childbirth or neurosis of child care, child care fatigue and feeling of isolation. Meanwhile, the child care support division is in charge of the casework for families with a risk of maltreatment or child abuse, or families who once used a child's institution or foster care.

Evaluation of the Home Visiting Child Care Support Services is carried out three months later. In some cases, home visits terminate at this point. However, if upon evaluation it is decided to continue home visits, the support plan is reviewed and home visits continue for another three months. Evaluation is made in a team of the division in charge, either the health or the child care support division, accordingly. If the result of evaluation shows increase of risk factors such as child abuse, neglect or the DV (domestic violence), the case is linked to the working-level meeting of the Regional Council of Countermeasures for Children Requiring Aid. The working level meeting is established based on the Child Abuse Prevention Act as a local core organisation to address the issue of child abuse. It is composed of a public nurse of the child care division, a family and child counsellor, a social worker of a child consultation centre (worker in charge of the district) and a public health nurse of the health division.

Budget for the Home Visiting Services

The amount of the budget for fiscal year 2014 for the Home Visiting Services of the Government is shown below (Cabinet Office, 2014). Regarding the Home Visiting Services the government grants Subsidy for Child and Child Care Support to cities, towns and villages (municipalities), which are the organisations responsible for the services. One third of the required cost is subsidised by the government, another one third by prefectures (metropolis and districts), and another one third is borne by cities, towns and villages.

Below is provided an overview of the fiscal year 2014 Social Security budget of the government:

Total: Close to **50.00 bn.**

- **Enhancement of child and child care support** – 30.59 bn.
  Enhancement of education and child care, and local children and child care – 29.15 bn.
  Home visit to all families with infants (required cost – 630 mil., national expenditure – 210 mil.)
  Home visiting child care support service (required cost – 220 mil., national expenditure – 70 mil.)
  Enhancement of social child care – 800 mil.
  Reinforcement of financial support offered during childcare leave – 640 mil.
- **Enhancement of medical and nursing care** – 18.95 bn.
- **Pension reform** – 100 mil.

In addition, the New System of Child and Child Care was enforced in April, 2015 in Japan. Each municipality started to devise a project plan for improving the quantity and quality of the local children and child care support, and work on its implementation. The government allocated the budget of 484.4 billion yen for fiscal year 2015, based on a policy that the government applies the increased income of the consumption tax to enhancement and stabilization of social security. The amount largely exceeds the budget of 291 billion yen for fiscal year 2014. Of this, the budget for the Subsidy for Child and Child Care Support, including Home Visiting Services, has allocated 94 billion yen for the all 13 services (Cabinet Office, 2015). Accordingly, it seems that the implementation rate of the Home Visiting Services will rise more in the future. In addition, in the new system, the One-Stop Base (the Comprehensive Support Centre for Child Rearing Generation), to offer general consultation support for various needs from the pregnancy period to the child care period, is being prepared. In this centre, specialists such as public health nurses aim to understand the situation of local pregnant women and others continuously and cooperate with relevant organisations if needed. They also aim to implement seamless support until the child care period. It is expected that Home Visiting Services will be enriched through the development of these measures.

Just for references, the budget for fiscal year 2014 for the Home Visiting Services of Tahara City is shown below. Tahara City has a population of about 65,000.

Below is provided an overview of the fiscal year 2015 total budget of Tahara City:

FY 2015 Total Budget of Tahara City – 50.26 bn.
(General account – 30.4 bn. Special account – 17.89 bn.
Waterworks account – 1.97 bn.)
Public welfare in the general account. Total – 8.34 bn.
Maternal and child health service – 77.93 mil.
Home visit to all families with infants – 0.2 mil.
Home visiting child care support service – 2.16 mil.
Health division – 1.92 mil.
Child care support division – 0.24 mil.

Case description of Home Visiting Services

This chapter introduces cases of the home visiting services implemented in Tahara-city in Aichi Prefecture. (The joint writers are Yukiko Kimura, Naoko Hirota and Noriko Hayano from the Health Division of Tahara City.)

General Information of Five Cases. Tahara City implemented Home Visiting Services in 2010 to reduce mothers' child care anxiety and to prevent child abuse and neglect. The targets are pregnant women in need of help and families with infants. Below five cases are discussed chosen from 23, which were provided with the Home Visiting Services during pregnancy or soon after delivery. They were screened as pregnant women in need of help at the time of the pregnancy notification in 2011.

As for five cases, Tahara City conducted an interview survey between July and September, 2012 for evaluation of the Home Visiting Services. Cooperation for each survey was provided. Support services continued for one to two years in three of the five cases. The support process will be mentioned later. As for the two remaining cases, the aim of the support was almost accomplished within one course (three months) and then terminated.

CASE ANALYSIS

The mother is referred to as MOB, the father as FOB, the 1st child as BA1, the 2nd child as BA2, the grandparents on mother's side as Pgm, the grandmother as Mgm, the grandfather as Fgm, the great-grandparents as GPgm, the grandparents on father's side as Pgf, the grandmother as Mgf and the grandfather as Fgf.

Case No. 1 Support for the family in which anxiety of MOB is strong and abuse from FOB is a concern

The health division, the child care support division and school cooperated to give support for the family in which anxiety of MOB was strong and abuse from FOB was a concern.

1. Family structure: MOB (29 years old), FOB, BA1 (seven years old at the time of implementation), BA2 (1 month 2 days old). FOB has a full-time job. MOB does not have a job. She is a homemaker.
2. Visit frequency and duration (visit times): once per week, two years, 61 times in total.
3. Relevant items screened at the time of the pregnancy notification:
   1) she has no one to help her when she is in trouble;
   2) she has been prescribed medicine at the department of psychosomatic medicine and the psychiatric department;
   3) she has been in a state of depression for more than two weeks for the last year;
   4) her child care anxiety is strong.
4. Situation at the time of implementation of the Home Visiting Services:
   1) MOB suffered depression after the delivery of BA1, and has a history of attempted suicide. Before the delivery of BA2, she went to the psychiatric department and was taking psychotropic drugs. During pregnancy, MOB stopped taking them and received counselling treatment. After delivery, MOB even stopped receiving counselling;

2) MOB did not get on well with Pgf and Pgm who lived nearby. She had difficulty to find any help. In that situation, she had anxiety about raising two children;
3) the public health centre received correspondence form requesting support to her from the hospital where MOB had delivery. The reasons were that she had trouble with breast feeding with BA2, which caused her stress and BA2's weight gain during infancy was poor so that BA2 needed to be observed. Therefore, the Home Visiting Services were provided by a family support worker qualified as a public health nurse and a midwife;
4) it was identified after home visits that FOB treated BA1 inappropriately (suspected abuse). As MOB consulted with school about it, the person in charge of the child care division and the board of education came to deal with it.

5. Consequtive Process: Refer to the following Case A.
6. Affirmative voices of the user:
   1) in case of home visits, I didn't need to be reserved and could speak at an easy pace. As a family support worker visited me once a week, I could ask her what I wanted to know soon, which reduced my troubles. It was good that I could consult with her about breast-feeding and baby-food;
   2) as the family support worker understood how painful it was not to sleep well at night and how exhausted I was, I felt relieved;
   3) as I was told that crying at night would stop when time came, I tried hard to get over it;
   4) I became able to judge children's symptom and to think about the prevention of disease;
   5) I could do my housework or take time for rest without being disturbed my children;
   6) I could make myself refreshed and deal with them;
   7) I could use a child care support centre now.

Intervention Characteristics

Table 1. Summary of the Case

Supporter	Public health nurse, midwife
Support Period	2 years
Visit Frequency	Once a week
Family structure	Nuclear family
Ages of MOB and BA2 (at the time of implementation)	MOB: 29 years
	BA2: 33 days after birth

Situation at the Time of Implementation of the Home Visiting Services

At the beginning, there were no activities for FOB. After FOB's maltreatment for BA2 was revealed, the family support worker sometimes interviewed with FOB. She listened closely to him and supports him offering some advice.

MOB suffered depression after delivery of BA1 (the eldest daughter) and has a history of attempted suicide. MOB had been taking psychotropic drugs until pregnancy. During pregnancy MOB stopped taking them and received counselling. After delivery MOB even stopped receiving counselling. Her relationships with Pgm and Pgf were so bad that she could not ask for any help. As she had strong anxiety about raising BA2 and breast-feeding, the health division implemented home visiting services by a qualified public health nurse and a midwife.

Process

1. Beginning of Implementation (one month – one year old)

Content of Support. At the time of implementation of home visiting, MOB had strong anxiety about child care and suffered mastitis. MOB was supported mainly on breast feeding, baby food instruction and confirmation of the child physical growth and development. Furthermore, MOB was given advice about family relationships and maternal check-ups. FOB is a company employee.

Changes in Situation. As poor weight gain was seen in BA, it was necessary to confirm the progress of growth. MOB told the family support worker about her anxieties and worries, and

worked on child care with the support of the family support worker. MOB, however, suffered mastitis repeatedly, which imposed a heavy burden on her. Furthermore, while the family worker was consulted about family relationships, she found out that FOB treated BA1 inappropriately including abusive language and violence. MOB told the family support worker that MOB herself had never been praised and seemed to have troubles how to deal with BA1.

Cooperation with Other Organisations. At the time of delivery, a correspondence form was received from the maternity hospital as MOB had a history of psychiatric disease. MOB participated in monthly childcare consultation and received advice about breast-feeding from a midwife. Around this time abuse notification about violence of FOB reached the child care division from the elementary school where BA1 was attending. Then the family was identified as the family in need of help and the family support services were implemented in corporation with a school.

2. One-two years old (the period of the child (B2)'s age from one year old to two years old)

Content of Support. It was arranged that MOB could continue to consult with a school counsellor about BA1, and that MOB could reduce child care stress and enjoy child care. MOB was given advice about baby food, the way to deal with crying at night and breast care. Furthermore, it was arranged to promote the development of the child through play and to give MOB time for recess.

Changes in Situation. BA1 did not accept baby food, cried at night, grizzled in the evening and was afraid of strangers. MOB complained to the family support worker about anxiety. MOB always worried about mastitis, but could manage to wean BA2 from her without any big trouble under the instruction of the family support worker. Furthermore, MOB could attend almost all follow-up classes after 18-month old checkups. However, MOB came to complain about mental and physical disorder to the family support worker and was examined by various clinical departments. MOB went to see a psychiatrist and was prescribed antidepressant.

It was revealed that FOB treated BA2 violently. FOB was noticed to treat her violently or affectionately according to his feeling in the presence of the family support worker. FOB told us that he had been a problem child in his childhood and had been treated selfishly by Pgf.

Cooperation with Other Organisations. As this family was identified as the family in need of help, the health division cooperated with the child care division and the elementary school. Along with the delivery of the Home Visiting Services, the family was asked to participate in the follow-up classes so that the development of BA2 could be seen and MOB could be supported with her child care.

3. Two-three years old (the period of the child (B2)'s age from two year old to three years old)

Content of Support. MOB was supported to understand how to deal with BA1 and FOB, and continue to take consultation with school. Furthermore, listening to her anxiety, the family support worker planned to achieve mental and physical stability of mother and provide MOB with time for rest, while the family support worker was playing with BA2.

Changes in Situation. MOB looked exhausted from dealing with BA2's stubbornness, obssessiveness and fear of strangers. The disorder of a lifestyle was seen too. MOB was advised to attend a rehabilitation class after finishing follow-up classes. MOB participated in the class with BA2. MOB complained to the family support worker about the mental and physical disorder of her own and also about troubles in dealing with BA2 and treatment of FOB for BA2.

Gradually MOB came to rely on the family support worker. Though FOB still used abusive language and violence on children, FOB did not injure them seriously. FOB tried to cope with child care in his own way. As the family put reliance on the family support worker, they came to trust other support organisations. Accordingly, MOB and BA2 were able to attend a rehabilitation class and consequtive services without trouble. Though the problems such as MOB's instability and FOB's maltreatment continued, the Home Visiting Services were terminated as BA2 entered a day nursery.

Cooperation with Other Organisations. The staff of the rehabilitation class were requested to watch over BA2. The main division for the Home Visiting Support services changed from the health division to the child care support division, because this family was identified as the family in need of help. The child care division shared information with the health division and gave support for the family.

Case No. 2 Support for MOB who had no Child care cooperators and was exhausted child care

1. Family structure: MOB (32 years old), FOB, BA1 (two years eight months at the time of implementation), BA2 (five months after birth at the time of implementation).
2. Frequency of visit, duration (visit times): once in two weeks, one year (31 times in total)
3. Relevant items screened at the time of the pregnancy notification:
   1) MOB does not have any cooperators when in trouble;
   2) child care anxiety, child care burden, child care fatigue.
4. Situation at the time of implementation of the Home Visiting Services: When Home Visiting Services for all families with infants were delivered at the time of BA2's birth, MOB looked struggling with her children. BA2 continued to cry at night and BA1 was an awkward child with unbalanced devel-opment. FOB could hardly cooperate in child care on weekdays because he had to work in night and day shifts and do a lot of overwork. Furthermore, though her parents lived in the same city, it was difficult to ask them for help because of unavoidable circumstances. MOB was remarkably exhausted with child care. Under these circumstances, MOB could not take care of BA2 calmly. As a result, BA2 was poor in weight gain and unable to hold its head up at the four-month-old health checkups. BA2 was identified as a child in need of observation. Therefore, the plan was devised to promote the development of children and to establish the system in which MOB was able to consult about the way to deal with BA2. Furthermore, the Home Visiting Services by a public health nurse were implemented, for the purpose of making time for rest of mother.
5. Consequtive process: Refer to the following Case B.
6. Affirmative voices of the user:
   1) I could consult with the family support worker about the matters which were difficult to ask others;
   2) I felt settled as the family support worker took care of BA1 and BA2. They were looking forward to seeing her;
   3) I often got irritated by child care. However, after I was able to take time for rest;
   4) I could deal with BA1 and BA2 without being upset;

5) I felt easy when I thought that a family support worker would come the next day;
6) I became able to watch BA1's development objectively through attending the rehabilitation class introduced by the family support worker. I came to think, "Child care is enjoyable. I like children very much";
7) FOB appreciated for MOB's child care becoming easier and came to rely on the family support worker.

Intervention Characteristics

Table 2. Summary of the case

Supporter	Public health nurse
Support period	1 year
Frequency	Once in 2 weeks
Family structure	Nuclear family
Ages of MOB and children (at the time of implementation)	MOB: 32
	BA1: 2 years, 8 months BA2: 5 months

Situation at the Time of Implementation of the Home Visiting Services

Home Visiting Services were delivered at the time of BA2's birth, when MOB looked struggling with her children. BA2 continued to cry at night and BA1 was an awkward child with unbalanced development. As MOB lived in the environment where she had difficulty to ask Pgm for help and FOB had much overtime work. MOB could not ask for any help, particularly, on weekdays, which made her exhausted with child care. Under these circumstances, MOB could not take care of BA2 calmly. As a result, BA2 was poor in weight gain and unable to hold its head up at the four-month-old health checkups. BA2 was identified as a child in need of observation. Therefore, the Home Visiting Services by a public health nurse were implemented to promote the development of children, to establish the system in which MOB was able to consult about the way to deal with BA2, and to make time for rest of mother.

Process

Beginning of Implementation

Content of Support. To begin with, the family support worker took care of two children so that MOB could have time for rest. Sometimes MOB was asked to tidy up the room for prevention of accident. Furthermore, MOB talked with the family support worker and got advice about BA1's problem behaviour to link to rehabilitation.

Changes in Situation. BA1 hardly took a nap and woke up several times during the night. Triggered by that, BA2 woke up. It happened continuously. They did not sleep well, which caused them chronical lack of sleep. BA1 always moved around the room. It was difficult to change BA1's way of thinking and stubborness. As a result, the living room was untidy and left-over food was left on the dining table. It was caused by BA1's behaviour. If MOB tried to put it away, BA1 got angry. After all, MOB could not put it away. Furthermore, BA1 would spit when she came across something she did not like. MOB had hard time to deal with BA1. When lack of sleep continued, the family support worker visited them once a week in order to give MOB time for rest. This helped MOB to take care of two children calmly. BA2 came to increase weight and developed satisfactory. In the beginning, MOB was reserved with the family support worker. After several months, MOB strated looking forward to home visits and said to the family support worker, "If I make an effort for a few more days, you will take care of two children" and "I tried to think that you will come tomorrow, so I can be with them today and feel relieved". However, BA1's problem behaviour had not improved and MOB was swayed by her. MOB was advised to take a chance to learn about the way to deal with children at a rehabilitation class, to which MOB was able to attend timely. As MOB met the staff and other mothers who had similar troubles, MOB became more settled mentally. MOB could deal with BA1 calmly. When BA1 entered a day nursery, the burden of child care was lightened during the daytime. Then the Home Visiting Support Services were terminated.

Cooperation with Other Organisations. The situation of MOB and BA1 was reported to the staff of the rehabilitation class and was taken into careful consideration. Furthermore, the director of the day nursery was informed of the situation and was requested support to BA1 after entering the day nursery.

Case No. 3 Support for MOB with twins, who suffered from the relationships with her adoptive parents

1. Family structure: MOB (33 years old), FOB, twins (18 days after birth), extended family.
2. Visit frequency, duration (visit times): once per week, one year (43 times in total).
3. Relevant items screened at the time of the pregnancy notification: twins (multiple birth), fertility treatment (artificial insemination), child care anxiety.
4. Situation at the time of implementation of the Home Visiting Services: During pregnancy, a public health nurse delivered a home visit as MOB was identified as a high-risk pregnant woman. 11 days after delivery, MOB called the health division directly saying that she had difficulty with suckling (breast feeding) and worried if her twins' weight was increasing. At the same time a correspondence form was received from the City Hospital. On the 18th day after birth a public nurse in charge of the district and a midwife visited MOB as a high-risk woman in childbirth (home visit as part of maternal and child health service).
   MOB was adopted (adopted in her teens, because her uncle's family has no children) into her uncle's family and her husband became their adopted son. There is a tradition in Japan that the family who does not have a child often adopts a child from a relative or an acquaintance like MOB's uncle. The adopted child takes responsibility to take care of adoptive parents when they get old as well as obtains a legal right to inherit the fortune of the uncle family. So the family relationships were complicated, which caused stress on MOB. Both her parents with whom MOB was staying after delivery and the adoptive family were busy with their family business. Under these circumstances, it was difficult for MOB to ask for any help. Because of her heavy burden of taking care of twins and strong anxiety about breastfeeding, it was necessary to support MOB. The midwife and the qualified public health nurse delivered the Home Visiting Services from the 18th day after birth.
5. Consequtive process: Refer to the following case C.
6. Affirmative voices of the user:
   1) I felt lonely when I was struggling with twins by myself;
   2) I could talk to the family support worker about every-thing;
   3) I wonder what would have happened then, if the family worker hadn't come;

4) I felt refreshed after I told the family support worker what I was troubled with or that I suffered from the family relationships;
5) even though I had difficulties, I could do my best because I could think that the family support worker would come in another three days;
6) I could consult about what I was worried about, such as the development and child care of BAs, which made me relieved;
7) I could judge and deal with the disease of twins by myself;
8) I appreciated FOB's cooperation, but on the other hand I was dissatisfied. However, we had more opportunities to talk about twins;
9) when child care was difficult, I came to be able to ask Mgf and my family for cooperation.

Intervention Characteristics

Table 3. Summary of the Case

Supporter	Midwife, public health nurse
Support Period	1 year
Frequency	Once per week
Family makeup	Compound family
Ages of mother and child (at the time of implementation)	MOB: 3
	Twins: 18 days after birth

Situation at the Time of Implementation of the Home Visiting Services

During pregnancy, a public health nurse delivered home visit as MOB was identified as a high-risk pregnant woman. 11 days after delivery, MOB called a public health division directly, saying that she had difficulty with suckling and worried if her twins' weight was increasing. At the same time a correspondence form was received from the City Hospital. On the 18th day of birth a public nurse in charge of the district and a midwife visited MOB as a high-risk woman in childbirth.

MOB was adopted into her uncle's family and FOB became their adopted son. So the family relationships were complicated,

which imposed stress on MOB. Both her parents with whom MOB was staying after delivery and the adoptive family were busy with their family business. Under these circumstances, it was difficult for MOB to ask for any help. Because of her heavy burden of taking care of twins and strong anxiety about breast-feeding, it was necessary to support MOB. The midwife and the qualified public health nurse delivered the Home Visiting Support Services from the 18th day after birth.

Process

1. Begining of Implementation (zero–one year old)

Content of Support. As MOB stayed at her parents' until one month after delivery, home visits were delivered there. At first, breast-feeding did not go well. Because of feeding at night, insufficient sleep, strong back pain and fatigue, a family support worker (a midwife) supported her about breast care and breast-feeding method intensively. Furthermore, another family support worker (a public health nurse) visited her once a week, measured the weight of twins, confirmed development and supported on breast-feeding, changing diapers and lulling them to sleep. The family support worker also listened to anxiety of MOB.

Changes in Situation. MOB was blessed with the twins after nine months infertility treatment. Expectations for twins were very high. MOB was a stout-hearted woman, but living with twins after delivery was difficult, and she could not have her own way in everything. MOB could not adjust to the gap and became mentally confused. However, after MOB dealt with two family support workers, she could reveal her weakness. She was able to reduce her anxiety about breast-feeding by the support of the family support worker (a midwife.) Her anxiety about living together with the adoptive parents was alleviated as her anxiety was listened to and supported. MOB regained mental presence of mind by receiving the Home Visiting Support Services and was able to prepare for life with adoptive Pgm.

Cooperation with Other Organisations. The correspondence form requesting home visits to MOB reached from the City Hospital because of the child care burden of twins. Results of home visits and implementation of the Home Visiting Support Services were reported to the City Hospital.

2. Infancy (two months–one year old)

Support Content. As MOB returned home from her parents, the family support worker (the public health nurse) continued to deliver the Home Visiting Support Services to reduce the burden of child care at home and adjust family relationships. Until six months old, the family support worker visited once a week and after that – once a week or two weeks. MOB and the family support worker together changed diapers, breast-fed, played and lulled BAs into sleep. In the meantime, MOB did housework or prepared baby food. In the latter half of infancy, going out support to twin meetings or a library was provided.

Changes in Situation. At home life started, in which MOB had to care about FOB, her adoptive Pgm and her GMgm. Bad relationships with them and her stout-hearted character hindered her from asking for help. MOB increased fatigue from dissatisfaction and child care burden. However, she said to herself, "The family support worker will come in three days. I will have her listen to my story of this week". She could calm down her feeling by talking to the family support worker (the public health nurse) and a relationship of trust became strong. In the beginning, FOB was reluctant to ask for child care support from an unrelated person. However, he came to understand, it was a necessary support for MOB. FOB expressed his appreciation and asked for its continuation.

According to reconsideration of the plan, an interview, which included the public health nurse in charge of the district and the family, was held in natural settings whenever necessary. Cooperation of the family was demanded. MOB came to realise that it was impossible to raise twins without cooperation of the family. MOB could ask them for help for housework and part of child care little by little.

As the interview was held in the beginning of the fourth course, MOB herself was able to look back at the nine months and observe herself objectively. This led her to think about the future. Using child care counselling and childcare support classes, MOB spent these months as a preparation period to graduate child care support services

Twins became One Year Old. The situation had not improved greatly, in which cooperation from her family was hard to be provided. However, MOB could construct relationship of mutual trust with the family support worker and could regain her inborn strength enough to be able to take care of twins with confidence. Judging from this, the Home Visiting Support Services were terminated.

Cooperation with Other Organisations. The staff in "the child care support class" was asked for cooperation and say something to mothers with twins, as well as MOB, every time they visited the class.

Case No. 4 Support for MOB who showed strong anxiety about BA's child care

1. Family structure: MOB (28 years old), FOB, BA (one month 29 days), extended family.
2. Visit frequency, duration (visit times): once per week, three months (12 times in total).
3. Relevant items screened at the time of the pregnancy notification: child care anxiety is strong.
4. Situation at the time of implementation of the Home Visiting Services: A correspondence form requesting support reached the health centre from the hospital where MOB had given birth. A public health nurse provided a visit to all families with infants as a part of maternal and child health services.
   MOB thought of a child adorable because she was blessed with the child finally in the third year of marriage. However, basic knowledge of child care was poor and the way of thinking was inflexible and non-optimistic. MOB was confused at a trivial matter and did not know how to deal with it. For example, MOB called FOB working in the field many times when BA regurgitated milk. FOB could not understand MOB's anxiety. MOB was not a sociable type and could not ask for cooperation with Pgf. MOB complained that she had no one to consult with at her side.
5. Consequtive Process: After the first visit, a family support worker qualified as a public nurse started to provide Home Visiting Support Services once per week. The contents of support were providing information about health care, such as physical measurements and vaccination and giving guidance about basic care, such as breast feeding, defecation, sleep, how to cradle and play with a baby. At the same time, the worries of MOB were listened to carefully. As a result, MOB became used to child care for the first time in three months and came to be able to participate in a baby food class, a baby salon and child care consultation held in the health centre. Thus, home visits were terminated, since cooperation of FOB and Pgf who lived together was provided.

6. Affirmative voices of the user:
   1) I was worried if I was able to bring up one precious life properly;
   2) every week the weight of BA was measured. When I found out that it was increasing, I felt relieved;
   3) even if I had worries, I thought that I could ask about them at the next visit. Then I was calm down;
   4) recently, I came to play with a child;
   5) when I felt lonely, I went to the field to see my family by car and stay there having a snack.

Case No. 5 Support for teenage unmarried MOB

1. Family structure: mother (19 years old), BA (one month and 11 days at the time of implementation of services), extended family (great-grandparents).
2. Visit frequency, duration (visit times): once per two weeks, three months (six times in total).
3. Relevant items screened at the time of the pregnancy notification: unmarried / age of MOB (younger than 19 years old).
4. Situation at the time of implementation of the Home Visiting Services: MOB gave birth in the situation that FOB was during divorce mediation and could not register a marriage. MOB was a junior college student. It was her first delivery and the knowledge of child care was insufficient. It was difficult for her to handle both studies and child care. Pgm got divorced and MOB lived with GPgm. If MOB's physical condition was restored, she left BA with GPgm and was to continue studies. However, they were in their 70's and their legs weakened. It was necessary to consider that their burden would not become heavy.
5. Consequtive process: Because of the unexpected pregnancy and insufficient knowledge of child care, a family support worker qualified as a public health nurse provided the Home Visiting Support Services once in two weeks for the duration of three months starting from one month after delivery.
   After delivery, MOB looked happy to have a baby and loved BA aggressively. MOB could do basic care, such as breast feeding and changing diapers properly. BA's physical growth and development was good. Furthermore, GPgm were happy to have a baby and cooperative in child care. MOB could return to school soon and handle both studies and child

care well. Considering GPgm's health condition, it would become necessary to let BA enter a day nursery in the future. The current situation of child care was settled, the Home Visiting Services were terminated for the time being.

6. Affirmative voice of the user:
   1) the Home Visiting Support Services were helpful for GPgm who took care of BA while I was away;
   2) the family support worker measured the weight of BA, and I felt relieved to find out the increase of BA's weight;
   3) I could ask what I wanted to know because I prepared memos for the next visit;
   4) as I am young and have little experience of life, I felt relieved to have the family support worker listen to my story;
   5) I could go to child care consultation of the health centre by myself.

Fundamental Policy (in Practice) of Home Visiting Services

Methodology of social work in Japan has changed over the time. In the recent tendency, the method has changed from the medical model which focuses on personal problems, to the life model which considers problems occurring in interaction between the individual and his / her environment, and develops support focusing on the resulting problems (Akiyama K, 2002). In the practice of Home Visiting Services, the life method is adopted as a basis and some other approaches are utilised as well.

The following are fundamental principles in the practice of Home Visiting Services:

1) to respect the independence of parents and a family and deliver family-centered support;
2) to prevent child abuse, neglect or maltreatment before it happens, improve child care skills of a family and support for the healthy growth and development of children (primary prevention);
3) targets are all families with infants in a district; however, the family in high need of help should be provided with continuous Home Visiting Services (Home Visiting Support Services);
4) to consider that problems of child care occur in interaction between a family and parents and their environment, and develop support focusing on the resulting problems (life model);
5) to make use of outcomes gained through measures against child care problems of the family and establish a local child care support system;
6) to make use of wisdom or competence of parents and a family cultivated through their life experience as their strength (Strength-Based Approach);

7) to develop Home Visiting Services through a coherent support process from a support plan to evaluation;
8) to cope with the problems systematically, and utilise various local social resources, in the real practice of Home Visiting Services, health, welfare and also medical section cooperate together.

Methodological Materials of Home Visiting Services

Each municipality in Japan establishes a system to support families with social risk from a pregnancy period. Further, explanation about the process of Home Visiting Services in line with the implementing system (Figure 1) of Home Visiting Services in Tahara City in Aichi Prefecture will be provided.

Screening items for the need of support (one point for each item and two points for the item with a black circle):

1. Unmarried, separation, divorce, second marriage, separation by death
2. Mother's age (24 and under),
   ● Mother's age (19 and under)
3. Mother in financial difficulties (including unemployed father)
4. No one to consult with in times of trouble (including no helpers after delivery)
5. Mother stopped smoking after pregnancy
   ● Mother has not stopped smoking after pregnancy
6. Mother stopped drinking after pregnancy
   ● Mother has not stopped drinking after pregnancy
7. Mother has had abortion more than twice
8. Mother has a history of mental disease (depression, etc.) or is under treatment
9. Mother was perplexed by the fact of pregnancy (unhappy)
10. Mother has trouble with marital relationship (domestic violence, etc.)
11. ● Mother has been in a state of depression for more than two weeks over the last year (insomnia, anorexia, irritation, easy to be filled with tears, no motivation, mental disorder, etc.)
12. ● Submission of notification of pregnancy 20th week of pregnancy
13. The others (step family, strong anxiety about child care, mother who cannot understand Japanese (foreigner), multiple birth)

1. Intake / Engagement of Home Visiting Services

Screening at the Time of Issuance of Maternal and Child Health Handbook. All municipalities in Japan issue Maternal and Child Health Handbook to mothers who submit the notice of pregnancy and provide them with a total of 14 times of health checkups free of charge. In the guidelines for Home Visiting Services, Ministry of Health, Labour and Welfare expresses necessity of further consideration on the delivery of Home Visiting Services to people who meet the following items, from the pregnancy period.

Expectant mother with special needs – younger age, financial problems, pregnancy struggle, multiple pregnancies, disorder of mental and physical condition of pregnant women, delayed notice of pregnancy in the late stage, unissued Maternal and Child Health Handbook, non-consultation of pregnant woman medical checkups, etc.

Furthermore, Aichi Prefecture indicates the screening index of 13 items to identify families in need of support and encourage each municipality to carry out screening at the time of the notice of pregnancy. The screening indexes were formulated by Takeo Fujiwara (Fujiwara T. et al., 2013) based on the results of the survey which was carried out for 9,709 mothers who received 3–4 month child health checkups (see Figure 1). The survey was conducted in cooperation with 47 municipalities from 57 municipalities in Aichi Prefecture.

Tahara City, utilising these indexes, screens families in need of support. Public health nurses interview all pregnant women individually at the time of issuance of Maternal and Child Health Handbook. Figure 1 includes original indexes added by Tahara City to the ones indicated by Aichi Prefecture.

Items with a black circle rate as two points and others rate as a point, and a total point is calculated. A group with two points or more is classified as a high-risk group and the one with six points or more is classified as a super high-risk group.

In Tahara city, a total of 566 women were screened in 2012. A low-risk group (0–1 point) accounted to 74.9 %, a high-risk group (2–5 points) – 23.5 % and a super high-risk group (6 points or more) – 1.6 %.

As for families in high-risk group or super high-risk group, a district charge public health nurse listens to the needs of such families at interviews and then reports results to the case review meeting. As for families in need of Home Visiting Services from the pregnancy period, a public health nurse makes contact with them at a later date and obtains consent from them (intake / engagement during pregnancy period). As for other families, she supports them through a pregnant woman health checkups, a preparatory class for expectant mother or phone counselling.

Implementation of Home Visiting Support Services after Delivery. After delivery, new needs for support may arise in addition to the change of a risk factor of a pregnancy period. For that reason, most municipalities visit all families with infants up to four months old after delivery (visit to all families with infants). In Tahara City, these services are provided not later than two months after delivery.

A family support worker reports information about the family in need of support to a district charge public health nurse. The public health nurse visits the family again, performs assessment of the needs for support of the family, explains about the Visit to all Families with Infants and obtains consent from the family (intake / engagement after delivery). In addition, she reports results to the case review meeting, where a family support worker is appointed and a support programme is designed.

2. Assessment

There is a number of assessment tools to make a support plan of Home Visiting Services. Each municipality uses a few of them.

One of these is the index written up in the Guidelines for the Implementation of "Home Visiting Child Care Support Services" published by the Ministry of Health, Labour and Welfare.

Furthermore, prenatal mental health, Edinburgh Postnatal Depression Scale (EPDS) developed by Cox J. L. et al. (1994) and translated into Japanese by Sadaharu Okano et al. (Cox J. L. et al., 2003, transl. Okano S., 2006), is applied in maternity hospitals and local maternity and child health services. "Healthy Parents and Children 21st century, First Phase" (2001–2014), the national campaign promoted by Ministry of Health, Labour and Welfare, set the goals, one of which is to decrease in prevalence of Maternity blues. It achieved successful results by applying EPDS. For that reason, many municipalities refer to results of EPDS when they draw up support plans.

Index to assess the need of support (illustration of the item):

1) **basic information:** children's age, family makeup, involved organisation and process of involvement, contents of a report about visit to all families with infants;
2) **circumstances of children:** circumstances of birth (premature, low-birth-weight), health condition (undergrown / retard development), circumstances of infants health checkup consultation, circumstances of daily care / basic living habit, emotional stability, relationship with a guardian (history of separation, contact rate), having problem behaviour or not;
3) **circumstances of a guardian:** life history, relationship with her parents and relatives, process of pregnancy / condition of delivery, health condition of a guardian, in a state of depression or not, personal tendency, housekeeping and childcare skills, feelings toward children / attitude, problem recognition / ability to deal with problems, presence of the person to consult;
4) **child care environment:** marital relationship, family makeup / relationship, state of finance / economic base / labour condition, residential environment, change of the place of residence, relationship with the community, utilisation of social resources.

Tahara City applies Parent Survey (Great Kids Inc., 2006), assessment tool for preventing child abuse, in addition to the tool mentioned above. Parent Survey is a revised form of Family Stress Checklist devised by American Dr. Kemp et al. (1976), the expression of which was revised to be suitable for the Strength Approach. Great Kids Inc. holds a copyright.

It is implemented in an interviewing style about the following ten items. Family support workers need to receive training and learn the Guide to Gathering Parent Survey information and Rating Scale of Parent Survey.

In Japan, Child Abuse Prevention Network Aichi (NPO, CAPNA) invited instructors of Healthy Families America (HFA)* between 2009 and 2010, which provides Family Home Visiting for the purpose of prevention of child abuse, and held a seminar to learn its programme. Furthermore, CAPNA invited Betsy Dew, deviser of Parent Survey in 2009, and held training of Parent Survey and its implementation method. In Tahara City, public health nurses and family support workers who attended these seminars carry out Parent Survey when needed.

Ten items of Parent Survey:

1) parent's child hood experiences;
2) lifestyle behaviours and mental health;
3) parenting experience;
4) coping skill and support system;
5) current stresses;
6) anger management skills;
7) expectations of infant's developmental milestones and behaviour;
8) plans for discipline;
9) perception of new infant;
10) bonding and attachment.

The rating scale of Parent Survey rates risk levels of the possibility of abuse as zero, five, or ten points. When the survey is unheard or unable to judge, it is assumed unknown (Murphy, Orkow, Nicola, 1985). And, based on the rating scale, the total mark of ten items with 40 points or more is classified as a high-risk group, which is reported to the review meeting dealing with the case of child abuse and maltreatment. As for families with more serious child care problems, case workers of the child care support division and the troubled child consultation centre become persons in charge and provide support with them. Home Visiting Services are essentially aimed for primary prevention, so the target families are with a total point of 20 to less than 40 points.

* HFA is a nationally recognised evidence-based home visiting model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. The HFA model, developed in 1992 by Prevent Child Abuse America, is based upon 12 Critical Elements derived from more than 30 years of research. HFA http://www.healthyfamiliesamerica.org

Furthermore, Parent Survey emphasises not only finding challenges of child care of the family, but also grasping strength. When family support worker finishes investigation, she informs a family of their strength which she has realised through investigation. Particularly, it has a good influence to tell affirmative aspects to parents, such as an impressive story before a child was born, honest feeling of parents toward a baby and their attitude toward child care, on building a relationship of mutual trust.

3. Planning

Generally, a family support worker talks with a family and draws up the plan of Home Visiting Services together. The following are the main points in doing so:

1) to classify challenges and strength in child care of a family, which are confirmed through assessment, and set a long-term, a mid-term and a short-term aim;
2) to set the aim for the support for children and for guardians (mother, father) respectively;
3) to set a short-term aim which is easy for a family to cope with, the content of which must be feasible and concrete;
4) to make a concrete action plan, such as "Who does it?", "When?", "What?", and "How it is done?" in order to achieve the aim; to make clear that it is an effort by partnership, so the issue requiring efforts on the part of a family and the issue on the part of a family support worker must be written down clearly;
5) when the needs of the family change or the present aim is achieved, reassessment is performed and a plan is changed when needed.

With reference to Tahara City, the main contents of the support plan are:

1) classification of the results of assessment: needs, challenge and strength;
2) short-term aim: the aim for one course (three months);
3) support contents for children and guardians: "Who does it?", "What?", "When is it done?" (duration and frequency); in addition, boxes for outcomes of "implementation" and "situation after implementation" are prepared and evaluation is written down;
4) collaboration with related organisations.

4. Implementation

As for support in reality, it is implemented based on a support plan, so a content varies according to the needs and problems. In general, many municipalities implement the following contents:

1) child care support: breast feeding, bathing, baby food, care for a baby, vaccination, health care, prevention of accident, introduction of social resources, etc.;
2) support for development of children: plays which promote attachment between parents and children through communion, introduction of play which promote development of children, provision of information about development of children, etc.;

3) support for parents: consultation about the issue of healthcare and mental health before and after childbirth, child care and living problems, etc.;
4) support for housekeeping: washing, cleaning indoors, shopping, and preparing meals (perform together with a parent).

Some municipalities do not implement these services. In some cases, they may dispatch a house keeper.

Home Visiting Support Services utilise various instructional materials about maternal and child health and child care support which have been accumulated so far. The following are examples:

1) DVD: The period of PURPLE crying; Japanese Version, National Centre on Shaken Baby Syndrome, http://www.dontshake.org;
2) DVD: Baby never stop crying; for understanding and coping to crying, Ministry of Health, Labour and Welfare;
3) DVD: Nurture the heart of a baby; communion between a parent and a child, (Aichi Prefecture);
4) Leaflet: Home Safety 100 – Checklist, Tetsuro TANAKA, National Institute of Public Health;
5) http://www/niph.go.jp/spsjolo/shogai/jokoboshi/public/pdf/hyo1-4.pdf;
6) Leaflet: Enjoyable play for parent and child according to the development of infants, "Baby and Child care info", Public Interest Foundation, Maternal and Health Society;
7) http://www/mcfh.or.jp/jouhou/sodachi/index/html;
8) Web site: 'Project to protect a child from an accident, Consumer Affairs Agency;
9) www.caa.go.jp/kodomo/links/index/php.

In Tahara City, the health division takes responsibility of management of Home Visiting Services for expectant mothers with special needs, guardians who suffer depression after childbirth or anxieties over child care and an isolated family. The health division actively utilises knowledge and technique accumulated by infant health checkups, and maternal and child health activities. Furthermore, family support workers are qualified for midwife, public health nurse and child care worker, so that the division makes an arrangement to allocate a person with specialisation which adapts to the needs of a family, to a position in charge of a family.

Tahara City set up the duration of Home Visiting Services 3 months for one course. However, other municipalities set up four or six months for one course. As infants grow rapidly, needs of a family change accordingly. Therefore, it is significant to do evaluation, monitoring and reassessment after a certain period of time.

It is an ideal to terminate services by consent of a family. However, many municipalities set up the duration for services. They work hard to implement as much as possible within a limited period and connect it with the next service and a supporter. In current Japan, each municipality implements maternal and child health service and child care support programme. For example, in Tahara City the health division provides preparatory classes for expectant fathers and mothers, infant health checkups, follow-up class after health checkups, baby salon, consultation about development, twins exchange meeting

and meeting of foreign mothers. The child care support division controls the child care centre and the child play centre which are available for parents and children any time free of charge. They can play and exchange there. Local day care centres for children open their garden or carry out temporary child care service (temporary day care). In addition, there are voluntary groups of parent and child during child care, and groups of citizen volunteers. Therefore, family support workers introduce these varieties of social resources to a family and connect them with any of these services and supporters. In addition, they follow the situation of a family later on through cooperation with these social resources.

5. Supervision

A family support worker is often confronted with pressing problems, so that she often gets exhausted mentally and physically. Moreover, as she usually works alone, she often feels loneliness. Roles of supervision include supporting those easy to have stress, encouraging them, and restoring morale; reviewing the process of home visits, confirming a course of action according to the aim of the family, and giving the objective and professional advice. If supervision meets the needs of a family support worker, it is clear that it will lead to ensure and improve the quality of Home Visiting Services.

In many municipalities, case conferences are regularly opened and provide supervision of a group. Because of the lack of man power, there are extremely few municipalities which provide supervision of each individual.

In case of Tahara City, in addition to case conferences, they have a system in which a district charge public health nurse is consulted by a family support worker individually. As for the case conference, they invite a specialist from inside and outside as an advisor, and hold a study meeting about one or two cases that a family support worker is in charge of. Family support workers choose and report the case in turns of which they want to have the advice of others and specialists. Participants are those who are involved in Home Visiting Support Services, such as public health nurses of the health division, midwives, child welfare officers of the child care support division, other than family support workers. Each meeting lasts for approximately two hours. Mostly the meeting is held two or three times a year. A district charge public health nurse is in charge of the case management and making a team with a family support worker and support the family. Some municipalities employ a part-time supervisor and cope with the problem of family support workers individually. In any case, it is required to pay consideration so that a family support worker does not take on stress and difficulties herself.

6. Evaluation

Evaluation means to confirm whether implementation based on the plan was carried out effectively, and investigate and analyse to what extent the support aim was accomplished together with parents and the family. It helps a family support worker and a support team to review the implementation.

Sometimes evaluation is performed at a stage in the middle of support process and another time at the terminating stage of support. Performing evaluation in the middle of

support process, in a certain period of time, helps to confirm the effort and the change of a family, which makes it possible to set up a new short-term aim and advance support step-by-step. Development of a baby is so rapid that the problems parents encounter change with it. It is necessary to cope with the needs of a child and a parent carefully. The duration of implementation differs according to municipalities, from three months, four months, six months to one year or longer.

In evaluation at the terminating stage, a family and a family support worker review the process in which they spend time together, and confirm the situation of achievement of the aim, knowledge and skills gained by the family and change in consciousness. From this time on, the family support worker and the family talk about the task and utilisation of social resources, and connect them to an appropriate facility or organisation, if needed.

7. Termination and Follow-up

When Home Visiting Services are terminated, the above-mentioned evaluation is performed and supportive relationship (between the family support worker and the family) is to be finished as well. It is important to give consideration to remove feeling of loss and uneasiness. Termination of Home Visiting Services does not mean the end of social support. It means a smooth shift from the individual approach to the population approach for all child care families.

A family support worker tells a family of consultation service by phone or visit, various programmes held at the health centre and the child support centre, which are available for the family. In some cases, a family support worker accompanies the family into a parent-child gathering place in community and ensures that they can utilise social resources.

In addition, follow-up is performed to grasp the situation of a child and the family. As for the method, telephone and individual interview are generally used. Infant medical checkups and vaccination are provided in infancy. At those opportunities, many municipalities conduct hearing investigation by a district charge public health nurse and a family support worker. When families do not receive infant health checkups or similar services, and their following progress is concerned, a family home worker visits them and tries to grasp the circumstances. In addition, about the family who is entrusted to the staff of the child care support centre or the child play centre with support, their staff report the consequtive progress to a family support worker. Many municipalities hold liaison meetings of social resources about child care support regularly. As for a family who needs careful support, the network is utilised.

The article has explained the outline of the contents of Home Visiting Services. Approximately seven years have passed since Home Visiting Services were included in the Child Welfare Act, in 2008. However, to date about one third of municipalities have yet to implement these services. In addition, it is difficult to say whether municipalities presently carry them out, have sufficient experience and have established the methodology. Home Visiting Services have just started in Japan. The hope remains for accumulation of practical experience and establishment of methodology which is suited to the needs of the community in the future.

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Ways of Being and Living: Social Protection for Families at Risk in Kosovo

Introduction

Social protection has constituted an important part of post-war reconstruction and state-building project in Kosovo. The concept of social protection used here is defined as "public actions taken in response to levels of vulnerability, risk, and deprivation which are deemed socially unacceptable within a given policy or society" (Barrientos and Hulme, 2008, *3*). This article examines the sphere of social policy, welfare and social services in relation to families at risk. Analysis presented here is three fold. First, it provides a brief history of social work practice, education, and social work definition as deployed in the legal sphere and praxis. Second, it describes the social care system: policies, institutions, and services available to families at risk. Finally, it discusses approaches of social work and effects of social protection on families at risk.

Social Work in Kosovo: History of the Present Time

Social work education in Kosovo began in the socialist Yugoslavia in the 1950's and 1960. The first generation of Kosovars studied social work in centres such as Zagreb and Belgrade until 1991 with the breakup of Yugoslavia. Traditionally, social workers in Kosovo constituted a rather small number of professionals with degrees in social work education, but a majority of social workers obtained degrees in law or social sciences such as psychology, sociology and paedagogy, who entered the field of social work during state socialism. Indeed, the practice that has continued to date. It was only in 2012 that the first study programme on social work at a BA level was introduced at the public University of Prishtina. The BA programme in social work is built on a nexus of theoretical and practical approaches to studies in international social work. Specifically, the programme responds to the increased local demand and need for enhanced welfare institutions and social services, and developed institutions of knowledge and research to respond to the new economic, political and social justice challenges in Kosovo.

> The vast majority of the scholarly work has dealt with Kosovo's history, war, post-war reconstruction, as well as nation and state-building. However, few studies have dealt with the social policy and reconstruction of welfare programmes in post-war Kosovo (Cocozzelli, 2010).

Nonetheless, research in social work is emerging (Krasniqi, 2014). Indeed, research on social issues has been confined to action research, albeit having conducted on an adhoc basis, and as part of interventions of international organisations involved in the Kosovo protectorate: the United Nations (UN) agencies, primarily, and other international inter-governmental and non-governmental organisations (NGOs) (KWN, 2012; UNDP, 2010; UNICEF, 2009; WB, 2007, 2012, 2013).

To be sure, welfare infrastructure – social policy and practices of social protection – has been shaped by the international protectorate in the post-war Kosovo involving international expertise of different actors such as the UN administration, the Kosovo institutions, the European Union (EU), as well as the World Bank (WB) and the International Monetary Fund. However, the process of social policy formation, its premises and the forms it took, are intertwined with political discourses on post-war reconstruction, democratisation, state-building, and "Europeanisation". As such, both at the level of discourse and "translations" in the realm of social policy and practice, they have been associated with different meanings and have served different political goals.

Politics of Vocation: Social Work Definition

While the category of social worker as a profession has been widely in use for decades in the welfare institutions, and in legal language, in the post-war period it has shifted to a social service officer. This definition encompasses persons with qualifications in social and family services, from the area of social work, psychology, sociology, law, paedagogy or other disciplines closely related to social and family services, who are licensed and registered with the General Social and Family Services Council in Kosovo (Law on Social and Family Services, 2005, Art. 1. i).

The term "social service officer" is relocated from the conceptualisation of social work as offered in the global definition of social work profession as: a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work-engages people and structures to address life challenges and enhance well-being (Global Definition of Social Work, 2014).

The category "social service officer" was introduced after the Kosovo war of 1998–1999 by the UN administration in Kosovo. To many social workers in Kosovo this term has downplayed the symbolic importance of the profession of social worker and hampered the development of the profession. Moreover, social workers contend that this is a result of a top down approach of the UN international administration in Kosovo that left

no room for the rather small number of trained social workers to actively pursue their visioning of social work practice in post-war reconstruction programmes. Furthermore, the lack of an education programme on social work to serve as a vehicle for advocacy in the social work profession and social work as a field of study may have contributed to the one sided decision on the definition and usage of the term "social service officer" instead of a social worker. Worse still is that this legacy has left not only confusion on the professional identity of a social worker but it deemphasised the broader political goals of social work towards social justice.

Social Protection in Kosovo: Policy and Institutional Features

In Kosovo, there are several schemes of welfare provision. Those include the following: social assistance (2000), war invalids and their relatives (2001), basic pension (2002), Trepça pensioners (2003, 2007), special needs (2003), disability pensions (2004), contributing pensions (2008), and support to families with children with permanent disabilities (2009).

Social services are based on institutions located in different institutions on the welfare "Triangle" that include public:

1) state institutions;
2) non-profit sectors, namely NGOs and charity organisations;
3) family, which has remained the cornerstone of informal sector, and the most important provider of care.

Decentralisation of social services is on-going, and the expenditure of social services is partially decentralised. However, social services in Kosovo will be fully decentralised in the future at least in two directions: through promotion and protection of human rights. Aditionally, decentralisation is expected of provisions of family and other social welfare services, such as care for the vulnerable, foster care, child care, elderly care, including registration and licensing of individual and organisational service providers, recruitment, payment of salaries and training of social welfare professionals (Joshua, 2011, *19*).

In Kosovo, a dual welfare system exists providing support to individuals and families. Social protection seeks to respond to people in need. Situated between risks, needs and rights, social protection is extended to citizens of Kosovo and those who happen to be in Kosovo and in need of social protection. It includes individuals and families having residence permit in Kosovo, asylum seekers, refugees and other persons under temporary social protection.

More specifically, persons in need are defined as all those individuals who, regardless of status or place of origin, are in need of social services due to the conditions of being:

1) children without parental care;
2) children with antisocial behaviour;

3) juvenile delinquency;
4) disordered family relationships;
5) advanced age;
6) physical illness or disability;
7) mental disability;
8) mental illness;
9) vulnerability to exploitation or abuse;
10) domestic violence;
11) human trafficking;
12) addiction to alcohol or drugs;
13) natural or contrived disaster or emergency;
14) other cause that renders the need (Law on Social and Family Services, 2005, *Art. 1. e*).

The Ministry of Labour and Social Welfare (MLSW) and the Department of Social Welfare (DSW) are the main institutions that design policies and coordinate welfare provisions and social services in Kosovo. At the central level, the DSW is divided into three branches: the Division for Social Services (DSS), the Division for Social Assistance, and the Division for Care Institutions. The Institute for Policy Studies, also part of the DSW, is responsible for the development of knowledge, skills and standards, as well as for provision of training and advice to social workers. The General Social and Family Service Council in an independent body with the mandate to ensure professional standards in social and family services and licensing of social workers (Law on Social and Family Services, 2005, *Art. 5, 5.1*).

The DSS's work is organised around four strands:

1) child protection: child abuse and neglect, foster care (3–18 years old), all age groups of juvenile delinquents;
2) adoption and foster care: child abandonment, foster care (0–3 years old), national and international adoption, family reunification;
3) legislation and family protection: couple / family reconciliation, child custody, marriage of minors, supervised parental visitation;
4) trafficking, domestic violence and sexual crimes.

Centres of Social Work (CSWs) are the oldest state welfare institutions and the main carriers of social care provisions. There are around 40 CSWs in the municipalities in Kosovo. CSWs offer social care, counselling for children in need of social and family services. They maintain a register of families in need, and organise family visits on regular basis. The main functions of the CSWs are the provision of social services and cash benefit schemes. While decentralisation and de-institutionalisation of social services has been made one of strategic goals, the CSWs continue to be administratively linked to the central level as do other services such as residential care for the elderly, community-based services for children and adults with disabilities, social services provided by NGOs, foster care benefits, and benefits for families of children with disabilities.

Protection for the Poor: Policy and Practice

Social protection programme in Kosovo offers temporary assistance to poor or, as they are referred in the everyday language among the Kosovar Albanians, as "familjet që i kanë punët keq" and / or "familjet që i kanë punët ligsht". In the context of social protection a family is defined as consisting of family members: his / her spouse or cohabiting partner; parents and children, including adopted, fostered, or children of the spouse. An individual with no family members is considered a family too.

Only two categories are entitled to social assistance under the scheme:

1) a family with all members who are dependents;
2) a family with one member able to work and with at least one child under the age of five, and / or an orphan under the age of fifteen, in full-time care.

Family members falling under these two categories must be dependent or be registered as unemployed with the Employment Offices of the MLSW (Law on Social and Family Services, 2005, *Section 2, 4*).

The dependent persons are:

1) persons 18+ of age having permanent and severe disabilities rendering them unable to work for remuneration;
2) persons of 65 years of age or older;
3) full-time carers of a person(s) with permanent disability, or of a person(s) at or over the age of 65 needing full-time care, or of a child / ren under the age of five;
4) persons between the ages 15 and 18 inclusive and who are in full-time secondary education;
5) single parents with at least one child under the age of 15 (Law on Social and Family Services, 2005, *Section 2, 2.7*).

However, the right to social assistance schemes excludes persons who have reached 18 years of age and have completed secondary education, as they are deemed capable or available for work, even if they are enrolled in a full-time education or training programme. It does not include persons who reside in or who are confined in or are supported by care institutions, psychiatric establishments, homes of the elderly, religious establishments, residential schools, and prisons (Law on Social and Family Services, 2005, *Section 4, 4.2*).

Social assistance scheme of poor families varies and it is contingent on the number of family members. The minimum social assistance is € 40 for one member in a family, € 120 for families with 15 members (Table 1).

Families falling into categories specified above are considered social cases; "rastet sociale" in the Albanian language. This term carries a negative meaning of helplessness, poor economic, social and cultural capital. "Rastet sociale" are rather pitied or looked down by the collectives. Yet as far as social work and social protection is concerned,

the poor can file requests for social assistance to the CSWs in their municipality. Applicants are requested to provide individual and family data and the application form is easy to fill out. Questions in the application form relate to personal data – age, ethnicity, residence, marital status, number of family members. The period of receipt of social assistance is six months and subjected to review (Law on Social and Family Services, 2005, *Section 7, 71*). Confidentiality of personal information of recipients of social assistance is protected (Law on Social and Family Services, 2005, *Section 14*), indeed this remains an issue, as many CSWs lack enough space for interviews and other meetings with beneficiaries of social protection. The CSWs and social workers are the main actors for support to families needing social protection in respect to the application process, evaluation and re-view of re-applications for social assistance schemes.

Table 1. Level of Social Assistance in Kosovo

Family size	Social assistance in €
1 member	40
2 members	55
3 members	60
4 members	65
5 members	70
6 members	75
7 members	80
8 members	85
9 members	90
10 members	95
11 members	100
12 members	105
13 members	110
14 members	115
15 members	120

Source: Ministry of Labour and Social Welfare of Kosovo, 2015.

Table 2. Families on Social Assistance in Kosovo, by ethnicity (in %)

Year 2013	Families on social protection
Albanian	79.75
Serbian	11.93
Bosnian	1.81
Turkish	0.29
Ashkali	3.36
Roma	2.20
Other	0.26
Did not declare ethnicity	0.37

Source: Ministry of Labour and Social Welfare of Kosovo, 2015.

Moreover, as part of social protection for the poor and the poorest, an assistance scheme for exceptional needs is available. Yet, this scheme provides for a need that is current, once off, extraordinary and not persisting, and a need that has not arisen in the last 12-month period or is likely to recur in the next year. Families and / or an individual do not have to be on social assistance to apply for such protection (Law on Social and Family Services, 2005, *Section 12, 12.1*). The MLSW has enacted the emergency assistance for families with special needs and in situations of distress such as death in the family, illness, and damage caused by natural disasters such as floods, earthquakes, etc. The fund ranges from € 100 with a maximum of € 300 and is given only once a year. For the first level emergency, a decision is made at the DSS, and for the second, it is the Minister of MLSW who makes a decision. Families living on social assistance enjoy free medical services, that is, medical visits and medications (from the essential lists of medications). They are entitled to free electricity of up to 500 kW per month.

The social protection policy strives to be inclusive. Ethnicity, disability, and gender are important categories. Looking at the data by ethnicity in 2013, the percentage of non-Albanian families on social protection, according to the data of the MLSW, is around 20 per cent (Table 2).

The scheme on social assistance, and others too, is managed and financed by the MLSW based on the government's decision as advised by the Ministry of Finance and Economy and the MLSW, and on an annual budget as foreseen in the Law on Public Finances Management and Accountability (Law on Social Assistance Scheme in Kosovo, 2003, *Section 13*). The annual budget on social welfare for 2014 was € 230 million, or around 14.5 per cent of the total expenses predicted for the same year (KOMF, 2014, *8*).

Unemployed and Trapped in Poverty

As the unemployment rate is high in Kosovo with almost half of the population being jobless, the social assistance scheme may have been taken by the many as a protection from the temporary unemployment. In fact, as explained earlier in the text, employment status is the major eligibility criteria for poor families to obtain social assistance. Families living on social protection are required to show their unemployment status. There is a great demand for a social assistance scheme in Kosovo and many social workers attribute this to the high unemployment rate. Moreover, this is a marker of uncertain times and unfavourable structural conditions: unavailability of jobs position an ever increasing risk for many in Kosovo. A significance of the present times, the greater demand for cash benefits under social protection schemes challenges the perceptions of poverty as an individual fate of poor families and those at risk of poverty. Unemployment is positioned as a public issue.

To be sure, one cannot talk of transformative social protection when it hardly minimises poverty and stands far away from minimising risks such as lack of jobs and

low chances for upward social mobility that have largely remained constant in Kosovo. In this social conditioning the existing social protection has reinforced dependency and the status quo. Needless to say, poverty is a multifaceted disadvantageous condition and a process characterised by exclusion. Poverty impacts multiple aspects of economic well-being, social position, freedom and chances for prosperity of poor people and those at risk of poverty. Studies of poverty conducted in Kosovo over the last decade show that poverty is a widespread and persisting phenomenon. In Kosovo, 45 % of the population is considered poor and about 15 % is estimated to be extremely poor, not being able to meet basic nutritional needs. It must be admitted there are no shanty towns in Kosovo, but poverty is a condition for many families. Poverty has been defined as shallow. What this means is that the average incremental consumption needed to escape from poverty is about 10 % of the poverty line. Thus, the risk of poverty is constant and the vulnerability is high for majority of Kosovo citizens.

The poorest social strata in Kosovo are:

1) families with six or more family members and with only dependents;
2) female headed households;
3) the unemployed; people with low levels of education;
4) people living in rural areas (World Bank, 2007, *22*).

It is important, as Mary Daly has suggested, to explore in what way poverty varies across gender and nation-wide in relationship to social policy programmes and welfare institutions (Daly, 2000, *156*). As she has shown, the family economy, defined in terms of whether at least one member of a family has a job, is, however, closely intertwined with the relationship between poverty risk and family status (Daly, 2000, *175*). This also proves true in the Kosovo context. Such a narrow set of criteria does not do justice to people in need of social protection. Indeed, social protection in Kosovo does not alleviate families and individuals out of poverty. Low-income families struggle and cannot make ends meet.

In Kosovo, as elsewhere, apart from lack of meaningful resources for a dignified life, symbolic violence and stigma of being poor and living on social assistance looms large for families and individuals in their everyday life. Social exchange between different groups is defined and constructed through both symbolic and material means, riches and longings. Such conditioning has a direct impact on power relations between social groups both at personal and group levels. Children are a social group highly prone to poverty. When age groups, the incidence rate and poverty ratios are singled out, data reveal that children of the age of 5–18 are the most vulnerable group in Kosovo (UNICEF, 2009, *14*). Experience of shame among children is high. Poor children suffer from stigma and injustice such as labelling. This damages children not only materially but also symbolically. Moreover, feelings of shame and embarrassment among the poor about their living conditions due to lack of good clothing and shoes and bullying they experience have increased the school dropout rate for children from poor families (UNICEF, 2009, *43*). Their parents have expressed shame and stigma their children experience in the following way:

> My daughter is in grade four and one day the teacher asked all the students in general if they could raise their hands whoever receives social assistance, and my said that she did not know whether she should have raised her hand. Thus, my kids feel worse about it (parent recipient of social assistance quoted in UNICEF, 2009, *46*).
>
> General living conditions in my family are very poor and there are cases when my nine-year-old son is bullied by other kids. One day my son came home crying because other kids told him that he was poor, he did not have a home and many other offensive things (parent recipient of social assistance quoted in UNICEF, 2009, *6*).
>
> Families have children that should be attending school but they stay home because they do not have appropriate clothing and probably approriate level hygiene (parent recipient of social assistance quoted in UNICEF, 2009, *46*).

Social Work Practice: between Legal Obligations and Cultural Norms

High unemployment rate and poverty has not only led to an increase in the number families seeking and / or entering social assistance scheme, but has overshadowed other social issues not only at the level of discourse, but also within social work practice. Social protection as well as social work concerns well-being of families and individuals where financial considerations are one part of it. Indeed, apart from family services and legislation, the mandate of CSWs and social workers is far broader and encompasses: adoption and foster care; child protection; and domestic violence, trafficking and sexual violence. For social work practice this has entailed dealing with the issue of early marriage and divorce, child custody, domestic violence, neglected children, child labour, human trafficking, addictions to alcohol and drugs, and family neglect, among other issues. Thus, there is a need for relocation of families at risk in the broader sphere of social policy and in multiple interventions. Over concentration of social workers on social protection schemes may have led to a lesser degree engagement on other social issues and case management. Areas that have not gained much attention are the domestic and gender-based violence cases and those involving children.

The CSWs provide assistance to survivors of domestic violence. In their ideological conceptions of gender, gender equality and family, social workers tend to align with traditional views of gender roles. It is the Family Law (Family Law of Kosovo, 2004) that social workers use as the basis of their work on family issues and in their mediation in cases of divorce prior to court proceedings. Social workers tend to overlook violence in family relationships so that “the foundation” of society – family – is preserved to maintain social order. Moreover, what is missing is the link between gender and power in an ideological construct that does not perceive family as loci of unequal power relations. Violence in family is very often understood to signify degeneration of the traditional order of gender and family relations.

Survivors of domestic violence live with fear, pain, and stigma especially in societies that put value on traditional gender roles. As in many other contexts, culture in Kosovo fosters gender stereotypes. The main gender stereotype in Kosovo is related to a paternalistic need that women need men to protect them; women are physically weak; girls are weak; boys are strong; women are fragile and need protection; etc. In the context of violence, a popular myth in Kosovo is that it is women who provoke violence by not conforming to family rules, or due to the way they dress or look, especially in cases where sexual violence is involved. What this shows is multiplicity of social ordering where gender and social work intersect maintaining a traditional ideal of family relations that leave untouched the patriarchal dominance of men over women in private domain. This proves once more the claim that social protection and social work practice cannot be fully comprehended without scrutiniing the dominant ideologies underpinning not only the concepts of risks, needs and dependencies but also gender. One can read their true meanings in disjuncture between legal obligations and cultural norms. This has become apparent in the domain of gender in social work practice, especially in cases of domestic violence.

CASE ANALYSIS

Case No. 1 The Family Marku: Tactics in Enduring Precarity

The six members of the Marku family live in a hovel of six square meters in a village B in Gjilan municipality in western Kosovo. They have been living in this hovel for six years since the place in which they used to live became inhabitable. In the summer the hovel is too hot and very cold during winter. There is no running water and no bathroom in the hovel The family fetches water from the well outside the hovel. Bekim, the head of the household, is young but unemployed. His wife Vjosa is also unemployed. He keeps looking for a job but to no avail. It is only when the fellow villagers need labour, he can get any work. This happens twice per month, at most. He may earn some money selling scrap materials and plastic. The income is not sufficient for a living. The Marku family receives social assistance of € 75 monthly. With this money, they buy wheat and some food for the children. And then Bekim borrows money to meet the urgent needs. There are times when no one lends him money.

The family is often left without food. Bekim is compelled to act. He collects scrap materials and cans; it happens that he

searches two to three hours for an empty can. After collecting the scrap, he will sell it and make two to three euros, at times even four euros. He is actively looking for work in the surrounding villages. During the month, he gets two to three work days earning five or ten euros a day. It is not Bekim who decides on the rate of this labour. It is those who give him job, even for a day. All that is important for Bekim is to be able to buy food for his family. As there is not enough food, often Bekim and his wife Vjosa go hungry so that children can eat. Friends and neighbours help with food and clothing, especially for the holidays. The elderly son is six years old and has started school. Bekim tells that he was not be able to buy his son new clothes and other things he would need for school. His son is wishful for such new things as he observes his peers having new things ready for school. His son knows this as he visits his friend's house to watch television there. Their television set at home is broken due to bad electricity installation.

In understanding the family condition, several elements are important. Bekim and Vjosa come from economically disadvantaged family backgrounds. Both of them have completed only primary education and have no vocational training programmes in which to enrol. Moreover, although they live in a village, they have no arable land in their possession to enable them to grow fruit and vegetables that could, to some extent, ease their need for food. Another disabling factor is also the scarce demand for the labour that Bekim is able to provide. Unemployment is the major issue not only at the community level of Bekim and Vjosa but is a nationwide problem. Yet, in the context of their village, this has become a far greater problem as there is a plentiful labour force as a result of the community's overall precarious situation due to unemployment and / or low paid jobs.

The prospective support from e services to Bekim and Vjosa is crucial. This relates to the extension of social protection for the family and long term support to enable them to develop skills for participation in labour market. Bekim is the breadwinner through his precarious work, and Vjosa has never worked. The intervention that will focus on meeting the urgent needs and education and / or vocational training for Bekim and Vjosa is crucial. In addition, of great importance is the intervention at the community to address the vulnerability of families at risk as there is still a prevailing culture of communal solidarity. This is an untapped resource for social work which is important to be

utilized as long as the social protection scheme remains so limited. All in all, social work interventions should look at a family as a multilayered system: individually as a family and in relationship to the community.

Case No. 2 Bardhyl's Family Struggles over Poverty and Identity

The family of Bardhyl left behind their village life in 1999 in search of a better one in the capital city, Prishtina. The village they left behind was poor and the land not fertile. Bardhyl and his wife have not finished their primary education. They have never taken part in any vocational training. Bardhyl is the breadwinner. The family comprises eight members: Bardhyl and his wife, five children and Bardhyl's mother. Bardhyl's family lives on social assistance. Bardhyl is constantly searching for job. Since they have settled in Prishtina, the family has been living in an 18-square-meter basement of an apartment block. This place is not only small for the big family but it has also bad insulation. Bardhyl has approached the municipality seeking support for housing but to no avail. The municipality has embarked on a housing project for socially vulnerable groups, but Bardhyl's family has not benefited from such an intervention. It is the family and friends who give Bardhyl's family kitchenware and bed sheets even though they sleep on mattresses on the floor. Bardhyl's mother is old and ill. She receives an old age pension but it hardly suffices to buy medicine.

From time to time, Bardhyl works as a daily wage worker. He is not shy to sell his labour. He is not picky about work. It often happens that after a day he of work there will be other ten days without a job. For his day's labour he gets € 15. Bardhyl tells us that he somehow manages to secure food for his family but not more than that. The extended family helps often Bardhyl's family with food and clothing. They also pay attention to holidays and ensure Bardhyl's family has a decent meal over the holiday.

Of Bardhyl's five children, three are in school. They go to school with old and torn shoes as he cannot afford to buy them new ones. Moreover, they lack notebooks and other school materials. The stigma of poverty is strong, alas. Bardhyl's children are mocked in school and called "poor" and "destitute".

Case No. 3 Zoja: The Care Taker

Zoja, at the age of 14, became the care taker in the family as her mother was suffering a difficult health condition. She not only took care of her ill mother but also her sister and brother. Her father worked on a farm. On Zoja's 16th birthday, her mother passed away. Her mother's death was a big trauma for Zoja and her siblings. Zoja continued school for some time and took care of the household chores and her siblings. Her father remarried. The burden falling on Zoja was overwhelming.

Yet, like many young girls she tells a whimsical love story and how that story had turned her father's rage on her. Her father, when he learnt of Zoja's love affair gave her two options to leave her boyfriend or get married at once. She decided she would marry. Hence, at the age of 17 she married. She dropped out of school in the last (third) year of secondary education. She has never returned to school. Zoja's husband is a few years older than her. His higher attainment of education is secondary school. He has worked as an auto mechanic but with little income as the business in which he worked faced fierce competition.

Zoja and her husband, their two children and the mother-in-law live in a two room apartment in one of the suburbs of Prishtina. The apartment has no heating during winter and no running water in summer time. Her apartment is located on the fifth floor. In summertime, it is very hot and cold in winter. The children now attend primary school. Zoja's mother-in-law is ill. She suffers from a heart illness.

Zoja and her family lived on social assistance, and she received a child benefit until the children reached the age of five. Her mother-in-law receives an old age pension of € 75 monthly. Her husband works as an auto mechanic but barely makes any money. Even in instances when he would make some money, he would not provide for the family. Nevertheless, for Zoja the shock of being left out from protection and child benefits was the hardest one to bear. She and her family were left with 75 euros of her mother-in-law's pension to count on. This altered Zoja's life forever. She had to take things in hand.

The bills for electricity and other utilities were mounting up. She approached a centre for social work to seek support and asked for extension of social protection. As Zoja and her husband are young and capable of work, they own an apartment, a TV set, and other amenities needed in one household, the children are

above the age of five, and the mother-in-law receives pension, social protection was not extended. Thus, the family cannot be brought back into the social protection system. The family could not pay for electricity. While they were in the social protection schemes, the family was entitled to 500 Kilowatts of electricity free of charge. She requested for a pardoning of the electricity debt, but was turned down. In all this drama, Zoja keeps fighting alone. She seeks help with the family members. It is her sister-in-law, who lives in Denmark, who provides assistance. She sends money to Zoja to pay the electricity bills and stocks the family with food for winter. In the meantime, the relationships of Zoja and her husband have deteriorated. He does not provide for the family. The food stocks dry up and the pension of the mother-in-law is hardly sufficient for the medicine she needs.

Zoja, relentlessly approaches a social work centre to seek support for the economic hardships she and the family have been facing, but with no positive response. With no education, she is compelled to accept any job available. Through friends and neighbours, she has managed to find a job as a housekeeper of a family in Prishtina. This job has changed the life of Zoja for the better. She has become the provider for the family, a breadwinner in earnest. She takes care of her two children and mother-in-law who sometimes help with the household chores. Zoja's husband has completely avoided any family responsibilities. Several issues have emerged that relate to the needs of Zoja's family. Zoja not only surpassed the "hand of the state" – social protection, but has become an agent on her own. Having a job and maintaining a good relationship with the family and friends who always come to rescue when help in needed. This agency sprung out of Zoja's determination for existence and well-being of her family and with no support from the welfare system. Hence, it shows shortcomings of the family support system that this family are obliged to look for alternative strategies to ameliorate the omnipresent risks.

Case No. 4 Sharr and Nora: a Life in Hardship

Sharr and Nora are a couple who have been married for 23 years. They have no children. Sharr is 60 years old and Nora is 14 years younger than him. They live on a pension of € 130 per month. Sharr used to work in the Trepça mine. Sharr's two brothers and two sisters with their families live in another city.

Nora's brother and sister live in a village close to Zh. in Mitrovica municipality. They live in a house with two rooms and a bathroom provided by Sharr's brother. Despite not having to pay rent, the pension does not suffice to meet their needs.

Sharr faces bad health. He suffers from high blood pressure. Nora is healthy but was never able to find a job. Since Sharr enjoys a pension they are not entitled to social assistance. Indeed, Nora benefitted from the cash scheme but it was taken away because her husband was receiving the pension. They live an isolated life in extreme poverty.

They find it difficult to cope with scarce resources and poverty. When in dire need for food and medicines they call on the family members to support them. Occasionally, they have benefitted from an urgent welfare fund from the municipality with wheat and wood logs for winter. And for clothing it is the wider kinship that supports them. Yet, it is the medicines and the medical checkups they have to pay for. While they were on social assistance scheme they enjoyed free medical checkups, but not any longer. They are costly and they can hardly afford to buy medicines.

Case No. 5 Tiba's Family Life

Tiba, a mother of three children, lives in a village in the Fushë Kosovë municipality. Her husband passed away two years ago after a long illness. Her husband worked in the school as a maintenance person. He had a salary of € 230; after his death, Tiba is not entitled to his pension. She herself suffers from a chronic disease; she has been hospitalised for two months. Often she has not been able to buy medicines. She lives on the social protection scheme. She cannot work.

As a single mother, it is hard for her to raise children, "if my husband were alive it would have been perhaps different", she states. With the allocated social assistance she and her family cannot make ends meet. A house is under construction, with the money she received for a plot of land she sold, and she receives support from the family with labour and construction material. There is only one liveable room inside the semi-constructed house, refurbished with the support of the family. The house has no entrance door and the floor is in concrete. She and her children live under hard conditions. There is no running water in the house and no bathroom. The family fetches water from a spring far from the house.

Her two sons attend school. The elder one is in the seventh grade and the younger in the fifth grade. Her daughter suffers from a chronic disease. Neighbours help Tiba's family with food and other amenities, support which Tiba says saves the family. Family and people of goodwill show solidarity. One day a shop owner in Fushë Kosovë municipality invited her children to go and collect shoes they needed. "I sought assistance in this respect from the director of the school and the Mayor. Once I was given five kilos of wheat." In the month of Ramadan, the family and neighbours donate vitrat – a traditional family donation at the end of Ramadan. It is often that Tiba and her children get by with little or no food.

Methodology

The research sought to analyse how families at risk are conceptualised as part of social protection, social policy, and social work practice in Kosovo. It also explored the relationship between poverty, unemployment, and social protection and the impact on families at risk.

More specifically the inquiry focused on four specific aspects:

1) national system of social work practice and education, social protection and social services available in relation to families at risk;
2) impact of social protection schemes on families at risk;
3) effects of unemployment and families at risk;
4) agency and tactics which families at risk employ to limit risks.

The methodology is based on analysis of written sources: desk review and interviews. Written sources have included legislation, welfare policies and social protection schemes, surveys and statistics. Interviews are the primary data for the development of five case studies provided in this text.

The Use of Written Sources. Content analysis of legislation, social policy, social protection schemes, and demographic data has regarded multiple sources, narratives and actions, pertaining to families at risk. This strategy has sought to bridge content analysis of written sources with interviews to enable a wider overview of circumstances and ways of living of families at risk.

The written sources used in the research included the following texts:

1) legislation and documents relevant to families at risk such as social protection schemes, social services, and social work interventions;
2) statistics on major demographic indicators, employmen, health, education, labour force participation, poverty, etc.;
3) data stemming from international organisations, reports, analysis and surveys focusing on poverty, social and family issues, and welfare provisions.

Interviews and Ethical Procedures. Interviews are an important research instrument for data collection. The relevance of interviews as a vehicle for qualitative data collection has been argued in a wealth of body of literature in social research (Atkinson et al., 2003, *111*; Fontana and Frey, 1994, *361*); it enables gathering deeper insights and personal experiences of the participants in the research. Thus, the interviews have maintained an important role in this research. Five case studies portraying families at risk in Kosovo, provided here, have been premised on the face-to-face interviews with families at risk. The case studies sought to illustrate the social protection system, social work interventions, and coping strategies in the everyday life of families at risk.

As Barbara Sherman Heyl points out, interviewing is an ethical engagement. It requires a researcher to listen well and respectfully; acquire self-awareness of the role of the researcher in the construction of meaning during the interview process; be cognizant of ways in which both the on-going relationship and the broader social context affect participants, the interview process, and the project outcomes. And last but not the least, recognise that dialogue is discovery but that only partial knowledge will be obtained (Heyl, 2003, *370*). In this vein, and avoiding rectification, the author of the paper has applied ethics that transform the interviewee and the researcher into coequals who carry on a conversation about mutually relevant, often biographically critical issues. This personalisation of the interview method makes it a potential agent of social change, where new identities and new definitions of problematic situations are created, discussed, and experimented with (Denzin and Lincoln, 1998, *36*).

The sample of the research included ten families selected from the data base of social protection seekers. In dealing with the participation of interviewees in the research, the attention has been focused on the following ethical aspects:

1) informed consent: careful and truthful information about the research;
2) right to privacy: identity protection;
3) protection from harm: physical, emotional, or any other (Fontana and Frey, 1998, *70*).

The interviewees were given a consent form explaining the aims of the research and guarantees of confidentiality and anonymity. The interviews were performed in places in which the interviewees felt most comfortable: their homes; they lasted between one and two hours. The interviews were documented using a tape recorder. The interviewees were asked for their permission to be taped and urged to request that the device be turned off whenever they wished. Moreover, they were informed that they could stop the interview at any time or choose not to answer any specific questions.

As part of ethical considerations, questions that have been taken into account also relate to the "usable knowledge" (Lindblom and Cohen, 1999 quoted in Everhart, 2004), or how the knowledge obtained through this research will be used. This undoubtedly also entails the question of how the participants in the research will make use of the data, as well as what the participants' advantages from taking part in the research are. This process has been looked at as a production of the "critical social narratives"

as defined by Robert B. Everhart (2004) to encompass the "portrayal, through stories based in first hand descriptive stories, of unequal nature of cultural, economic, and political relations within society" (Everhart, 2004, *297*). Moreover, the process of the construction of the "critical social narratives" is an empowering platform. The research participants, while narrating events, telling stories, expressing opinions and beliefs, and making use of personal experiences as well as of collective ones, are constituted as a subject on their own. Moreover, this is an act of agency and resistance to the homogenised representations and flattening of subjectivities.

The interviewees were guided through a semi-structured questionnaire containing questions related to families at risk. The aims of the interviews were:

1) to get an insight into the everyday life of families at risk;
2) to explore the effects of social protection schemes on the life of families at risk;
3) to study unemployment and the effect on families at risk;
4) to understand family and gender dynamics of families at risk.

The author's approach to the interviews has maintained the focus on 'How' questions to record the meanings, descriptions of events and actors, and validation or critique as staged by the respondents. In addition, the author probed for deeper reflections on limits and possibilities of social protection in place and cultural politics of social support and solidarity for families at risk. The interview questions were largely open, but particularly dealt with unemployment, social protection, and everyday life conditions.

They touched the following themes:

1) social protection schemes and social work interventions;
2) family and education;
3) unemployment;
4) informal employment practices;
5) family relations and gender;
6) community relations, support and solidarity;
7) housing conditions;
8) health;
9) poverty and culture.

Below is a sample interview letter of consent:

> **Interview Letter of Consent.** Good morning (afternoon). My name is Vjollca Krasniqi. Thank you for agreeing to this interview. This interview is part of the research project entitled "Ways of Being and Living: Social Protection for Families at Risk in Kosovo". It involves questions related to family life, social protection, social services, unemployment, housing, among others. The purpose is to get your perceptions of your experiences. There is no right or wrong, desirable or undesirable answer. I would like you to feel comfortable and express your opinions in earnest.

If it is all right with you, I will be tape-recording our conversation. The purpose of this is tenable for me to obtain all the details but, at the same time, carry on an attentive conversation with you. I assure you that all your comments will remain confidential. I will be compiling case studies which will contain interviewees' stories without any reference to individuals.
Before we get started, please take a few minutes to read this preamble: read and sign this consent form.
I accept to be part of this research and that the findings stemming from this interview are confidential.

Conclusion

The discussion of social protection and social work practice for families at risk has shown that they are to be understood in relation to key challenges which the Kosovo society is facing. Social protection is not only linked to poverty as possibly alterable but to other determinants within social policy perspective which in Kosovo primarily is unemployment. Yet the welfare system in post-war Kosovo has been constructed in relation to the envisaged risks, needs and rights. It has strived inclusivity of groups and individuals in need, in practice it has left much to desire, especially in social issues such as gender-based violence, child labour, alcohol and drug addictions, etc. The study here has revealed that in order to account for social work, diverse responses as they happen in their every practice case study investigations are needed.

Therefore, content analysis as an content analysis as an interpretation technique of the written sources and interviews has been applied. Many scholars validate the broader applicability of content analysis (Abrahamson, 1983, *286*) arguing that "content analysis can be fruitfully employed to examine virtually any type of communication and it may focus on either quantitative or qualitative aspects of communication messages" (Berg, 1989, *106*). Content analysis is conceptualised as "objective, systematic, and quantitative" (Sellitz et al., 1959, *336*, quoted in Berg, 1989, *106*), but concerns regarding quantification have remained. And as Sellitz et al. have argued, the quantitative content analysis "may lose meaning if reduced to a numeric form and by excluding definitions, symbols, detailed explanations" from the analysis (Sellitz et al., 1959, *336*, quoted in Berg, 1989, *106*). Without doubt, content analysis can entail conceptual or relational analysis. In the former, emphasis is on the chosen concepts aiming to quantify the occurrence of the concept in the text. The latter seeks relational analysis of the identified concepts in the text (Palmquist, Carley, & Dale, 1997). As an extension of conceptual analysis, semantic analysis not only records the occurrence of the concept to quantify it, but also examines relationships between the concepts in the text. In the author's application of content analysis of written sources: laws, policies, statistics, and evaluations, concepts have been relationally explored as they figure in the texts and in relation to the interviewees' narratives.

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Historical Development of Social Work in Latvia

The profession of a social worker in Latvia is a new one; it began to develop only in the 1990s with the political and economic system of 1991, when Latvia gained its independence from the Soviet Union. It was the time when the country was faced with new and even unprecedented challenges. The transition from a planned to market economy led to the emergence of social problems: large-scale unemployment, poverty, drug abuse, prostitution, etc. It was necessary to find solutions.

Income inequality as stated in OECD Reviews of Labour Market and Social Policies in Latvia had increased by 1990 when the country was experiencing rearrangement in work, financial and capital market. Within a short period a central planning with almost full employment, low wage inequality and low income was progressively replaced with the market economy, which led to privatisation in industry, which is characterised by wage differentiation and several years of rapidly rising unemployment. The main social protection reforms of 1990s addressed current fiscal challenges, which arose from the relatively generous social protection system during the transition to a market economy. The low birth rate and the rapid ageing of the population and high emigration have changed the national demographic situation, where older workers and pensioners contribute to the overall income inequality in society. Low labour income distribution, a large section of the wage dispersion and large regional differences in economic activity are factors that contribute to permanent inequality between the working-age populations. At the same time, high rates of poverty among children and young people create difficulties, challenges and risks to the younger generation, which compromises the workers for the future.

Social work as a profession initially developed with a higher education programme and the first college establishment of 1991, when the People's Ministry of Education's decision on "The social workers' faculty opening" was adopted. The same year, September 1st, the first social worker study course (L. Vilka) began at the Social Work and Social Teacher Training School "Development".

Until then, Latvia had no experience in social work education or in practice area. The first educators of the new professional sector were specialists from various areas of institutions of higher education of Latvia in the field of paedagogy, psychology, sociology, economic and legal areas. A significant intellectual contribution to the first phase of the development of social work was also given by foreign partners from Sweden, Finland, Denmark, Norway, Britain, Germany, Austria, Israel, Australia and the USA.

During that time, up to 1994, social work programmes also occurred in other higher education institutions of Latvia.

In next few years the Professional Social and Healthcare Workers' Association was established (1994), social profession was included in the classification of occupations so gaining a legal status (1996), and in 2001, the Social Workers' Code of Ethics was adopted, and a year later, in 2002, the first Social Work Specialists' Profession Standard, in which there are defined four social work specialist types: social worker, social rehabilitolog, social carer, social assistance organiser.

In 1995, under Professor, *Dr. paed*. Lydia Šiļņeva's leadership, the first scientifically methodological journal "Life's Questions I: Social Problems and Their Solutions" came out. Within next twenty years, 13 such journals have been created by the interested parties, and for a longer period of time they were the only theoretical literature source on social work in the Latvian language. In 2000, the professional first issue of the journal "Social Employee" and the first Social Work Dictionary of Terms were published (L. Vilka).

Soon, social work professional organisations also were established: Social Workers' Society (2006); Clinical Social Workers' Association (2009) and Latvian Local Governments' Social Services Managers' Association (2013).

Professional organisations have a significant role in the development of a social work profession. It is stated in the first document which talks of a social work professional development, "Protective Social Work Development Programme 2005–2011".

In *Professional Social Work Development Guidelines 2014–2020*, it is stated that the Professor Mark Roger from the US, who has a considerable merit for the development of a social worker's occupation in Latvia, has raised the following setting and given advice: if any activity could be called a profession, including social work, it must have the following three preconditions:

1) solid knowledge base;
2) created and secured professional code of ethics;
3) in-practice introduced supervision system.

Social Work Education at Rīga Stradiņš University

The main field of Rīga Stradiņš University's education is to provide for the medical sector. Social work courses at the university (RSU) constitute a separate field of education – social welfare.

When creating social work study programmes, three main requirements were put foreward: the new study programme must be innovative, it has to be sustainable, and it is certainly necessary to ensure social work education authenticity and consistency with a social worker by profession, values, mission, goals, and profession standard requirements.

The innovative conceptual perspective in the development of social work courses is interdisciplinarity, which combines social work education and practice standards with the basic knowledge in medical sector.

The first students for the degree in social work both at Bachelor and Master's levels were enrolled in the academic year 2005 / 2006.

With the development of Bachelor and Master's degree study programmes, RSU developed and initiated the third level education: doctoral studies in sociology "Social Policy and Social Work Organisation", which provides an opportunity to acquire higher academic qualification and promote a new generation of educators into educational sphere of social work.

Legislation Regulating Social Work: Regulatory Framework and Institutions of Social Security System in Latvia

In 1992, the first social services were introduced and work by social work specialists was started.

During this time also the law and the rules governing social work practices were adopted

Social work in Latvia is governed by the following basic rules:

1) Law "On Social Security (1995)";
2) "Social Services and Social Assistance Law (2003)";
3) Regulations of the Cabinet of Ministers "Requirements for Social Service Providers".

Social Services and Social Assistance Law defines social work as a professional activity that helps persons, families, groups of persons and society as a whole to promote or renew the ability thereof to function socially, as well as to create favourable circumstances for such functioning. Although the legislation of Latvia defines the term "social work", the global definition of social work, as defined by the International Federation of Social Worker is applied.

In the classification of occupations, there are included professions which show a broad social worker specialisation: a caritative social worker; social worker to work with family and children; social worker to work with old people; social worker to work with homeless people; social worker for work with persons with addiction problems; social worker for work with persons in prisons and persons who have been released; social worker for work with persons with disabilities; social worker to work with clients in medical treatment institutions; social worker to work with victims of violence; social worker to work with groups of persons; community social worker.

National policy of professional social work area has been created according to the 21st century challenges, i. e., economic crisis and post-crisis period needs, during which demographic processes change, which consecutively promote continuation of

the social work development launched in the 1990s of the previous century; thus ensuring the legal framework of professional practice as an academic discipline and science (Professional Social Work Development Guidelines 2014–2020).

It is important to note that the country has adopted the social development policy document "Professional Social Work Development Guidelines 2014–2020".

Specific Nature of Social Work in Social Services

Social Services as Structural Departments of Local Governments

Social Services and Social Assistance Law point 10.2 provides that at the local municipality level there has to be at least one of the social services in order to ensure the provision of social services and social assistance and administration of such services, and point 10.1 states that each local government shall have at least one social work specialist per every thousand inhabitants, in order to ensure a professional assessment of inhabitants' needs and qualitative provision of social services and social assistance.

In "Professional Social Work Guidelines for 2014–2020", it is stated that the legal status of social services is twofold – social services are classified as local authorities or as local government agencies. Provision of social services should not affect the legal status; however, there are differences between the operational planning, assessment and reporting procedures, which hinder common and systemic social services and social work planning, monitoring and evaluation of the results of the system.

Riga Social Service

Riga is the capital of Latvia. On January 1st, 2017, there lived 700,518 people (population in municipalities in Latvia). It is just in Riga where focuses on both financial and material resources and social work specialists of social needs of the populations' various social problems are observed.

Riga Social Service (hereinafter – RSD) is under the Welfare Department's authority. Work of RSD is regulated by the Cabinet of Ministers regulations, by the law, as well as by the local government normative acts. RSD is divided in territorial centres: Latgale District territorial centre; Pardaugava District Chapter territorial centre; Northern District territorial centre.

RSD regulations specify that RSD is financed from Riga City budget, as well as is entitled to their own financial resources and to receive donations and gifts.

Social work with families with children is aimed at ensuring professional and targeted social work and social services, which are oriented toward solution of a family's social problems and a child's psycho-social security, the development of own resources

and involving a family support system. Social work services are provided by a social worker for working with families with children.

Social services that offer social services may be:

1) secured by social service;
2) purchased from NGOs;
3) bought from private agencies;
4) paid by state.

In Latvia social services are often bought from different institutions. RSD purchases such social services as family assistant; a long-term social care and social rehabilitation institution to children; social adjustment programmes for children with behavioural disorders; assistant service for persons with disabilities; crisis centre service; psychological counselling, emotional support and psychological research psychologists, days centres of support for children, community centres, syringe exchange and HIV test express bus, etc.

Social workers to work with families with children provide consultations, assess children's needs for social services, make home surveys, assess a family's situation, represent their clients at different institutions, motivate their clients, cooperate with local governments, public and NGO sectors, organise and manage support and self-help groups (Riga City Council Welfare Department Year Book "Social and Health Care in Riga in 2016").

Additional problems include communication problems, i. e., divorce, intergenerational conflicts, conflicts in social environment, problems with social contacts and important relations, conflicts between peers at an educational institution; educational problems (learning difficulties, school absences); wandering, begging (Riga City Council Welfare Department Year Book "Social and Health Care in Riga in 2016").

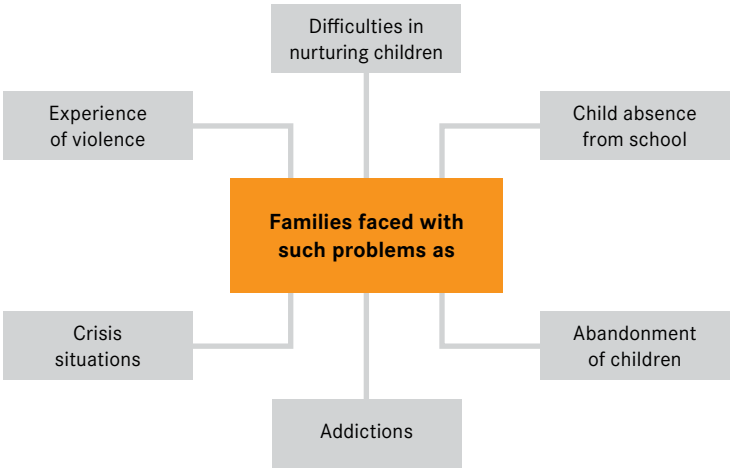

Figure 1. Problems families with children face

Table 1. RSD provided services

Activities	2016	2015	2014
Number of families receiving social work services	3,087	3,089	3,397
Total number of members of family	12,146	11,985	13,063
Members of a family of full age	5,108	7,034	7,616
Total number of children in families	7,038	4,951	5,447
Number of face-to-face consultations	14,980	10,780	16,475
Telephone consultations	26,739	19,092	23,879
Survey of the place of residence of a client	10,224	6,827	9,722
Co-professionals' meeting times	542	355	527

Source: Riga City Council Welfare Department Year Book "Social and Health Care in Riga in 2016".

Based on Riga City Council Welfare Department Year Book "Social and Health Care in Riga in 2016", on average there have been 33 cases per social worker in 2016.

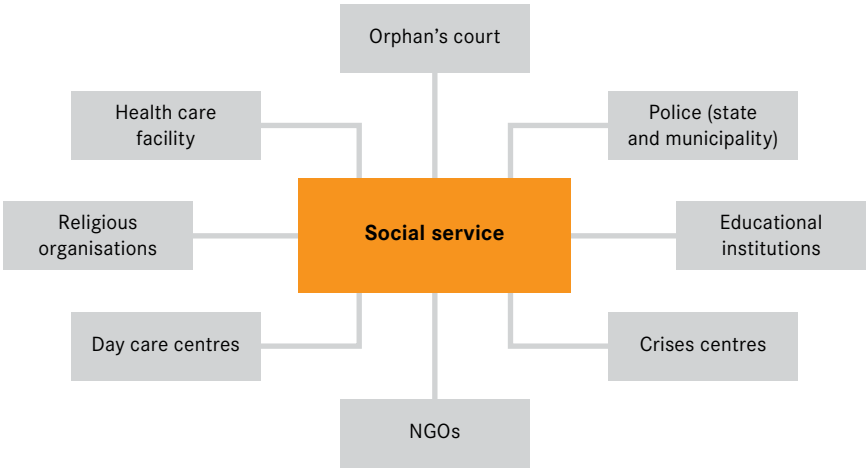

Figure 2. RSD cooperation partners

At co-professional team meetings, various professionals provide information on the social situation and the changes of families, therein, as well as in accordance with their competence, each party puts forward appropriate tasks to foster family's social problem solutions and agree on coordinated action.

Parents are offered to visit different educational groups:

1) children's emotional upbringing;
2) small children's mothers' groups;
3) guide for raising a teenager;
4) parents' efficiency practice;
5) groups for fathers.

CASE ANALYSIS

Case No. 1

Social service providers received anonymous information on the situation in a family with a young child. The information provider informed that the boy was noticed in the yard of the house next door, ten to twelve years old, not attending school, clothing not being appropriate for the season, it was also observed that the boy's family were regularly drunk. The information provider could not specify the precise place of residence.

A social worker, in the possible residence of the family, discovered that there lives a ten-year old boy Kaspars with his mother Inga (31) and grandmother Sarmīte (62). The survey found that the family has been periodically on social service observation and for Inga it had previously been difficult to provide care for her child. The boy does not attend educational institution due to long-term sickness, according to his mother's testimonial. The residence is untidy and dirty. There is an unpleasant smell which may derive from animal faeces. There is a dog and a cat. From Inga's and Sarmite's palpable comes a characteristic aroma of alcohol.

Inga's attitude towards social workers is aggressive, because she believes that the authorities do not have any right to intervene in the family business. Kaspars is not attending school because of his hurt leg. Also the school has never cared why the boy does not attend it. Kaspars sits in the room and scared from social worker issues does not respond, all the time watching the mom's reaction. However, he says that he wants to go to school and hang out with other students. A consultation day with Inga is set in order to decide about the resumption of Kaspars' educational process.

A social worker finds out at the boy's educational institution that the mother had not arranged him home training services, the school also provided information that the boy's mother has applied for another educational institution. Compiling the information received, it appears that the boy has not attended school for up to the age of ten (for a maximum period of one month at the age of eight) and the boy still is a first class pupil.

On the set consultation day Inga arrives in aggressive mood; she expresses incomprehension of social service's intervention. The woman is explained the rights and obligations of a parent regarding the minor child's needs. The tasks are discussed and communicated to her that she has to ensure the boy's education at the place of residence. The issues of residence are also discussed and Inga is informed that the social worker will regularly monitor the life situation at home in order to ensure that the basic needs of the minor child are observed. Inga is also asked to ensure a separate bed for the boy (currently he sleeps with his grandmother) and the location of place where the boy can learn. Similarly, Inga has to collaborate with the educational institution, which will provide the training process at home.

Intervention Characteristics

Starting the work with a social occasion, in order to ensure a minor child's educational process continuity, social worker performs the following operations:

1) survey of the place of residence;
2) clarification of a client's point of view;
3) information collection (from social workers who worked with the family, institutions, databases, etc.) and its processing;
4) creation ecocard and genogram;
5) establishment of a social rehabilitation plan, goal setting and determination of a client's participation in the task;
6) establishment of cooperation network with children, parents (mother), support persons (grandmother), educational institutions, home-schooling teachers, family physician and the mobile brigade;
7) case management process with regular exchange of information with the involved professionals during the cooperation period;
8) deployment of non-governmental organisation resources (meaningful leisure time for a child and his family).

A social worker shall implement the client-person oriented social work practices:

1) positive view of client and self respect;
2) social responsibility for one another.

As the aim of social rehabilitation was the problem of education for the minor, the first consultation already revealed the possible difficulties that may arise in the family in order to achieve such objective. The risks were identified as parents could not collect the required information about the alternative provision of the child's educational process (with respect to the existing health problems), as well as no interest and lack of cooperation from the child's previous education authority. For the members of the family (the child's mother and grandmother) use of alcohol habit was recognised. After the involvement of social service, the family was able to provide and maintain order in its residence.

The social worker established positive, mutually respectful and cooperative relationships with the family. The dynamics of social case are estimated as positive.

A social worker in the framework of cooperation with the client – Kaspars continues education at school, maintains cooperation with his tutors at home to consolidate knowledge. The parent obtained information about the available free-of-charge social support services provided by the local government, as well as the interest group educational services to families with children.

In the leading process of social rehabilitation the set objectives were achieved. The client case is closed. The active cooperation period of the family with social service lasted for 15 months. Five surveys were carried out at the place of residence, as well as two times the mobile team carried out surveys of control in the evenings. The client used 29 consultations, of which 11 were telephone consultations. In addition to this, Kaspars' mother visited four addiction prevention expert advices.

After the cooperation, the family remained at the RSD's observation view. In case the minor's basic needs are not secured, the education authority is obliged to report this to the RSD.

In the case management, the following social work theories were used:

1) client-person oriented social work practice;
2) capacity perspective (people are capable to act, when they have the competence or the skills of their lives and their needs in the natural, social and physical environment).

In the case management the following methods were used:

1) consultation;
2) survey of the place of residence;
3) document analysis;
4) genogramm;
5) ecocard.

Case No. 2

Social service received a task from the State Police, on the basis of the Child Protection Act 58, Part 2 (Law on the Prevention of Irregularities in the Organization of Work), R. M. (14) to set up a prevention file and formulate a social behaviour correction programme. R. M. has several administrative violations: smoking and addictive substances (SPICE addictive substance, glue) use.

A social worker finds the minor's parent contact information, in order to agree on the survey at the place of residence, with the aim of finding the family living conditions. After communicating with the mother, the survey is done. A woman is receptive to social worker and in a telephone conversation she tells the social worker that there are problems with her son's upbringing; a teenager is not respecting the mother or his stepfather. R. M's father has not showed any interest in the son, also at school his grades are decreasing and, perhaps, the youngster will not be transfered to the next class.

During the survey at home, the social worker found that domestic conditions are satisfactory and ensure the basic needs of underage children. In the family there are still two minor children (1 and 5 years), the half-sisters of R. M. During a survey, the teenage mum tells the social worker that R. M. in the evenings walks with his friends, and then any violations happen. The boy does not have any hobby, nor has sport activities he would like. The mum's opinion is that all the trouble comes because of "doing nothing", as well as his friends are not "the right ones". The social worker finds out that also R. M's friends have been in the social service's spotlight for similar offences.

It is agreed with the mother and R. M. that they will start cooperation with social workers, engaging in teenage groups that provide social service.

Intervention Characteristics

When starting work with social occasion to ensure cooperation between the authorities of the requirement for creation of behaviour correction programme and the boy's involvement in it, the social worker performs the following operations:

In the leading process of the case at the cooperational-institutional meeting the following institutions and non-governmental organisations were involved: educational institution, narcologist, police (both state and local municipality), and youth programme service providers. In one of such meetings shopping and entertainment centre representatives were invited (social services had information that in their territories children are lured to purchase addictive substances). At this institutional meeting between professionals involved in the exchange of information, the agreement was reached between the police and shopping and entertainment centre on common raids in their territories.

In order to achieve the social rehabilitation goal, the social worker regularly exchanges information with the youth programme service providers.

The dynamics of social case are estimated as positive. R. M. is actively participating in the youth programme, on its own initiative in the second phase of the programme. The mother used social service's offered psychological counselling services with the aim to improve the mutual relationship with her son and to reduce conflicts.

The challenge to the teenager's programmes was that between the first and the second stage visit (in one month) two administrative violation protocols were compiled.

Parents are actively participating in the teenager's behaviour change process, increasing their own knowledge and skills of the relevant child age.

Within the framework of a social case (a case is still within the observation of social service), there were carried out seven visitations (surveys) of the family, social worker has conducted 32 consultations with a client and his family, eight of which were telephone consultations. Two co-institutional meetings were organised with a view to assess the effectiveness of the improvement of social functioning for a teenager.

The methods used were:

1) consultation;
2) survey;

3) document analysis;
4) interviewing client;
5) genogramm.

The theory used was Social Learning Theory.

Case No. 3

Agnes (26) has turned to social service for a consultation regarding a conflict situation with her mother, to whom she is living with her four minor children (2, 4, 8 and 11 years old) and a spouse Andris. Andris is the father of the youngest children. She tells that when her mother uses alcohol, she becomes aggressive and attacks her. She had called police already several times. The woman has no other place to live with her children.

A social worker, checking the data, finds out that Agnes, together with her children and the children's father, periodically stay in crisis centres. Also, analysing the records in a database, it was found that the reason why the family is evicted from various places of residence was a violation of internal order.

RSD uses data processing and analysis of social assistance programme SOPA for administration electronic use. In SOPA entries notes are made on the activities carried out on the material or social problems with the clients. SOPA entries are made also by cooperation institutions: crisis centres, shelter, outside the family care authority, mobile team, etc. Employees who work with SOPA adhere strictly to the personal data protection law.

SOPA is tied also with multiple application programmes: the State Employment Agency, the registered vacancies information system (BURVIS), the Ministry of Interior Affers supports the information system (NPAIS), etc.

Application programme is aimed at the effective exchange of information for both institutional and co-institutional levels.

During the conversation with Agnes, it is found that most violations by Andris happen because of alcohol, but she does not want to be without him at the crisis centre. There is no money for apartment rent because Agnes does not work but Andris periodically does various odd jobs. The family then goes to Agnes's mother, but after a few days of staying there, conflicts arise.

After assessing the situation, Agnese is asked to invite also Andris to a joint consultation with a social worker. The family is offered a crisis centre service, but with the condition that only Agnes and her children go to a crisis centre, which provides

services to women with children, and Andris can use short-stay accommodation services. At the beginning Agnes categorically refuses to go and live at the crisis centre without Andris; however, listening to the arguments of a social worker about the need to provide shelter for children and regular meals, agrees for some time to be at the crisis centre. It is also explained to Andris, if he wishes, he can see Agnes and children at the crisis centre every day. Andris refuses the social service proposal and says he will live with friends.

The social worker contacts the nearest crisis centre (the smaller children are attending pre-school division) in order to determine the availability of free space. A positive response is received from the crisis centre. The social worker prepares a referral and accompanies the family to the crisis centre.

The social work with the family will be resumed, after the crisis centre (family is kept three months in the social service sight, after leaving the crisis centre).

Intervention Characteristics

When starting work with social occasion, in order to secure the minor's basic rights, the social worker performs the following operations:

1) clarification of a client's point of view;
2) collection of information (from social workers who worked with the family, institutions, databases, etc.) and its processing;
3) determination of a crisis centre service;š availability of the service provider;
4) creation of genogram;
5) design of a social rehabilitation plan, goal setting and determination of a client's participation in the task;
6) cooperation and regular exchange of information with the professionals – the crisis centre throughout social case management.

Social service resumed its work with the family after their six-month stay at the crisis centre. During this time Agnes has divorced from the father of her youngest children. Agnes has also rented a one-room apartment with the children. With the support of social service and crisis centre support all the necessary things for living were received. Also RSD has assisted with a non-governmental organisation which provided material support for

the family. In order to increase the family's social functioning, social service provided a family assistant service.

A family assistant made the following assistance measures for Agnes's family: household skills development, budget planning, support and assistance for childcare and education, various skills development and improvement.

During the social case management period, 10 surveys were conducted; in addition, four mobile teams of the controls carried out surveys at the family's residence in the evenings. The client has used 40 consultations, 17 of which were over telephone. The social worker also repeatedly performed risk assessment of the family. During the case management process, it was also necessary for the social worker to perform co-vision in order to make a decision for the future cooperation process with the family.

Within the framework of social case, there were organised co-institutional meetings with a crisis centre professionals (social workers, psychologists, rehabilitologists). The goal of the meetings was to discuss about the services to the family, after leaving the crisis centre. A second meeting was held between the professionals associated with the family after it having left the crisis centre: the family doctor, the educational institution (for the older children) and a family assistant and a specialist of the paedagogical medical commission, with the aim to find out the best educational institution for the younger children.

In order to achieve the best social rehabilitation objective – securing the basic needs of the children, the social worker regularly exchanged information with the family assistant.

During the social case management, the greatest difficulty for the social worker appeared Agnes's poor understanding of child-care provision (secure environment, children's educational process including pre-school continuity). Lack of understanding could be ascribed to the woman's mental health problems. Although Agnes's disability has not been diagnosed, the woman has acquired education in educational establishments with special training programmes.

Agnes has often changed partners which has had a negative effect on the children's mental and emotional health. Children have also been regularly neglected; Agnes did not provide proper supervision for her children. She could also not make payments for the rent. Agnes was provided material support from the social service, but she was refused assistance for further apartment rental. Agnes resumed living with the children at her mother's

place. However, this place of living did not secure the basic needs of minors (dirt, insects, children without bed space, inappropriate temperatures during cold period, etc.).

The family assistant turned to social service with the information regarding the possible physical and sexual violence against the children by Agnes's partners. The children were immediately placed at the crisis centre, where they were given a psychological evaluation. The results confirmed that the children suffered from the emotional and physical violence from the woman's partners. Children have also been present when adults (Agnes and her partners) have had a sexual relationship.

The dynamics of a social case are defined as negative. Agnes's parental rights for her children care have been taken away, from the children's fathers as well. Agnes now formally cooperates with social service authorities.

The methods used:

1) consultation;
2) survey;
3) document analysis;
4) genogram.

The theory used was client-person oriented (centered) social work practice.

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Family Mediation and Determination of Child Custody in Latvia

Mediation has received an increased popularity in recent years, interpreted as a voluntary and structured process in which the parties seek mutually acceptable agreement through a neutral mediator, as it facilitates communication between the parties in the conflict and is not competent to take a decision on the part of the parties. In order for mediation to be successful, it is necessary to comply with several basic principles of mediation and sequential steps in the mediation process.

In Latvia, currently three associations, as well as Riga City Council, ensures the availability of mediation services in Riga Social Service Department. By the end of 2015, mediation was also available in Riga Orphan's Court; however, since January 2016, the Orphan's Court does not provide this service anymore.

The key EU document defining the implementation of mediation in the Member States is the Directive 2008/52/EC of the European Parliament and of the Council of 2008 on certain aspects of mediation in civil and commercial matters. According to the requirements of the Directive, the Mediation Law was adopted in 2014, which sets out the mediation of a Court starting from January 2015. This, in turn, means that a judge may advise mediation service during the proceedings.

Several projects have been carried out in Latvia involving the introduction of a family mediation. In 2006, the Ministry for Children and Family Affairs launched a pilot project for the resolution of family conflicts. The project was carried out between 2006 and 2007, and during this time, 125 pairs used mediation services. From July to November 2013, the Association "Mediation and THE ADR" implemented the "Family reconciliation and promotion of mediation efficiency in the Riga Orphan's Court". The project was supported financially by the Welfare Department of Riga City Council. The number of mediation cases led by the Orphan's Court has increased from 152 sessions in 2009 to approximately 380 sessions in 2012.

Family mediation can be used in all conflicts affecting the members of one family and used for different conflict situations within the family. A number of family mediation approaches are distinguished. Family mediation is used in situations between parents and children as well as between brothers and sisters.

In some cases, the age of teenagers can contribute to various family feuds if there is a conflict of opinions and ideas between parents and children, and adolescents can form situations where it is impossible to harmonise relations between parents and children.

Mediation can also prevent a run away from home, absence from school, or destructive time management, theft, attack on people or property. Many conflicts in families begin with increased drug use, which results in both social and emotional problems, such as difficulty of expressing their opinions and emotions, expression of anger, etc.

The inability of parents to agree on the raising of children, economy issues, finance and leisure activities may also be rectified by means of mediation aimed at protecting the family. Family mediation can also be used in the event of divorce. Family mediation is then linked to parental rights and obligations towards a child care, education, health and common development of a minor and affects parental rights after divorce.

The social impact of mediation in family is linked to the development of a positive climate in the family, to the mutual trust between family members, as well as the possibility of maintaining and establishing good relations between family members. Each person responds to a particular situation with a definite behaviour; thus, a mediation process ensures that, despite the different behaviour patterns of the conflicting parties, an acceptable result should be found.

The role of mediation is to enable parents themselves to settle their dispute out-of-court, thus saving time, finances and preserving their relationships as much as possible.

The increase of globalisation also increases international mobility, cross-border migration and, consequently, relations and marriages between individuals of different nationalities, cultures and religious origin. Cross-border families are families whose members reside in the EU countries and where one or more family members are not nationals of that country.

Cross-border mediation is applied in various situations:

1) return of a child, determination of a place of residence of the child;
2) possibility of guardianship, visit and missed parents;
3) holidays, birthdays and travel costs;
4) religious, cultural and bilingual education.

Cross-border mediation is favourable to save time and money by assuming that the process of cross-border litigation can be expensive and long-lasting. Cross-border mediation can help overcome many difficulties and obstacles, as the parties need to comply with uniform and unique rules defined by the mediation's provider. Cross-border mediation also provides a useful basis for knowing the interests and needs of the parties, the causes of conflict, and could provide a common solution. Mediation can also prevent a litigation in the future and achieve an understanding that common agreements are worthy. Mediation also helps the parties look to the future jointly by improving relations and resolving problems.

Cross-border family mediation also has several problems. Language barriers and cultural diversity should be mentioned as essential. Cultural differences play an important role in the mediation of cross-border families, as they influence the outcome of the mediation process and can create disagreements which depend on cultural behaviours, ethnicity, religious and political views. It is therefore very important that the cross-border mediator is able to understand the behaviour and hopes surrounding

the culture in order to understand and explain the different perspectives of the parties and to understand the possible barriers which can be created during various aspects of the negotiation process. Different social experiences, educational habits, learning habits, the basics of religious education, such as Islam, when it is important to raise a child in relation to their faith. The role of the language is another important aspect of cross-border family mediation, when cross-border mediators need to cooperate with the interpreters, taking into account linguistic barriers and understanding which often results from different models of cultural behaviour. Often the parties speak different languages, and even if one language is spoken, this often means that for one party it is a mother tongue while for the other party it is not. Thus, a party that does not speak the language can feel uncomfortable and may want to speak in his / her own mother tongue. When the parties become upset, they are interested in expressing their emotions in their native language, and so, it is important that they are understood during the mediation process.

According to the Civil Law of Latvia, until a child reaches the legal age, the parents have the right and duty to care for the child and his or her property and to represent the child in his or her personal and property relations.

Such trusteeship includes several elements:

1) child care; child care shall mean the maintenance of a child, i. e., the provision of food, clothing, housing and health care, care of a child's education and training.
2) monitoring of a child; supervision of a child means protection of a child's own security and prevention of threats to the third party;
3) right to determine the place of residence of a child; it means a right of a geographical choice for the place of residence and selection of the dwelling, with the right to determine the place of residence of a child.

The Civil Law also provides that:

1) a child has the right to maintain personal relations and direct contacts with any of the parents. A child has the right to maintain personal relations and direct contacts with brothers, sisters and grandparents, as well as other persons with whom a child has lived for a longer time, if it conforms to the best interests of the child (the right of access);
2) each parent has the duty and right to maintain personal relations and direct contacts with a child. This provision also applies where a child does not live with one or both parents. The parent who does not reside with the child has the right to receive information regarding him or her, in particular information regarding his or her development, health, educational attainment, interests and household conditions.

Where a marriage is separated by a Notary Office or by a Court, the parents shall agree on all issues relating to divorce, including the custody of a minor child. Over recent years, parents are more likely to decide that a child will live in turns with one or the other parent. The Court often requires one of the parents to submit a claim for establishing a child's place of residence asking the other parent to establish his right

to the access. Sometimes one of the parents does not want to confine itself to the rights of contact. The lengthy legal proceedings are burdensome, the parties usually would like to end their trials and often agree upon mediation. Thus, the conclusion of mediation in civil proceedings is no longer a rarity.

It is important that the emotional well-being and development of a child depends to a large extent on the understanding and of parental responsibility for the child's needs and respect, consequently, the obligation of the Orphan's Court is to assist parents in resolving their differences peacefully, so that the best interests and the right of a child with both parents are resolved. The Orphan's Court shall, as a matter of priority, ensure the protection of the rights and legal interests of the child. The UN Convention On The Rights Of The Child proclaimed the principle of the protection of children rights – the principle of child rights priority, such as the four principles – the principle of a child's best interests; the principle of non-discrimination; the right of a child to express his / her opinion; and the right to life and development.

Children are involved in the mediation process in different ways:

1) direct participation in the mediation process;
2) direct involvement in the mediation process by assisting another person;
3) indirect involvement through mediation, taking into account a child's thoughts.

When involving children in mediation, it is necessary to take into account a child's age, cognitive and emotional culture, the consent and information of a child, as well as the competence of the mediator and the use of child-friendly technology.

The international conventions state "that parental responsibility" shall be understood to mean all the rights and obligations regarding the property of a child or property assigned to a natural or legal person by a judgment, by the performance of the law or an Agreement having legal effect. The term includes custody rights and the rights of access. The Right of Custody includes the right of a care for a child and, in particular, the right to determine the place of residence of a child, while the Rights of Access include the right to take a child for a certain period of time to the place which is not his or her permanent place of residence.

The Law of Custody and Access Rights requires that a child should have rights of contact with both parents, the contact should be in a friendly environment, favourable terms for visas and travel documents, the possibility of knowing the culture and traditions of both parents.

In contrast, it is necessary to comply with the time limits and accelerated procedures in the event of the unlawful removal of children, close cooperation with administrative authorities, and facilitate visa and entry documents. Mediation in cases of international child abduction may only be carried out by experienced family mediators who should preferably be specially trained in international child abduction cases.

A child may not be returned if: a child has accustomed to the new environment; if a child's return could cause physical or psychological harm; if a child objects to the return; if the person who has taken care of a child has consented to the removal of the child; if the State's basic principles of child's abduction regarding the protection of human rights do not allow it.

The mediation agreement concerning child abduction, usually includes the following indicators:

1) return;
2) a child's and the parents' permanent place of residence;
3) living conditions;
4) custody and access rights;
5) bilingual and inter-cultural upbringing;
6) the Hague Convention of 1980;
7) mediation clause.

According to the Riga Orphan's Court data, 20 applications for cross-border mediation were received between 2011 and 2014, four of whom were affected by child abduction and 16 for custody rights. In four agreements a solution was found; in four cases an agreement failed to be reached, in 12 cases the mediation could not be initiated . However, in accordance with the data of the Ministry of Justice, from 2010 to September 2014, the number of children having returned to their home country from Latvia has increased from 4 to 12 children, and the number of children having returned to Latvia has decreased from 40 to 24 children.

CASE ANALYSIS

Case No. 1

Guntars has two daughters – 8-year old Anna and 10-year old Liene who live with their mother Sanita. Guntars has seen his children only a few times since he no longer lives with Sanita. He is very concerned about the daughters and, therefore, wants to meet them regularly.

Intervention Characteristics

At the preparatory phase a contract was prepared which guarantees the confidentiality and neutrality, pointing out the conditions for mediation, as well as the royalties of the mediator. Concerning the place of venue, seats were placed in order to allow the mediator to maintain the same eye contact with each of the parties. Collateral for other consumables: white paper, writing tools, clock, wipes, water, coffee, tea. Before the mediation, the mediator contacted each party by phone to specify the time and place of the meeting.

Guntars and Sanita so far had not heard about the mediation, so the mediator spoke about the substance of the mediation,

explaining the role of the mediator in this process, the key guidelines for mediation, and what should be followed in the mutual communication. The parties heard the mediator and agreed to the conditions.

The clarification of the situation was ensured; the involved parties told their views on the conflict. The mother understands the father's wish to meet the children regularly, but is worried that the father could make the daughters disappointed. There have been some cases before where a meeting with the father at the last minute was cancelled. The mother, therefore, no longer trust the father. The father has a new job as a fireman, and whereas the shift schedules are not yet prepared, there is a risk that the father can be called to work on a final basis, which often falls on days when a meeting with children has been agreed. The mediator used the active listening method during this phase by fixing various details of the conflict. The mediator proposed to set a further meeting on which they could discuss possible, regular meetings with children. The parties agreed on this subject.

The mother, however, would like the father to be more predictable. The daughters are both involved in different educational circles and, therefore, the father cannot emerge when it comes to his mind. Unfortunately, the father at this moment is not able to offer and agree on a certain number of days until the schedule for his work is approved. The mediator was trying to clarify additional questions regarding the daughters' thoughts to such meetings. This involved the need to pay more attention to various signals, when the father did not agree with the proposed model as well as of mother's saying that she did not trust the father. There was the need for an increased response to the issues: the father's wishes and the mother's expectations from the father.

As the father was not able to provide a particular day at the time of mediation when he could meet the children, the mediator recommended that the father could treat the mother and the girls with visit to a restaurant. It was also negotiated that, within a month when the father would have a timetable for his job schedule, next mediation session will take place, during which an agreement should be reached for a specific day of the week when the father would meet the daughters.

Thus, the parties signed the agreement and expressed a sense of relief for a solution reached. The proposal for a dinner could serve as a reason to reunite the family again.

Case Analysis Criteria

In order to carry out the analysis, the problem of child custody rights determination was used as the criteria. In the local family dispute, analysis of the problem of the selection of the child's place of residence and the selection of the educational institution was carried out, while in the cross-border family strife the unlawful removal of the child was used as the basis for the analysis.

The description of the mediation proceedings was based on a step-by-step phase of mediation, a preparatory phase, a pilot phase, a clarification of the situation, a clarification of interest, solutions and an agreement.

Case No. 2 Analysis of the Family Dispute

The minor from the birth to four years of age was under care and supervision by both parents. After the parents' separation, the child stayed with the mother who performed daily care and supervision of the child, but the father took the child and accompanied him at weekends and shared leisure time. There is a dispute between the parents regarding the determination of the place of residence of the child, which is being dealt with in civil proceedings before the Court. The father has, without a judgment of the Court, changed the place of residence of the child, at the same time also the child's educational institution and, in addition, has not allowed the mother to meet the son, and does not provide the opportunity for the son to meet with a minor sister who is in mother's care. The Orphan's Court has assessed the family situation and has given an opinion, indicating that for the benefit of the child his place of residence should be with the mother. The father expressed its opinion that it is not in the best interest of the child to change the pre-school educational institution which the child had already visited two years ago, and now, when resuming it, has returned to the familiar environment to which he has already been adapted.

The father, at the same time has changed the educational institution, and the place of residence of the child as well, and prevented the child from being in contact with the mother and his minor sister. The activities carried out by the father are not in the best interests of the child, thereby reducing the emotional status of the child and not ensuring the rights of the child to interact with the other parent. The fact that the father had

individually and unlawfully modified the child's custody order and also changed the child's educational institution closer to his place of residence allows the Orphan's Court to conclude that the father has infringed the principle of custody rights, thereby limiting the right of the child's other parent to take part in the life of the son. The father intends also to ensure the mother's rights of contact with her son only in the presence of a third person which is in violation of the full rights of the child to meet with the other parent he belongs to.

The mother of the child has registered him to another educational institution, which is located at the place of residence of the mother. The father did not agree to provide the education of the son in the educational establishment of the local government, which is in the proximity of the previous place of residence of the child. This educational institution is accredited and licensed for pre-school curriculum programme, including the acquisition of child pre-school education of 5–6-year olds. As the Orphan's Court has determined the place of residence of the child, this educational institution is located at the place of residence of the mother, and, therefore, it is in the interest of the child to change the pre-school educational institution from the fathre's chosen educational institution to educational institution chosen by the mother.

The Administrative Court stated that the claim by the Orphan's Court that the child himself cannot determine the choice of a kindergarten and choose which one he wants is contrary to the Law on the Protection of the Rights of a Child, which provides for the right of a child to express his or her opinion and be heard. The child is four years old, and this is not an impediment to listen to his or her ideas. The Orphan's Court, making its decision, has not objectively assessed the circumstances of the case, including the right of hearing the opinion of the child. Currently, a child visiting educational institution chosen by the father feels well, which should be considered within the interests of the child deciding upon the change of educational institution. The Court does not establish objective conditions which would suggest that in the best interests of the child is to attend educational institution chosen by the mother rather than educational establishment of the father's choice. The father of a child ensures the attendance of the child to his proposed educational institution. The Administrative Court concludes that the decision of the Orphan's Court is to be annulled.

Intervention Characteristics

Description of Mediation Process for Family Dispute

The mediation started with the preparation for a mediation agreement, facility with paper, writing utensils and a board on which writing will be done was ensured. The mediator contacted the parties prior to initiating mediation in order to clarify the place and date.

As the parties had not previously experienced the mediation process, the mediator introduced the parties at the outset about the substance of the mediation, explaining the role of the mediator in this process, the main guidelines for mediation, and how to follow mutual communication. He explained that both sides should be treated with respect to each other and not to offend each other.

Upon clarification of the situation, the parties explained their views on the conflict. The mother wants a child to live with her and to visit her chosen educational institution. The mother thinks the emotional and physical relationship with primary care and attachment of the child, in this case – mother, is of great importance for children in pre-school age. For the time being, the mother does not have any contact with the child because he is at his father's house. The father, in turn, is of the opinion that the child does not need to change the educational institution, where he has already been adapted, to the educational institution chosen by the mother.

The topic of the meeting was chosen to provide contacts with both parents.

The mother explained that it was understandable that the child had difficulties in changing kindergartens, because for a longer time he had attended a private kindergarten. She assured that the child feels very well there, and she would be willing for the child to continue to attend this private kindergarten if the father of a child provided transport. The father was willing to provide transport, as long as the child remained to stay at his chosen school. The opinion of the child was also asked and implicitly clarified. It was discovered that the child likes to stay with both parents, likes to play with the little sister. He likes to visit an educational institution chosen by the father, because there he has many friends. He also likes when he is picked up from the kindergarten by his father or mother and taken to their homes, where he likes to play with the sister. The child indicated that he

had liked also the other kindergarten, where he had friends, too. He likes to draw and swim. It has become clear that he is happy to live with both parents and likes to visit both schools of preschool education.

Thus, the parties agreed that the boy will one week live by the father and another week with the mother. The father provides transportation for the child to his choice of educational institution, which the child has adapted to and obtained friends. During the meeting, an agreement was reached for the child to spend definitive weeks with the mother or with the father.

The parties signed the agreement and expressed their sense of relief for preferential agreement for a further meeting.

Case No. 3 Cross-border Family Dispute Case

The applicant is currently living in Australia. She is a Latvian citizen who has also acquired Australian citizenship. She met Thomas and after their life together a daughter was born. The father did not indicate his name of the child in the birth certificate and no paternity tests were carried out. Social benefits provided by the applicant were granted as to a single parent. Although the relationship with Thomas deteriorated, they continued to live together. When the applicant left Australia to transfer to Latvia, the daughter was 3.5 years of age at the time.

Proceedings before Australian Authorities. Thomas submitted an application to the Australian Family Case Law to establish his parental rights to the child. In support of his claim, he indicated that he was in close relationship with the applicant and he has always indicated that he was the father of the child. He claimed that the mother has submitted false declarations to the social security services in order for the applicant to receive the benefits provided for a single parent. Thomas argued that the applicant left Australia, together with the child without his consent, in violation of Article 3 of the Hague Convention. The applicant was not present. The Australian family Court recognised Thomas's paternity on the daughter and found that both the applicant and Thomas have shared parental responsibility for the child since the date of birth.

Proceedings in Latvian Institutions. The Ministry of Children and Family Affairs of the Republic of Latvia, which was responsible for the implementation of the Hague Convention, received a request from the relevant Australian authority for

the child's return to Australia on the basis of the international convention, pointing out that Thomas has shared parental responsibilities for the child within the meaning of Article 5 of the Hague Convention. The District Court in Riga examined the request. The applicant and Thomas were both present. The applicant has contested the request by Thomas. She explained that there was no reason to treat Thomas as the father of the child because he had never ever expressed a wish to recognise his paternity before she had left Australia. She claimed that Thomas treats her with some hostility and aggression.

The representative of the Orphan's Court requested rejection of Thomas's application based on the fact that, on the one hand, at the time when the child was removed from Australia, the applicant was a lone mother and, on the other hand, the child had links with Latvia. The Riga District Court upheld Thomas's claim and stated that the child should immediately be returned to Australia in no later than six weeks after the adoption of the decision. It is not within the competence of Latvian Courts to decide on the parental responsibility of Thomas's rights for the child, yet they can decide on the child's removal from Australia and whether the child should return there. The removal of the child shall be deemed to be illegal, as it has been carried out without the consent of Thomas. As regards the application of Article 13 of the Hague Convention, in the light of copies from witness documents, Thomas argued that he had paid for the child before being brought to Latvia. The Court rejected the allegations that there will be risk of psychological harm if the child will be forced to return back to Australia as unfounded. The applicant appealed to the Riga Regional Court and drew attention to the fact that the Latvian language is the mother tongue of the child; she has visited preschool activities in Latvia, has no ties with Australia and is in full care of the mother.

The Riga Regional Court confirmed the decision of the Court of First Instance, in the presence of both the applicant and Thomas. It concluded that Thomas's request was in line with the norms set in the Hague Convention and added that no formality or analysis was required for recognition of the Decision of the Australian Court. The bailiff brought an application to comply with the decision to return the child, but it was refused by the applicant. However, in the vicinity of the applicant's place at the Shopping Centre, Thomas took away the daughter and left him with her for Australia.

Situation in Australia after the child's return. The Australian family Court decided that Thomas is the only person who has parental responsibility for the child. The mother was allowed to see the daughter under supervision of a social worker. The Court also prohibited her to speak to her in Latvian and has established that, as long as the child has not reached the age of 11 years, it is prohibited for the applicant to visit or contact any child-care or school attendee or any other parents whose children attend the same institution. The applicant has returned to Australia and found a place of residence and works in an institution of social security. She has a regular contact with the daughter meeting her twice a week in a social security centre and can see her without having a social worker.

Intervention Characteristics

Description of Mediation Process for Cross-border Family Stride

The location of the mediation process was selected in Australia when the child's abduction had not yet occurred, because in cases of child abduction, it is very important that the mediation process takes place in good time before the kidnapping has been carried out.

The mediation started with the preparation of a mediation agreement and provided premises with a writing board, paper, writing instruments, etc. The mediator contacted the parties prior to initiating mediation, in order to clarify the place and date and to identify if the parties needed a translator.

As the parties had not previously experienced the mediation process, the mediator spoke at the outset about the substance of the mediation, explaining the role of the mediator in this process, the main guidelines for mediation, and how mutual communication should be done. He explained that both sides should be treated with respect to each other, not offending each other.

Upon clarification of the situation, the parties provided their points and views on the conflict. The mother believed that the relationship between them had deteriorated, because the father had been very tired after work and could, therefore, not devote sufficient attention and time to the mother and the child. The father, in turn, thought that, under the existant conditions, good work and remuneration were the main ones for helping them materially,

while bringing up the child a greater number of mothers do not have an independent source of income.

The topic of the appointment was chosen to improve relationships between the parents.

When clarifying the interests, the mother felt abandoned in the foreign country. She had been sad after leaving Latvia, as well as her family and friends. The father had been constantly work, coming home very late and tired. The mother lacked relationships with neighbours, and so she did not work. The mother expressed the wish for the father to be more involved in the process of education of the child. The father, in turn, was of the opinion that he worked a lot and hard to help ensure and support the child's education and care for the child. The father also stated that in many aspects of education opinions betwen parents differed, so he he had chosen to better support the welfare of the child.

The parties agreed that the mother shall be more involved in various activities with the child, attending groups and lectures of raising children, so that there would be more contact with the people, and she would discuss common education problems of children. The father shall, however, pay attention to the child at weekends, spending more time together teaching cultural customs.

The parties signed the agreement and expressed the preferential agreement for a fixed further meeting.

Conclusions

In general, in the context of mediation, the problems and role played by the family disputes vary widely between national and cross-border levels. The fact is that the cultural and traditional habits of different countries play an important role in cross-border disputes, as well as an understanding of the options of the future, which results in a high degree of cross-border mediation and require special mediator training.

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Social Work with Family at Social Risk in Lithuania

Development of Social Work

Social work in Lithuania in three decades has reached the same stage that other Western countries have developed throughout entire 20th century (Pivorienė, 2010). Still, it should be noted that social work in the Western world was the result of a long-lived evolutionary process; meanwhile, in Lithuania, as well as in other states of Eastern Europe, it is the product of abrupt change of the society (Švedaitė, 2004). Social work in Lithuania at the same time was developing its identity as of a new profession, and was in search of solution of not just old, well-known from soviet times, problems, but of the new ones that appeared only after the restoration of independence, as well (Švedaitė, 2007). Three basic steps of social development in Lithuania from 1990 have been distinguished: acceptance of social work concept, professionalisation of social work and professional social work (Bagdonas, 2001).

The first step of the development of social work is associated with the acceptance of the concept of social work and covers the period from 1990 to 1992. In this stage, the first social workers from the West showed up in Lithuania; the first training for the staff of medical institutions was organised under their assistance; the universities which were introducing social work programmes were counselled. In 1992, the Government of the Republic of Lithuania adopted the resolution "On Preparation of Social Security Specialists in the Educational Institutions of Lithuania". It was noted in the document that high schools in Lithuania shall prepare specialists of social security following the orders from ministries, departments and other governmental agencies. In 1991, Utena College and in 1992 Vilnius University and Vytautas Magnus Universities developed and started the first study programmes of social work.

The period from 1992 to 2002 has been named as the stage of professionalisation. This stage can be characterised with the development of juridical base, academic boom, international support, primary attestation of social workers. In 1993, the Association of Social Workers of Lithuania was established. In 1994, the first graduation diplomas of social work studies were granted. For the first time in Lithuania the social work was defined as a professional activity only in 1996, in the Law on Social Services (1996), legalising the profession of social worker. Within a very short time period thousands of

jobs for social workers were established, thousands of specialists of social work were trained or re-trained (Bagdonas, 2001). In 1997, Lithuania employed approximately four thousand social workers – practitioners; of those only 3–4 % had the qualification of social worker (Social Report, 1998). In the beginning professional requirements to social workers were quite low. It was a common practice that, when some institution needed social workers, they would just rename some other position and would keep the same staff (Varžinskienė, 2008). This formed the attitude that anyone may do social work, which consequentially made negative influence on the status of the profession. Development of social work as a profession and as a system was impeded by insufficient primary social care system (Švedaitė, 2004).

The period starting from 2002 has been identified as the period of professional social work. After an abrupt stage of quantitative development, in this period more and more attention was paid to quality. Professional social workers became the main providers of services, overall integration of values, knowledge and skills became the objective. The requirements to the professional qualification of social workers gradually became stricter. The new Law on Social Services (2006) extended the definition of social work, taking into account the international practice. Social work has been defined as "the activity of helping a person, a family to solve their social problems according to their possibilities and with their participation, without violating human dignity and by increasing their responsibility based on cooperation of a person, family and society". From 2011, only a person who has the higher education in social work, or its equivalent, has the right to work as a social worker. In 2015, the Description of the Direction of Social Science Studies was approved; it establishes that the direction of social work studies belongs to the field of social science studies. The direction of social work studies covers the following branches: health and welfare; child's and family's welfare; work with the youth; social community work; probation work.

The Lithuanian system of social services is being implemented based on the principle of de-centralisation. Following the example of the Western countries, the institutional and organisational structure, including both long-lasting care community services, is being formed. In 2014, the Action Plan for 2014–2020 of the Transfer from Institutional Care to Services Provided in the Family and the Community for the Disabled and Children Deprived of Parental Care was approved. The purpose of the plan is to develop a system of integrated and personalised services in the community (Social Report 2014–2015).

From the methodological point of view, the development of social work in Lithuania may be analysed in three aspects – as a science, as a study subject and as a practical activity.

Presently, social workers are being trained in sixteen high schools in Lithuania (6 universities and 10 colleges). In 2015, the Association of Social Work Schools was established. A social work as a science and as a study subject is being actively developed by universities that train social workers. After formal legalisation of social work

studies in Lithuania, representatives of various fields of science – sociologists, educators, economists, medical professionals, etc. – were involved in social work research and in organisation of studies. On the one hand, this enriched the area with diversity of methodological approaches; on the other hand, it brings a continuous threat of losing the factual subject of social work research and studies. It should be noted that in Lithuania the studies of social work may be continued up to the master's degree qualification. Those who wish to continue doctoral studies have to choose sociology, education or other study fields. Over several past years, scientists that have gained doctoral degrees in foreign universities contribute to the development of social work in Lithuania, but, according to the Lithuanian classification of science, they are formalised in other fields of science (sociology, management, etc.). From the very beginning of preparation of social service professionals in Lithuania, related professions of social paedagogic and social work are separated. The professionals for those areas are being prepared according to different study programmes. Formal separation of social work and social paedagogy professions does not allow social workers to work in educational institutions under the Ministry of Education and Science, when social paedagogues may not claim for social workers' jobs financed by the Social Security and Labour.

Social work, as a field of practical activities, is being developed in various sectors of social services provision. Social workers work for state, municipal, public and confessional organisations, non-governmental organisations, provide social services (day centres for children and teenagers, for disabled people, care facilities, care facilities for the elderly, hostels, correctional institutions, crisis centres, etc.) for various groups of clients. Non-governmental institutions played a significant role in the development of social work in Lithuania. Those organisations were and still are the initiators of new, efficient forms and methods of organisation of services, their representatives are being invited as consultants in preparation of standards of social services, looking for ways to improve quality and efficiency of the services (Žalimienė, Rimšaitė, 2007).

Irrespectively of the fact that social workers work in very different areas of practical activity, in Lithuania we face disregard of the professional status of social workers. Such disregard of professional status is being formed by a number of factors (Švedaitė, Buzaitė-Kašalynienė, Gvaldaitė, 2014): the order for social work is formed and controlled by actors that lack sufficient understanding about the activity; professional community of social workers is still unable to form its professional identity and represent it in decision-making institutions. Nevertheless, the hope that eventually the young generation of social workers will change the image of social workers in Lithuania does exist.

Social Work Target Groups that Social Workers Work with in Lithuania

The Law on Social Services (2006) distinguishes the defined groups of social service recipients:

1) **person with a severe disability** shall mean:
   a) a child with a severe disability – a person who has been established a level of complete dependency under this law and has been established a level of severe disability under the Law on Social Integration of the Disabled;
   b) an adult with a severe disability – a person who has been established a level of complete dependency under this law and has been rated as incapable of work under the Law on Social Integration of the Disabled;
   c) a person with a severe disability who has attained the pensionable age – a person who has attained the pensionable age and who has been established a level of complete dependency under this law;
2) **child with a disability** shall mean a child less than 18 years of age who, by reason of his disability, has partially or completely failed to acquire the independence corresponding to his age and whose possibilities of education and participation in society are limited;
3) **adult with a disability** shall mean a person of working age who, by reason of his disability, has partially or completely lost the abilities to independently care for his private (family) life and to participate in society;
4) **child deprived of parental care** shall mean a child less than 18 years of age who has been established temporary or permanent guardianship (custody) in accordance with the procedure laid down by laws;
5) **child at social risk** shall mean a child under 18 years of age who is involved in vagrancy, begging, does not attend school or experiences behavioural problems at school, abuses alcohol, narcotic, psychotropic or toxic substances, is gambling dependent, is involved or tends to be involved in criminal activities, has experienced or is in threat of experiencing psychological, physical or sexual abuse, violence in family, which limits his possibilities of education and participation in society;
6) **family at social risk** shall mean a family in which there are children under 18 years of age and at least one of the parents abuses alcohol, narcotic, psychotropic or toxic substances, is gambling dependent, due to lack of social skills, does not know how to or is incapable of properly caring for children, abuses them psychologically, physically or sexually, does not use the state provided support he receives in the interests of the family, which results in a threat posed to the physical, intellectual, spiritual and moral development and security of children. A family whose child has been established temporary guardianship (custody) in accordance with the procedure laid down by laws shall be regarded as a family at social risk, too;

7) **adult at social risk** shall mean a person of working age who is socially excluded owing to his involvement in begging, vagrancy, alcohol abuse, abuse of narcotic, psychotropic or toxic substances, gambling dependence, involvement or tendency to be involved in criminal activities, experience or being in threat of experiencing psychological, physical or sexual abuse, violence in family and partial or complete loss of the abilities to independently care for his private (family) life and participate in society;
8) **elder person** shall mean a person who has attained the pensionable age and who, by reason of his age, has partially or completely lost the abilities to independently care for his private (family) life and participate in society.

Social Work with Family at Social Risk

The Law on Social Services of the Republic of Lithuania (2006) defines the family at social risk as a family in which there are children under 18 years of age and at least one of the parents abuses alcohol, narcotic, psychotropic or toxic substances, is gambling dependent, due to lack of social skills, does not know how to or is incapable of properly caring for children, abuses them psychologically, physically or sexually, does not use the state provided support he receives in the interests of the family, which results in a threat posed to physical, intellectual, spiritual and moral development and security of the children. A family whose child has been established temporary guardianship (custody) in accordance with the procedure laid down by laws shall be regarded as a family at social risk, too.

The term "family at social risk" defines two aspects of risk:

1) the family is facing complex problems, experiences the real risk that its situation is going to become especially complicated, posing a threat for proper development and security of children unless somebody helps it;
2) the family is taken care of by the Department of Protection of Children's Rights, because it poses a serious threat for children: they may be harmed or they may be unprotected against misfortunes (Social Work with Families at Risk, 2012).

Since 2006, Departments of Child Rights Protection (henceforth referred to as *DCRP*) keeps the register of families at social risk in which there are children (henceforth referred to as Register). Though the Law on Social Services (2006) does not say that only the families included into the Register belong to the "families at social risk" category (Letter of the Minister of Social Security and Labour to the Mayors of Municipalities on Consolidation of Social Work with Families, 2015), in practice the work with families at risk is often abridged to the work with the families included into the Register and is limited to a solution of critical situations without carrying out any preventive work (Certificate of the Ombudsman for Children Rights of the Republic of Lithuania "On Investigation Initiated by the Ombudsman for Children Rights of Problems and Influence of Organisation and Provision of Social Services for Social Risk Families", 2012).

In Lithuania in 2014, there were 9930 families in total at social risk with 19,668 minor children. It has been noticed that over the past five years, the number of families at social risk has been insignificantly decreasing. The factors causing this decrease are the annually decreasing total population and consolidated and improved social work with families at social risk. The main causes resulting in inclusion of families into the Register of families at social risk is abuse of alcohol and psychotropic substances, lack of social skills and incapability to take care of children (Activity Report for 2014 of the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour).

Methodological Recommendations on Work with Families at Social Risk (2003) distinguish the following types of families at social risk:

1) one or both parents have bad habits or compulsions – use drugs, demonstrate dissolute sexual behaviour, gamble, suffer from bulimia or anorexia, spend too much time at work;
2) one or both parents threaten to use or use corporal punishment as the basic measure of discipline. Children might be witnessing physical violence or forced to participate punishing brothers or sisters, or live in fear of possible outbreaks of aggression;
3) one or both parents treat children as their property the main purpose of which is to satisfy physical and emotional needs of the parents (e. g., a depressed mother does not let a child go out, because she is unhappy being alone);
4) one or both parents do not satisfy or threaten not to satisfy the vital needs of a child (give no food, clothes, deprive of rest);
5) one or both parents use strong authoritarian control as a means of upbringing;
6) family fanatically follows specific beliefs or stereotypes (religious, financial, political, etc.), implicitly demanding a child to obey the lifestyle.

When doing practical work with families, it is recommended to distinguish **three levels of social risk**, but still the final decision regarding attribution remains after local self-government. Based on the Recommendations for Social Workers Working with Families at Social Risk Regarding Assessment of Family Situation and Planning of Work with the Family (2014), the following types are distinguished:

1) **severe risk family** – a family that is essentially incapable to function independently. It needs help of a social worker and of other specialists;
2) **medium risk family** – a family that is able to function independently, but, aiming to secure safety and emotional, psychological welfare of its all members in full, it continuously needs specific assistance from a social worker and from other specialists;
3) **mild risk family** – a family that is temporarily experiencing a crisis, but is capable to function independently and is able to secure safety of all its members, emotional, psychological and material needs. Functioning of the family is disturbed just by the present crisis.

In general, there are three reasons to take families off the Register: when the reason for inclusion in the Register is off; when there are no minor children in the family any

more (when the child reaches adult age, gets emancipated after unlimited restriction of parental care and having established nuolatinę globą for the child); in case the family moved to live in another municipality, having transferred the case of the family to the respective Department of Child Rights' Protection (Activity Report for 2014 of the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour).

Services for families are provided on the municipal level, using the present resources and encouraging occurrence and development of new services. Those actions are aimed to secure safety of the child in his or her home, to assist the family in gaining new skills of healthy functioning, to improve parenthood skills and to satisfy the essential needs of the family – security, stability and welfare of the child and family.

The key factor of success of intervention into a family at social risk is the interdisciplinary cooperation and coordination of efforts of various specialists. Interdisciplinary attitude includes all formal and informal measures which can be used to help a dysfunctional family to turn into a safe, stable and securing welfare of all its family members.

The Child Rights' Protection Service is responsible for creation of an interdisciplinary team and organisation of its activity. Theoretically, an interdisciplinary team should consist of medical workers – nurses, doctors, staff of Children Rights' Protection Service, educational staff – teachers, school psychologists, social paedagogues and special paedagogues, officials of law and order, parents, guardians (foster parents), staff of non-governmental institutions. CRPS employees do not do social work directly with families at social risk but visit them and present conclusions to the Department of Social Support regarding organisation of services for the family.

The main providers of services to the families at social risk are the employees of local authorities, social workers and paedagogues employed for the work with families at social risk and in the children day centres, as well as social paedagogues of educational institutions.

The Lithuanian practice of social work with families at social risk might be faulty, since the family is not treated as a solid unit. A social worker of the local authority responsible for the work with families at social risk works with adults, when the employees of the school or children's day centre work with the child. So a problem of the family is approached by applying different work strategies and directions on individual members of the family.

Formally the work of local social worker with the family at social risk starts with the inclusion of the family into the Register. The family is included into the Register under a resolution of the Department of Child Rights' Protection. Then Social Support Centre starts direct social work. A social worker arriving under assignment of the Department of Child Rights' Protection is mistrusted by the families, as if he or she is sent by the "enemy"; therefore, establishment of trust-based contact of assistance requires a lot of time and efforts.

Depending on changes in the family situation, the CRPS decides regarding the child's taking from or returning to the family. Finally, based on a proposal of

the social worker and presentation of the CRPS, the family is taken off the Register under an Order of the Director of the Administration of the Municipality.

In Lithuania families at social risk with children are provided with both general (information, counselling, mediation and representation, provision of necessary clothes, footwear, etc.) and special (development and support of social skills) services.

Most often municipalities provide the following **general social services** (On Investigation Initiated by the Ombudsman for Children Rights of Problems and Influence of Organisation and Provision of Social Services for Social Risk Families, 2012):

1) **information:** provision of required information on social support to a person (a family);
2) **counselling:** together with the person the problem situation of the person (family) is being analysed and efficient ways to solve it are being searched for;
3) **mediation and representation:** provision of assistance to a person (family) solving various personal (family) problems (legal, health, economic, household, formalising documents, paying taxes, getting appointments with specialists, organising household work, etc.) mediating between the person (family) and his / her environment (other institutions, specialists, persons).

The following services for families at social risk with minor children are provided less frequently: organisation of food provision, provision of necessary clothes and footwear, transport organisation, socio-cultural services, organisation of personal hygiene and care services, other general social services.

The most frequent special social care service for families at social risk is development and support of social skills: services provided for persons (families) during day time, with the purpose to support and restore self-efficiency performing various functions required in private (family) and public life (Investigation Initiated by the Ombudsman for Children Rights of Problems and Influence of Organisation and Provision of Social Services for Social Risk Families, 2012).

The first establishment of social workers for the work with families at social risk was in 2007. Presently, in Lithuania there are over 500 social workers of the local authorities that work with families at social risk. According to the data for 2014, on average 14 families at social risk fall on one social worker. By the law, one social worker that provides social care to families at social risk shall not have more than 17 families at social risk under his / her responsibility. They all face very similar problems in the implementation of their work, but they do not cluster into an associated structure, with the help of which they could represent their interest and share experience, provide assistance among them, create inter-vision groups, etc. (Švedaitė, Buzaitė-Kašalynienė, Gvaldaitė, 2014).

The most important task of the social worker working with a family is to create conditions which could maximally disclose the capacity of the family. The role of the social worker working with a family is the one of the activity organiser's, assistant's, advisor's, rather than of the task performer's (Ivanauskienė, 2008).

In Methodological Recommendations for Social Workers (2012), **the principles of the service provision** are regulated:

1) social support shall help a client form his / her life and live it;
2) relationships between a social worker and a client shall be as less hierarchic as possible;
3) initiative and contribution of the client shall be respected;
4) relationships between a social worker and a client, as well as between a worker and colleagues and other workers, shall be in the nature of dialogue;
5) organisation of social work shall capacitate a worker to work responsibly.

In Methodological Recommendations for Social Workers (2003), it is foreseen that assistance to families at social risk should be organised in two parallel directions – prevention and intervention. Prevention is with the purpose to develop and consolidate those elements or structures of the society which encourage and strengthen the family, and the development of children as individuals capable to think freely and act morally.

Prevention of social risk of the family includes **three areas of activity:**

1) measures of general nature, which are aimed at strengthening positions of a family and of each member in the society (laws that strengthen welfare of a family; securing equal rights and human rights; development of economic possibilities which secure material self-efficiency; improvement of social policy; consolidation of positive image of a family in the society; securing health care);
2) parental education providing them with knowledge, focusing on the importance of warm human relationships of a family, of mother and father, on children upbringing, on ways of settlement of arising uncertainties, on how to express one's feelings, on ways to overcome crisis;
3) assistance in critical situations providing social and psychological support. Social support is associated with emotional support, information, assistance to a family in assessment of their economic and social situation with specific financial support and assistance in performance of particular jobs – when shopping, paying taxes, and getting to doctors. Psychological assistance is provided via telephone lines, at crisis centres, for those that have experienced violence, lost home; psychological counselling for children or adults individually or in a group, providing assistance to witnesses or violence of suicides, activity of intervention teams in crises, counselling of family / spouses by organising self-assistance groups.

Intervention is defined as the activity meant to retain the family and includes actions pointed towards overcoming a family crisis which may result in separation of a child from the family because of behaviour harmful to a child. Intervention is a sequence of logical steps, which ensures that a client (family and / or child having experienced violence) gets the required qualitative and efficient assistance. Intervention means making the plan of assistance together with a client and its implementation. Steps of intervention: client's identification – identification of a family at social risk;

client's assessment – how urgently measures have to be applied, what the level of risk of safety and welfare of a children is; making of the action plan of work with a family at social risk and its implementation; assessment of the results of work with a family at social risk and further actions planning.

In 2014, the Ministry of Social Security and Labour prepared Recommendations for Social Workers Working with Families at Social Risk. The Recommendations are meant for assessment of a family situation, for planning of work with a family and for implementation of measures. The Recommendations consist of forms of documents designated for a more efficient assessment of a family situation, establishment of strengths and weaknesses, for making the plan of support for a family and for assessment of changes taking place in the family (a family card, an agreement on joint activity aiming for changes, a description of progress of work with a family, a case description, information about the family and support provided for it, an agreement on support distributing the income of the family). It is recommended to allocate about 10 % of time of work with a family on documentation.

The research performed by Stremauskienė and Žibėnienė (2014) showed that social workers that work with families at social risk are facing difficulties related to conditions of work organisation and clients. The difficulties associated with conditions of work organisation: heavy work load, lack of conditions for work (absence of a car, isolated work room and insufficient confidentiality), lack of inter-institutional cooperation, which is not being investigated on the institutional level, drawbacks of legal acts are especially associated with situations where persons are alcohol addicts. The client-related difficulties: facing aggression of the members of families at social risk, worries when visiting families at social risk on one's own, insecurity because of actions of aggressive, intoxicated, sick persons, not understanding of the support-orientated purposes of the visits, negative attitude towards a social worker. According to social workers, the attended families very often negate the existence of problems, do not understand the purpose of social support and do not want to accept assistance, lack of motivation to change their life style.

One of the forms of the institutional social support for families at social risk and children growing in them is children's day centres. A children's day centre is defined as a public legal person providing social and education services for families at social risk and children (National Programme for Children's Day Centres for 2005–2007, 2004). According to Masiliauskienė and Griškutė (2010), the essential goal of children's day centres is to provide care for children and realise additional spectra of services created in the way which allows to satisfy the essential needs of a child's personality which cannot be satisfied by the child's family, at the same time aiming to support a family by improvement of the skills of motherhood and fatherhood in their homes and in the centre.

The research of the activity of the children's day centres, of the social services provided in them and of their development potential (2015) showed that currently in Lithuania a minimum of 252 children's day centres operate.

Anyway, municipalities lack of services of CDC provided for children growing in families at social risk. It should be noted that a majority of CDC established in municipalities operate in cities, regional centres and bigger settlements. Thus, they are difficult to reach for children from more remote places; therefore, the problem of limited chances to attend such centres for children is still relevant. Mostly socially vulnerable, with low income and education, often single parents, are the users of services of the children's day centres. The spectra of services provided by children's day centres is oriented, namely, towards occupation of children, development of children's and their families' skills. The activities being carried out in children's day centres include: organisation of events, educational activities, cognitive activities, trips / excursions, activities according to the likes of children, joint events with families with children, individual discussions with families in day centres, provision of information to families, counselling, mediation and physical training.

Social Work Services for Families at Social Risk

Social services for families at social risk are provided by employees of Municipal Social Support Centres or staff of local authorities, various non-governmental organisations, including those receiving state financing for project activities according to the Programme of the Ministry of Social Security and Labour "Implementation of the Policy of Family Welfare and Children's Rights Protection". Work with families at social risk is financed from the budget funds, but some municipalities finance transport, communication and other services and part of social workers' salaries from their own budgets.

According to the data of the Ministry of Social Security and Labour, in 2014 the state-budget financing was allocated for 7175 jobs of social workers for work with families at social risk; majority of those jobs are in rural areas. In 2014, the Ministry of Social Security and Labour additionally established 83 jobs for social workers for work with families at social risk. According to the data of the Ministry, 46 % social workers are directly controlled by municipal social services centres, 43 % – by local authorities of municipal administrations, 6 % – by other institutions of social services, 3 % – by the services of home assistance, 2 % – by the social support departments (Activity Report of the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour for 2014).

Similarly to previous years, the services not just for a child, but also for families, are actively provided by children's day centres (hereinafter referred to as the CDC). In 2014, 220 projects were financed (in 2013 – 203, in 2012 – 175, in 2011 – 176). Throughout 2014, 6568 children were provided with social care in CDC (in 2013 – 6274, in 2012 – 5011), and in one CDC on average 26 children of various ages received services every month. In 2014, 4273 families were in the view of project effectors. Thus, more

and more CDC projects are being financed and the number of children – recipients of the services is increasing.

It should be noted that in 2014 a half of all social day care services for children and families of CDC was financed by the Ministry of Social Security and Labour with additional financing form the municipal administrations.

The major part of children day centres is financed through tender programmes for financing of children's day centres presented by the Ministry of Social Security and Labour of the Republic of Lithuania. With the increase of independence from the public sector, the number of centres receiving additional financing is also increasing; especially should be noted children's day centres administered by non-governmental organisations. Three of every four children's day centres have social workers among their staff. Social paedagogues work in every second children's day centre, psychologists and paedagogues – in four of every ten children's day centres, and health care specialists – in one of every ten children's day centres.

Case Management Method in Social Work with Families

Case management is a relatively new and innovative method used in social work. It can also be understood as a way to implement the objectives of family and children social work. On the other hand, it is a systematic approach to problem solving and social work process based on multi-disciplinary professional team-building for long-term and short-term objectives in social work. The uniqueness of this method lays in the structured and organised working plan agreed upon among different specialists which is based on the strengths (resources) utilisation potential.

In general, bearing in mind that the methodology discussed has to be oriented onto the social work with disadvantaged families, it is obvious that such a work strategy requires appropriate characteristics to respond to multiple needs of diverse people taking into account differences of their social environment.

Understanding the complexity of family situations and reflecting the nature of their difficulties in a systematic point of view, requires the involvement of multi-professional teams into the family support process. It would be very naive to expect that the complex social problems experienced by families are possible to respond effectively to working in fragmented and uncoordinated yet professional way. A social worker, in order to grasp the essence of the problem in a systematic approach and equally in order to organise help for a family, must realise that the effective allocation of responsibilities is only possible within multidisciplinary team. This strategy facilitates fulfillment of task through involvement of as many professionals as possible in order to effectively exploit their professional expertise, to coordinate a unified understanding of working strategy and common goals (it is a big mistake to believe that the different understanding of a family situation among various specialists as well as use of fragmented work strategies

may help the family, which must be understood as an integral and indivisible whole). Fragmentation would only provoke the helplessness of professionals and failure in solving family problems. Meanwhile, a coordinated multidisciplinary work environment provides the opportunity to share the information, receive professional support, advice and understanding, and at the same time feel that not to be left alone with a difficult and complex family problem.

Obviously, in an attempt to delve into the case management approach, it is necessary to discuss the specifics and characteristics of this approach. Furthermore, it is important for us to understand that this method cannot be treated as the only suitable and best method in working with families. Quite the contrary, it is used more as one of the many strategies in organising multidisciplinary work environment and family support process. It should be understood as a measure that is applied when sufficient information about the family is gathered and prior to the development of a family support plan, which includes the multi-disciplinary team strategy.

Case management approach in social work has certain traits and characteristics, and can be described as:

1) social work implementation processor systematic way to carry out a sequence of social work procedures;
2) service mode and one of the social work methods;
3) set of social worker's roles / functions;
4) mechanism to provide services for disadvantaged families;
5) measure to implement objectives of an organisation or society.

Case management method is distinct by some characteristics that make it a unique and effective strategy in social work. First, case management aims to help people (families) in their natural environment by providing coordinated community-based services and refusing to concentrate services in institutions. This method is characterised by: pragmatism, or the aim to meet the basic needs of clients; it focuses on strengths rather than problems; it is a systematic multidimensional approach (holistic approach) as a response to the complex and problematic situations in multiple human needs.

It is important to mention that case management is also applied when problems cannot be solved by one institution or one system and an integrated long-term follow-up support is required. Working with social risk families is a good example, as the predominant form of multidimensional social risk existing within these families determine that traditional social work practice with the individual and the family cannot respond to changing family needs and respond to the challenges posed by the social environment. At this point, a case management approach, rather than a traditional social work, **emphasises a client-centered process and empowerment** – promoting client's responsibility for their situation and achievement of change. It is important to note that case management approach is based on the need and desire to expand. In other words, social workers working in multidisciplinary team seek to expand the network of social services and support as well as ensure that this network is available for clients to use in sense of linking clients to resources that can help to meet their social needs. Another characteristic feature of this method – **aspiration to link**; thus, in order to reduce

problems associated with fragmentation of services, scattered different organisations, lack of communication among professionals. Predominant idea that split and fragmented family welfare network is coordinated and, if there exists a specific need of a family, services are available to families at a time they are needed. Individuals and families must be linked to services needed through case manager – a responsible coordinator.

Case management as part of broader child and family welfare system, ensures that service users are linked with appropriate services; thus, implementing secondary prevention in the community and coordinating planning and provision of necessary services to families. In this way case management also intends to optimally allocate and utilise available resources and avoid possible duplication.

When discussing specifics of case management, it is important to mention that the approach is based on fundamental values and professional principles:

1) help clients in their natural environment;
2) use client-centered approach as the basis for initiated change;
3) understand causes of family difficulties using holistic (systematic) approach;
4) pay special attention to a client's strengths, rather than focusing on problems.

In order to understand the specifics of a case management approach better, it is necessary to look at the concept and role of a case manager. The profile of professional's activities can help us to understand the essence of this approach. Thus, for example, Guay G. perceived case manager as:

1) **close person** – not in terms of close emotional and physical connection, but rather intensive support and a strong professional relationship when organising support process. This would mean that the work organised is based on humanistic values enshrined by C. Rodgers. Rather than looking at the situation from an "expert who knows client's situation best" point of view, case management emphasises the need focusing on building trustful relationships with a client, which, no doubt, is based on professional ethical values and active interest in the client, his situation as well as non-judgmental perspective, empathy and sincere desire to help a person in his situation. On the other hand, this trustful relationship should have practical significance – a family looking for help receives help and support when needed, not when a worker thinks it is appropriate;
2) **relationship manager** – social worker / case manager is the person who evaluates, initiates, maintains and develops relations between a client and social, economic and other resources in his / her social environment;
3) **"buffer"** – this role is associated with case manager's ability to properly assess and adequately respond to a client's emotions – directing them toward smooth implementation of the case management process. Inevitably, working with socially risk families is challenging and difficult at times; this is the task during which a worker might face different conflictive, emotionally and psychologically heavy situations that are extremely difficult to respond; however, it is important to understand that a professional does not only have to control their emotions, but also guide a client's emotions accordingly.

Figure 1. Objectives of case management within family social work

Both general profile or therapeutic social workers and case managers organise their work in similar way. In both cases, assessment is carried out, tasks and objectives are proposed, planned activities implemented and success evaluated. However, case managers are more focused on using community resources in order to help clients meet their needs. Intervention is predominantly understood as an effort to coordinate multi-disciplinary team, linking customers with certain service providers (community-based organisations, agencies, government bodies, academic institutions, which can help a person).

According to some social work authors, case management task is twofold. On the one hand, it strives to help people achieve personal, interpersonal and community resources that can help them solve their problems, and, on the other hand, it is important to teach them become case managers of their situations (this is usually achieved by empowerment). Thus, clients should be able to identify challenges and solve problems independently. This goal is not always possible to achieve, but in any case it is the direction which a case manager should follow. In general, as case managers, we strive to enable customers to "manage" (case manage) their problems and learn to use resources in the community.

When working with social risk family's case, managers usually aim to realise three main objectives (see Figure 1).

The objectives can be realised using three different strategies (see Figure 2) that are often combined.

The strategies in case management would describe the principal direction of action, or to be more precise – stand for the categories of specific types of professional actions. Different activities and actions are characteristic to case management but in general they simply reflect objectives and roles of social workers in the process of case management.

Figure 2. Strategies of case management

These categories of roles might be grouped:

1) collection of necessary, selective and purposeful information from different sources, including clients, their family, local authorities, agencies, neighbors, relatives etc. This is a purposeful action as it has to lead the case management to understand the causes of social problem and raise hypothesis what is to be done in order to help clients;
2) initiation and leading group discussions and decision-making meetings between professionals, a client and his family, a client and professionals, as well as relevant third parties in order to agree upon the objectives of work and develop action plans;
3) monitoring of implementation of the plan and managing the exact information from the system in order to maintain focus on the purpose and coordination;
4) performance of the case follow-up in order to identify the need for services and maintain relationship;
5) provision of counselling and support services to clients and their families in times of crisis or conflict situation between a client and service provider;
6) provision of continuous emotional support for clients and their families to enable them to cope with difficulties better and take advantage of the services;
7) filling in the documents ensuring a client's progress is recorded and changes in the plan monitored;
8) acting as a mediator between a client and his family and all related professionals, resources and programmes related to the service plan so that necessary services are provided;
9) acting as a mediator between programmes that provide services to a client in order to ensure a smooth transfer of information and avoid conflicts between elements of the system;
10) establishing and maintaining trustful and strong relationships with significant informal and formal support resources in order to mobilize and organise resources for current and future clients;

11) effective operation within an organisation in order to contribute to the development of policy and procedures that affect well-being of clients and service efficiency;
12) maintaining respect and support from important authorities in order to use these contacts promoting well-being of families and strengthening social well-being system.

Case management appeals to a systematic approach. That is, obviously, not only understanding and interpreting family situations using social systems and ecological perspective, but also organising the case management process in a systematic way. The case management process is composed of different phases that are interlinked. These phases have their specific objectives; however, each of the phases requires smooth realisation of the objectives of other phases. Some certain sequence of process stages should exist, but it does not mean that it is not possible to be flexible or go back to the previous stage once you have moved forward. For example, it would be a mistake starting the work from planning activities (believing that all families have similar needs and the case management knows best what services are needed for the family), as we did not have a possibility to collect relevant data that would help us answer the question "why the family is experiencing difficulties" and more than that – this answer has to be grounded in data collected from a specific case, not from our previous observations, attitudes, beliefs or theoretical knowledge, as every case is very unique and individual, every member of the family is different but relationships among the members, their roles and specifics make a family as a unique whole with its peculiar problems and functionality difficulties. It is equally important to understand that only purposeful realisation of the objectives of all stages would lead to achievement of the overall objective of the individual family case. As it has been mentioned, the process is not necessarily organised in strict accordance with the step sequence. This means that if necessary, we can go back to previous phases and repeat some of the procedures, in order to ensure the important changes are made according to new information received or monitored.

We can find various classifications of case management process stages in scientific literature (Rubin, 1992, Intagliata, 1992, Loomis, 1992). The authors refer to between three and more than ten logically interrelated steps in case management process. While discussing the process of case management which is similar to the process of social work in general, we need to remember that the process is cyclic, based on implementation of certain procedures. Principally there can be distinguished four basic parts of this cycle, based on the so-called ASPIRE principle (see Figure 3). AS-P-I-RE – stands for Assessment (AS), Planning (P), Intervention (I) and Review and evaluation (RE).

As mentioned earlier, the case management process consists of inter-related procedures and activities distributed between case management stages. There exist different classification and staging systems.

Figure 3. Process of case management

However, in this case one divided into the following elements has been used:

1) assessment:
   a) first contact;
   b) problem identification;
   c) assessment of the level of the problem;
   d) formulation of the hypotheses about problem causes (triggers);
2) planning and intervention:
   a) formulation of the objectives and tasks;
   b) development and implementation of the service plan;
3) evaluation and completion:
   a) evaluation of effectiveness of intervention strategies;
   b) decision upon further work or closing case;
   c) follow-up.

The main objective of the assessment stage is to collect relevant information that would help to understand what the causes or triggers for the difficulties a family is experiencing are. This is a crucial and the most important stage of all. Lack of information or misinterpretation of causes might lead to failure in planning and intervention; thus, assessment prepares the ground for planning as we use the information collected during the assessment to plan activities and formulate tasks of the work. True like and grounded in facts hypothesis can help us propose what can be done in order to target difficulties a family is experiencing. Assessment is a cyclic process in which the case manager, collecting data and analysing a client's behavior, based on theoretical arguments, draws conclusions, summaries of possible reasons for unmet needs or interfaces. Assessment is the basis for further action. Collection of information in each field allows not only to assess a client's needs, but also find resources to realise these needs.

It is worth to discuss the importance of the first contact in the process of case management. It is often devalued that building strong relationships with a client is essencial for successful social work. It is believed that a social worker knows best solutions for the problems families experience, and the role of the families receiving

help is simply to obey what is proposed by professionals. Such an expertise approach is neither promoting relationships nor is an effective strategy as it does not empower a person or a family but rather forces to accept the ideas and beliefs of others. They also have no possibility to prove they are worthy in their own situations. Often this would only cause frustration, disbelief and passive or active sabotage of clients as well as lead to failure achieving significant change.

That is why it is important to build trustful and honest relationships with a client, showing them that case managers are to help, listen attentively and respond towards difficulties in coalition with families and other professionals. There are certain principles that case managers have to follow and organise their actions accordingly. For example, if there is a chance that a client-related information will be shared with the third party, clients must be informed about this. We also need to check the eligibility criteria – whether a client meets the minimum requirements for receiving services (eligibility check).

One of the most important tasks of the assessment phase is to collect information (so-called psychosocial) that should lead to successful solution of problems. In general, when working with social risk families, we should acknowledge that safety and well-being of children living within their families should be our priority. What makes social risk families a separate client group is that the authorities have included those families into the list of families where children are exposed to potential risk due to lack of parental care, lack of parental skills, abuse and other negative characteristics existing within those families. On the one hand, we need to understand why families have developed such cultural-behavioral patterns (finding the answer to the question why) and what makes them dysfunctional or experience adaptation issues; on the other hand, it is also very important to identify the problem. This consists of formulating the problem – here called **labels**, representing the problem (lack of skills; alcoholism; domestic abuse; poverty; etc.); however, it does not contribute much to solving the problems. What can help to work effectively is another important part of assessment: analysing the "labeled" problems, collecting information from various sources, including other professionals involved in provision of services to our target family. The aim of this analysis is to understand the nature of this problem (how it has developed, what is the cause, etc) and help clients understand it as well. When identifying the problem we need to look at three main areas to be assessed (see Figure 4):

1) child(-ren) development needs;
2) parenting capacities;
3) family and environmental factors.

We need to analyse each of the elements within every area solely and in respect to other factors; for example, if there are some educational difficulties identified (low performance at school), it should be analysed in respect to parental efforts to ensure educational needs of a child as well as school's efforts to address these needs (community resources). Here it is important to understand how micro-mezzo-macro level forces affect the situation of a family. Micro level: the role of family members; what individual and family strategies have been used to overcome the problem; what the potential family

and personal strengths are. Mezzo level: what organisational and community resources have been used; what problems (if any) occurred in a client's path; what resources are available in the community and why they have not been used. Macro level: what state policies and procedures affect well-being of a family; how cultural and ethnic factors influence family situation. The interpretation of the problem nature mostly relies on systems and ecological theory; however, cognitive – behavioural, humanistic and critical perspectives are often employed. Theories can help describe the social phenomenon, provide us with the understanding on the nature of problems and give us possible direction in addressing these problems. Good assessment leads a case manager and his / her client (family) to the formulation of hypothesis on problem causes and possible intervention prediction. Assessment is worthless if it does not provide us with ideas for intervention.

The data from assessment is used to create individualised case management plan (family development plan). The plan should be understood as a strategy of intervention or, in other words, what is needed to be done by family members, involved professionals and informal support parties to achieve positive changes in family situation.

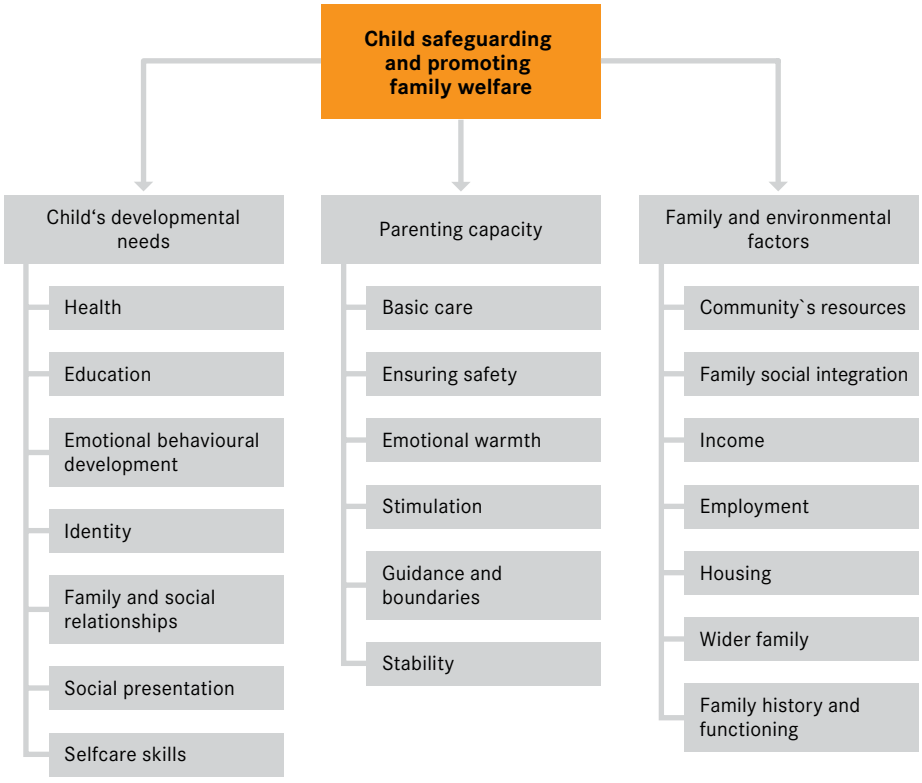

Figure 4. Family assessment

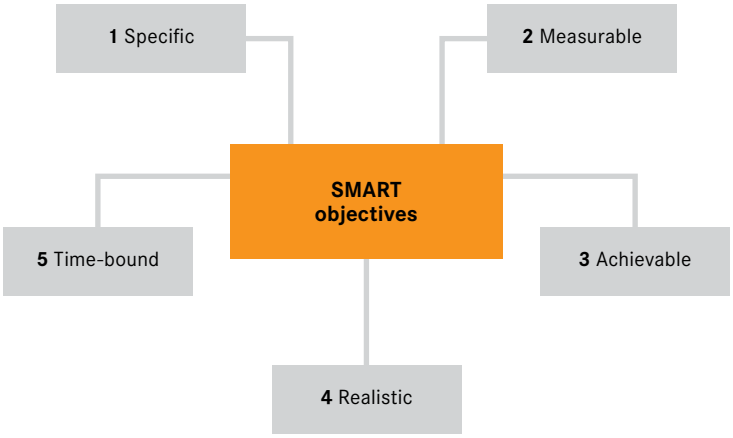

Figure 5. SMART objectives

A good plan should include:

1) formulation and agreement upon purpose and objectives of work;
2) development of the action plan (schedule);
3) identification of resources needed for implementation of the plan;
4) identification of potential risks and strategy to address them.

Clear specification of the objectives is a very important phase of case management process. In general, the objective is a statement that is linked to results expected at the end of the case management process. The objective should be framed in time as the objective without clearly defined time can lead to endless process. It is also important to avoid objectives which are unrealistic and difficult, if at all, achievable. Clients have to be involved in setting objectives, though in most cases clients need help in understanding what a desirable result or responsibilities / roles are. The objectives should be set using the so-called SMART strategy (see Figure 5).

Interventions and activities included in case management plan target micro and mezzo level environment in most cases. Generally, case managers carry out direct intervention and crisis intervention roles, short-term individual social work, counselling, advocacy, coordination and supervision of the provision of services and evaluation of results. On the other hand, it is also the organisation of self-help groups, initiating change in existing organisational policies and procedures in order to improve the accessibility of the services.

Case management emphasises coalition and coordination of common activities of different professionals and agencies involved in family case. Case managers are responsible for organising and initiating every phase of case management process. A smooth cooperation and good relationships with other social partners are essentially needed for realisation of the objective of each phase of case management process as well as overall

success. Other organisations and professionals are important sources of information for assessment as well as valuable partners in sharing responsibilities and knowledge as well as skills and capacities in organizing effective help for families.

Further follows a case management method used in organising case review in multidisciplinary team. This specific method is useful in ensuring common understanding of a family situation and / or problem among different agencies, organisations and professionals that leads towards setting common goals and agreeing on strategies for targeting the family case. Case review is often used as a way to collect and share information or ideas among specialists "from the first hand" avoiding misinterpretation and scattered information. Written report has to be prepared for each case review including brief information on the case, identified and agreed upon problems (issues) and work goals as well as shared responsibilities and duties. Case review in multidisciplinary team is used as part of case management assessment process or prior planning activity (before development of a family development plan).

Alternatively, it can also be used as a monitoring tool when a family development plan has already been designed and requires review on the implementation from the perspective of organisations and professionals involved. Principle agreements and outcomes of the case review should be included into a family development plan. Clients should always be informed about the planned review and presented with the results of it. Case manager, allocated to the case, should be responsible for inviting the participant, organising a meeting and leading the case review in a multidisciplinary team. They have got a duty to present the goal of the meeting, introduce himself / herself and let others introduce themselves and encourage every invited person to share information about the case from their perspective.

When all the participants have had a possibility to speak, it is a case manager's duty to summarise what has been said and distinguish the main problems, agree upon and set the result-focused goals and develop a strategy plan. Sometimes it is not easy to hold such a case review; however, it is a really rewarding yet a challenging method in safeguarding families as no information is missed from any involved partner; every partner would have the same understanding as others as well as clear role in the process of the controlled change.

Organising the safeguarding families' network can be an effective strategy through shared responsibilities, coordinated action and cooperation between various professionals and agencies. Complex difficulties faced by families and the multi-natured caharacter of the specific social risk require multidisciplinary approach in working with disadvantaged families. Case management method has been developed to enable professional social workers use multidisciplinary approach in social work practice. Changing society and families' problems as well as phenomenon of social risk is in need of effective and flexible strategy that would bring more possibilities for families in the community, ensure a smooth integration processes and establish trust in social welfare system.

CASE ANALYSIS Method of Case Review in Multidisciplinary Team

Case No. 1

The family structure: spouses Elvyra and Algis (both 46 years old) have eight children, four of them (all girls) grew up or still live in foster home after local authorities made a decision to remove children from the family of origin ten years ago due to severe poverty and neglect (alcohol abuse was not a case at the time). The family has been included into the register of social risk families. Four minor children (all boys, were born after the girls were removed) and legal age daughter (19 years) Liepa (who until adulthood also grew in foster homes) live with the family at the moment. The eldest daughter Goda (24 years) lives on her own in a town 40 km away from her parents; she has been described positively and has no contact with her biological family. Another grown up daughter Rita (21 years) and her partner have moved to live at her parents' after she left a foster home. After the birth of their daughter, the family moved to live to the partner's parents' house in a nearby village; however, they maintain regular contact with Elvyra and Algis, often visit them and stay overnight as well as, according to eyewitnesses and local eldership social workers – often drink alcohol. As it has been mentioned, Liepa lives with her parents and has to take a lot of responsibilities home. She prepares food, supervises farm, manages the house and takes care of younger children as well as Rita's daughter when others in the house are occupied with drinking and partying activities. It has been claimed that Rita does not provide proper care to her daughter and due to existing social risk factors within family (lack of parental skills, neglect of a child) were included into the social risk families register. The youngest daughter Milda (17 years old) is still in a foster home, but she has expressed the willingness to return to live with her parents when she is 18.

The family lives in a very small cottage (one bedroom and a tiny kitchen) in the village approxiamtely 12 km away from town. The house is old, squalid, with the leaking roof, and huge mess inside. It is worth noting that Elvyra's father Jonas (grandfather 75 years old) lives nearby, only 200 meters away. His house is neat and maintained; however, he does not accept Elvyra, Algis or any of his grandchildren visiting his house after the death of his wife, Elvyra's mother. Nevertheless, Jonas often joins the crowd

when the party is on at his daughter's house. Elvyra is also often visited by her brother Anton (53 years old), who lives alone in a same village; he is divorced and is dependent on alcohol.

Elvyra has got three older sisters, who live separately, have established their own families and are described positively (have no reported social risk factors). Birute is the eldest sister who had expressed a willingness to become a foster carer to her nieces when the decision to remove them from the family of origin was taken. However, due to the conflict with Elvyra (accused of exploiting her nieces on the farm), Birute refused her intentions. She would still occasionally pick up girls from foster home, especially during summer holidays. It has been claimed that Birute has helped and supported her niece Goda to live independently. Currently, Birute and other sisters do not maintain any contact with Elvyra's family or their father, although they live in the same village.

According to social workers and child protection office, Elvyra and Algis have got alcohol dependency, which has never been diagnosed as they would refuse admitting they had any issues. The family's social worker reported: "The man has never been seen in normal condition (abstinent), he is always drunk and often seem sleeping on the floor, not able to walk". He is currently not working, sometimes engages in casual jobs at neighbors, and has never had a steady income. Elvyra also abuses alcohol; however, she is employed as the cleaner in a local school. Algis was recently admitted to the hospital because of alcohol related liver failure, but returned home and continues to consume alcohol (alcohol consumed on a daily basis). Both parents do not intend to receive treatment as they claime they do not have any problems and can control how much they drink.

The main problem the family would claim to have is the "bad temper and behaviour of children" and they "do not listen and obey". In general, the children are neglected; go to school with dirty clothes, unwashed faces; they beg for money and food on streets in nearby town, snitch food from neighbours' homes. Children are characterised as speaking little, low performing at school, some of them not able to write (although in secondary school), smoking and drinking alcohol. When children come home later or do not obey their parents, they are disciplined frightening they would be sent to foster care home or alternatively punished by not giving food. Although the mother works at school, social workers claimed she goes to work drunk, the school would ignore her status as they are afraid to lose pupils' carts (schools get budget for every child

attending the school) if they end up in a foster home. According to the school, they have never seen or caught Elvyra drunk as she arrives to school when no administrative or teaching staff is present (5–6 o'clock in the evening). The director and deputy would argue Elvyra on child neglect and alcohol abuse but they claim "these preventive conversations don't work." All four school age boys attend the same school; however, their achievements and performance at school is very low. It has been acknowledged that children skip classes in autumn and choose to spend time in the woods gathering mushrooms and berries. They are bullied and teased for their dirty clothing and appearance by other children at school.

Over the last week, a social worker visiting the family noticed both parents drunk while Liepa looking after the children and called the police to record drunkenness. A social worker suspected Elvyra had gone to work under the influence of alcohol. The child protection office admitted the situation to be well known to them and not having improved much after the removal of the girls from the family 10 years ago. It has even worsen, as Elvyra has started drinking. Nevertheless, local authorities believed if they had to choose from two maladies, the foster home would be much worse than being neglected at home. They believe it is possible to strengthen the family's capacities to provide proper care to children rather than take away "the only factor that keeps Elvyra striving for". Liepa is currently enrolled in vocational training to become a cook and receives scholarship; however, she misses classes and was considered to be removed her from school. A social worker thinks Liepa is not able to attend the school as she has taken the responsibility to look after her brothers and domestic routines.

Intervention Characteristics

To illustrate the family's social relationship and resources structure, **the Ecomap was created** (see Figure 6).

Participants of case review in multidisciplinary team:

1) two representatives of local child protection office;
2) police officer;
3) social paedagogue and deputy of school;
4) eldership social worker (Goda's residence);
5) eldership social worker (Rita's residence);
6) vocational school deputy;
7) case manager (Algis and Elvyra's family);
8) charity organisation "SOS villages".

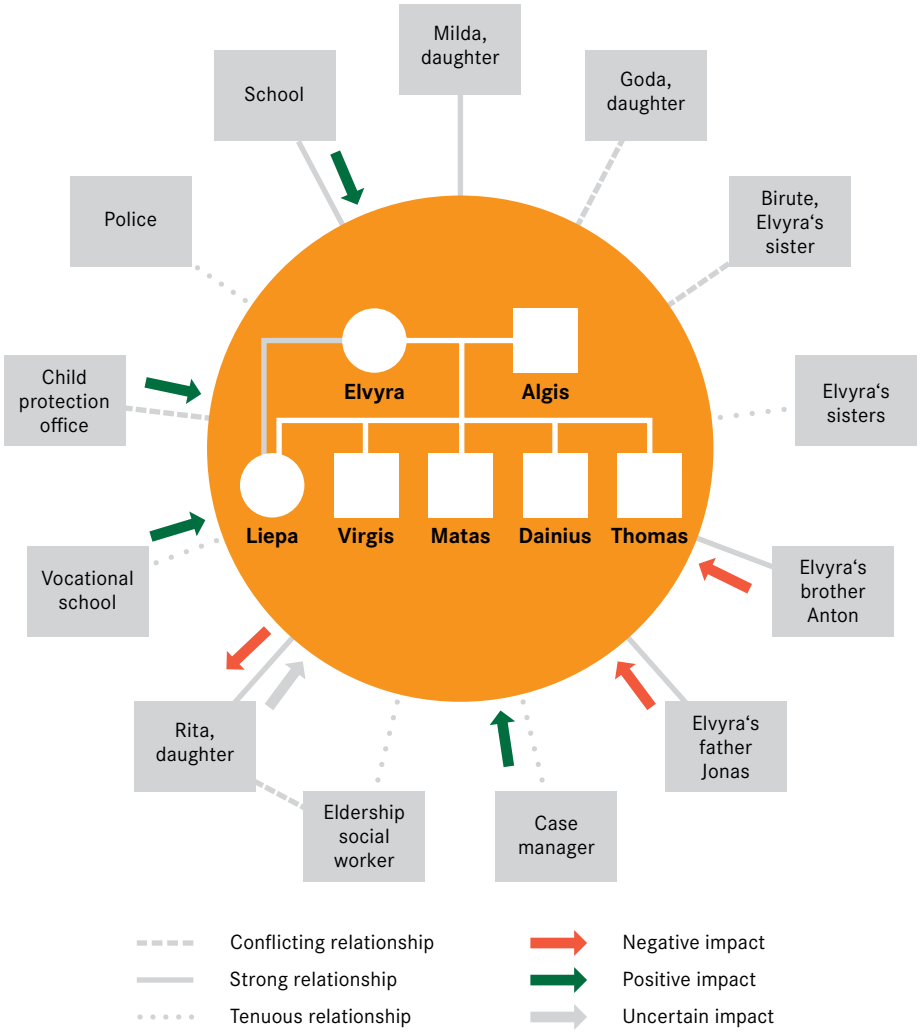

Figure 6. Social relationship and resources structure

In order to effectively use the network of multi-disciplinary team, during the case review meeting it was agreed to work on common goals and establish measures and shared responsibilities.

Distinguished problems and difficulties of the family (the most important at the time):

1) child neglect and emotional-behavioural problems of the boys;
2) parental dependence on alcohol and anti-social lifestyle;
3) poor living environment;
4) Liepa's absence from school and imbalanced responsibilities bound at home;
5) Thomas' learning difficulties.

Agreement upon Targeted Problems

It was emphasised that the most severe and urgent problem to address, leading to majority of other distinguished problems, was parents' **alcohol misuse**.

It was also agreed to respond to two other problems:

1) Thomas' learning difficulties;
2) Liepa's absence from school.

Strategy Agreed upon to Address the Problems

Problem addressed: parents' drinking.

The goal of work: motivation of Elvyra to begin treatment for alcohol addiction.

Expected result: Elvyra begins treatment for alcoholism.

Action strategy (1)

Child Protection Office (CPO) on the basis of the drunkenness statement act will write a warning on suspected child neglect and invite Elvyra for an interview to discuss alcohol misuse issue and motivate to start treatment. If repeated drunkenness is recorded, CPO will organise the meeting to discuss the possibility to establish alternative care with a foster family.

Casemanager writes a report to CPO regarding the recorded drunkenness and initiates further drunkenness checks together with police officers when running home visits; fills in alcohol assessment test and motivates Elvyra to receive treatment for alcoholism; invites Elvyra to participate in "Positive parenting" classes for parents with alcohol related problems.

School captures Elvyra's drunkenness and applies formal disciplinary measures if caught drunk (verbal warning, written warning, reprimand, etc.).

Police joins case managers or school representatives on request to record drunkenness.

Time scale: one month (exact date should be estimated).

Problem addressed: Thomas's learning difficulties.

The goal of work: performance of Thomas's learning capacities assessment.

Expected result: Thomas undergoes psychosocial skills test to assess his ability to study according to common curriculum.

Action strategy (2)

Child Protection Office (CPO) during the interviews and conversation with Elvyra emphasises the need for Thomas to undergo learning capacities assessment.

Casemanager coordinates the implementation of action strategy and mediates the school in assessing Thomas's learning capacities; organises children activity groups to promote Thomas's positive relationships with other children and stimulates his informal learning.

School makes an anamnesis of Thomas's learning, achievement and capacities along with the case manager. If necessary, initiates Thomas's learning assessment with PPC (Paedagogical Psychological Council).

Time scale: two weeks (exact date should be estimated).

Problem addressed: Liepa's absence from school.

The goal of work: motivation of Liepa to attend vocational training (school).

Expected result: Liepa attends school at least twice a week.

Action strategy (3)

Child Protection Office (CPO) during the interviews and conversation with Elvyra emphasises the need for Liepa to attend vocational training and consider the mother to perform parental duties herself (revising the responsibilities at home).

Casemanager during the interviews and conversation with Elvyra emphasises the need for Liepa to attend vocational training and consider the mother to perform parental duties herself (revising the responsibilities at home). Review Liepa's hobbies

and interest as well as future plans in order to offer alternative vocational training opportunities and afterschool activities.

School (vocational training) applies disciplinary measures if Liepa keeps on missing classes (temporal exclusion from school in order to stop paying scholarship), but avoid removing girl from school till alternative vocational training chosen (if any).

Charity organisation reviews existing non-governmental (informal) vocational training programmes available in the region and share the information with the case manager.

Time scale: two weeks (exact date should be estimated).

Case No. 2

The family is incomplete – a single mother Roma (26 years old) is raising her only minor son Anton (7 years old). The mother herself grew up in a foster home after she and her sister were removed from their parents' home where they were exposed to neglect and abuse. Roma, has been characterised by her foster carer as a very intelligent, smart and physically fit, although stubborn girl. While living in independent living house for youngsters leaving care, Roma became pregnant, but initially tried to hide her pregnancy, when she realised her state, she was waiting for the baby impatiently. Later, Roma moved to Caritas Child and Maternal Care Home, as Youth Independent Living House was not suitable for young mothers with children. Anton was born there. Anton's father has never been in his life, as Roma claimed she did not need the man around and would bring up her son alone.

Roma has always had good relationships with her foster family in care home. She is especially close to her biological sister Virginia, who is a big authority to Anton. Virginia currently lives in the UK; however, occasionally comes to visit her sister and nephew. Roma's biological mother is dead, her father is still alive, but she does not maintain any relationships with him. Roma has been in relationship for some time and lived with her partner, whom she separated a few months ago.

Representatives of the kindergarten claimed that at the time Roma and her partner lived together, they would discipline Anton using strict punishments that would result in anger attacks in the boy's behaviour, he would often tell he was angry at his mother's partner for being too strict and punishing for "no reason". Currently emotional and behavioural problems of Anton observed

in school and day care centre (kindergarten "Chipmunks", which Anton attended since the age of five experienced similar problems): the boy is challenging other children, volunteers and workers during the breaks between classes in school and free time in day care centre (imitates strangling on other children, pushes and kicks, teases and calls names, inappropriately touches girls, etc.) when adults interrupt and try to stop his behaviour, Anton becomes even more aggressive, verbally and physically violent, throwing things, screaming, shouting and kicking (objects, doors and teachers). Anton teases and calls names older boys and volunteers in day care centre, harasses girls (hugs, tries to kiss), interferes with other children's games, preparation of lessons, etc. When demonstrative / challenging Anton's behaviour is ignored, he finds other ways to get attention (jumping down from railings on the stairs, imposingly preparing and trying to imitate leaving the premises, closes in the cabinet, banging his head against the wall, etc.). In this case immediate response is necessary.

Sometimes Anton needs to be physically isolated / restricted from other children (led to separate room, or held, so he would not hurt other people). At that time, he behaves really loud – screams, kicks, scatters, falls on the ground; however, when appears to stay alone with adults, he calms down and no signs of inappropriate behaviour are shown). Otherwise, the boy is described as intelligent, smart, and well-performing at school (best achievements in class). However, at a time when not occupied (during breaks or during lessons, when completing tasks quicker than other children), he behaves provocatively, seems to seek for attention. The behavioural problems are usually observed when other children are around, but no significant problems have been observed when he is alone with a class teacher, social paedagogue or day care centre workers.

Anton's behaviour causes anger in other children, they desire to provoke, tease and lay the blame on the boy. Professionals face challenges to manage the group of children or class, especially when constant attention has to be paid to Anton. Other children observing Anton's behaviour become "imbalanced", learning inappropriate behaviour and words, some of them avoid contact with the boy or refuse to attend a day care centre or even school.

Intervention Characteristics

Participants of the case review in multidisciplinary team:

1) school psychologist;
2) class teacher;
3) school social paedagogue;
4) Paedagogical Psychological Council (PPC) psychologist;
5) case manager;
6) day care centre's social worker;
7) foster care home social worker;
8) Youth Independent Living House social worker;
9) day care centre's psychologist.

Distinguished problems and difficulties of the family (the most important at the time):

1) Anton's challenging behaviour at school and day care centre: being aggressive, provocative and bully towards other children, inappropriately touching girls; even more challenging response when disciplined;
2) Anton's neglect: because of long working hours and flexible shifts, the mom spends little time with her son, while he has to spend a lot of time alone or with his aunt, as well as goes to and comes back from school (has to travel by bus) on his own; no common activities are organised but basic care when the mom is at home;
3) imbalanced relationships between Roma and Anton: the relationships are not hierarchical, more horizontal (same level relationships), although the mother is emotionally cold and directive; Anton is given the roles that are not appropriate for his age and maturity level (the mom's discussing her personal problems with her son, share the feelings);
4) Anton's low self-esteem and high socio-psychological anxiety in respect to attention. He has developed inadequate wish for leadership, wants to be in the centre of attention, he becomes very anxious when other children perform better and receive more attention than he does;
5) provocative behaviour of other children: Anton's classmates and day care centre's peers often provoke, tease him as well as blame him for their offenses.

Family Strengths

Employed mother who is able to maintain stability of employment and housing. Financially independent family (no benefits are received). Anton and his mom are characterised as having high intelligence / ability to learn quickly and effectively. Although Roma's pregnancy was not planned and Anton's father does not show any interest in upbringing, the boy is physically looked after. A wide network of family informal support exists as well as the mother's desire to care for her child and seek for help.

Agreement upon Targeted Problems

During the Case review meeting in multidisciplinary team, it was agreed that the most urgent aspect of problematic situation which is necessary to target is challenging behaviour of Anton. It was agreed to seek replacement of the boy's inappropriate behaviour pattern shaping and promoting new behavioural models based on positive reinforcement. It was also agreed that the model of social behaviour that Anton needs to learn consists of such rules:

1) listen to others;
2) work quietly in class;
3) keep calm during breaks between classes or free-form game activities;
4) wait for the turn to speak or perform a task;
5) behave with other children in a friendly manner.

Strategy Agreed upon to Address the Problems

Problem addressed: Anton's challenging behaviour at school and day care centre.

The goal of work: reinforcement of positive responses in challenging situations and motivation of Anton to reflect on his feeling and possible alternatives before taking any actions (replace Anton's challenging behaviour with an alternative model).

Expected result: Anton is able to react to challenging situations not insulting other children or adults. He understands the rules of social behaviour.

Action strategy

At school, with the help of a class teacher, a psychologist, or a social paedagogue, Anton will be given an obligation (responsibility) to become the "eyes" of the teacher, that is, to watch

and observe the behaviour of other children during breaks or classes. He must report any misbehaviour to adults. Anton has to be explained that he cannot discipline children physically or verbally; his only duty is to inform the teachers / professionals. Satisfactory performance will be recorded in the table, which will be given to the boy's mother, who, in turn, will discuss Anton's achievements and reinforce his performance by "giving" some activities they will do together (this should shape the new model of the boy's behaviour). Anton needs to have a structured time during the leisure time for the successful realisation of this task; he has to be told whom he has to report his observations in advance. Reinforcement system is to be presented to Roma and Anton during separate meetings.

At day care centre, with the help of social workers, Anton will be given an obligation (responsibility) to become the "eyes" of the day care centre's workers, that is, to watch and observe the behaviour of other children during occupation. He must report any misbehaviour to adults. Anton has to be explained to that he cannot discipline children physically or verbally; his only duty is to inform the teachers / professionals. Satisfactory performance will be recorded in the table, which will be given to the boy's mother, who, in turn, will discuss Anton's achievements and reinforce his performance by "giving" some activities they will do together (this should shape the new model of the boy's behaviour). Anton needs to have a structured time during his stay in day care centre for successful realisation of this task; he has to be told whom he has to report his observations in advance as well as what activities he will have that week. Reinforcement system is to be presented to Roma and Anton during separate meetings.

PPC psychologist will prepare a positive behaviour shaping table and share with the school and day care centre. Professionals will be explained how to use this table and what has to be recorded in it. Reinforcement system will be discussed with Roma and agreed upon the measures to reinforce the behaviour.

Day care centre's psychologist provides individual counselling services that aim the recognition of emotions and behaviour control, promotion of positive behaviour. One also organises group activities (Dog therapy) that aim the recognition of emotions and behaviour control, promotion of positive behaviour.

Concerning **all specialists,** it is important to recognise and identify Anton's emotions, also appropriately express personal emotions (Anton, I see that you are upset... Anton, I feel uneasy, etc.).

Case No. 3

Family structure: 35-year-old Neringa and 47-year-old Valdas have lived together as partners for 18 years. They have four minors: Romas (15 years old), Deividas (14 years old), Valdas (13 years old) and Vaida (11 years old). The family was registered as a social risk family in 2007 due to lack of social skills and alcohol related problems. All children attend local gymnasium, although they have special needs. Children are neglected and uncared for. They come to school dirty, smelly and wearing torn clothing. Vaida does not prepare homework and reportedly has no school accessories. A child day care centre worker has noticed that the children lack self-care skills, are often angry. The mother is the long-term unemployed registered with the labour market. She claims she has got kidney problems; however, no diagnosis has been ever made; therefore, she has never received any treatment. The father is a self-employed contractor and the key source of income. He receives € 20 a day along with children benefits (€ 62.4 a month).

The family lives in their own 4-room house which is really unattended (smelly rooms, full of mess and dirt, greasy floors, covered in mold).

A social worker, who is visiting the family at their home, has noticed that the mother is not home on weekends and the children are left without care and food. It is known that Neringa tends to be away for a few days to live with another man. Children are then supervised by the father, who buys and prepares food. Children feel ashamed because of the mother's behaviour. The father is the strong point of this family; he has a stable income, provides the family with income and food, has recently replaced the windows of the house. He is also an authority and example to his children.

Intervention Characteristics

Participants of the case review in multidisciplinary team:

1) school's social paedagogue;
2) eldership social worker;
3) child protection worker;
4) case manager;
5) day care centre's social worker.

Distinguished problems and difficulties of the family (the most important at the time):

1) unattended house and living environment;
2) child abandonment and neglect;
3) poor self-care and hygiene skills of children.

Strategy Agreed upon to Address the Problems

Problem addressed: poor living environment and neglected hygiene skills of children.

The goals of work: helping the mother meet self-care and hygiene needs of children and develop these skills in them.

Expected results: parents accept the help offered; parents are able to meet self-care and hygiene needs of their children.

Action strategy

Child protection office (CPO) will run regular visits to the family home, motivate to clean the house and not to leave children without care.

The school will inform the child protection office about the noticed child neglect cases, encourage the children to attend the day care centre and the health staff will organise lectures on hygiene needs and self-care.

Eldership social worker will perfrom regular visits to the family home, motivate the parents to provide appropriate response towards the children self-care and hygiene needs, organise the meeting with the family to offer the "cleaning day" services for the family, inform the child protection office about the family's problems and organise the next case review in multidiscipline team.

The day care centre will provide day care centre activities, inform the child protection office about the family's problems, organise the "cleaning day" in the family house, maintain and develop hygiene and self-care skills in a day care centre and organize a trip to a water park for the entire family (as the reward for good performance).

The case manager organises the meeting with the family to discuss the family problems and possible help from the multidiscipline team.

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Case Study of Westside Counselling Services in West Auckland, New Zealand: Community of Care Approach to Working with Maori Women and Their Extended Family Impacted by Domestic Violence

Abstract

The purpose of this article is to explore and document the Community of Care approach utilised by the Westside Counselling Service; a service that evolved from an affiliation of Faye Pouesi and the Massey Community Church in West Auckland starting in 2000. A case study approach was employed to ascertain how effective this model was for working with Maori women whose lives had been impacted by severe domestic violence. For most of these women, violence and abuse spanned throughout their childhood, adolescence, and adult lives, flowing down into the lives of their children.

The Community of Care approach (*Te Puawaitanga O Te Ngakau* – Blossoming of the Heart) was developed to equip women whose lives were immersed in domestic violence to live peaceful and fulfilling lives. It offers a holistic, encompassing approach that provides ongoing support, awareness and skills needed to integrate back into the wider community. This approach integrates counselling ethics, social work principles, community development and spirituality in order to address and heal multigenerational issues of family violence by looking beyond victim-perpetrator binary and by including the whole community to address this complex phenomenon.

Introduction

The article focuses on a novel, creative and effective Community of Care approach to family violence called *Te Puawaitanga O Te Ngākau* (Blossoming of the Heart) which was established, researched and evaluated within Westside Counselling Services in West Auckland over a period of ten years. It primarily catered for Maori women;

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however, families of all ethnicities who had been impacted by domestic violence benefited from it.

The article has been written by two women, one of Maori and Pakeha (non-Maori) origin (Faye), who has been through brutal family violence and who felt to call not only for change, transform and improve her life but also to offer an extraordinary, holistic and unique way of working with families; the other (Ksenija) of Croatian origin but considering *Aotearoa* / New Zealand (*Aotearoa* is the Maori name for New Zealand) her home, who was deeply impressed how spirituality was integrated in the whole process of development, transformation and evaluation of this collaborative endeavour. The development of this case study was part of Faye's Master of Social Practice thesis which Ksenija supervised. Initially, this was more than a mere Master thesis, it was a life work, it had a life of its own and it utilised Faye's abilities to bring it to life and to enhance and heal lives of not only women who have been impacted by violence, but their families, the community they were part of as well as perpetrators of violence.

Instead of offering a step by step guide, the article focuses on the programmes that evolved while the Community of Care approach was employed. Quality social work emerges from the bottom up. It integrates the wisdom ingrained in pain and suffering with vision and hope that gives it agency. This is exactly what happened; therefore the aim of this article is to inspire other communities to create their own programmes that will be reflective of their needs and contexts. More about the programme itself can be found in Faye's thesis (Pouesi, 2012).

There are many parallels and metaphors in this discourse. New Zealand claims to be bi-cultural and anti-discriminatory, yet colonisation and misuse of power contributed to marginalisation, poverty and high prevalence of domestic violence within an incredibly resourceful and spiritual indigenous population. Discrepancy in power between Pakeha (non-Maori) and Maori and the way this relationship is "danced" in New Zealand is quite unique especially with huge number of immigrants and a threat that multiculturalism may impact on the original idea of bi-culturalism, formalised by *Te Tiriti O Waitangi* (Treaty of Waitangi) which guarantees sovereignty to indigenous people.

Partnership is a key word in this case study, partnership between Faye and the church, between her and her clients, between clients and their wounded relationships, between theory and practice, between community and its most vulnerable members, between practice and research theses, between academia, its students and communities.

Instead of writing a usual research paper, it was decided to allow voices of participants to speak for themselves; thus those were grouped into themes that were found essential in working with the Community of Care approach.

It takes a village to raise the child and it takes a community to heal a person. This is what Faye created in her community.

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Community of Care Approach

Te Puawaitanga O Te Ngākau also speaks to me (Faye) about the "blossoming" of my heart, and the hearts of the women I have had the privilege to work alongside over the past decade while establishing Westside Counselling Service. It has been a humbling experience to bear witness to women from all ages and different ethnicities grow and blossom, out of backgrounds that have been immersed in violence of all forms.

This article reflects on a Community of Care approach that evolved from an affiliation with the Massey Community Church (MCC) Board and myself (Faye), for a period of over ten years. MCC's commitment to support me in establishing a community counselling service has been fundamental in creating a community of care for women and children exposed to violence. Over time, as women accessed the counselling service, it became evident that in order to address their needs, programmes would have to be developed that could address and manage complex issues resulting from brutal acts of violence. Initially the Counselling Service offered individual counselling and over the years, the service has diversified and now includes several group-based initiatives for men, women, and young people on low incomes.

Growth and development of the service necessitated a safe empowering environment to be established that would provide women with a sense of accessibility and connection. Today counsellors working at Westside Counselling Service along with Massey Community Trust, Massey Community Church community and the volunteers are all committed to working in collaboration from a holistic framework providing therapeutic support, recovery programmes, mentoring and advocacy. These are strands that, when woven together, express a community of care approach that is accessible to all people within the community and surrounding areas.

The setting up of the Westside Counselling Service and the consequent development of programmes derive from my work as a counsellor and group facilitator working in West Auckland in the early 1990s, and encompasse my own personal journey emerging out of a life lived within a violent context into one that is affirming and empowering. Over the years a community of care equipped with carers and an ethos of aroha has provided unconditional regard for women to begin to address issues that have impacted upon their lives. It provides an environment whereby women can come and be together to just sit, talk, laugh or cry and / or take part in the programmes provided. Ultimately, many women choose to begin to access therapy and / or programmes offered, but there is no requirement that necessitates attendance at therapy sessions or groups. Sometimes, for women coming out of backgrounds where they have been exposed to horrific violence, the initial need is to be among people who care, and to find safety in order for them to begin to relate outside of what they have known.

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Why Maori Women?

Group programmes that were initially established through Westside Counselling Service for women experiencing domestic violence were never created for just Maori women. Women from all ethnicities were accessing the service from the onset and this trend has continued. However, prior to the commencement of the community counselling service my aspiration was to set up programmes that would support Maori women living in violence. I was unsure how this could happen; nevertheless, it was imprinted in my heart. My work as a counsellor and group facilitator in West Auckland through the 1990s informed me that not many Maori women accessed community agencies for help. It was in that time that I aspired to find a way to connect with women experiencing domestic violence. I never realised at the time what would transpire.

There is a "knowing" or an understanding that is hard to define which many Maori women have of one another when they have lived experiences of violence. Even though they do not express that they have been in a violent relationship, somehow they know this. There is also a connection they make with one another that cannot be seen, only experienced. It is hard to find words that describe what has a sense of mystery, of the numinous, of ancient wisdom, of generations past who hold this knowing or what may also be termed an expression of wairuatanga. This is my link with Maori women, more so than women from other ethnicities, because I too am Maori and I have known that connection and have experienced that knowing. This connection is also evidenced in gatherings with Maori in general, not just those who experience violence (Kruger et al., 2004; Royal, 2003) and will be explored further below.

Many women who experience domestic violence and unpredictable relationships question their contribution to this and wonder, "Is it me or something I do that provokes or invites violence?" Being part of a group of women who have had similar experiences affirms their own and each other's journey, and the compromises each has made because they have not known their truth and have believed others' mistruths and resultant manipulative behaviours. Such deceit leaves these women distrustful, doubting their integrity and their ability to make sense of themselves and the world. This can rob women of trusting their own understanding and knowing.

Overview of Domestic Violence in New Zealand

New Zealand introduced the Domestic Violence Act in 1995. A substantial amount of resourcing, including financial and academic research, has been dispersed into this area over the past one and a half decades in order to reduce statistics concerning domestic violence in this country. In five years following the introduction of the Domestic Violence Act 1995, it was noted that very few Maori women attended domestic violence programmes. Also evident were the low number of Protection Orders that were being

actioned by Maori women on their perpetrators. Yet what was obvious was that most of domestic violence programmes available at the time were scarce in cultural support and lacking in registered Maori counsellors and therapists. This was relevant in the case of West Auckland where I worked.

Today, we as a nation report that domestic violence has reached epidemic proportions (Kruger et al., 2004). Furthermore, Maori are still over-represented in statistical data (Te Puni Kōkiri, 2010) that provides evidence of such an epidemic. While there is much research available concerning this endemic issue, statistical evidence points at the fact that the current approach is not working, particularly where it concerns Maori. Reviewing documented evidence on Maori women, Kruger et al. (2004, *10*) conclude that "Maori women received higher levels of medical treatment for abuse and that abuse is of greater severity for Maori women. Maori women are over represented as victims of partner abuse, more likely to report psychologically abusive behaviour, to have experienced physical or sexual abuse in the past twelve months and to have experienced more serious and repeated acts of violence".

Genesis – Birthing of Westside Counselling Service, Massey Community Church, Massey Community Trust, Westside Counselling Service

The community counselling service known today as Westside Counselling Service, started in June 2000, with one counsellor offering face-to-face counselling from an office within the Massey Community Church. This service was officially named a Westside Counselling Service in 2001. The counselling service was primarily set up to provide counselling support to families and individuals on low incomes within the Massey district. As community demand grew, so did the need for more counsellors, thus causing a snowball effect resulting in growth from one counsellor in an office in the local church to a suite of programmes – all in response to community need. Massey Community Trust was established in 2004 to oversee and support the counselling service.

Within its first two years of operating, the counselling service identified high numbers of self-referring Maori women who were experiencing severe domestic violence. Consequently, the counselling service included a range of programmes to support those women and others from abusive backgrounds. Westside Counselling Service is a community-based organisation, and although it was not specifically set up for Maori, the organisation works with high numbers of Maori women and their families.

The vision for Westside Counselling Services was and still is to deliver services to the community that will serve the well-being of its residents, in particular those who are exposed to family violence, and to develop holistic programmes that will encourage participation and collaboration for men, women, youth and children. Westside Counselling Service engages with high numbers of low income families living

in Massey and surrounding areas. The service offers professional counselling, trauma therapy, child therapy, specialised therapeutic groups and psycho-educational groups, as well as support groups, sport programmes, community events and advocacy. Over time, strong relationships within the organisation have formed; this is evident in the many volunteers that offer their time and skills to support the programmes and community initiatives provided by Westside Counselling Services and Massey Community Trust.

Westside Counselling as a Community of Care

Over the past fifteen years, Westside Counselling Service has created and developed programmes for women, men and youth that promote well-being in all dimensions. Many women accessing Westside Counselling Services over the past decade presented with distorted belief systems. The continual put-downs and repeated assaults on their character, merged with relentless acts of physical, emotional, mental and sexual abuse to establish in them core beliefs that they were of no worth. The Community of Care approach was primarily developed for these women as a means to support them as they began to explore and address issues and behaviours that would ultimately break the cycle of violence in their lives.

Early on in this development of a community of care it became apparent that the issues and behaviours fell into broadly defined themes. These became apparent time and time again within client interface. Understanding these themes such as prostitution, drug and alcohol abuse, self-harming, and the role they play in the process of holistic healing emerged as key foci during the analysis of client needs initiated to determine the programmes required by Westside Counselling Services. These themes may be used as strategies to exit difficult relationships and cope with the result of traumatic histories.

Westside Counselling Services is an agency that interfaced with community needs, along with the significant hours of dedicated work from not only professionals but also many volunteers. This coupled with an immeasurable support and management given from Massey Community Church and Massey Community Trust, has to date provided a foundation that underpins the rationale for the Community of Care approach.

Over recent years the Community of Care approach has grown to include counselling, and support programmes, including community initiatives for not only women, but also men and youth and children. The variation of the many groups and support systems that has been established under the Massey Community Trust for individuals and their families provide pathways accessible to Westside Counselling Service clientele and as well, the wider community.

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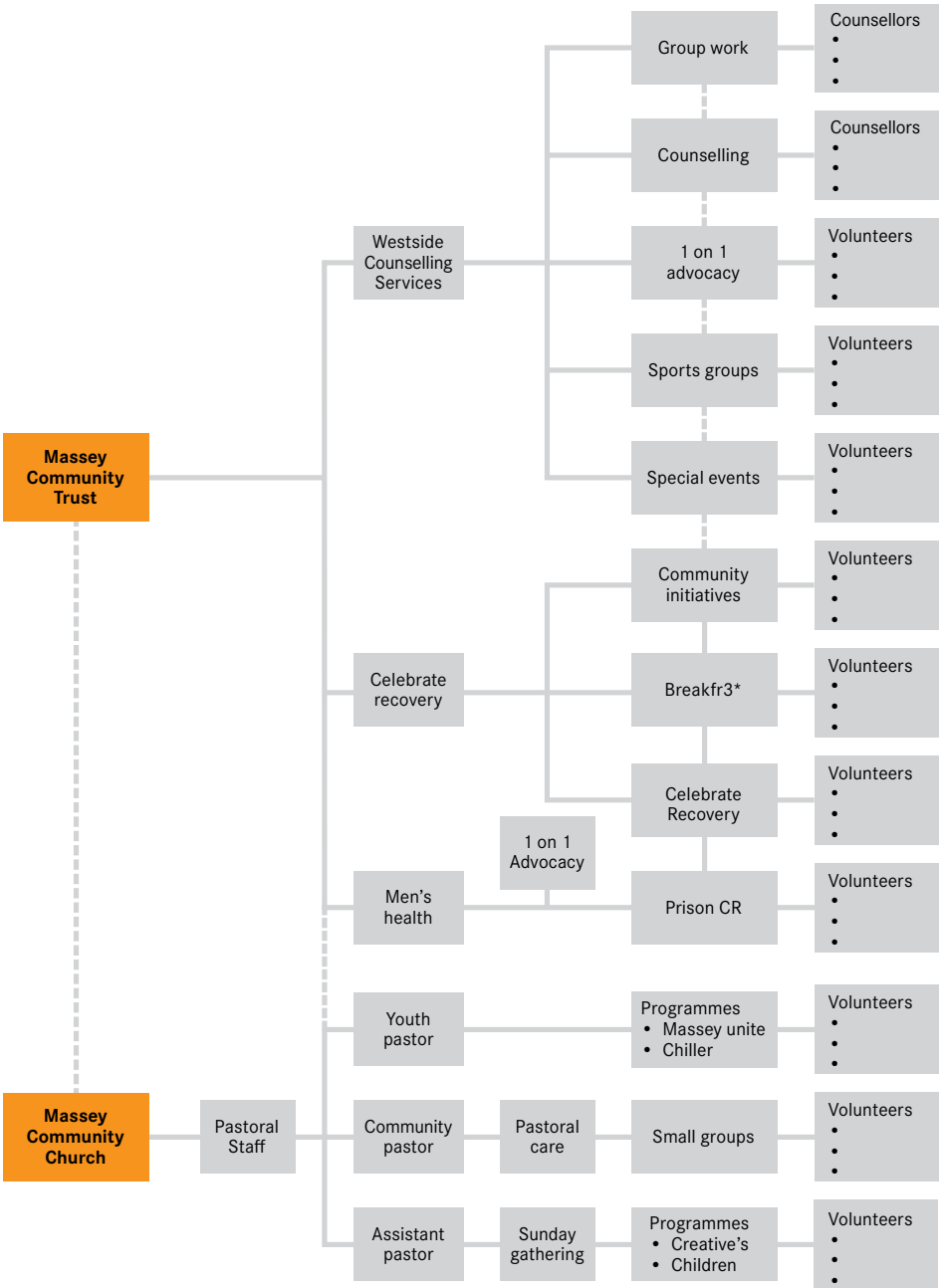

* Breakfr3 is a programme for youth.

Figure 1. Structure of Massey Community Church and Massey Community Trust, situating Westside Counselling Services (Massey Community Trust, 2011)

Volunteers

Volunteers have supported the many functions of Westside Counselling Service. Initially, majority came from the Massey Community Church, and while this continues today, others, following their personal recovery, choose to contribute their time and skills through participation and involvement in the many services offered. This has proven to be an effective contribution within the agency, given the high numbers of volunteers needed to present significant events and to help with time and expertise by assisting in preparing the weekly meal for recovery programmes, pamper days, retreats and sport programmes. Men, women and young adults give a great deal of their time to come and support individuals and families to experience community, to offer friendship, and to give encouragement, respect and aroha (love in a widest possible sense).

This is in line with Wilson (2001, *6*) who notes that "the voluntary social services sector, in particular, was seen as a key stake-holder in the New Zealand Government's efforts to mobilise communities and to further engage community responsibility and participation".

Establishment of the Maori Counsellor's Network *Te Roopu Pounamu Awhina*

In response to a desire for networking, a small Maori counsellors' collective was formed by Faye, in West Auckland in 1999. The group provided support for two Maori counsellors and one student working in a counselling agency at the time. Both the counsellors and a student would meet regularly as a means of accountability for their work with Maori clients and also to awhi (embrace and uplift) each other through some of the difficulties they had faced as Maori women working within the agency's *Pākehā* (non-Maori) driven environment.

By 2001, the Maori counsellors' network had increased to five Maori counsellors and two Maori counselling students. In 2002, memberships began to climb. It was also around this time, during a gathering of the Maori counsellors' network, that conversations were being held concerning formation of a structure that would give the Maori counsellors network more standing in collegial and professional circles. At this time the researcher spoke of a vision she had had. She was inspired to develop the network into a gathering that would provide awhi (relational support) rather than mahi (work in the area of organisational structure, and paperwork). The vision revealed the metaphor of a newborn baby being nurtured on the breast. It revealed the baby developing from birth to autonomy; learning to crawl, finding balance in order to take its first steps and finally walking until standing on its own without a support of another's hand. This vision was clear and could be likened to a prophetic vision emphasising how important it was for the baby to be nurtured, allowed to grow and form and not be given tasks before it was strong enough to manage them.

Without initially appreciating its significance, the vision became the foundation of the Maori counsellor's support network that would eventually form into a roopu (group, network) ungoverned by committees but held together through strong relational partnerships between counsellors and counselling students alike. This would provide accountability, support, education, awareness and understanding for its members working with their clients and organisations, including professional bodies.

By 2004, up to fifteen Maori counsellors and students were meeting regularly in West Auckland. The meetings became the place where the counsellors and students gathered to participate in peer supervision, offering accountability and support to one another for the work they were doing with Maori families. For those attending the network, a great deal of support, learning and awareness was gained. It was a place for them to speak about their spiritual experiences, share their spiritual values and provide understanding while drawing from each other the depth of working with Maori clients. *Karakia*, *waiata*, *aroha*, laughter and the sharing of food provided sustenance for lengthy discussions that took place during the *hui* (meeting times).

In 2006, the Maori counsellor's network was officially named *Te Roopu Pounamu Awhina*. The roopu consisted of 30+ members based from Auckland through to Tauranga. Over the years, this roopu has proven to be an effective network for Westside Counselling Service, providing us with support and accountability for the work being done with our Maori clients and *whanau* (extended family). It has also been effectual for Maori counselling students and Maori counsellors and therapists alike studying in undergraduate and postgraduate work.

In the past two years the roopu has been less active in its gatherings due to the high levels of work and study commitments that members have undertaken. Nevertheless, many conversations continue to be held throughout the roopu and support and awhi (appreciation) continues through informal local groups rather than through large gatherings. It is envisaged that the roopu will continue in this way until study requirements cease and individuals have more time to put aside for the larger gatherings.

Programmes

Living Free from Violence

The development of groups, both psycho-educational and therapeutic, began within 12 months of starting Westside Counselling Service. The first programme to be written and developed was the Living Free from Violence group (LFFV). This programme was initially developed to cope with the numbers of women accessing counselling through Westside Counselling Service for issues related to violence and abuse. LFFV was piloted in July 2001 and officially started taking referrals in 2002.

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> Coming on that recovery group [LFFV], hearing other women's stories as well as my own, and then from that we went into the sexual abuse from when we were kids. I was able to go into that one as well because a lot of my stuff that actually happened to me was because of that. I could never ever speak about it that was something I'd pushed right down for years and years and felt like I was nothing. From there things just went really, really well, I just got stronger and stronger to who I was and at that point of my life I just knew I wasn't ever, ever going back to what I had come from. Participant R, research data (Pouesi, 2012, *26*).

The Living Free from Violence group continues today and is currently being restructured into Celebrate Recovery programmes administered through MCT.

> My evidence is a recent client that I haven't been seeing that long, she was working as a prostitute. I told her about group [LFFV] she really found it powerful and she didn't feel that she was alone. Community worker, research data (Pouesi, 2012: *27*).

Incorporated in the LFFV programme was a weekend retreat and / or a pamper day where women would learn the value of self-care. For example:

> Yeah, I've been involved in pampering and stuff like that... I like the way that it's done. Participant J, research data (Pouesi, 2012, *27*).

Provision was made for a healthy time out and the building of new relationships alongside the encouragement to be substance free. The requirement of the group was that every participant attends individual counselling.

In 2003, the LFFV group showed a significant increase in attendance of Maori women. In addition, an increase of 85 % in Maori women accessing services at Westside Counselling Service was noted. These women came from referrals beyond Massey and in some cases beyond Auckland.

Within the same year four other group programmes were written and developed. These included a Men's Support Group, *Huarahi Ki Te Ora* (Healing from Sexual Abuse – for women), Expression Through Art group, and a children's group for children experiencing behavioural problems.

As one of the participant states:

> I've been able to paint canvas works and get so much pleasure out of being able to paint and do my art stuff, now that's my head, a way of helping me to heal. Participant R, research data (Pouesi, 2012: *27*).

Financial support from members of the church community and private funding sources allowed these programmes to be piloted in order to gauge the need within the community.

Embrace

In 2005, Embrace was launched. The vision for Embrace was to provide experience for women, many of whom had known trauma or abuse, to be treated and acknowledged as a person of value. This is a red-carpet* event where women were invited to attend a social evening that included chauffeur service, food, entertainment, gifts and live artists – all at no cost. Invitations were sent to women who had accessed counselling or group work through Westside Counselling Service. Additional invitations were also offered to other counsellors in the wider vicinity to invite their clients. This was a community event that brought many people from differing backgrounds to volunteer their time and expertise in serving women.

Feedback from Embrace has been very positive, as evidenced below:

> Embrace, for me, gave me a sense of women-hood and what we're really worth. Participant A, research data (Pouesi, 2012, *28*).

Sports & Recreation

Another programme offered through Westside Counselling Service was the sports and recreation programme. This was initiated because women attending groups and counselling acknowledged they needed further support to break cycles of habit and negative relationships. It was aimed to provide alternative ways of dealing with intense emotions while also creating new behaviours, overcoming lack of confidence and generating healthy relationships.

Initially a weekly walking group was established by Westside Counselling Service providing an opportunity for clients, volunteers and local community members within the Massey community to participate in a regular exercise regime. The establishment of this programme provided a bridge for women attending the counselling service to participate in weekly exercise and offered support to enable them to form new relationships in a wider community.

Consequently, a women's netball team was established, which competed in local netball competitions within West Auckland. As a result, some of the women's partners and family members would come to watch, and, before long, Westside Counselling

* After attending self-care sessions, women would report that they have never experienced going somewhere all dressed up and feeling appreciated. In the past, social events were marked with copious amounts of drugs and alcohol and enjoying themselves without it was quite a challenge. We talked to private funders and businesses that donated towards the event, and we had a really good response from the community. Men volunteered to be chauffeurs, ushers and waiters. Donations were given towards the expenses, so we were able to have spot prizes and make the whole event glamorous and provide a three course meal. As they were driven to the top of the drive, they would step out, be met by ushers who would walk them down the red carpet towards the door where men in tuxedos waited and presented them a long stem rose.

Service began receiving requests for similar programmes for men. This eventually resulted in establishment of an indoor cricket team for men to compete at a competitive level, and paved the way for Massey locals, partners and family members of some of the women accessing counselling*, and church members to form social sports teams that would, in turn, generate community events bringing together families and community members. These programmes have positively impacted individuals and families and in many cases been forerunners to building family strengths.

Comments from a referrer and past client are provided below:

> She told me to come play netball; I went down coz I love netball. Participant A, research dat, (Pouesi, 2012, *28*).

There is a lot behind this simple quote. This particular participant was visibly traumatised and very withdrawn, and Faye did not know how to reach her, but knew that she liked netball, so in order to reach her, Faye managed to establish a netball team. Participant A joined and since started to attend group programmes and disclosed the violence that was happening at home. Her husband (a gang member) joined in later through the sports programme. Today they are violence free, and she has completed her degree in teaching. While Social services were involved, they had no hope for transformation, but real transformation started with netball and Faye offering relevant support expressed in action, not traditional counselling. It is an example (among many) of Fay going way above and beyond her professional role, and these additional efforts proved to be most effective. Participants appreciated the non-clinical and community based approach which was beyond shame and implicit blame often encountered when contacting mainstream social services.

> This is the place you can just come and be; you can go out and play sports or just sort of chat to somebody while they're playing sports. Community worker, research data (Pouesi, 2012, *29*).

This apparently low key and unassuming approach was at the same time staffed with well qualified and well informed social and community workers and counsellors who have not colluded with clients but enabled them to grow at their own pace and in ways they chose in order to transform their lives. Having a safe space to be and a community of care was instrumental in p articipants' transformation.

* We are reluctant to call this process counselling as it differs from traditional notion of professional therapy. This approach enabled women to tell their stories and "counsellors" provided safe space where their stories could be told, held and utilised by the women themselves for their own growth and transformation. Huge part of that process was an opportunity for them to explore their own spirituality and meaning and purpose as they perceived it in their life. Because the founder and all counsellors involved had life experiences of domestic violence, there was a sense of "knowing" and mutual understanding that enabled their approach to be non-patronizing, but respectful and empowering.

Celebrate Recovery

By 2004, it had become evident that a programme other than Living Free from Violence group (LFFV) was needed – one that would provide ongoing support for women coming out of violent relationships. As women identified their own needs, Westside Counselling Service sought to meet them by implementing programmes such as those mentioned above. However, women were presenting in the LFFV group with vast issues concerning historical and current abuse, and for many of them it was necessary to address ongoing concerns regarding physical, emotional, spiritual and social issues that went beyond the scope of living free from violence. For many of these women, vulnerability, isolation, withdrawal, addictions and continual exposure to unhealthy relationships were all determinants that, if not addressed, would impact their healing process and dislocate them further from the wider community. Their lack of awareness regarding safety for themselves and their children was another concern, coupled with financial stresses and housing problems.

As their understanding and knowledge concerning the impact of violence on their lives increased, so did their awareness about their defensive ways of coping, namely their addictions. The more receptive they became, the more they realised their fragility and need for further support. Pouesi (2009, *16*) states that "the hardest fight for these women to fight is that of self-hatred. It lurks in every part of their being. There is no escape from it. It devours the very core of their essence and it has no face, no identity. It can't be likened to anything because it feels like everything andonce it grasps you it slowly begins to devour you".

In order to deconstruct belief systems associated with historical abuse and re-construct new stories of hope about themselves, Westside Counselling Service realised that a programme would be needed that would offer women ongoing support. Women had identified destructive patterns that had developed over years and they made links as to how those patterns disrupted their ability to establish healthy relationships and enhance their parenting.

As the bigger picture began to evolve and the needs of the women grew, awareness of the associated complexities grew. It became clear that one hour of counselling every week and a LFFV group would not be sufficient if repetitive patterns were to cease. In order for the women to heal holistically, restrictions such as time and money to be available for counselling and group work needed to be addressed. The programme had to be such that it was neither governed by nor dependent on constraints that would further interrupt the healing process pertaining to generational patterns of abuse.

Faced with the dilemma to provide ongoing support and the lack of funds to employ more staff, Westside Counselling Service along with Massey Community Trust met with the Massey Community Church Board. The church board had been concerned for some time that their Sunday morning services, while appreciated by the wider community, were not able to deal with the depth of brokenness, addiction

and dysfunction which they had been witnessing within the community. A possible way through to meet this need occurred when the Community Pastor attended a conference in the United States and, while there, was encouraged to connect with Celebrate Recovery at Saddleback Church, Los Angeles. This was a model that was known within faith communities across America and Australia as being effective in dealing with people's hurts, habits and hang-ups. The impact of that meeting and the vision behind it set about a process whereby two years later, the Senior Pastor of Massey Community Church made a follow-up visit to Saddleback and included visits to other churches reaching diverse communities.

In his visit to America, the Senior Pastor observed that Saddleback church was reaching an affluent "up and outer" community. Nevertheless, he could see that the programme could be adapted to a diverse West Auckland community. On his return to Massey Community Church and after a time of gathering a team, preparation and training, Celebrate Recovery was launched in West Auckland under leadership of the Community Pastor.

Celebrate Recovery, a twelve step faith-based programme (Baker, 1998), was launched in June 2006. The recovery programme is based on the eight principles from the Book of Mathew in the Holy Bible. The programme is unique since it is accessible to people 52 weeks of the year and offers gender-specific support groups for those struggling with issues that impact their lives.

For Westside Counselling Service, the implementation of Celebrate Recovery by Massey Community Trust provided the missing link; it enabled the women discussed in this paper to gain access to recovery tools and also to have ongoing support once they exited their counselling and the LFFV group.

From the outset Celebrate Recovery was advertised as a faith-based group programme. Agencies and professionals such as the Department of Corrections, Courts, Child Youth & Family Services, doctors and other community counselling agencies throughout West Auckland referred clients to Celebrate Recovery. It became a place where people could gain support while addressing issues that were impacting their lives and the lives of their families. Celebrate Recovery was likened to the Alcoholics Anonymous (AA) twelve step programmes. Referrers, including those self-referring, were told at the onset that the difference between AA, the alcoholic recovery programme, and Celebrate Recovery, was in the naming of Jesus Christ as the ambiguous higher power referred to in AA. It was thought that letting people know that it is Christian-based when they made enquiries concerning the programme, would allow them to take responsibility as to whether they would come or not.

In many ways Celebrate Recovery became a vehicle by which the Maori women in this study began to explore their own spirituality while experiencing healing from lifelong abuse. For Maori women, engagement with spirituality is a vital part of healing; this is a key strand inter-woven within the context of their holistic worldview. Royal (2003, *62*) states, "For Maori, *Tua-ātea*, the transcendent eternal world of the spirit, is ultimate reality". Furthermore, Durie (1994, *71*) writes, "*Taha wairua* (spiritual well-being)

is generally felt by Maori to be the most essential requirement for health. It implies a capacity to have faith and to be able to understand the links between the human situation and the environment".

As there is no rule within the Celebrate Recovery programme that says those who attend have to own a Christian faith, people are free to make their own conclusions as to their spiritual needs.

Included in the programme are support and accountability partners with whom participants are encouraged to engage once they have begun to establish trust and developed relationships. Celebrate Recovery is delivered weekly and is staffed by volunteers, including group facilitators. The latter receive regular training and supervision and are required to commit to their roles for a minimum of one year. Facilitators and other volunteers consist of counsellors based at Westside Counselling Service, students on placement from different schools studying a range of disciplines, as well as past participants from Celebrate Recovery and members of Massey Community Church.

In 2008, Massey Community Trust took over the management of Celebrate Recovery in order to expand its vision for meeting needs within the community and to create a more cohesive flow between the counselling service and recovery groups. A Director was employed to oversee the programme. To date, over 20 facilitators have committed to fortnightly training, supervision and weekly group facilitation. Their commitment to a year's voluntary service is part of the programme's structure and some facilitators have undertaken their fourth year beginning in June 2010. This training continues, and currently four women's groups and two men's groups meet 52 weeks of the year. Every Thursday evening they share in a community meal and a time of teaching, before going into issue-specific group work, closing the evening with dessert and coffee. Each group takes up to eight people and has two facilitators. This programme has been valuable since people seeking support and community have had a place to go free of charge (excluding the meal and dessert which has a nominal cost of NZ $6.00). Celebrate Recovery also offers key social events throughout the year drawing together a wider community.

Participant P notes:

> (I) ended up coming to celebrate recovery, things started to improve a bit with the relationship... I know what I've learnt from being so down when I first walked in to not knowing where I belong, to coming into an environment and just be taken in it was weird for me. I'm like what do these people want because no one is this nice, I've never had that environment. Participant P, research data (Pouesi, 2012, 32).

In 2009, after extensive talks and meetings, Celebrate Recovery was piloted in the Auckland Central Remand Prison. The request for the programme to be implemented initially came from the chaplain of the Prison. He had heard of the impact Celebrate Recovery was having in communities and prisons overseas, and after doing some research on it contacted the director at Massey to set it up in the Auckland Central

Remand Prison. The programme there offers weekly group work to men working through a broad range of issues. Celebrate Recovery has proven to be successful to the point where it is envisioned that a modified version of the programme could be implemented throughout prisons Auckland-wide. Logistics of this are currently being worked through between prison chaplains and the Director of Celebrate Recovery.

Summary and Conclusions

It was not initially envisaged to develop a Community of Care approach. Right from the outset, the focus was to establish a small counselling service at no cost for Massey residents on low incomes. There was no blueprint as to how the counselling service would be set up. There was no awareness, in the beginning, that many of the Massey residents were in need. Initially, when approaching the Senior Pastor of Massey Community Church to set up a counselling service, it was done because it was in my heart to do this. I never knew how, or why; I just felt compelled to ask if they would consider taking me on as a counsellor and become the caretaker of the generous gift of money given by the Auckland businessman.

Initially face-to-face counselling provided women exposed to domestic violence with awareness and understanding of the violence they had lived. However, as referrals grew this became difficult for one counsellor working 20 hours a week to maintain. Nevertheless, professional support from a close colleague and placement of a counselling student, along with the introduction of the living free from violence group, helped to manage referrals which at the time came from word of mouth.

Collectively face-to-face counselling combined with the group work equipped women to gain a greater understanding of the impact violence had had on their lives. As their awareness grew, so did their consciousness of their needs; needs that if disregarded would eventually overturn their healing process. An example of this was women disclosing they were reliant on drugs as a means to get them through their days. Some had done this for years; it was their means of survival, it helped them feel normal, but most of all it helped them relate. Others who had tried to stop using drugs expressed, “It feels like we have moved to another land. We don’t know anyone. How do we meet new people when we can’t even meet ourselves?” Drug dependency was not the only addiction women struggled with. There were many addictions and many destructive behaviours playing out in their lives on a daily basis. Addictions such as sexual, gambling, and alcohol were all key factors that if not addressed would draw them back to living in domestic violence.

The high referrals of women experiencing domestic violence and their need for more than an hour a week of counselling is what ultimately formed the foundations of the Community of Care approach. It was through the development of this that it became apparent that connection was a key factor in the healing process for many of these women. Connection with others in the wider community provided a pathway for women from what seemed horrific backgrounds to re-enter society and begin the process of healing.

Case Study of Westside Counselling Services in West Auckland, New Zealand: Community of Care Approach to Working with Maori Woman and Their Extended Family Impacted by Domestic Violence

Figure 2. Flax *kete* (private collection of F. Pouesi, 2011)

The Community of Care approach was formed as a means to address such needs. Such an approach called for community members to volunteer their skills and time. It also-called for those community members who were able to finance special events such as sponsoring sports teams or to provide holiday homes where women could be taken away to experience a retreat. Healing came from all of the different aspects that involved connection: sports and recreation, group work, pamper days, retreats, face-to-face counselling, and advocacy, establishing relationships with statutory organisations, modelling and mentoring. All these were threads that when woven together symbolised a finely woven *kete* (basket). The Community of Care approach also impacted community members themselves, shaping them to care for and respond to others in need and this also provided them with a sense of well-being and accomplishment.

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Social Work in Prison Environment in Portugal

Currently, in Portuguese case, there is a paucity of studies that link the binomial – "aging" and "prison". Despite the immensity of articles, studies and research around the prison context, as well as the aging process, there are very few data combining both realities Existence of meager investigations directed towards the absence of institutional concerns and initiatives aimed at shaping the real needs of their older users also need verification.

In the last two decades, curiosity and interest in international literary sources of the number of elderly individuals in a situation of deprivation of liberty have progressively increased (areas like public health, administration of justice and prison studies). This increase in older individuals in prisons may, among many other factors, be explained by the surge in the average duration of penalties applied.

This study aims to contribute to the understanding of different experiences of aging processes in prison context, using a qualitative method of case studies and intensive analysis, applying semi-directives interviews.

The aim of this study is to understand different aging processes of elderly inmates, and the specific objectives include analysis of the daily life of older inmates, analysis of the impact of imprisonment on the aging process of older inmates, and strategies adopted for adaptation and reintegration of prison routines, and analysis of future expectations of social reintegration.

This study proposes analysis of different trajectories of inmates who, due to their advanced chronological age, may assist the progressive decline of their functional and cognitive abilities and explain the kind of such deterioration, given their deprivation may benefit from an aging (relatively) decent.

Over the past four decades, Portuguese population over 85 years of age has quadrupled. According to the data released by the Aging Institute of the University of Lisbon for the year 2011, the population having surpassed the barrier of 85 years is around 200,000 individuals. According to the same source, the average life expectancy of Portuguese was 35 years in the early twentieth century to the present 85 years – women and 79 years – men.

Portuguese society is currently experiencing a marked process of population aging, resulting mainly from the rapid passage of a model of fertility and high mortality to

a model in which both phenomena reached particularly low levels. The number of older people is growing at a higher rate than the birth rate. For this reason, the aging of Portuguese population has increased up or from the bottom of the age pyramid, with the decrease of young population, either from the top to the increase of the elderly population. The age pyramid is no longer triangular and has a narrowing at the base, as a result of low fertility and has an extension at the top due to greater longevity. There is an evident phenomenon of "inversion" of the age pyramid.

Not all individuals enjoy the same aging conditions; in fact, older people may constitute a vulnerable group of poverty and social exclusion. However, these individuals in their aging process have a propensity to develop a defensive type of personality, revealing a strong motivation to continue working, trying to "prove" still being young. By contrast, a human being, reaching old age is faced with a constant need to address the decline in the performance of different functional domains (Costa, 2007).

Despite the existence of many studies related to aging in contemporary society, it turns out that the increasing cases of elderly inmates go unnoticed, conveying "the false impression that there are hardly any seniors behind bars", a situation argued against Prison statistics, which give an account of a "miserable reality" (Silveira, 2011). Statistical data show that there are approximately 199 inmates "over 65 years living in prisons" (Pereira, 2012), "most joined the first system already in advanced age and serious crimes such as homicide (...) and violation" (Pereira, 2012).

Therefore, it is essential to think of different cases of criminal practices in late age, on the whole, not "looking" just for external or contingent simple attributes that classify individuals according to their age, "can not be something special, mental, chronological, without it all in all, not take over and carry forward its attributes and turn them into various dimensions of his being" (Martins, 1989).

The type of crimes practiced by seniors, particularly males, are essential crimes like sexual abuse, scams, arson and murders (mainly in attempted form). Although there is a decrease in committed crime by increase of age of individuals, in 2006, a total of 706 crimes committed by individuals over 65-year-old males, compared to the year 2001 when only 149 crimes were recorded, verifying an increase of 557 crimes in a period of 6 years (Costa, 2007).

The increase in elderly people involved in criminal practices is justified by a set of factors that explain difficulties of these individuals in adaptation to the aging process. In particular, low level of education, low socioeconomic status, residence in degraded areas, lack of occupation, loneliness, social isolation, personality traits guided by "high neuroticism and low extroversion, and psychopathological disorders translated by anxiety, depression and hostility, mistrust" (Costa, 2007, *41–42*). These issues tend to aggravate daily difficulties of the elderly in carrying out other activities of daily living (basic and instrumental) as lawbreakers, as is the case of existant chronic disease(s), occurrence of stroke (old or new), immobilisation, confused verbal speech, scarce economic resources, weak or non-existent family behind, marital problems,

auditory and / or visual deficits, excessive medication, falls, abuse and mental disorders. Cases of cognitive deterioration and physical and emotional stress are also note worthy. These are "fundamental characteristics of those who become criminals for the first time after 65 years" (Costa, 2007, *42*).

Prison context, is a specific case of concentration of people in an institution, characterised by the presence of feelings of frustration, idleness, discrediting in the near future, violence, disruption of family and social ties, development of mental disorders, among others, which when combined with each other, may adversely affect the quality of life of elderly inmates and speed up their aging process.

In the "horizon" of these individuals, the aging is not present, it is replaced by hope of freedom. The time at which the individual is arrested equals the time of getting older. However, this age often comes camouflaged with a different appearance from that used in the lives of free people. For the prisoner, the timing is regressive. The hours, minutes, seconds are subtracted from their existence. The time-aging relationship in prison, the time should fly, for the prisoners could back to freedom. In this relation the prison aging process is marked by the pending return to life in freedom (Suelma, 2003, *16*). The penalty of deprivation of liberty through imprisonment is "discounted in years, hours, minutes and seconds, i. e. cash-in time which turns into monetary value" (Suelma, 2003, *20*), so that the individual inmate ages at the same time a paying for the mistake. This debt is paid to society through its freedom with your time, so that freedom also acquires economic value.

Prison has a double aging time dimension, so far as it represents the time lived as well as the "internal" time for each individual, Martin (1998) calls it the "Kairós". The "Kairos" is, therefore, a present time that is experienced through a conscious and effective determination of existence of an individual, indicating new directions to follow. The institutional or chronological time is one in which an individual, throughout a given period, develops the daily routine imposed by the institution.

Longevity is considered a present reality, which carries with it a constant need to adapt to losses that occurred over an individual's life cycle. The fact that individuals live "longer" may imply that this signals the "departure" of their friends and family, making constant (re)adaptations to social idiosyncrasies. The elder is "forced" to reconstruct social ties, to seek new ways to occupy their everyday life often devoid of family support. The elderly experience a set of new challenges and necessary changes, which are reflected in various dimensions of their lives, requiring a "recasting" of their formal and informal relationships, as well as their roles and identity, which will have a multidimensional impact in their objective and subjective life conditions.

In prison context, an individual considered old is forced into new convivial learning with individuals in similar condition to the totally unknown, after a life journey marked by conviviality with emotional ties; it also neglects personal lifestyle and everyday life to adapt to the new reality. So, it is in this context that an inmate will replenish their

everyday life, engaging all senses, intellectual abilities, feelings, ideas and adaptive strategies.

Reclusion joined with the chronological age can accelerate the aging process, and the inmates will have a more restricted access to health care. Studies indicate that increase in health problems is related to age, aggravated in the case of an aging population in prison "geriatric prisoners experience more health problems than the general population (...) an incarcerated person's health is notably worse than that of community's senior citizen or a younger inmate's" (Kozlov, 2008, *7*). Chronic diseases have more prevalence in older inmates because the declining health of prisoners, mainly due to prison environment (inmates are away from their daily routines), put inmates more vulnerable to abuses from other inmates much younger and healthier. The fact that there is a segregation age in prisons is justified by the fact that the institution tends to avoid discrimination of older inmates according to age, the younger ones. However, the fact that different age groups converge the same space cause bigger exposure of older inmates to stress factors; "stress is always high, you're always scared" (Kozlov, 2008: *22*). Existence of other institutionalisation factors contributes to active deterioration of health status of older inmates (abuse of psychotropic substances, lack of healthy eating habits, health problems, risk behaviours, etc.).

Therefore, a rapid deterioration of health, physical and psychological status of prisoners appears, which inevitably accelerates the aging process of every one. For inmates, privation of liberty and rupture with their previous lifestyle develop different forms and survival strategies, including isolation, total subservience and submission to rules, adoption of (in)appropriate behaviours to institutional principles, among others. Institutionalisation of individuals deprived of their freedom is an indicator of social exclusion, characterised by totalitarian rules and separation of their normal social life, which may be reflected when they get freedom.

From a sociological perspective, this type of institution – prison – can be studied in the light of a concept of total institution, where there are extreme experiences such as prisons, hospitals, monasteries / convents, military camps, ships, concentration camps and military boarding schools. This concept of institution is an example of formal generalisation that aims to capture some formal aspects of organisational life, likely to be observed in concrete organisations that develop diverse activities.

Total institution constitutes a place of "residence and work where a large number of individuals, placed in the same situation, deprived of exterior for a relatively long period, take along a secluded life, activities of which are detailed and explicitly regulated". Thus, an institution assumes a totalitarian character when concentrating on most aspects of life of every individual who spends most of their time there.

Prison is a source of destitution because its inmates do not possess any privacy. In the beginning of institutionalisation process, when inmates arrive at prison, they are provided with illusionary "culture" derived from a world family – a way of life and a set of activities accepted without discussion upon admission to the institution (Pedro, 2014).

Emergence of prison as a criminal device has been analysed by Foucault (2001) introducing an explanatory model that results in an interconnection between power and law. The author claims that prison was early associated with punishment.

Currently, prison sentence is usually a result of violation of law. The sentence durability should be proportional between the type of crime committed and criminal classification. Throughout human history are practiced different-types of penalties / punishments, with greater or lesser incidence and which still prevail in some countries. The main evolutionary milestones of criminal classification focus around physical punishment, including torture and exile, and death penalty, forced labor and deprivation of liberty. However, "it is true that these days of deprivation of liberty are the principal punitive means, there are still some countries resort to either of the remaining processes" (Gonçalves, 1993, *78*). According to Moreira (1994), custodial sentence translates into a judicial decision by arrest, by law it is only deprivation of liberty. Once this type of penalty is applied, it turns out that incarceration is a technical process, so its management, quality and accuracy is the responsibility of an independent mechanism to monitor the effects of punishment within the system itself. Following this, the prison is responsible for transformation of criminal deprivation of freedom, in operation "prison" through penalty, and possibly qualify the reclusive, thus useful to society. Being still must be pointed out, the character of prison rehabilitation, through its prohibitions, punishments and rewards.

For over one hundred years of legislative Portuguese history, there have been several laws reforming the prison system, including the most important essential documents. The Regulation of Mainland Civil Chains, the Kingdom and Adjacent Islands, of September 21, 1901 and the Prison Reform Organisation 1936, which would be replaced in 1979 by the New Reformation. Later, the Decree-Law No. 319/82 of August 11 established by the Institute of Social Welfare, in order to develop prison and post-prison social service activities, promoting crime prevention through social reintegration. This document would be replaced by the Decree-Law No. 215/2012 of September 28, which created the Directorate-General of Rehabilitation and Prison Services (DGRSP). This organism resulting from the junction between the General Directorate of Prison Services and the General Directorate of Social Welfare aims to simplify centrally and streamline decentralised services.

The final phase of modifications in the prison system happened when it was admitted that not only the privation of liberty, but also (re)teaching and (re)education is necessary for people's return to freedom.

Re-education through labour combats complacency of prison life in an attempt to implement recreational gear. In other words, "the possible promotion of an in-house well-being that could be constituted as a first step of transformation of personality, acquiring interpersonal, social and working skills, able to allow the resumption of freedom" is predicted (Gonçalves, 1993, *91*). Currently, there is a doctrinal consensus about the failure of the prison system, because of the crisis situation in it. Media reveal

cases of corruption, insurrection, abuse, criminal organisations and leaks emanating from within prisons, contributing to the system failure. Bankrupcy is understood as "a state or inability to adequately meet the situation obligations" (Rampin, 2011, *31*). As such, all of the above situations act in controversial fashion to the principles of deprivation of liberty, which seek recovery of an offender, in that an individual, even though reclusive, is inserted in an environment conducive to the continued performance of illegal acts.

Nowadays, offenders' reintegration is the proposal of criminal politics speech. Custodial sentences have a minimum duration of one month and a maximum of 20 or 25 years in special cases. Involvement of experts from Social Welfare Services in execution of these sentences has been a legal framework and protocol which defines the skills that fit to both public authorities involved in the implementation of these sanctions: the Social Workers and the Directorate-General of Prison Service.

In fact, the actions developed by social reinsertion technicians are at this stage of psychosocial support and cooperation with the outside and, above all, draw up opinions and reports within the competence of advice to the Courts of Social Work. In this context, courts and prosecutor may ask the Probation Service development of various technical support tools.

This technical advice reflects the need to ensure legal remedies and appropriate information to the pursuit of judicial purposes and reintegration of the user in social fabric, until one finishes the intervention of justice administration system on it.

In carrying out its constitutional action, the judge has an interdisciplinary team of which a social worker is an integral part. This helps the social character of decisions. Their action is also evident in the rehabilitation process of individuals, aiming for social relations in which individuals are seen as active subjects and generators of collective participation, creating transformative and alternative practice dimensions. Professionals facilitate an inmate to review its role as a man in relation to the family and society; they assist an inmate in analysis and reflection on the committed offense and their conduct in the face of society, clarifying their rights and duties, looking for alternative actions to rehabilitate them.

Besides advice to courts, which can be made at any stage of the process, the Probation Service shall, also within the Adult Justice, implement penalties and measures.

In Portuguese prison system, social workers have the role of re-education and rehabilitation of inmates. This professional multidisciplinary team works together on an individual's rehabilitation process in situations of deprivation of liberty. They, therefore, develop several activities for an inmate when acquiring freedom, so they do not recur in criminal practice again.

According to Chuairi (2001), action of a social worker requires not only theoretical responsibility, but technique involving commitment to observe people whose lives are a subject to change and consequences, according to professional practice. According to Iamamoto (1998), a social worker develops a specialised job, being a professional agent that implements social policies, especially public ones.

Social workers in prisons have the role of guiding rights and duties of inmates, pledging to establish reliable and credible relationships, thus beginning a new stage in the lives of these individuals, re-education, rehabilitation and redemption to the basic principles of citizenship. A social worker has, therefore, an important role in realisation of serving sentence because it works towards reintegration of prisoners into community. It is also a mediator in reflection of prisoners about their role in society, their rights and duties, commitment to themselves and society.

According to Angelico (2008), the actions taken by social workers in prisons aim to positive reintegration of prisoners into society, developing for this purpose their practice by conducting interviews for social inclusion, establishing contact with inmates' families, preparing and treating documentation, ensuring exchange with various institutions, developing counselling therapies, individual and collective care, transmission of information, attempting execution of rights of prisoners and demanding improvement in their quality of life in the prison system.

Rehabilitation process is very complex and starts by reversing the negative values of a prisoner to positive character values for society. A prison sentence translates into an oppressive and violent remedy, devastating consequences on a personality, to the extent that imprisonment of a man neither improves, nor perfects, or corrects the misconduct, or recovers return to life in society.

Social work in prison context, is assumed, therefore, as a proactive and investigative profession working with expressions of social issues and public policy, meeting demands of society. It works with families, the main focus in the life of a person, where the human being seeks comfort, care, education, security; the key here in their development process. It is within the family that an individual needs to re-socialise. Rehabilitation process takes on a difficult period for prisoners because they need a lot of support, courage, self-esteem and motivation outline of all the barriers that may arise, considering the negative stigma through which society tends to label.

Work of social workers in Portuguese prisons is extremely important in the rehabilitation process of prisoners, still requiring a joint work with the families of prisoners, seen as the future support of an individual when released. This work has been limited due to a small number of professionals working in these areas compared to the high number of prisoners and their respective families.

A social worker concentrates all their efforts in search of personal and social development of prisoners, through practice of awareness of individuals, ensuring support, development and reach of their life goals. Support for Social Reintegration of Prisoners emerges through collaboration with the General Directorate of Social Welfare in preparation of probation, interaction with social support networks and associations pursuing social reintegration objectives, implementation of support programmes to inmates with specific requirements for exitant preparation, including establishment of partnerships with other public and private institutions of social solidarity.

Government plans are, according to prison guards, social workers and lawyers, far short of what is required. Not merely overcrowding of prison space, but also complaints

of assaults and abuse within, contribute to deterioration of living conditions in prisons and respective lack of essential supplies and equipment. The new government measures presuppose a commitment to return to community and professional life so they do not return to jail, reducing recidivism and solving overcrowding.

These actions are developed either by a technical personnel or in conjunction with other agencies and public and private institutions that favour resolving some problems or diagnosed needs, particularly in areas of employment and vocational training, social security, health, housing, schooling and leisure activities. A coach helps the condemned to face their delinquent behavior, accept responsibility for their crimes, and properly deal with their personal difficulties.

This core of punishments and measures consists of suspension of execution of prison sentence, probation, suspension of the imputable hospitalisation, freedom to test and provisional suspension of the procedure is referent to legitimately of penalties and evidentiary measures.

Technical flatten monitoring, according to a standard graphic model, is the process in which objectives to be reached are identified and pursuit of those goals and strategies for the plan defined, a technician assesses the degree of implementation and adapts it to the progress or failures of a convict in order to allow detection of the present goals at any time.

Thus, it is planned to establish a single team model of technical rehabilitation and reintegration, strengthening prisons with a greater technical staff (70), including psychologists and social workers. Currently there are 170 technicians in 49 prisons. In this sense the inmates will be accompanied by a unique team from the moment of entry until the moment of release from prison, having for each prisoner the existence of an Individual Rehabilitation Plan to be realised. From the moment that an inmate reaches freedom, workers will move to locations where the inmate will go and meet with the family members and neighbours to prepare the return (Dias, 2014).

Description of Cases

The aim of this study focuses on understanding different aging processes of inmates considered elderly. Resulting from the mentioned general objective, the following specific objectives have been set forth: analysis of daily lives of older inmates; analysis of the impact of imprisonment on the aging process of elderly inmates; realisation of strategies adopted for adaptation and reintegration in prison routines; and analysis of expectations of future reintegration into society, by elderly inmates.

The procedures of this study includes paradigm interpretation of the reality, based on qualitative method, through the use of semi-directive interviews. It was applied to twenty-five interviews with Portuguese inmate males, aged over 65 years, in different Portuguese prisons, Estabelecimento Prisional Especial de Vale do Sousa and Santa Cruz do Bispo, and Regional of Paços Ferreira.

Characterisation of the population interviewed will be presented, and categorical content analysis of only three respondents (case descriptions) will be performed.

Thus, from a total of twenty-five subjects, fourteen individuals are in position of withdrawal of primary freedom, and the remaining eleven are repeated offenders,

Regarding the age range of the twenty-five interviewed prisoners, their chronological age range extends from 65 to 84 years, with a mean age of 68.

In qualifications, a higher incidence ranges among individuals with the first cycle of basic education, only two can not read or write, but only one inmate has a qualification of higher education (doctorate degree).

There is a higher prevalence of individuals penalised for offense of aggravated homicide, ten cases of the crime. Of these ten cases analysed, three murders resulted in death of their wife / partner. Note also the case of an individual sentenced to maximum prison sentence in Portugal was for twenty-five cases, thirty-five accused crimes of murder, of which thirteen accomplished twenty-two in the attempted manner. The drug trafficking crime is the second type of crime with the highest incidence, four of the accused individuals. Crimes of sexual abuse of minors, kidnapping and pimping also show the respondent universe, with a total of two individuals charged for each type of such crime.

Duration of custodial sentences (measured in years) among the respondent universe turns out to be the shortest sentence lasting for only two years (applied only to one individual), whereby the longest sentence respects the twenty-five years in prison, having been applied to two of the respondents. In these cases in particular, the decision by the maximum prison sentence in Portugal was due to the type of crime committed, including “sexual abuse of minors” and “aggravated homicide”. Average penalties applied stand at five years and covers only four individuals.

Content analysis of the interviews assumed a division by themes and respective categories and subcategories interpretive. Therefore, content analysis of only three interviews, selected as focus groups, was consequtively performed.

In the first category of analysis “relationship of age with the disease and disability”, a tendency of association has been observed among the interviewees, aging with emergence of certain diseases and disabilities. These individuals express their understanding in relation to aging and old age as a time when a human being falls ill and is unable to perform majority of activities of daily living (basic and instrumental) alone, requiring third-party support as well as mobility aids and medical support. It has been denoted why respondents envision growing older as an “input” in a situation of dependence.

In the second category “perception of aging and old age as a result of the course of life”, inmates show understanding of aging process and old age as a natural result of course of life, which involves several dimensions and is an integral part of human life.

The third category “negative feelings” finds that inmates associate aging and old age with emergence of negative connotation of feelings and is, therefore, understood

as an "end", as a last stage of human life, full of suffering, which individuals do not manifest willingness to "get".

Joining prison is regarded as a "traumatic event", with a negative connotation of interpretations about institutional reality, leading them to a situation of hopelessness and disbelief in possibility of overcoming or even "endure" the applied penalty period. It is noticeable that a part of these individuals at times experience anguish, suffering and desperation by the penalty, capable of triggering suicidal thoughts. However, these suicide images tend to arise mainly during the institutional adjustment period, so that over time these individuals find ways to better adapt to the space and institutional rules, "achieving" thus circumvent the will initially desired.

Institutional routine is a factor of stress for these individuals because of strict schedules and standards, producing an extremely routine character of daily life, not attractive. This everyday life is also marked by a significant monotony resulting from activities of programming and constant repetition of the same, tending to affect relations between inmates, who tend to demonstrate high levels of difficulties in communication.

"Isolation trend for personal safety precaution" has been also detected, as these individuals tend to establish few contacts with third parties, while maintaining a reduced network of institutional sociability. In addition to being considered "difficult", interpersonal relationships in this type of institution are affected by the age difference which arises as a barrier to the extent that some individuals do not identify with other age groups, tend to isolate themselves, safeguard; therefore, exclude all socialisation opportunities with other inmates.

These three respondents attribute higher importance to employment and training practice as seclusion strategies, also the manner that most inmates elected, to better adapt to the institutional mechanism and "easily" reach the end of the penalty provided. Thus, educational and training frequency is also an institutional integration strategy. The possibility of these individuals to be educated, as well as the "helper" occupying their everyday life, allows them to access new knowledge and techniques, despite lack of opportunities or lack of motivation.

Following this information analysis, there is a need to clarify issues concerning the way by which the respondents watch the coexistence of groups of individuals from different age groups and what communication exists between inmates depending on age. Thus, it appears that there is age difference in daily practice. This distinction is noticeable at several levels including the use of free time in which younger in mates opt for intense sporting activities (football and basketball). In turn, older inmates, give preference to traditional games (cards and checkers) thought to be more "calm".

It was also asked to the respondents to do a reflection on their "self", susceptible to be changed by their situation of deprivation of liberty, as well as the whole process of depersonalisation and mortification of the self which they are subjected to. It appears

that the respondents attended a "metamorphosis of the self", claiming to have suffered psychosocial character modifications, mainly due to the totalitarian character of the institution. The prison institution, due to its strong normative and coercive power, is able to strip prisoners of their previous personality. For this reason, individuals refer to intuition because of the power that imprisonment has had on them, "forcing them" to reflect on their actions.

Hence, the prisoner that is to serve time and aging in a long time has the opportunity to reflect more intensely.

Contacts between prisoners and their respective family members, friends, among others, can be done in different ways, including written letters, telephone calls and visits to the arrest and / or poor outputs of prisoners. All records analysed, i. e. contacts established with the family and friends, is a fundamental tool in institutional adaptation process and enforcement of the sentence, as emotionally stable as possible.

Thus, visits are the only way to direct human contact with the outside, but the frequency of these contacts depends on different factors. In particular, the type of relationship existing prior to institutionalisation, distance between a prison and the area of residence of a prisoner's visitors as well as the economic availability of those visitors to travel to the prison. The days of visit are expected by inmates with high anxiety, so this time connotes the individual a sense of well-being, allowing one to charge energy, ensure a social-family environment in their world of belonging during the rehabilitation social period. Support of friends and family becomes central to an individual to get poor outputs and probation.

Regarding trajectory of prisoners in a prison institution, all responses were unanimous and show the existence of a "course without disciplinary sanctions," linear, without imposing any sanctions.

The trend and need of all respondents referring they have had since the entry time in the institution to the interviews, a linear path as the institutionally established standards, is justified by the expressed desire to go free before the end of pen as well as being able to take advantage of poor outputs and other institutional "benefits". However, this situation, referring to route of these individuals as being "linear", may not be entirely accurate, since it was not confirmed by prison services.

Regarding idealisation of future life prospects, respondents report having a need to (re)establish emotional bonds, due to the need to (re)family approach and looking for "company" in this "ultimate" stage of life, as well as resume labour practice, seen as a beginning of a new stage of life, the most integrated possible social and professional level.

Therefore, time in prison, directed to realisation of projects, may be an alternative, especially for those who are getting older, is under conditions of deprivation of liberty. Prisoners develop, therefore, their own way of being and organise their lives. Despite their limited and without a certain date return "home", they have life projects and seek to prepare for their departure, making current plans for the near future.

The present and future are viewed by those individuals as being a totality, then being the force capable of keeping the interconnected events. Thus, significant events occurring in the life of every individual may be decisive in the development of future projects. However, the fact that an individual has formerly and presently been reclusive at an advanced age can be an obstacle to achievement of certain plans because the fact of having been arrested is a "brand", which will have to carry forever. They point out the cases of individuals who plan the future facing labour activity, with their own resources and with support of their families / friends.

Futures are coated with a strong element of hope by respondents due to their desire to return to social life. In many cases, detention period is an active way to think ahead and enjoy life. However, they have in mind the fact that they will face a society that tends to exclude ex-prisoners. During the interviews, it was revealed that there is a willingness to resume the last time and do certain things, so attributing importance to "take care of themselves."

The final stage of the interviews addresses the reason why respondents are in a situation of deprivation of liberty and what the motive that triggered the criminal practice was. Given the subjective interpretation of the respective crimes, records denounce repentance situations and assumption of guilt for these individuals, although interpreting the period of imprisonment as "very" expensive, face penalty as a punishment fair view of the practiced act.

CASE ANALYSIS

Case No. 1

The first case analyses the history of an individual male, eighty years old and with a primary school degree. He was sentenced to a term of fifteen years and six months for an aggravated murder motive (his wife), and he has been serving a sentence for eight years and three months.

Following the arrest, within the first forty-eight hours the man had no idea where he was, and then he was scared when he had realised that he had actually been arrested. He said that he had tried and wanted to forget the situation in which he found himself to be the saddest and painful situation he might have ever been, calling it a terrible limitation.

Trying to adapt to prison, despite the desire to give up his life, he had finally he found ways of overcoming the obstacles, behaving according to the rules and believing the early parole.

He believes that society views negatively those who are detained, and previously he had thought the same way, but now

knows how hard it is to be stuck, for any reason, it is a sense of very great humiliation and without support of the family even worse.

In relation to the aging process, he claims not to feel getting older, he still feels to be young, and maintains it through regular physical activity. He believes that the old age is a difficult process to handle, especially when it has no support, which had not happened with his parents, who had a beautiful old age and died happy. When people are abandoned, it is very sad and he fears this could happen with himself.

He says that within prison the age differences are not established in either age, being eighteen is like being sixty-five years old, so everybody feels alike; however, (some) younger ones tend to have some respect for the elders.

To occupy their days, he does a job in prison, but the weekends and the holidays are very difficult to manage because he has no occupation.

In the future he thinks about replenishing his life by living together with someone and giving his best for the sake of their child, to be present at his wedding. To achieve this goal and try to keep the inner strength, he practices a regular physical activity.

He also says that he is very sorry for his crime, and he can not understand why it had happened as he had been under medication excess effect.

Case No. 2

The second case examines the trajectory of a male person of sixty-five years old with a school degree.

He is sentenced for aggravated homicide crime of thirteen people; thus, he has been sentenced to the maximum prison sentence in Portugal, twenty-five years. He has already been serving the sentence for fifteen years. He says he has been responsible for what happened in his bar, arson at the bar, which killed thirteen people. However, he also says that in the particluar situation the responsibity lied on his rival colleague, who also owns a bar in the same place.

He says that has been dealing with a lot of difficulty due to the length of the sentence attributed to him, but he tries to go living day to day, and after ten years in prison he has had the right to his first exit, which has improved the way he sees life.

The states attributed to him has cost himself a lot upon entry in prison; he cried a lot initially, starved and was isolated in a safe area. Nevertheless, gradually he began to work on the mobile site, and it was the way to better occupy his time. Now he works on selling furniture to the public, including weekends and holidays.

Before his arrest, he pitied prisoners the same way that the society now feels sorry for him for having many injustices in the law. He says the society will never be aware of the reality of prison. For that, the society would need to be stuck in such reality.

He believes that there are no differences between younger and older inmates, there is treatment of mutual respect between everybody, and he understands that aging people live closer to death, but he does not feel like that.

Every two months he has the right to leave the prison, and he takes the opportunity to be with his parents, children and grandchildren. He does not like to receive visits because his parents are too old to come there, so he rather calls them daily.

In the future, upon leaving prison, he thinks of retiring working at his brother's cafe.

Case No. 3

The third case analyses the history of a seventy-four-year-old male with a degree in law and a doctorate degree in tax law.

The reason for his detention was his involvement in embezzlement crime and aggravated fraud, so he was sentenced to five years in prison.

He describes the crime committed as not having been a violent crime, with blood, but it was another kind of violence; therefore, he says that he is deeply sorry and is trying to reward the affected person.

This man has been detained for two years. From his perspective, being stuck means a great torment, being in a confined space without contact with people that he likes, without friends, without attending shows he likes or not being able to continue his studies. For these reasons, he says that he had reacted inappropriately when he was arrested, but gradually he had been trying to overcome the anxiety. Till this end, he had devoted between ten to twelve hours of his day writing books for an online publisher, and he says that he has insufficient time to respond to the number of requests.

This gentleman says that he feels different from other inmates for being one of the few older people who are there, so being beyond the age, lack of culture has made his relation with others difficult.

In his sense, he is trying to make a distinction between chronological and intellectual aging. The chronological aging is based on the actual age and the intellectual is based on how everyone feels in life. The aging process is about a reduction of capacities.

From his perspective, in the prison setting, prisoners over age "suffer" more as they have to wait in line for food or go to infirmary. However, he sees a greater respect for elders.

When he was younger, this gentleman says he had a humanistic view about arrests, and the fact that a lawyer helped him in it. However, the society has a negative image about this reality, both to those who are serving a sentence and those leaving for freedom; thus, hindering their integration into labour market.

In his opinion, prisons should communicate a different picture contradicting the idea that being arrested means the end of life.

To this gentleman, contacts with the family are vital, especially with his wife, who he calls two to three times a day.

About the future, he says that he has to fulfil the promise to be the head of a section of a new editor of e-books.

Methodological Materials

The starting point of any scientific research requires existence of a problem situation, causing disquiet and unease, so there is a need to seek an explanation of the "phenomenon".

Data collection procedures within this study have been sustained on an interpretative paradigm of reality. Through interpretation of reality, this paradigm advocates that people will establish a reflexive monitoring of their actions, while building and updating knowledge of self and others. Therefore, it was decided to apply such a qualitative methodology to the entire study.

For the choice of the qualitative methodology for the study it was taken into account that the ongoing knowledge production intends to be a built construction through an interpretative and subjective analysis of the semantic reality, socially reconstructed by inmates considered elderly.

Qualitative procedures result from a particular need for reading of phenomena of a certain kind of conception of reality and a certain type of instrument observation of reality and data collection and analysis. The qualitative method essentially obeys the use of participant observation techniques, ethnography, biographies and

in-depth interviews or remains unstructured. The main concern of this method, due to its flexibility, is achievement of general and non-verifiable conclusions. It provides further contextual order data, access to representations, trajectories and conceptions of the world by the caller.

These methods also require a certain degree of interaction between researchers and the investigated by assigning high importance to understanding actions of the participants based on their life experiences. In this process, the investigator is a key element in the analysis and conclusions drawn. Not only are these assumed to be rapport building but also as interviews of the interviewer. These methods also allow for conduct of intensive analysis, thus enabling analysis of the phenomenon in its entirety and in-depth understanding of social fact.

The purpose of these methods is, therefore, defined processes and meanings, giving preference to social interactions captured, among others, through the use of open questions. Analysis of meanings, discovery of senses, reasons of acts, relationship between a man and his world, between objective and subjective worlds are all targets of qualitative analysis.

All the individual dimensions of an investigator, their theoretical preferences and consequent understanding of the phenomena flow into a wide variety of data produced. Involvement and commitment of a researcher in this type of examination requires execution of a particular job despite the impossibility to instruct others. This qualitative methodology of case study or intensive analysis was consolidated and, therefore, defined the preferred option to study contributions of those surveyed in greater depth, for a better understanding of their experiences.

Within the various possible investigative techniques to carry out this study, it was opted for the use of semi-directive interviews, emphasising speech, utterances of the subjects, as a privileged penetration through representational domain of each individual. Interview is an objective and contextualised interaction technique between the interviewee and the interviewer.

It was also possible to consult the files of prisoners in one of the spaces of empirical data collection where document analysis technique was implicated. Document analysis seeks to identify factual information in documents. In consultation with personnel files of prisoners, analysis of information concerning the type of offense(s) committed and life histories of individuals was emphasised. Election of these issues was mainly due to its specificity, as an interview situation could not ensure spontaneous flow in an interviewee's speech, which might trigger embarrassing situations.

Questions asked in an interview focus on a personalised perspective, even intimate, emphasising a personal experience of everyone and ensuring a greater certainty of a respondent's answer, alined single perspective. All outlined observation instruments, had the study objectives as the point of reference.

It prescribed a script of questions to guide the dialogue to be developed. The interview began immediately by establishing a communication contract in which

the interviewer was presented, he explained the mode of data collection, the study objectives, the request for recorder use and the informed consent form that ensures anonymity was signed.

The expectation was a single interview the outlined topics of which included the qualities, considered by many authors as "good imperatives", resorting to the use of a language as simple as possible. Also there was a concern starting the interview progressively beginning with more general questions followed by more direct and specific ones; thus, covering various dimensions of the study. An interviewee was always presented by a methodological concern that favours communication, not conditioning the aspects that most respondents consider relevant.

The objective was that respondents increasingly feel comfortable in the presence of an interviewer; thus, sharing information as naturally as possible. An effort was made to control the information collected, sensitise respondents to the nearest situations of their personal and social realities in order to benefit from the increased content of the information. This information collection instrument also sought to capture feelings, attitudes, cognitions, behaviour and "mental constructs" not presented in the register of facts.

With the use of open questions, it is possible to provide a greater range of responses. The study included exactly twenty-five interviews applied to males, aged over 65 years meet in prison in Portugal, notably in prison establishments Special Sousa Valley and Santa Cruz do Bispo and Regional Paços Ferreira. In each prison, the inmates interviewed were selected by the local director, through a list of prisoners that included the mentioned age criteria.

The interviews in the three different establishments were held in isolated rooms and offices, with total privacy, in order that the respondent felt comfortable, facilitating greater and better supply of information possible. Prisoners, appointed by the director of each prison to be interviewed, were "called" by prison guards and accompanied by the same office where the interview would take place. This procedure had to be prearranged with the different officers and prison guards. For realisation of this research, prior contact by registered mail was necessary with the director of the General Directorate of Prison Services.

In this sequence of events, there was the first contact with the Regional Prison of Paços de Ferreira in order to schedule the first meeting. For this meeting interviews were scheduled and authorisation to use a voice recorder during them was requested. Then the directors of remaining prisons involved in the study were also contacted in order to agree on interview dates and request the use of a voice recorder.

For the possible treatment of data collected through the application of interviews, content analysis technique was used to get a closer reading of the information provided by respondents.

The choice of this technique for processing the data is justified by the fact that it was objectified from the records of the applied semi-structured interviews, and respecting

the objectives of this study, the key elements of the interviews were deduced. By using this technique, it was possible to transform communication and verbal records of institutional actors, elements endowed with revelation and meaning of cognitive dimension of the issuer.

The use of this technique allowed access to information implied in the speech of respondents. The use of this technique requires clarification of all procedures used in the rule of quality guarantees of rigor and objectivity.

Content analysis of semi-directive interviews applied in this study followed the three important moments, namely pre-analysis, exploration of material and treatment of results with respective presentation. In the pre-analysis phase, all the material available was organised, proceeding to content selection interviews to examine through the first reading of the collected material. Specifically, it proceeded to delimitation of registration units and respective choice of indices, in line with the outlined objects of study and respective theoretical problematic. Quantitative content analysis was employed as it examines positive information based on its frequency and the number of times that certain elements appear in an interview contents.

Material exploration was organised in different themes, which defined analysis categories. The time to categorise assumed two important phases, which were the inventory and classification. Inventory is assumed to be the choice and isolation of elements, so the sort involves inserting elements, emerging messages.

The final stage of analysis of the content precedes to processing and respective interpretation of the data, so meanings can be conveyed and allowed for the reading of reality investigated, based on theoretical framework and objectives of modellers throughout the study.

Such methodology and intensive analysis was applied to the twenty-five interviews. Then, in the view of extensive number of questions, interview guide members proceeded to delineation analysis of subjects in which they operate different sets of questions applied. Subsequently, elements presented in logging units from other interviews were delimited, which investigate the frequency with which they occur and outline respective categories and subcategories in which these elements are located.

The exploration phase of the material consisted of codification of data, organised in fourteen themes, from which thirty four categories and eleven subcategories of analysis have been defined. Specifically, after data encoding, it proceeded to joint registration of units with the respective categories and subcategories delineated in turn, framed in different thematic analysis.

Ultimately, it proceeded to processing and interpretation of results obtained from the interviewed prisoners, based on conceptual framework conducted in order to enable coordination between both parts.

Grouping of Interview Questions for Consideration of Issues

Theme No. 1 – Meaning of aging and old age in man's perspective: "What do you intend about the aging process?"

Theme No. 2 – Meaning ticket in prison: "What is the duration of your sentence? And how you handle that?"; "What does it mean for you to be stuck? How do you react to that?"; "At first, when arrested, did you wove comparisons between yourself and other prisoners of the same age? Do you feel to be different?"; "From your perspective, what stressful factors (physical and / or psychological) are there in prison?"; "What is your prison every day like?"; "What do you do to maintain hope and optimism?"

Theme No. 3 – Entry and adaptation to prison: "How did you feel when you were put in jail?"; "Initially what techniques / mechanisms did you use to better adapt to prison? What do you use now?"; "Are you concerned about your safety (inside me)?"; "What do you do to stay safe? What thoughts and / or behaviours do you use to stay safe?"; "At what times and / or locations (inside me) do you feel safe? And what happens?"

Theme No. 4 – Objective and subjective conditions of previous life to reclusion: "In economic terms, health and knowledge / wisdom, how would you describe yourself before entering the prison?"

Theme No. 5 – Objective and subjective conditions of life, after reclusion: "In economic terms, health and knowledge / wisdom, how would you describe yourself today?"

Theme No. 6 – Identity structure after incarceration: "How has being stuck changed perception of yourself"; "What are the main difficulties encountered in the chain taking into account your age?"

Theme No. 7 – Social representation of former inmates to prison: "What vision did you have of prisoners when you were younger? Does it seem that most people have the same representation?"

Theme No. 8 – Current representation of prison and prisoner: "What would you like people to know about the life experience of inmates?"

Theme No. 9 – Representation of prison population on the age: "How are age differences stipulated in prison? Who is considered new and who is considered old? Does it matter?"; "What is the role do older inmates in prison hierarchy play?"; "In your opinion, based on age, which is the group of inmates with greater benefits?"

Theme No. 10 – Extramural relationships: "Have you had the opportunity to contact outsiders since being arrested? What is the frequency of these contacts? And what do they represent for you?"

Theme No. 11 – Trajectory prison: "How do you evaluate your route within this prison?"

Theme No. 12 – Perspective of imprisonment without life trajectory: "How do you imagine your life if not having been arrested?"

Theme No. 13 – Trajectory of life after incarceration: "Do you still possess expectations and objectives to be performed outside prison? How you think they are accomplished?"

Theme No. 14 – Crime of reasons and respective interpretation: "What is (are) the reason(s) that led (plow) to be arrested?"; "How do you interpret the practice(s) of the crime(s) committed?"

Screenplay Interview

- How old are you?
- What is the duration of your sentence?
- What is your education?
- What is the penalty time left?
- What do you anticipate about the aging process?
- How long is serving a sentence?
- What is the duration of your sentence? And how do you handle this?
- What does it mean for you "being stuck"? How do you react to that?
- How did you feel when you were input in jail?
- At first, when you were arrested, how did you wove comparisons between yourself and other inmates of the age? Was it considered different?
- Initially what techniques / mechanisms did you use to better adapt to prison? Which do you use now?
- Are you concerned about your safety (inside me)?
- What do you do to stay safe? What thoughts and / or behaviours do you use to stay safe?
- At what times and / or locations (inside me) do you feel safe? And what happens?
- From your perspective, what stressful factors (physical and / or psychological) are there in prison?
- In economic terms, health and knowledge / wisdom, how would you describe yourself before entering prison? How would you described yourself now?
- How being arrested has changed your perception of yourself?
- What is the vision you had of prisoners when you were younger? Do you consider that most people have the same representation?
- What would you like people to know about the life experience of inmates?
- How are age differences stipulated in prison? Who is considered new and who is considered old? Does it matter?
- What role thatdo older inmates in prison hierarchy play?
- In your opinion, based on age, which group of inmates possesses greater benefits?

- What are the main difficulties faced in prison, taking into account your age?
- How would you characterise your daily prison life?
- Have you had any opportunity to contact outsiders since you were arrested? How frequent are these contacts? What do these represent to you?
- How do you evaluate your route within this prison?
- How do you imagine your life not having been arrested?
- Do you still have expectations and objectives to be performed out of prison? How you think they are accomplished?
- What form(s) is (are) used to keep your hope and optimism alive?
- What is (are) the reason(s) that led to your arrest?
- How do you interpret the practice(s) of crime(s) committed?

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Social Work with Families in Slovakia

Social Work Representation in Slovakia

Social work in Slovakia draws from an intellectual and experiential heritage, which in the past acquired as part of the Habsburg Monarchy (resp. Austria-Hungary) and as part of the Czechoslovak Republic (1918–1939 and 1945–1992); its sources are the Christian Doctrine of helping one's neighbour and European Humanism.

Significant milestones, which have had an impact on social work today, are the years 1948 and 1989. In February 1948, after the so-called "Victory of the Working People", a change came about in the political and social climate. Communism began to establish in Czechoslovakia. The basis of the Communist ideology was the need for joint ownership of the means of production, which was supposed to improve the lives of the working-classes and resolve social problems (Brnula, 2012: *120*). "The model of central planning was taken from the Soviet Union, also in the field of social policy and social welfare, which was then the term for social work" (Šiklová, 2001, *140*). It was assumed that following the disappearance of class differences, also the social problems – surpluses of capitalism would disappear.

The events that led to the removal of the Communist government in 1989, are called the Velvet Revolution, because they took place without any blood being shed. The subsequent social and political changes that took place, determined the overall development in Slovakia. This is evidenced by the transformation of social policy, as well as by the steps to make progress in the practical and theoretical social work within Slovakia. University education in the field of social work has been implemented in Slovakia since 1992, when a Department of Social Work was established at Comenius University in Bratislava, Slovakia's oldest university. University departments offering Bachelor's, Master's and Doctoral studies of social work were also gradually established in Prešov, Trnava, Nitra, Ružomberok and Košice, as well as in other Slovak towns.

Slovak academics follow the global definition of social work from Melbourne, from 2014*.

Social work is perceived in Slovakia as a relatively newly-constituted poly-disciplinary applicative branch of science – in practice applied as a practical activity, as well as a branch of science. Social work as a science explores problematic social phenomena. It describes them and explains and examines the process of their creation and development and also the development tendencies, possibilities of their solution and prevention, it explores and develops the methods and methodologies of social work, while creating models of social work.

Social work as a practical activity is a professional activity, which allows individuals, groups and communities to identify and resolve, or at least alleviate, personal and group social issues or environmental factors, which negatively influence them.

A person – a human being in the position of implementing practical social work, is defined as a subject that selects and evaluates possibilities and resources to address his own problem situations, governs his own life and is responsible for his own decisions. In the context of social work as a discipline, the person is the object (subject) of social research (Žilová, 2000).

In Slovakia, there are a number of prominent personalities of social work, who have been active and are still active, among them: Docent Paed. Dr. Štefan Strieženec, CSc.; Professor PhDr. Anna Tokárová, CSc.; Professor PhDr. Anna Žilová, and Professor PhDr. Jana Levická.

Another major event for social work in Slovakia was the new Act on social work, passed by the Slovak Parliament – the National Council of the Slovak Republic on July 9, 2014, entitled "Act on Social Work and the Conditions of the Exercise of Certain Professional Activities in the Field of Social Affairs and Family". The Act is effective from 2015 and brings several new features: social work as a practical activity can only be carried out by a graduate of social work, who has completed the second level of university education. Graduates of a Bachelor's degree of university study in the field of social work can become social work assistants. The Act establishes a Chamber of Social Workers, a professional organisation. The Chamber is a legal entity, which brings social workers and social work assistants together on a voluntary basis. The Chamber will issue permits to exercise the independent practice of a social worker. The act also regulates the conditions for the accreditation and implementation of lifelong learning programmes in the field of social work.

* International Federation of Social Workers (IFSW). Global Definition of Social Work. (2014). http://ifsw.org/policies/definition-of-social-work/

Social Work Target Groups

Clients of social work can be divided according to different criteria; the oldest division is the classification by the age of the client, to which the basic types are: child clients, youths, adult clients and clients in old age – seniors.

Children and youth clients can be classified according to various criteria, e. g. children with CAN syndrome, children and youths with behavioural disorders, children and youths placed in foster care, youths at risk, children and youths on streets, children with disabilities, unaccompanied minors, youths after leaving institutional or protective education, etc. Legislatively, assistance for children and youths is treated for example in the Act on e Social Protection of Children and Social Guardianship, in the Act on Family, in the Act on Social Services, in the Education Act, and in the Act on Social Insurance.

Adult clients can be classified by types of problems: people with health disabilities (including psychiatric ones), people in palliative and hospice care, the homeless, the unemployed (long-term unemployed), drug users and drug addicts, people working within sex business, ethnic groups, asylum seekers and refugees, people in material need, people serving a sentence of imprisonment and after release from imprisonment. The various types of problems may coincide and, depending on that, a particular legislative norm also applies: The Act on Social and Legal Protection of Children and on Social Guardianship, the Act on Family, the Act on Social Services, the Act on Financial Allowances for the Compensation of Severe Disabilities, the Act on Health Care, the Act on Social Insurance, the Act on Assistance in Material Need, the Act on Employment Services, the Asylum Act, the Act on Residence of Foreign Nationals, the Anti-discrimination Act, the Act on Serving of Prison Sentences and on amendments of some other acts, the Act on Probation and Mediation Officers.

Seniors in Slovakia are a very numerous target group for social work. Among the risk groups of seniors include: seniors over 80 years, seniors living alone in households, seniors living in institutional care, childless seniors, seniors with serious health problems (including psychiatric), and seniors with a minimum income. Assistance for seniors, also by the type of problem, is regulated especially in the Act on Social Services, in the Act on Social Insurance, in the Act on Financial Allowances for Compensation of Severe Disabilities and in the Act on Health Care.

The subject of the intervention of a social worker becomes the interaction between the client's competency to meet the demands of the environment and what the environment is expecting from him. The aim is to promote the social functioning of clients by helping them to recover or maintain balance between a more or less adequately coping capacity and the appropriate requirements of the environment. With such an understanding of the mission of social work, it is possible to perceive the place of social work within the work with families at two levels:

1) at the level of understanding family as the environment of a client – individual. Social work is focused on eliminating or alleviating social problems of an individual through the family system, which is one of the possible sources of occurrence, as well as of resolving a client's problem;
2) at the level of understanding the whole family as a client. Social work is mainly focused on changing the functioning of the family system, or for the adaptation of the entire family to the new conditions (Brozmanová-Gregorová, 2006).

Social work with families goes through a decentralisation process, in accordance with the transformation process of the social sphere and public administration. Many State responsibilities in this area were gradually taken over by the government, and scope for the realisation of work with the family by NSAs was created. Here, it is important to understand it as the equivalent in terms of its professionalism with the implementation of social work with families by public providers. Despite these facts, social work with the family is most significantly implemented at the Office of Labour, Social Affairs and Family, where it already has its own tradition. However, we must say that it is more curatively focused and, for several reasons, the preventive social work with families is lacking. Due to the large number of clients per social worker, the performance of field social work is also limited. It, thus, requires effective cooperation of all the helping professions, which in this case is a guarantee that problems within families can be effectively prevented.

Socio-demographic Characteristics of Modern Families

Globally, over the last few decades, the family form has changed a lot, although there are still societies where we find traditional family in an almost unchanged form. The current behaviour of the family in Slovakia is characterised by features peculiar to modern society – the number of nuclear families is growing; extended family and other kinship groups are decreasing; a general tendency for a free choice of spouse is increasing; greater rights of women in decision-making are being applied, both in respect to marriage and to family matters, the underlying rate of sexual freedom is growing; and there is a general trend of the expansion of children's rights (Giddens, 2013).

There are several demographic changes, wlol
hich have affected the current Slovak family:

1) reduction of marriages, primarily among people in the younger age categories (in 2013, 25.5 thousand marriages in Slovakia were concluded, which is about 515 fewer marriages than in the previous year). A long-term trend in the decrease of marriage can be traced back to the 1990's;
2) increase in the mean age of those getting married, a decrease in the average of marriages in the lower age groups (most marriages were concluded within

the category of men and women aged 25 to 29 years old, there is a long-term growth in the rate of marriages within the age group of men and women aged 30 to 34 years old). In 2013, the mean age for men getting married was 32.9 years old and for women it was 29.9 years old;

3) increase in the divorce rate (in 2013, 10.9 thousand marriages ended in divorce, 43 divorces per 100 marriages). Divorce is more initiated by women than by men; it counts for two thirds of the total number of divorces. An increasing age of those divorcing among men is 42.1 years old and among women – 39.4 years old. The average length of a divorced marriage is 15 years. The most common cause of divorce within marriages is the diversity of personalities, views and interests. Divorce leaves the worst consequences on minor children – divorced marriages with children of this age account for almost two-thirds;
4) decrease in the birth rate (in 2013, 54.8 thousand live births, which is about 712 live births less than in the previous year). Most children are being born to mothers aged 25–29 and 30–34 years old. The mean age of mothers to live births was 29.2 years old. Traditionally, also the age of first-time mothers is increasing – women give birth to their first child on average when they are 27 years old. Fertility of women has decreased, compared to the previous year, and amounts to 1.34 children per woman of a childbearing age;
5) increase in the number of children born out of wedlock. In 2013, there were 644 more such children than in 2012, from the total number of live births, this accounts for 37 %;
6) slight decrease in the number of abortions. In 2013, 16.3 thousand pregnancies were terminated, which is 30 less than in the previous year. The share of abortions including ectopic pregnancy termination is 68 % from the total number of abortions. The greatest number of abortions is in the age group of 25–29 and 30–34 year-old women. The mean age of women that went for abortion was 30.7 years old.

Methods of Social Work with Families

According to Beck (2004), the basic characteristics and, at the same time, the problem of the family has become the collision between love, family and personal freedom. The author calls contemporary society "risky" and argues that the current model of market modernity implies a society without family and children. An individual needs to be free and independent in order to meet all the requirements that are placed on him. Modern society is a society of individuals, but not families, and therefore the argument that the family is the basic cell of society, ceases to be valid.

The growing number of young people see a family as a restriction of personal freedom. Although today's family remains monogamous, it is, however, more of a "serial monogamy", where an individual has more partners during their life. The family, thus,

has more the character of a partnership than of a marriage. The high degree of secularisation of the family plays its part in this situation. The bond of the family has ceased to be a certain bond, which is supposed to last a lifetime. This is confirmed by the fact that even such countries, where the level of secularisation has not reached the levels as in other European countries (Poland, Slovakia), do not show such a high rate of divorce or separation. A post-modern family closes itself in front of the world and at the same time both regulatory and supervisory State interventions are increasing. "The State has suppressed the manifestations of social communal control and, on the other hand, has supported the activity of hygienists, physicians, psychologists, social workers, social assistants, marriage counsellors and family mediators." Also from the aforementioned results, the pressure on the modernisation of the methods of social work with families will also be increasingly higher. In Slovakia, several legislative norms have created a legislative framework for the methods of social work with families. The supporting laws are the Act on Social and Legal Protection, No. 305/2005 Coll., and the Act on Social Services, No. 448/2008 Coll.

Given that we agree with the view of Baťová and Mydlíková (2012) that "there is no unified categorisation of social work methods and, therefore, a basic categorisation of the methods of social work with families", we have used work procedures by Úlehla (2007), which we have complemented by other authors, basing them on our own experiences gained through work with clients.

Therefore, we have divided the methods into the following three categories:

1) **professional methods of inspection** (custody, supervision, persuasion, charting out);
2) **professional methods of assistance** (accompaniment, education, counselling, therapy);
3) **counselling techniques** (information, distribution, clarification, ventilation, encouragement, interpretation, training, social skills training, relaxation techniques, persuasion, modelling, role playing, confrontation, and abreaction).

The authors, Baťová and Mydlíková (2012) found that the first category of the methods of social work with families, i. e. professional inspection procedures, apply to the Slovak practice of social work with families, particularly in the remediation process of the family environment in its early stages, as well as in emergency situations (in these situations, social workers often do not have the opportunity or the competence to apply other methods). These are mainly clients who enter involuntarily into interaction with the assisting worker; clients are distributed from various institutions (e. g., Office of Labour, Social Affairs and Family, courts, etc.).

The second category of the methods of social work with families – the professional forms of assistance a1nd also a third category – counselling techniques, are applied in the Slovak practice especially among clients, who are motivated to cooperate with a social worker. A mutual interest is created among clients and social workers; they both seek to achieve the stated goals, which the client has set. The role of the social worker at this time is to support the client in deciding; it helps him to become familiar with the situation, using counselling techniques.

The social worker, within the remediation of the family environment, works with the family on multiple levels. Families that have problems in several competencies are now known as multiple problem families. In solving their problems, it is desirable to put the problems in order, to clarify the risk and protective factors in the family and other available resources. In order to do this, an appropriate procedure is necessary, in which a compilation plan of work with the family, which may be the result of a case conference, follows a qualified evaluation of the family and the child.

The multiple problem family often sees the objective of the intervention, at the beginning of the contact with a social worker, quite differently than a social worker himself. It is, therefore, necessary to redact the vision of the family, with reference to the limits set by the law or other people. The social worker may, within a remediation of the family environment, use a wide scale of methods; therefore, it is appropriate for the remediation of the family environment to rather be looked at through the lens of the objective, rather than through the lens of the method itself. While solving the problems of a multiple problem family, the social worker also often gets into a situation where he works within the emotional climate of a family, coping with the emotions of family interaction, with the structure and the nature of the relationships between the members of the family at the present time, with the family ties towards other people, towards other families, towards the neighbouring community, and towards organisations; and with the past of the family, but also with the future of the family (which is usually the sphere of missing or unrealistic ideas). It is already more appropriate to call this type of work by the social worker, therapy. The word therapy does not imply the specific profession of the worker as a necessary condition; a social worker may also be a therapist. However, therapy places an entitlement to a certain qualification of the worker, in terms of training. The length of complex therapy for a multiple problem family is at least several months. The frequency of therapeutic meetings at the beginning should not be lower than one to two sessions a week; by the end of the treatment, the interval is longer (Matoušek et al., 2013).

In addition to the standard methods of social work with families, we use methods that are not completely standard in Slovakia, when working with a family. Examples include Video Training in Interaction (VTI), family group conferences and mediation.

Video Training in Interaction. It is a method used as prevention, a short-term intervention or therapy in communication disorders, or in resolving relationship problems (parent – child, teacher – pupil, helping staff – client, etc.). VTI is based on analysis of communication principles. The trainer is videotaping situations of daily life in a family and subsequently discusses them with the parents. It is extremely important that both parents are involved in the creation of changes. Preferably, the activities of the parents are being analysed in the framework of the interaction with the children, from the perspective of a positive stimulation from the side of the therapist. This means that the therapist only chooses what the parents are doing well, from the interactions between the parents and the children. He positively stimulates them (Rusnáková, 2007).

Family Group Conference. The family conference is a gathering of family members, or other persons involved, who can contribute towards the resolution of a problem. The primary source to solve the problems of individuals – except for the actual bearer of the problem – is considered to be the extended family or other close people. It is not just about the methods of social work, but also about the approach, promoting competencies of citizens to solve their problems themselves. Family group conferences are led by a coordinator (Matoušek et al., 2013).

Mediation. Slovakia is ranked among the countries that have incorporated mediation directly into its legal system. This was done by adopting Act No. 420/2004 Coll. on Mediation and on the amendment of certain acts. Mediation is a way of resolving conflict situations with the assistance of a third party – the mediator, which has certain advantages when compared to other methods. It is more flexible, less formal, faster, less expensive and mainly shifting the decision-making power of another entity onto the parties of the dispute themselves, in order that the parties to the dispute become directly responsible for the result, towards which they reach through mediation. Of course, a certain disadvantage is that you cannot force them into mediation. From the beginning, the parties of the conflict shall be less receptive to the alternatives, when trying to resolve their problem this way.

In terms of the remediation of the family environment, in Slovakia, a wide range of methods of work are offered, which also currently is the subject to modernisation in reflection to the new developmental trends in the Slovak post-modern family.

Family Policy

Family policy is one of the major areas of State social policy. As a subsystem of social policy, it is aimed at realisation of family functions, particularly its educational and socialisation functioning, with a requirement to respect the needs and interests of the family. Family policy is a system of general rules, measures and instruments, through which the State directly or indirectly gives its green light to the extraordinary importance of the family for the development of every person in society and expresses its support for it. Family policy affects the total internal and external conditions of the establishment, the existence and destruction of families and the status of their individual members in a wider legal, economic, social and cultural context. Its mission is the economic, social and legal protection and support for families and the proper upbringing of children. The main objective of a single-family policy is the support of the implementation of family functions in different social types of families and in individual life stages of their family life cycle.

In the Slovak Republic, the family policy for family support focuses on motherhood, parenting, education and nutrition of children in the family, protection of children and women, both inside and outside the family, and assistance after losing their breadwinner. It covers three basic areas: the legislative provision of family behaviour, family income support and the provision of services for families.

Slovakia can be classified among the countries with an explicitly formulated family policy (aimed at the strengthening of families in the performance of their duties and the respect for the importance of the family in society, in the interests of the future), which is part of the concept of the State Family Policy. The basic strategic goals of the State Family Policy, within the meaning of the Concept of the State Family Policy, are:

1) achievement of relative economic independence of families as the basis of their civic independence and exercising these responsibilities and choices of one's own future;
2) success of the families in realisation of their functions;
3) stability and social quality of marital and parental relationships, within the meaning of equal rights and common division of family roles;
4) creation of optimal conditions for self reproduction of the society;
5) adoption of such measures which will allow the parent to consistently apply the principle of choice or compatibility when deciding onr a parental or a working role.

The degree of State intervention into the life of a family is specific to each country depending on the particular living conditions of families and their members, on national traditions, on value orientations and on entitlements of citizens, etc., and is the subject to the social consensus. In doing so, it can be objectively assumed that the measures in each of these areas have a direct or mediated impact on the reproductive behaviour of the population and its overall demographic development.

In the course of creating conditions for the family, the State Family Policy must be applied, and also, social changes and the level and development tendencies of the demographic processes must be taken into account. From this, the objectives and principles of the State Family Policy are based.

Social Work Service for Families

Family Services

Services for the family in the Slovak Republic derive from social developments. A social development is defined as a disadvantage, which causes a person financial or other injury, which requires assistance from others. Every social development is also a life development, but the phenomenon on its own is not yet a social development. A social development happens in a situation, where this phenomenon carries certain consequences with it, and social assistance is necessary to overcome it. Life developments are the subject of social and public interest at the moment when they become the cause of the loss or difficulty of social life. Various life situations, we encounter during life, can give rise to consequences of a psychological, social and ethical nature. If a citizen experiences any social development, he is eligible to a certain kind of protection. Social developments can be predictable and unpredictable, avoidable and unavoidable.

The State provides social protection, not only in those cases where a social development has occurred, but also preventive protection against the emergence of social developments, namely the regulation of the conditions of work and life, the prohibition and mandatory protection of a person and his environment (Tomeš, 2001).

Social security system in the Slovak Republic at present covers six social developments related to health conditions (illness, disability, injury, invalidity); to old age; **to the family (maternity, the upbringing of children, loss of the breadwinner, etc.)**; with unemployment; with poverty (need); with disintegration (social inadaptability).

State Social Benefits

State social benefits are seen as benefits, which the State directly shares in the resolving of certain life situations in families. The entitlement to State social benefits is not conditional on the payment of contributions or the financial situation of the beneficiary. The beneficiary may apply for these benefits to the Labour, Social Affairs and Family, Department of State Social Benefits, corresponding to the place of the permanent residence of the applicant. These include:

1) childbirth allowance pursuant to Act No. 383/2013 Coll. on Childbirth Allowance and on the Allowance for More Concurrently Born Children and on the amendments of certain acts. The amount of childbirth allowance is currently 829.86 Euro, in the case where it is the first to the third child born, who has survived 28 days, and 151.37 Euro, in the case where the child is the fourth or subsequent child born, who has survived 28 days, or if the child is the first to third child born and has died before 28 days;
2) allowance for more simultaneously born children, pursuant to Act No. 383/2013 Coll. on Birth Allowance and Allowance for more concurrently born children and on amendments and supplements to certain acts. The State contributes to parents or substitute parents once a year for the increased expenditure, which arises in connection with the care of three or more simultaneously born children, or in the course of two years, repeatedly born twins or more children at the same time. An allowance is provided once a year for each child, the first time when the child is one year old and the last time when the child reaches 15 years old. An allowance of 110.36 Euro is provided to the parents for each child;
3) child allowance, pursuant to Act No. 600/2003 Coll. on Child Allowance, amending and supplementing Act No. 461/2003 Coll. on Social Insurance as amended by the latest regulations. The amount of child allowance is currently 23.52 Euro;
4) parental allowance pursuant to Act No. 571/2009 Coll. on Parental Allowance and on the amendments of certain laws. The amount of parental allowance is currently 203.20 Euro;

5) death of a loved one pursuant to Act No. 238/1998 Coll. on Funeral Allowance amended by later regulations. The beneficiary has the right to request a funeral allowance in accordance with the applicable laws in connection with a claim for the reimbursement of expenses related to ensuring the funeral of the deceased. The amount of allowance for a funeral is currently 79.67 Euro.

The individual amounts are presented for 2015.

Social Services

Social services in the Slovak Republic are governed by Act No. 448/2008 Coll. on Social Services and on the amending Act No. 455/1991 Coll. on Trade Licensing (Trade Licensing Act) as amended by the latest regulations. This Act regulates the legal relationships in the provision of social services, the financing of social services and the oversight of the provision of social services.

Social service is a professional activity, a service activity or another activity, or a set of these activities, which are aimed at:

1) preventing the creation of an unfavourable social situation, resolving an unfavourable social situation or mitigating the adverse social situation of an individual, family or community;
2) preserving, restoring or developing the capability of a person to lead an independent life and support their integration into society;
3) ensuring the necessary conditions to meet the basic living needs of a person;
4) resolving a social crisis situation of an individual and the family;
5) prevention of social exclusion of an individual and the family (Act No. 448/2008 Coll. § 2).

The **professional activities** pursuant to § 16 are:

1) basic social counselling;
2) specialised social counselling;
3) assistance for a wholly dependent individual to the assistance of another individual, pursuant to Appendix No. 3 to the extent pursuant to Appendix No. 4 (self-service actions, actions of the care for the household, for basic social activities, supervision for acts of self-servicing, services of care for the household and in the implementation of basic social activities);
4) assistance with asserting rights and interests protected by the Act;
5) social rehabilitation;
6) nursing care in a facility;
7) work therapy;
8) interpreting;
9) mediation of interpreting and of personal assistance;
10) assistance in the exercising of custody rights and obligations;
11) upbringing;
12) preventative activity;
13) assistance in job opportunities;

14) assistance in preparing for school and school education and accompanying the child to and from school facilities;
15) stimulation of the comprehensive development of a child with health disabilities*;
16) assistance in running the household, prevention and crisis management and the support of socially appropriate behaviour, within the support of independent living.

The different types of social services include crisis intervention social services and social services for supporting families with children.

Crisis intervention social services cover crisis intervention social services in the field; provision of social services in facilities, which are low-threshold day centres, integration centres, community centres, dormitories, shelters, halfway houses and emergency housing facilities; and low-threshold social services for children and families.

Crisis intervention social services can have a low-threshold chaacter, i. e., a social service, which is readily available for a person, especially with regard to the place in which the person resides and to the amount of payment for social service. The social service is provided anonymously, without proving identity of a person through identification documents and regardless of any signs of drug use. Its aim is to facilitate a person's contact with the social environment, access to social services or to the support and assistance provided, pursuant to special regulations, and, thus, support their incorporation into society.

Low-threshold social services for children and the family (§ 28) are provided to a person who is in an unfavourable social situation, pursuant to § 2 art. 2 letter b) and to his family. The low-threshold social services for children and the family include provision of social counselling, social rehabilitation, and preventive activities; and provision of assistance in exercising rights and legally protected interests, assistance in preparing for school attendance and school lessons, and accompanying the child to and from school facilities and after-school activities.

Social services for supporting families with children indicate assistance with personal care of a child and support in synchronising family life and working life; provision of social services in temporary child care facilities; and service of early intervention.

Assistance with personal care of a child and support in synchronising both family and working lives (§ 31) is a field form of social services, provided to a child's parent or another person who has been entrusted with personal care of a child on the basis of a court's decision, if they cannot ensure themselves, or with the help from the family,

* Stimulation of the comprehensive development of a child with health disabilities is a professional activity focused on supporting and developing the comprehensive development of a child until his seventh year of age, whose development is at risk due to a health disability, in accordance with the child's individual needs and the needs of his family members, in order to strengthen his own abilities and those of his family members in overcoming the adverse social situation and in order to support their social inclusion.

the proper care of a child, and there are no other reasons for which it is necessary, in the interests of a child, to proceed according to a special regulation. Support for synchronising both family and work lives is, for the purposes of this Act, an outpatient social service or a field form of social services provided to a child's parent or another person who has been entrusted with the personal care of a child on the basis of a court's decision, at the time of preparation into the labour market and at the time of other activities associated with the entering or returning to the labour market. Routine acts of childcare or the care of the household, are especially considered to be assistance of this type of care, as are personal hygiene activities, eating, dressing and undressing, assistance in preparing for school lessons and the accompanying of the child.

In a **temporary childcare facility** (§ 32), social services are provided to a minor dependent child, if a parent or another person who has been entrusted with personal care of a child on the basis of a court's decision cannot for serious reasons provide personal care for the child themselves or with the help of the family.

In a temporary childcare facility, social counselling, accommodation for a certain time, catering, cleaning, washing, ironing and the laundry of linen and clothing, as well as ensuring after-school activities are provided. In a temporary childcare facility, education as well as assistance in preparing for school lessons and accompaniment to school are provided.

Service of early intervention (§ 33) is provided to a child until his seventh year of age, if his development is at risk due to a health disability, and to the family of this child. Specialised social counselling, social rehabilitation, the conducted stimulation of the complex development of a child with disabilities and preventive activities are all provided within the service of early intervention. The service can be provided by an outpatient social service, and the field form of social service through a field programme.

CASE ANALYSIS

Case No. 1

Personal History. Married, 39-year-old Zuzana, lives in a small town in Western Slovakia. After finishing secondary school, she worked as a shop assistant. She often had high blood pressure and health problems related to heart disease, which complicated her work attendance.

She got married as a 29-year-old and had a son, Peter, with her husband. They wanted to have another child; however, Zuzana's health condition did not allow for that. After the end of parental leave, Zuzana decided to undergo training for the performance of professional parenting. She really liked children and this way she could help them to have a home, while also obtain paid employment.

Family History. Her husband, Ján, is 32 years old with a full time job. He supported his wife in her decision to be a foster parent. Gradually, they had four children in professional care. The last girl that they were given into professional care, was directly from a children's hospital, when Rebeka was only three months old. After several months, they asked the Court for permission to have Rebeka in foster care and then a few months later they were also given a 7-year-old, Katka, in foster care. The spouses lived in a three-room apartment, and the family was financially secure from the income of the father and the contributions for substitute family care. The help of the extended family was not possible, as Zuzana's parents have died, and John only had a father, who had health problems.

Intervention Characteristics

Everything seemed to be perfect at first, but after a few weeks, significant adaptation problems from the older daughter, Katka, began to show. Katka's biological mother began to phone, who had not contacted her already for a few months and she was talking Katka into disliking her foster family. Katka ceased to respect the rules, beat up her siblings, did not listen to the parents, did everything so that the parents would become angry. This situation ceased to be bearable for the family. Several times they sought the help of a social worker and a psychologist, but a change in her adaptation did not occur. Katka was eventually placed in a special sanatorium with a weekly stay. However, her behaviour over the weekend at home did not change. The biological mother sporadically visited Katka, under the influence of alcohol, and urged her to leave the foster family. This situation lasted for two years.

The younger daughter, Rebeka, is Romani, which she did not realise up until then. However, the family was concerned about her going to kindergarten, where the children could unduly insult her for her different skin colour and also the fact that she does not live in her biological family. They wanted Rebeka to have contact with her biological family, but only Rebeka's siblings, who are currently placed at the children's home, have been interested in meeting their sister. At least, in this way, they are trying to create a cultural identity in Rebeka.

Social Work Plan

In the first place, the foster mother contacted the competent Labour Office of Social Affairs and Family (hereinafter referred to as the Office), in their place of residence, about the problem with Katka's adaptation. Katka had a plan of adaptation worked out by the children's home, before she was placed into foster care. During the preparation for adaptation, a psychologist and a social worker usually worked with the child and they explained to the child the situation related to the placement in the foster family. However, often the interruption of professional help occurs following the entrusting of a child into care. This task is then taken on by a social worker from the Department of the Social-legal Protection of Children and Social Guardianship (hereinafter referred to as the Department).

The department, within which the entrusted Katka has been registered, evaluated the whole situation and proposed to carry out mediation between the biological mother and the foster family. Mediation is a professional activity to ease the management of conflict situations within the family. According to the Act on the Social Protection of Children and Social Guardianship, mediators can only be natural persons, who have completed the professionally accredited training of a mediator. In the second case, it may be a mediator, who performs this activity as self-employed, falling under the Act on Mediation.

Initially, both sides agreed to mediation, but during the third meeting the biological mother ceased to participate in a dispute resolution and refused to participate in further mediation.

Since the behaviour of the biological mother continues to disrupt the favourable development of the child, pursuant to the Act on the Social and Legal Protection of Children and Social Guardianship, the authority of the Social and Legal Protection of Children and Social Guardianship had the competence to decide upon the imposition of educational measures. In this case, the authority warned the parent; while such a written warning can occur if the parent or a person who has custody of the child, may threaten or disrupt the favourable psychological, social and physical development of the child through their behaviour.

Among other educational measures belong:

1) imposition of an obligation to a child, to participate in treatment within specialised outpatient care;
2) imposition of an obligation to a child, to participate in an educational or a social programme.

Part of social work with a child and their family is also the child's participation in educational and recreational programmes, organised by the authority of social protection of children, through a residential form. The purpose of educational and recreational programmes is primarily a professional activity to eliminate or mitigate behavioural disorders, developing social skills, acquisition of necessary social habits, hygiene habits and ensuring an appropriate use of a child's free time. In Katka's case, this programme has not been used, because in that period the competent authority did not implement it.

For the foster parents and the children, psychological assistance was provided within the Office of Labour, Social Affairs and Family, and also within the support programme of an NGO.

A department of counselling and psychological services was created as part of the Office, where a client may seek psychological help, if they are not able to handle their situation on their own. A psychologist may then consider the specific form of assistance or therapy that will be provided by another specialist. This particular assistance was supposed to help the family cope with the inadequate reaction of the biological mother, but especially to learn to deal with the entrusted Katka, to facilitate her adaptation.

The family was also recommended to visit the Centre of Paedagogical and Psychological Counselling and Prevention. The centre provides comprehensive psychological, special paedagogical, diagnostic, educational, counselling and preventive care to children, in addition to children with disabilities, especially in optimisation of their personal, educational and professional development, care for the development of talent, elimination of disorders of psychological development, and behavioural disorders.

Assistance shall be provided especially in the event of failure of mental development and behavioural disorders, and the occurrence of socio-pathological phenomena in the population.

The foster family completed the preparation of substitute family care through the programmes of NGOs. After the completion of their training, the foster parents continue to remain in contact with the subject, but by now the professional assistance is only provided on a limited basis. The parents, however, may, if necessary, use the help of self-help groups. A self-help group is a voluntary group of substitute parents, who associate together

for mutual support and assistance. Zuzana and her husband also used this help. Once every three weeks, they met in a circle of other foster parents and shared their experiences. It seemed, however, that all the advice that the family used for Katka, was unsuccessful.

The foster family also regularly participated in the Club of Foster Families, in order to vent stress and for the possibility of discussions about problems, with other foster parents. These clubs were also often visited by psychologists and special paedagogues, with whom the foster parents could discuss their problems. Zuzana come to these meetings prepared, she had prepared written questions the experts could help her with.

In a family with two minor children, Zuzana sometimes had the feeling that her situation had become too burdensome, and she also needed time for sorting out her own affairs. Her local community centre helped her with the issue, which was established to assist families and citizens in social need. The aim of the community centre is to support social inclusion and positive change in communities, with an emphasis on marginalised Romani communities. The community centre provided help to Zuzana with babysitting for a few hours a day, twice a week, which significantly helped towards a greater psychological wellbeing of the family. Katka and Rebeka would go to the community centre and play with other children.

Zuzana agreed to participate in vocational training "Promoting the personal and cultural identity of the child", through which she learned methods of how to work with the Romani identity of her daughter, Rebecca.

Case Assessment

After two years of custody of the children, Rebeka has adapted to the new family very well; she loves her parents, and the family sensitively explains about her origin, and it seems that Rebeka has no problem with that. She has formed a strong bond to her foster parents. Katka has continuously wanted to go back to her biological mother, who did not show genuine interest in her and has continued to be dependent on alcohol and is unemployed. The family have no longer had any strength to fight for her with the biological mother and so have requested the annulment of her foster care. Katka was eventually placed in a foster home.

Prognosis

During Katka's stay in the children's home, intensive work with the biological mother will take place. If the mother successfully completes the treatment of alcohol dependency and finds stable housing and employment, it is likely that Katka will be entrusted to her care. A useful opportunity of working with the biological family is provided through the Family Group Conferences model. This programme is an effective part of social work with families, a work model that strengthens family ties and uses the potential of extended families or other people linked with the life of a child. A family and its support network will jointly set up a plan for the resolution of problem situations regarding the well-being of a child and will take on such role which they can handle.

Case No. 2

Personal History. Tatiana is a married 34-year-old mother of two. She comes from Central Slovakia from a decent family. She has a secondary education; she did not complete her university studies, because she became pregnant. Before going on her last maternity leave, she worked as an administrative assistant in the company of her husband in the town she was living in. After the end of the parental allowance, Tatiana stayed at home and took care of the family and the household. Her husband wished her not to work; he claimed that he would take care of the family on his own. Tatiana has been the victim of domestic violence from her husband for many years, so she decided to get in touch with the crisis counselling centre PRO FAMILIA in Martin.

Family History. Her husband, 35-year-old Yaroslav, has a university education. He is self-employed, has a construction company and is successful. Yaroslav and Tatiana are raising two children. Yaroslav is 13, Andrej 9, and they are primary school pupils. The spouses built the house together. Each child has his own room; the equipment of the house is at the higher level. Relations with other families and neighbours are minimal, since the husband does not want such visits and he also forbids his wife to visit her relatives and friends.

Intervention Characteristics

Initially the marriage seemed ideal. Yaroslav, after finishing university, began to work in a construction company, later he set up his own company. The spouses had never had problems with money; Tatiana's parents helped them from the beginning, too. The family violence began after their son, Yaroslav, was born. At first, it was just psychological violence, Yaroslav mocked Tatiana that she is uneducated, for her figure, he found any excuse to insult her in public, especially in front of their common friends. Tatiana's reaction was that she gradually started to avoid any social contact, which was a big mistake. Soon she found out that she did not have anyone close to talk to. Over time, physical violence was also added to the psychological one. It began with a slap over the face and gradually ended up with a serious fight. Yaroslav found any reason to be able to punish Tatiana. Tatiana's reaction to the aggressive behaviour of her partner was that she attempted suicide. She was in imminent danger of her life. She had to be hospitalised on a psychiatric ward for attempted suicide. Yaroslav was trying to give the impression to the public that his wife was crazy and with the help of his contacts he has tried to gain custody of the children. Tatiana has decided to end this suffering and asked for help in the crisis counselling centre PRO FAMILIA, in Martin. She needed to make sure that her husband would not find out about her new accommodation and, therefore, she requested confidential housing.

Social Work Plan

Persons at risk of domestic violence often find themselves in a hopeless and, from their perspective, almost unsolvable situations. Tatiana has very limited possibilities to defend herself. She was provided with crisis intervention, as a time-limited specialised assistance to a person in crisis. It was focused on her needs, while care had been taken to prevent the violation of personal rights of the client, that the client requests were accepted that help would be provided in a form that the client understands and that the client's responsibility for her own actions would be respected. The crisis intervention took place in a standard way, namely by making contact with Tatiana and the immediate elimination of any risk, as it was a risk to the health and life of herself, as well as of her children. The intervening person was trying to discover whether the family should be segregated from the abuser,

or she could stay at home. Here, it was found that it was necessary to isolate the client, together with the children from the abuser. Their task was to identify all the information relating to domestic violence and its recurrence. With Tatiana, it was necessary to eliminate the feeling of fear and create a feeling of security. The next planned step was to help the abused person to orientate in her situation, thus help her gradually acquire the ability to control her life, the ability to deal with her situation and strengthen her confidence. After finding external and internal sources from the environment, it was found that in her area Tatiana had no social support or anyone she could turn to. Thus, an activation plan was created, where a crisis worker had the task of designing the plan in accordance with the wishes of the client. Thus, not act according to their wishes, for example, to force an abused woman to leave her partner / husband if she wanted to stay with him, but just wanted him to change. The support of the client was important.

Tatiana, after the crisis intervention of a professional crisis interventionist, realised the seriousness of the situation. Since she was in a stable condition, the feeling of fear was eliminated and she acquired the ability for rational thinking. She was provided with social counselling as a professional activity aimed at helping individuals in an unfavourable social situation (Act of NC SR No. 448/2008 Coll. on Social Services).

After visiting a crisis counselling centre, the client decided for emergency housing with a secret place of residence. Secured shelters can be understood as a standard of social support for persons endangered by domestic violence, who do not have opportunities for a secure "shelter", before threatening or lasting violence. In Slovakia, the secured shelters are mainly crisis centres and shelters of emergency housing. Secured safe shelters, also known by some authors as asylum houses, provide social services to vulnerable persons in cases of domestic violence, where these people cannot find safe housing with close persons or friends, while having a reason to fear for their life or their health, or the life and health of their children. In practice, it often happens that persons at risk seek and ask for help from the asylum houses, even in cases where the police take the violent person from the common dwelling, or they ensure, or otherwise limit his personal freedom.

Asylum houses provide the victims, who contact them, protection, a feeling of security and the possibility of accommodation.

Within this privacy, a change of the client's surname was also agreed upon. The mother was ensured assistance, namely material assistance – the assurance of secure housing and money for food, as well as provision of child care, psychological help – which takes the form of advice or companionship, increasing self-esteem and confidence and legal help – which include support in matters of legal ownership, social-security consultancy, etc.

The crisis centre, under the authority of Tatiana, has taken over all the official agenda regarding the handling and representation in court proceedings:

1) filing a request for divorce;
2) proposal for the custody of the children in the care of the mother;
3) establishment of maintenance obligations;
4) application for social assistance benefits;
5) application for material needs benefits.

The centre further provided the client with assurance of protection and security, 24-hour availability for the client, standard provision of food, hygiene for the client and their children, services of a social worker, a social counsellor, psychological services, and services of a lawyer.

The **emergency housing** provides temporary housing at a secret address. Tatiana was provided with accommodation for the necessary time, the mediation of schooling for the children of a client, the mediation of contact with other helping professions, such as a general practitioner, a psychologist, a special educator for the children of the client, since they themselves were long-term witnesses of violence in the family, the immediate mediation of Tatiana's visit to a psychiatrist – providing regular outpatient care (the client has been subjected to long-term physical and psychological violence from her husband and is in deep crisis and depression).

After improving the health status of the client, assistance in finding suitable employment took place:

1) assistance in the preparation of a CV;
2) assistance when writing a job application;
3) writing of a cover letter.

Tasks of the Crisis Centre are:

1) collaboration with other helping institutions;
2) assistance in organising support and self-help groups;
3) expansion and popularisation of knowledge on the subject of crisis and its management;

4) initiation of the creation of specialised institutions aimed at addressing the problems found within a particular social group;
5) informing about their existence and the possibilities of helping clients in crisis through media.

Subsequent long-term work with the victim was intended to overcome the trauma. Tertiary prevention is focused on eliminating or mitigating the effects of domestic violence and seeking for a return of the affected individuals to a "normal functioning" and also improve the quality of their lives. It includes reintegration, social rehabilitation, re-education, re-socialisation activities and social measures (housing, social services, social benefits, etc.). The staff provides self-help activities and re-socialisation, and re-education programmes for abusers.

Tatiana participated in self-help activities; the members of the self-help groups have the same or similar problems, so the victims do not feel on their own, and at the same time the members share experiences among themselves and support each other. She also participated in the re-socialisation and re-education programmes – they accounted for 12 two-hour sessions, in which the members have the task to define what situations trigger violence in abusers. The objective of these sessions was to change their conduct to behaviour more acceptable to society

Case Assessment

The set work plan has been fulfilled. Tatiana regularly attends a medical expert – a psychiatrist, her health has improved mainly due to the environment in which the family have come into – peaceful, a feeling of security and safety. Gradually, she managed to find her way in her life situation. A divorce ended the marriage, which was not fulfilling its function, and the client filed criminal charges for violent crimes against her husband, Yaroslav.

Prognosis

Since the work plan with the client was fulfilled, it is expected that she will manage to get back with her normal life. Tatiana has a great desire to find a job and take good care of her children. She asked her parents for temporary accommodation, until she settles the common property with her former husband. Tatiana is very grateful for the help she has received from the crisis centre and from other social workers.

Case No. 3

Personal History. Daniela (33), lives in Western Slovakia, and is the mother of two minor children. Three years ago, her husband Peter died in a car accident; therefore, the care of the children remained only on her shoulders. After the loss of her husband, she has had mental and financial problems. She lives in the original two-room apartment, which is in her possession. Daniela has a high school education, but after maternity leave she could not find work, so she has already been unemployed for two years, registered at the Central Office of Labour, Social Affairs and Family (COLSAF) as a job seeker. She is a recipient of social assistance benefits. The family does not have any other income.

Family History. Daniela is raising a 12-year-old Anna and a 5-year-old Peter. The family no longer fulfills the essential function; six months ago, the children were placed in a children's home, located 30 km away from the place of their residence; what is more, Daniela's low-income complicates her contact with the children. With the plea for help and support, Daniela can turn to the members of her extended family, especially to her godmother, grandmother, and uncle – the brother of her mother. However, there is no willingness or possibility from their side to help her regularly.

Intervention Characteristics

Daniela and Peter's marriage was not easy from the beginning. Peter worked as a bricklayer; he spent little time at home mainly during summer months, as was reflected in their relationship. Often he used to come home exhausted and also had a tendency to drink. However, financially, the family could easily provide a sufficient income, own an apartment and a used car. Daniela worked between maternity leaves as a shop assistant, according to her, she was very happy at work, because she was among people and she liked the physical type of work. Problems in the relationship of the spouses had slightly deepened when their son Peter was born. However, everything culminated after the unfortunate car accident of her husband, when Daniela suddenly faced the situation of ensuring the smooth running of the family, raising children, dealing with the worsening results of Anna at school and coping with the loss of a husband, the father of their children. At that time, she was still on maternity leave,

and, thus, isolated from her social contacts. Her only support was her family – her mother and her godmother. Despite their efforts, she did not handle the situation. She did not care for the children properly, the family was dysfunctional and they had economic problems. All this resulted in the removal of the children and their temporary placement in a children's home. Daniela, therefore, requested help of the accredited entity, the Society of Friends of Children from Children's Homes, Úsmev ako dar (Smile as a gift).

Social Work Plan

On the basis of the information about the family, provided through the authorised employees from the Social and Legal Protection and Social Guardianship of the Office of Labour, Social Affairs and Family, where Daniela lived, the family was recommended for inclusion into the programme of remediation of the family environment, aimed at restoring the family environment of the children, in order to adjust the family situation of the children and their return home. The programme was implemented in the form of field social work.

The set objective was met through the creation of a social work plan with the family, which focused on the following individual sub-objectives:

1) examination of how the family functioned in the past, what problems they currently have and how the family is able to change their functioning (through specific work methods – Eco-map, genogram, analysis of the causes of the crisis. etc.);
2) examination of awhat the monthly finances the mother has available to her, are helping the family in the setting of a financial budget, helping the mother in finding suitable employment, a part-time job;
3) development of parenting skills of the mother, helping to establish an appropriate and safe environment for the children;
4) provision of information and advice to the mother, and also grandparents and close relatives if necessary, concerning the creation of secure relationships and the possible return of the children to the mother in the future;
5) planning and preparation of weekend stays for the children in the family, if it turns out that a weekend stay for the children is possible (through the PRIDE tools – a specific programme for the support and development of parenting skills);

6) facilitating of coordination of a broader team around the family – through regular coordination meetings with the children's home worker, COLSAF, accredited bodies and the children's schools;
7) alignment of the work plan with the minor, Anna, and with the mother, in cooperation with the children's home, to strengthen their mutual relationship, as a prevention against the child running away during home visits, or after returning to the mother's care;
8) leading of professional activities towards the activation of the mother and her support, during the capacity of solving her life situation.

During the remediation process of the family environment, all the experience of the accredited body was used, with the attempt to help biological families even before they fail, in order to prevent the threat of exclusion of a child from a family to a children's home, or when trying to create conditions for the return of children to their biological families.

Work methods used with Daniela's family included dialogue, ventilation, confrontation, companionship, counselling, persuasion and encouragement.

Dialogue, as the most common method of social work when working with Daniela provided an opportunity not only to obtain and transmit appropriate information, but above all to motivate her and induce changes in her behaviour, beliefs and attitudes.

Social counselling was used as a tool and a method not only at the beginning of the cooperation and identification of problems, but also throughout their solutions.

A visit to the family as the method involved a field social worker meeting with the family in its home environment, allowing information to be obtained about personal qualities of its members, about interpersonal relationships within the family, its autonomy and territoriality.

Specific techniques were also used within the remediation of Daniela's family.

Clarification contained a conscious problem analysis and included analysis of the client's personality, the overall situation in which the client found herself, and the relationships with all the essential and necessary elements.

Strengthening was aimed at changing of thinking habits and attitudes for gaining the ability to express one's own needs and attitudes, also that the client was able to challenge the adverse verdict of other family members in an appropriate manner.

Encouragement was mainly used in situations where, in the meeting with field social workers, the client was insecure, stressed out and did not know what the content and scope of the requirements placed on her would be.

Family monitoring, in the natural conditions of daily life within the family, took the form of a targeted, structured and systematic recording of the behaviour of the client and her children, especially during common weekends at home.

The field social workers were meeting Daniela at home and also on neutral grounds in town. She informed them about her situation, vented her feelings and concerns, talked about her life losses and plans. They listened to her and always gave her scope for self-reflection, or convinced her about the benefits of the changed outlook on the problems, from the view of her children and also her surroundings. They confronted her with the legal opinion of the authorities and other institutions, and encouraged, in an appropriate manner, the correct communication with them. They also monitored their mutual interaction.

They supported and encouraged Daniela in difficult situations, in which she found herself, during their mutual work: the situation when she was childless, during the time of awareness of her failures and self-blaming, and the return of the children back home.

They provided the mother with counselling on the family budget, seeking opportunities for income, debt repayments, relationship with her children, with wider surroundings and with a team of experts around the family. At the same time, the mother was also provided with psychological counselling, also about the changes in the children, associated with their growing up and staying away from home in the children's home.

They accompanied the mother to court hearings on their return home and for visiting the children in the children's home.

An evaluation of the ability of the family in the area of psychosocial support for the children was performed:

1) in cooperation with Daniela, social workers tried to help create a secure, appropriate and stimulating environment for the upbringing and care of the children. During this cooperation, she was successful in complying with the set conditions concerning the adaptation of family circumstances. Currently, Daniela and her children live in an environment with adequate conditions for the children. Daniela seeks to generate and also slowly improve a safe home environment;

2) Daniela is able to distinguish and meet the developmental needs of the children and displays basic parenting skills. She demonstrates a hearty emotional relationship to both of the children. She has a great desire to improve and strengthen her skills;
3) Daniela is able to independently communicate with the authorities and cooperative professionals; however, she is sensitive to their approach and she needs feedback in order to better remember the tasks;
4) Daniela is clearly aware of her responsibility for strengthening positive mutual relationships in the family and lifelong relationships. She supports the development of the children's relationship with relatives – the grandmother, her brother and his children, and also with the children's friends;
5) the current situation in the family is set within an atmosphere of clear communication. The mother longs for peace and is trying to achieve it. In this area, she herself clearly identified a need for support of her surroundings, and of professionals, in order to be able to cope with the coming changes in the development of the children.

Assessment of the Case

Daniela actively kept in contact with the children throughout their placement in a children's home. Cooperation with the employees of COLSAF and the children's home has been successful, thanks to the openness, willingness and high professionalism of the staff and Daniela's interest to be part of the team. Court hearings, concerning the cancellation of institutional care, worked out in favour of the family and the children were, by a decision of the court, returned to the care of the mother, while the court provided supervision. So far, suitable employment for Daniela has not been found.

Prognosis

Daniela will continue to have guidance and support in her unfavourable life situation. The judicial decision, through which the court assigned supervision to Daniela, will continue to be implemented. It will be necessary to support and encourage Daniela in her efforts to care for the children. In any case, it will be necessary to help Daniela find a job. To help her in the area

which she has often talked about as something she very much needs – companionship by a person who would provide her with scope for healthy ventilation, considerations and who would help her become familiar with her own feelings, support her and strengthen her in the methods of upbringing, mainly in a way of feedback, as well as being a support for her own conclusions and strengthening of good decisions. This is also a recommendation for the long-term accompaniment of the mother in the initiated positive changes.

Methods and Techniques of Social Work with Families

The family, as a fundamental element of any society, as well as its individual members, especially in the case of malfunction, is a natural object of interest to experts in the field of social work. The main goal of social work, as a practical scientific discipline in the studied target group, can be characterised as a renewal of social functioning through the family system and a renewal of social functioning of a family as a unit.

Social work has a battery of methods and techniques which are useful when working with a family. These include generally used methods and techniques, such as an interview, observation, social counselling, social intervention and crisis intervention, but it also uses special methods and techniques. Methods that are used in family therapy affect not only the individuals, but also the entire close and distant surroundings which are inherently relevant to solving the given issue.

During the redevelopment of a family environment, such methods and techniques are used as negotiation, interpretation, clarification, selective strengthening, communication training, family agreement, family monitoring and video-home training.

The area of socio-legal protection of children uses specific methods: the insulation method, methods enhancing the resistance of the child, protection methods, reconstruction methods, the experiential method, intervention methods, the method of positive activation, methods of situational-case studies, staging methods, methods of exemplification, and methods of changing attitudes.

The methods and techniques of indirect intervention in social work with families may include documentation, organisational activities – management, including time management, organisation of space, planning activities – choice of methods, work coordination, and consultative activities – consultation with other experts, representing the client (guardian, trustee, probation officer), ordering and distribution of a client.

Observing a Client and His Environment. A social worker visits a client in his natural environment; it is about the observation of the client's behaviour and his abilities to solve a problem and also the observation of the client's approach to the problem. "Observation is to be held at places, where the client can be allowed to behave spontaneously. These are mostly places, where clients find themselves on

the basis of free choice and towards which they have a positive attitude, where they feel safe" (Klenovský, 2006: *20–21*).

In the actual course of observation, the most common problems occur about what exactly to observe, and how to categorise the observed behaviour. In order to facilitate these issues, the American methodologist, Bales formed several categories of an individuals' reactions:

1) emotionally positive reactions – here we can include expressions of solidarity, release of tension, joking, laughter, approval, adaptation and enhancing the status of others;
2) emotionally negative reactions – hostilities, disapproval, denial of helping others, manifestation of stress and devaluation of the status of other members of the group;
3) reactions aimed at addressing problems – answers, for which the author considers the submission of proposals and guidelines, giving of an assessment and analysis, providing guidance, information and clarifying issues;
4) reactions aimed at addressing problems – questions, which the author refers to as a request for information leading to solution of problems (Tokárová, 2007: *402*).

Counselling Interview. It is a conversation, which is carried out by a consultant with a client in an individual form, with the objective of finding the optimal way to solve his problem. Part of the counselling interview is the history of a client for the need of professional counselling services. If it is to be effective, it must follow the principle of structuring, it should have an introduction, core and conclusion.

The conclusion of the counselling interview is used to process information and include suggestions for solving a client's problems so that the advantages and benefits for the client are clear. Part of this phase of the interview is preparation of an individual plan as a means to achieve the objectives.

Counselling interview methods: information, distribution, clarification, ventilation, encouragement, interpretation, confrontation, and reflection.

Social Counselling. The Act of the National Council of the Slovak Republic No. 448/2008 Coll. on Social Services states "social counselling is a professional activity aimed at helping individuals in an unfavourable social situation. Social counselling is done at both the level of basic social counselling and specialised social counselling."

Under the Act, basic social counselling is "the assessment of the problem nature of an individual, family or community, providing basic information about possible solutions to the problem and, if necessary, also the recommendation and mediation for further professional assistance. Basic social counselling is part of any social services provided under this Act." "Specialised social counselling is finding the causes of the occurrence, nature and extent of the problems of an individual, family or community and providing them with specific professional assistance."

Social counselling can be done through an outpatient form of social counselling clinics for this purpose and using a field form through field programmes."

Prevendárová (2001) considers family counselling as the process of professional assistance to a family, based on the specific interaction of a family counsellor with entire family, the counsellor enables a client's better orientation in their situation, helps them to optimise the family system and cope with the difficult situations, problems and crises that life brings.

Scally and Hopson (1979 in Matoušek, 2005) recognised six types of helping others, according to the client's needs:

1) **passing on simple, factual information** – suitable for vulnerable people who do not have the basic information, which would allow them to help themselves greatly in their situation, for example, where to find and how to fill in relevant forms or lists and the activity of facilities providing other social services. A lack of relevant information often results in positioning of the victim into a disadvantageous to a hopeless situation;
2) **giving of advice** – a client is presented with the attitudes of professionals, how another person could, in an identical situation to which he found himself, behave, for example, legal advice;
3) **factual learning** – ensuring the acquisition of specific knowledge or gaining of a certain disposition, to carry out activities using appropriate methods aimed at improving the life situation of a client;
4) **psychological detachment** – action leading to helping a client, in order for him to understand his problem. This is a clarification of why, where and how the tension occurs and at the same showing the possible ways of solution, in order to make the best choice in the next step;
5) **direct action** – the helping worker performs a specific action for a client, or procures something for him if he absolutely needs it, for example, food, shelter, clothing, communication with authorities, filling in official forms and the like;
6) **initiating a change of the system** – a set of measures which affect or alter the system that causes social problems for a client. As a rule, it means organisational adjustments or a change in regulations (Matoušek, 2005).

Social Intervention. It represents one's own core of social work with client, i. e., a planned, coordinated approach when solving a client's problem.

Different types of social intervention have been recognised:

1) **instruction** – a mandatory type of intervention, based on the orders, prohibitions and guidelines for certain behaviour, which does not give a client an opportunity to make decisions, because the client is forced to address the issue following certain rules (e. g. the social worker determines exactly which documents and how the client has to fill). This type of intervention is most often used by non-independent clients who need clear leadership in solving the problem;
2) **commentary** – this type of intervention is based on expressing the attitude of a social worker regarding a client's situation. Voicing a different view can help a client look at the thing from a different perspective and can positively motivate him to solve the problem;

3) **questions** – asking questions gives a client an opportunity to reply and, during the response, also reflect on what the client says. This type of intervention is suitable for introverted clients who themselves find it very difficult to open up and independent talking about the problem is difficult for them;
4) **resonance** – its basis is the listening to a client and his support using verbal and non-verbal forms by a social worker. During this type of intervention, a client receives instant feedback, which is important to him. The feedback assures him that a social worker is actively involved in mutual communication, helping him be more open, and creates an atmosphere of trust, without which interaction of a social worker and a client is not possible (Tokárová et al., 2007: *448*);
5) **crisis intervention** is the acute professional intervention helping a professional to a client who have found themselves in a crisis and can not adequately solve their problematic situation. The objective is to eliminate any threats and create such strategic forms of assistance which eliminate threats to a client and his surroundings; they will create scope for a client's activation and his stabilisation and a recovery of his inner balance. The first step in crisis intervention is to provide immediate assistance, which includes emotional support, social and legal assistance and provision from possibilities of social strategic networks in order to meet the needs of a client in his momentary crisis situation (Šrobárová, 2014).

Within the configuration of the objectives in the process of crisis intervention – i. e., the solution here and now – it is important for the immediate elimination of a threat to the life of a client and provision of basic needs – based on the knowledge already acquired on the subject, define the objectives together with the client and align them together (if a client is capable physically and mentally) with the main objective and sub-objectives, which need to be addressed in the context of solving the problem immediately and there after. The following occurs:

1) the independent work of a social worker, whose job is to map the available strategic options to solve the problem with an explanation of an individual client's options and his closer social environment which could help him;
2) the possibility to construct social and organisational structure of the region to address the problem and map the social network;
3) analysis of findings on the issue, which is dealt with on the basis of professional, casuistic and informational opportunities (Šrobárová, 2014).

Interference in crisis intervention is always short-term and involves creation of specific objectives within specific behaviour, which can only be created in a short-term horizon, without pre-planned procedures (Šrobárová, 2014).

Crisis intervention objectives are:

1) provision of comprehensive counselling (social, psychological, legal and economic);
2) provision of social assistance and social services (crisis intervention, social assistance, hotline, individual approach, prevention, etc.);
3) elimination of violence and its negative effects in society;

4) protection of human and civil rights and legal protected interests of clients of all ages;
5) prevention of social-pathological phenomena and prevention of deepening the negative consequences of the crisis;
6) cooperation with police forces, with government offices and non-governmental organisations and associations;
7) publishing and distribution of information materials for the general public, relating to the mission and scope of the employment of various crisis centres (Šrobárová, 2014).

ADDITIONAL CASE DESCRIPTIONS

Case No. 4

Personal History. Viktória, a married 31-year-old, mother of four, comes from a town in Eastern Slovakia. Viktória had a cruel traumatic childhood. Her parents were alcoholics, in addition to her father's vulgar and aggressive behaviour. She had to constantly endure insults from her mother, fights from her father and her mother's preferrence of her younger sister. Her mother died when Viktória was 14; at that time her father did not live with them in the same household. Between the age of 14 and 18, Viktória was placed in a diagnostic centre, in Spišský Hrhov. During her stay in this unit, Viktória's money from the orphan's pension was postponed.

After leaving the diagnostics centre, her mother's brother offered her accommodation. The money Viktória had saved was quickly spent and after that she also lost the accommodation at her uncle's. During the visits to her grandmother's, in a village in Eastern Slovakia, the young girl met Ján, and moved in with him.

Family History. Her partner, 40-year-old Ján, had only completed primary education. He only worked sporadically; the family mostly lived from government benefits.

After time, Viktória gave birth to four children, Dávid and Marek, who attend primary school, Tomáš, who is four, and the youngest son, Martin, who is in the care of his mother.

Social Diagnosis. At the beginning, the coexistence of Viktória and Ján was harmonic, but only until Viktória got pregnant and their son Dávid was born. They started arguing more and more often, mainly because of lack of finances. Moreover, Ján was jealous and Viktória could only come out of the house in his

company. Gradually, both psychological and physical violence began to occur between the partners. Viktória announced this fact at the Office of Labour, Social Affairs and Family, and subsequently she was placed with her son in the crisis centre, founded by the town. Ján found out where his partner was and, after gradual persuasion, she returned home. However, the violence in the family became even more intensified. Viktória gave birth to her next two children at home, without professional assistance, because her partner refused to call for help. Viktória again sought expert aid and was placed with her children in a crisis centre near Nitra for a period of six months. After leaving this unit, she found a boyfriend who she became pregnant with and gave birth to her fourth child, already in another social centre in Bošany. Based on a written request, she came, along with her four children, to emergency shelters, in Orava.

Setting of Goals. The proposed short-term measures to alleviate or annul difficulties:

1) mediation of school and pre-school attendance of the children;
2) mediation of contact with other helping professions, such as a general practitioner, a psychologist, a psychiatrist, a special paedagogue, a speech therapist and the like;
3) dealing with official matters;
4) providing expert social consultancy in this field;
5) peforming social counselling, field social services, socialisation and occupational therapy.

The proposed short-term measures to alleviate or annul difficulties:

1) accommodation for a transitional period;
2) active seeking for accommodation after a period of social service provision;
3) ensuring sufficient income, which will cover the costs of the family;
4) rational handling of her income (co-management with a social worker – saving up money);
5) education and coping with everyday childcare (organising leisure activities, games, walks, preparation for school, etc.);
6) regular individual counselling conversations, shared community.

Case Evaluation. Viktória, after an initial adaptation, was actively a part of the life in the facility. The childcare was reasonable. The long-time absence of a family background

and uncertainty of the past were reflected in the behaviour of Viktória. She has found a job and the employer is satisfied with her work. The family was given above standard care for two-years. The main reason that led to it was the client's proactive approach in changing her long-term unfavourable social status. During the stay in the facility, almost all of the measures proposed, which had been established in individual development plans, were fulfilled.

Case No. 5

Personal History. 35-year-old Jarmila is the mother of four children. She is a trained shop assistant with a maturity diploma. After finishing school, she found a job as a shop assistant in a grocery store. Jarmila comes from a multi-children family, where quarrels took place on a daily basis. Her father was an alcoholic; the family received very little money from his wage, the rest he managed to spend on alcohol. The mother did not manage with all the children. Maybe that is even why Jarmila already got married after knowing her husband for only half a year. She thought that by setting up her own family she would escape the problems of her biological family. On the contrary, her problems began to grow.

Family History. Her husband, 40-year-old Milan, is a trained bricklayer. He works as a construction worker in the place of his residence. Milan and Jarmila are parents of four sons. The eldest, Milan, is 13 years old, Patrick is 10 years old and Martin is seven years old. They are primary school pupils. The youngest, Roman, is five and attends a pre-school facility.

The family lives in a three-room apartment. The family relations are very bad. Jarmila, but especially the children, are scared of their father due to his aggressive nature, and the mother is afraid that she can no longer protect them.

Order. Jarmila sought the Department of Counselling and Psychological Services (CPS) at the place of her residence. She knew that her unfavourable family situation is already not able to solve itself and, therefore, needs professional help, both herself as well as her children.

First Session. Jarmila, after a moment of embarrassment, tried to describe her problem to a psychologist. Milan's aggressivity began to show soon after the wedding. Until now, Jarmila fails to understand how she could be so blind and overlook Milan's outbursts of anger that started perhaps even before their wedding.

Maybe because she wanted to get away from the family of an alcoholic, she now got into much bigger problems. Psychological as well as physical violence in the family was very common. However, Jarmila was well aware that her mother and siblings, who have enough of their own problems, would not help her. That is why she stayed and quietly suffered her partner's aggression. Milan came home drunk very often. His aggression then escalated even more, he would smash dishes, furniture, even threaten the family with a knife. The children woke up due to the loud noise and often witnessed their father's aggressive outbursts.

The children have built a strong bond to their mother; they are very scared of their father. They have remained stressful waiting for him to come home. The boys have began to manifest various problems. The younger sons, Patrik and Martin, have often woken up from their sleep; Martin often wets himself from fear of his father, which made Milan even angrier. The older son, Milan, began to gradually come home with complaints from school by his class teacher. He has participated in fights between his classmates at school, he has been rude, vulgar and his school results have began to rapidly worsen. His mother, therefore, has decided that she would seek help for her family.

Second Session. Milan was also invited to the meeting, but he ignored the invitation and did not appear. Because more problems occrred in the family, it was necessary to prioritise and select the most important issue that needed to be addressed first. It was suggested to Jarmila that she leave for a time with her children away from her present environment. The town secured a temporary alternative accommodation for the family, until the situation would be resolved. In cooperation with the Social and Legal Protection of Children and Social Guardianship (SLPCASG), a precautionary measure was given to give custody of the minor children to the care of the mother. Jarmila has filed for divorce.

Third Session. The efforts of a psychologist were to discover the intrinsic motivation of Jarmila in her abilities to exist on her own, without a husband. Jarmila's biggest concern was whether she would be able to feed her family on her own, and whether she would cope with the raising of four children, especially boys. Since Jarmila is a clever woman, she is able to occasionally earn extra income by selling cosmetics or through various part time jobs, the therapist pointed out the resources that Jarmila has at her disposal.

Fourth Session. At the request of Milan to meet his children, it was proposed that this meeting would take place on the neutral grounds of the Department of CPS, in the presence of a child psychologist. We can say that only 7-year-old Martin appeared to be a little bit interested in communicating with his father. The eldest, Milan, stood by the window throughout the whole meeting and was looking outside, he did not even pay a single glance at his father. An obvious fear of the father was seen in the youngest one, Roman, who quietly sat in the back of his seat. The attempt of a child psychologist during this meeting was to evoke a family atmosphere, Patrik and Martin were supposed to write a story, which they could then all talk about together. The purpose of this meeting was to strengthen family relationships, especially between the father and the children. But the father, Milan, attended such a meeting for the first and also the last time, he has not appeared for next meetings.

Other Meetings. Jarmila regularly visits the Department of PPC; however, now she does not have the same problems that she came to the first meeting with. Rather, she now comes to tell how she is doing in her present life, what is new, and to say that she has managed to return to their original flat. She knows that if she had any problem, she has someone to go to who would give her a helping hand.

Proposed Measures. After the first meeting, the following measures were proposed: pointing out possible solutions to the adverse social situation in the family of the client and promptly arranging another meeting in order to eliminate family violence.

The measures proposed at the end of the second meeting were provision of temporary alternative accommodation for the family for the necessary period of time and provision of assistance in dealing with official matters – a divorce application, regulation of the rights and obligations of the minor children through the courts, and entrusting them to their mother's care.

The aim of the third session was to point to the ability of the client to take care of her family even without a partner and to motivate the client to be independent.

The fourth meeting was the mediation of contact for the children with a child psychologist, as they had witnessed family violence for a long period, and the effort to establish a relationship between the children and their father, which, however, failed.

Further meetings focused on provision of the client with a feeling of safety and security, through conversation in a relaxed atmosphere of a social environment.

Conclusion. Currently there is a peaceful atmosphere in the family. The eldest son, Milan, has stopped his aggressive behaviour, and has even improved his achievements at school. The children very quickly got used to a peaceful family life without the father. The boys have strongly stuck with their mother, helping her with household chores. The word father does not occur in the family.

Methods of Social and Legal Protection of Children

Methods for Positive Activation. They are aimed at encouraging useful, beneficial and enriching activity for a client (Horňáková, 2003). These are methods of stimulating useful and also self-satisfying activities by developing interests, social feeling, adequate self-esteem and also determining the focus of life.

Situational Methods – a Case Study. These methods are based on the confrontation of a client with a specific situation, which by its very nature is problematic for the client. Evoking a problem situation allows the client to choose different approaches to deal with the situation and, thus, within the discussions, prepare for dealing with the real stress situation.

Situational methods are known in social work rather as case studies. They have four basic stages –preparation and presentation of the situation, its analysis, discussion and conclusions.

Staging Methods. These methods encroach the cognitive area, especially the affective and conative part of personality. In contrast to the situational method, it is about inducing a simulated life situation. These methods must be prepared in advance and each participant must be assigned to a specific position, while a client should have the opportunity to try several contradictory positions within the same situation. They are used to acquire certain behaviour in a particular social environment, e. g. rejection of drugs, mastering of verbal attacks. Consequently, its importance lies in evaluation, which includes role playing, psychodrama, sociodrama and the scenario method.

Exemplification and Persuasion Methods. Exemplification (influence through examples) is a method, the result of which is mimicking (imitation) of the behaviour and actions of other people or identifying with them. When imitating, a person assumes acts and actions of other people and does them just as they do. It can also be said that the perceived act of another person is an impulse towards an action, which is identical or at least similar to the stimulus. Its importance is that it allows a person to acquire a number of practical actions to do like everyone and be such as everyone, and thus catch up, because, in society, one is much more likely to meet with success if one does the same as everyone else does. Thanks to imitation, a united action across the entire social group is ensured – its ways, habits, customs, which are characteristic

for the given social group. However, imitation cannot be limited only to acts, because imitation touches such behaviour as experience of attitudes and conditions. It is about a method involving the use of examples and counterexamples, or patterns and anti-patterns, acting among other things to also induce certain behaviour patterns of a client. The exemplification methods include imitation, identification, study of CVs, acting of film or literary heroes, public figures and others.

This method entails risk of acceptance of negative patterns – an aggressive father, negative screen heroes, and assumes the ability of a social worker to offer a model and emotional attunement to the selected pattern. A classic example of exemplification is identification of a child with his parents.

The task of persuasion is to form a belief. We talk about the imitation of behaviour when we can observe an individual peforming activities, and read one's thoughts during them, which is of a secondary issue. A prerequisite of persuasion and imitation is a positive relationship of a person to the affecting person. During persuasion, the one who is being persuaded must have a positive attitude towards the one who persuades, as the persuasion influence is based on voluntary basis. When imitating, it is important to have an idol or a living role model personally appealing to an individual, because imitation is a selective process. The difference between the two methods, however, is the management of the willingness and selectivity of the influence. In psychology today, and also in paedagogy, the term persuasion means a method of influence which is based on the word – verbal, also non-verbal, action of a person to a person. The one who verbally influences another person, is a persuader, and the one who is being persuaded, is called the recipient. Verbal interaction, however, is characteristic not only to persuasion, but also other ways and methods of influencing (e. g. clarification, suggestion, modelling, praise, criticism, etc.). The question is how persuasion differs from other methods of influencing. Based on existing analyses, it can be concluded that persuasion is such influence in which the recipient, under the influence of a persuader, willingly, with interest and participation, ascertains himself regarding the reasoning of any opinion.

Sociodrama. "Sociodrama practically coincides with psychodrama, with the difference that psychodrama is more focused on playing personal problems of a client, while sociodrama on playing roles in situations containing different socio-norms and values, which directly affect clients" (Valenta, 2001). A child or an adult learns to practice different situations of everyday life and to better orient themselves within interpersonal relationships. Content wise, sociodrama is oriented towards common conflicts and their management. The procedure is the same as within psychodrama, a client plays himself in certain situations and other group members play people around him. When the conflict culminates, a therapist changes the roles.

Isolation Method. The objective of this method is to isolate a client from something. Most often, it is isolation of a minor or juvenile from the improper influence of his social environment. This method applies in relation to issues arising from an inappropriate family environment, a client's behavioural disorders, committing of crimes by a client himself or persons in his immediate vicinity.

Isolation can monitor the detachment of a client from a person or family, which has a negative effect on him, or the change of the upbringing environment. Isolation of a child, particularly in relation to the parents, must be supported by a court ruling. Isolation methods have one common element – to avoid contact with a certain circle of people. This method is in response to delinquency of a client himself or behavioural disorder.

In this way, we affect not only a client himself, but when it comes to a child, we indirectly influence the family too. Isolation methods are also used by therapists as a form of sanction.

Methods Enhancing Resistance of a Client. Using these methods, a client is not mechanically detached from the conflicting effects of the natural environment, but remains in this environment and is guided towards resistance of the destructive effects of the environment. These methods, affecting the volition area of a client, are used in psychological trainings, paedagogy and social work.

In terms of the possible uses in social work practice, an interesting method is, for example, the stepwise approach, when the client gradually monitors the change of his own behaviour, starting with the simplest tasks. The method, which strengthens the resistance of a client, is primarily rationalisation, due to the fact that the social worker, in contact with a client, clarifies the situation and provides a rational picture of the problem, reinforcing the desired behaviour of the client. The basis for providing help is a relationship between a client and a social worker based on trust.

Protection Methods. They are used mainly in the context of social-legal protection and social guardianship. They rely on a positive contact between clients – a child and an adult when the formation of emotional ties – friendship occurs, or simply, a client creates a relationship based on trust in protection and assistance of an adult, or from a more mature person. It also includes educational measures, for example, educational supervision of the family in order to ensure proper care, or when care and family functions by parents fail.

Protection methods can also include saturation of family needs before occurrence of adverse social events and social issues.

Reconstruction Methods. In social work, they are mainly focused on the family. Their objective is reconstruction and repair, i. e. reconstruction of relations amongst the family. Reconstruction methods should help towards mutual communication between all family members; they should help them build their own family rules, create a family system and find new ways of contacts also for the family. Social work uses reconstructive methods, for example, during a long-term separation from their parents, during return of a child to the family. These methods are focused primarily on the family climate, cooperation and the family atmosphere. Conventional reconstruction methods used in social work include, for example, remediation of the family environment and also substitute family care. Less known are methods focused on coexistence of multi-generational families.

Experiential Methods. These are methods which are based on new, positive experiences, through which a client has the opportunity to experience something new and encouraging, and thereby create a new content of positive memories and experiences, build a new self-image, which leads to acceptance and strengthening of volition action. They are recommended especially for children with behavioural disorders – the objective of these methods is to build new stereotypes in the behaviour of a client. With neglected and abused children, they are a suitable complement to some of the recommended therapies –displacement or replacement of a negative frustrating experience with new, positive experiences.

Method of Changing Attitudes. It seeks a change of a client's attitudes toward himself, towards his own person and towards his social environment. The method is, however, associated with certain demands of a client, such as, a client's intelligence, availability of the necessary information, appeal of the presented changes, effect of the social environment and similar demands, according to which it is necessary to adjust (Olay, 2005).

Remediation of Family Environment. Remediation generally means restoration or adjustment of something. Restoration aims to establish a previous state that we consider as acceptable and, therefore, we strive to restore this state by our activities. In contrast to this, adjustment means achieving such a change which does not induce the previous state, but it means achieving the intended quality.

Remediation of a family environment means renewal of the family environment. It means repair or restoration of the family environment. It is necessary to decide whether we shall "restore" an environment, which from the beginning did not reach the required standard, or if it will rather be about its "adjustment". It is important to set out towards which ideals we shall seek to get closer to. Remediation is one of the possible forms of assistance for a troubled family; this aims to ease the problems in the family, or totally diminish them (Muráňová, Šrobárová, 2013).

Remediation is one of the possible forms of assistance to troubled families. When talking about remediation of a family, we rather mean adjustment of the upbringing environment in the family than its renewal. Remediation of a family belongs to the direct obligations of social workers, who focus on improving relations between parents and children, relations between spouses and relations normalising the family environment, which children have already been taken out from due to failure of the family upbringing functions. Exclusion of a child from the family gives an impulse towards a more intense work with families, but in no way it means the end of cooperation with a child, or his family. A social worker must continue to work together with the family, and this cooperation should pursue a common objective, which is improvement of upbringing conditions within a family and returning a child to the family (Levická, 2004).

The objective is help families prevent, ease or eliminate sources of danger to a child and provide assistance to parents and a child himself. However, another objective is support of preservation of a family – namely the action intended towards keeping a child within the family and not their exemption from the natural family environment, providing a safe return to the original family environment (Muráňová, Šrobárová, 2013).

The role of a social worker is to know how to achieve remediation. The defining moment for what needs to be done is also the fact of whether there is an initiation of work with the family, all members of which are in a shared household, especially when it comes to the following steps:

1) with family members, to name major problem areas, which quickly and accurately identify the hidden conflicts of families, to conduct analysis of the situation: relationships, boundaries, roles, positions, communications, taboos;
2) with family members, to make a strategy plan for conflict resolution;
3) throughout the entire process, to provide all family members the needed support and appropriate guidance, to strengthen their function, independence and self-confidence.

Act No. 305/2005 Coll., on the Social-legal Protection of Children and Social Guardianship regulates social and legal protection of children and social guardianship (SLPCSG) to ensure prevention of crisis situations in the family, protection of rights and legitimate interests of children, prevention of deepening and repetition of failures in mental, physical and social development of children and adults, and a limitation of an increase of socio-pathological phenomena. SLPCSG measures are carried out for a child, an adult person, the family, a group and community through social work, methods, techniques and procedures corresponding the knowledge of social sciences and the knowledge on status and development of socio-pathological phenomena in society (Antolová, 2011).

Methods and Techniques of Remediation of Family Environment

Family Agreement. In healthy families, family members tend to agree spontaneously, only some of the agreements are verbalised. For example, in the family everyone knows what to do and when, and there is no need to talk about the activity. Some agreements, however, must be discussed in order to be functional. In this method, the purpose is to accurately express who does what to whom and under what conditions. The purpose of this is conditioning of the desired behaviour of a child. The content of the agreement must be clearly based on mutual wishes of family members and their voluntary acceptance of commitments. A counsellor shall see to it that the agreement concluded for the child has been clear, specific and unambiguous (Prevendárová, 2001). Family agreement is about an effort of reciprocal modification within the family constellation of relationships and attitudes, and affecting the desired behaviour.

Social Construction. Social constructionism is about expression of relationships between a man and social situations. Constructionism is combined with the use of narrative metaphors and attention is turning towards the story. Metaphor therapy becomes retelling of a life story. Finding out how to tell an old story in another way, opens the way to think about possibilities of how further the story might continue (Gjuričová, Kubička, 2003).

Communication and Therapeutic Conversation. Family therapy is a therapy in its own way (such as taking medication) and it is also a conversation (like a conversation between friends). It is a therapy, because its aim is to improve health, conversation, because people meet face-to-face and talk together. Therapeutic conversation is a mixed metaphor. Experimental scope of the therapy merges trust and confidentiality, which is expected in relation to an informal conversation (Gjuričová, Kubička, 2003). The interview should be conducted towards identification of a problem and should be oriented to the characteristics of relationships between the relatives.

Creating Family Maps. It is a spatial and graphical representation of a picture of a family organisation. A child draws three generations of family from the oldest grandparent of the child. From the drawn maps, a therapist obtains a lot of information (Prevendárová, 2001).

Family Monitoring. Monitoring is a focused, structured and systematic recording of behaviour. Monitoring of clients themselves in natural conditions of normal family life is especially important. Broadly speaking, it is video recording directly at the workplace of a therapist. It can help clients understand the problem further. The recording of the findings is given in a written form. Monitoring is both a diagnostic and a therapeutic technique. The result may be a change of behaviour, leading to self-regulation (Rusnáková, 2007).

Video-home Training. The basis of this is work with video technology. It is a short-term, intensive form of assistance to families, directly in their own environment. A therapist uses a camera, films everyday situations. He conducts analysis of the recordings himself first and then discusses them with the parents. It can be implemented comprehensively, while the recording is evaluated totally or partially, when the therapist points out only some of the facts (Rusnáková, 2007).

Developing Metaphorical Stories. A therapist sensitively selects and presents a family with such stories that are related to their internal experiential world. He selects stories appropriate to the age of a client. The fact that the client creates a story offers him the possibility of new perspectives in solving problems. Stories usually have an impressive charge. They serve to illustrate connections and suggestion of solutions, they can help understand others, and also oneself, they can even give direct instructions on how to make a change.

Writing a Diary and Letters. A client may write a letter to the parents or also to other people. When writing the story, he may realise that his words matter, and that his experiences are important. For some children, writing is a more acceptable method than telling a story. Even if the letter does not reach the recipient, it may have a liberating effect for a client (Prevendárová, 2001). Diary writing is a method which is also used by an individual of defining his own experience and feelings, written in a diary, named and described.

Mapping Pathogenic Family Structure. A therapist deliberately induces and observes mutual interactions during sessions and, on the basis of them, evaluates the family structure. He defines who is the bearer of the problem in the family, who is mostly affected, who from the family contributes the most towards it, etc. (Prevendárová, 2001).

Parental Training. The aim is to give parents some insight into a child's development and his behaviour, which allows them to understand some of the context, thereby improving their own educational skills. The approaches to parental training are quite varied.

Individual parent training can be done in a therapist's office or in a family environment and includes discussion, modelling techniques, playback of behaviour and feedback.

Behaviourally-based parental training focuses on skills and techniques which parents can use at home to encourage desirable behaviours of a child and at the same time reduce his adverse communications (Levická, 2003).

Training of parents with children at an adolescent age mainly includes skills of joint problem solving and communication skills. Most of the time, parental training is provided precisely to parents at risk and high-risk, for example, in cases of child abuse or neglect, it is also provided to substitute parents or parents who have found themselves in stressful life situations, for example, parents who have a child born with a disability.

Genogram. A genogram is a map of the family, a graphic record, which is an exact recording of historical facts and relationships. Many experts and helping professions get into contact with genographic elements. In working with families, genogram is used as a diagram, which the family will create as instructed at home alone, and which they then subsequently work with. Working with a genogram within family therapy responds to the development of theoretical sources of family therapy. It allows to proceed from discovering the structure of the family and relationship patterns to a narrative concept (Gjuričová, Kubička, 2003). Genographical features help, in addition to the therapeutic process, uncover history of diseases, mortality, achieved education and information on the nature of the relationship.

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KOSOVO

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To support her further professional growth, she has regularly attended numerous professional courses and trainings within the framework of social work and social and economic re-integration of socially remoted persons.

Ilze Olmane earned her Master's degree in economics in 2001. She has worked in social projects as an accountant: establishment of workshops "Čaklās rokas" (Eng. "Dilligent Hands") and "Auduma apdruka" (Eng "Cloth Printing"), the aim of which was to develop self-esteem, improvement of working skills, and integration into society and labor market for people with mental disability. In 2016, she acquired her Master's degree in social work when her professional field placement was held in a Day Care Center for children and young people with functional disorders.

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