

SW

Czech and Slovak Social Work

Connecting theory and practice



ERIS Journal - Winter 2017

1

2017

volume 17

Published by
the Czech Association of Educators in Social Work
the European Research Institute for Social Work

Sociální práce / Sociálna práca

Czech and Slovak Social Work

reviewed scientific journal for fields of social work

ERIS Journal – Winter 2017

English edition of the Sociální práce/Sociálna práca/Czech and Slovak Social work

Editor-in-chief:

Libor Musil, Masaryk University, Czech Republic

Deputy to the Editor-in-chief:

Brian Littlechild, University of Hertfordshire, United Kingdom

Eva Mydlikova, Trnava university in Trnava, Slovakia

Editorial Board

Balogova Beata, University of Presov, Slovakia

Erath Peter, Catholic University of Eichstätt, Germany

Ewijk Hans Van, University for Humanistic Studies, Nederland

Gojova Alice, University of Ostrava, Czech Republic

Gulczynska Anita, University of Lodz, Poland

Hämäläinen Juha, University of Eastern Finland, Kuopio, Finland

Chytil Oldrich, University of Ostrava, Czech Republic

Jovelin Emmanuel, Catholic University of Lille, France

Kallay Andrej, Trnava University in Trnava, Slovakia

Keller Jan, University of Ostrava, Czech Republic

Klusacek Jan, Evangelical Theological Seminary College, Czech Republic

Kristan Alois, Jabok College, Czech Republic

Matulayova Tatiana, Palacky University, Czech Republic

Mills Karen, University of Hertfordshire, United Kingdom

Metteri Anna, University of Tampere, Finland

Novosad Libor, Palacky University, Czech Republic

Payne Malcolm, Manchester Metropolitan University, United Kingdom

Puhl Ria, Catholic University of Applied Sciences KFH NRW, Cologne, Germany

Rusnakova Marketa, Catholic University in Ruzomberok, Slovakia

Schavel Milan, Trnava university in Trnava, Slovakia

Sykorova Dana, Palacky Univerzity Olomouc, Czech Republic

Balaz Roman, Masaryk University, Czech Republic

The Journal is published 6 times per year. (4 times in Czech and Slovak, 2 times in English)

ISSN 1213-6204 (Print), ISSN 1805-885X (Online)

Registration Number of the Ministry of Culture: MK ČR E 13795

This issue was published on 28th February 2017.

Issue Editor:

Malcolm Payne, Manchester Metropolitan University, United Kingdom

Published by:

Czech Association of Educators in Social Work, Joštova 10, 602 00 Brno, IČO: 49465619

European Research Institute for Social Work, OU, Fr. Šrámka 3, Ostrava

Layout: Radovan Goj (www.goj.cz)

Print: Printo, spol. s r. o. (www.printo.cz)

Journal Website: www.socialniprace.cz

Editorial

Malcolm Payne:

The Local, European and International Discourse of Social Work	2
--	---

Papers

Iva Kuzníková:

The Practice of Social Work in Health Care in the Czech Republic:

How to Identify Understanding the Practice of Social Work in Health Care through Research?.....	5
---	---

Olga Hubíková:

A Double-Edged Tool: the Czech Care Allowance from the Perspective of Family Caregivers' Situation	23
--	----

Martyn Higgins:

Conflicting and Competing Roles and Expectations:

the Conundrum of Failing Social Work Students on Placements	38
---	----

Šárka Ulčáková:

Consequences of the Modernization of Society and Possible Coping Mechanisms,

with an Example from Italy	47
----------------------------------	----

Jussara Maria Rosa Mendes, Bernadete de L. F. de Almeida, Rosangela Werlang:

Current Research Trends in Social Work from the Demands Submitted to CNPq	59
---	----

Amaldass M., Neema Gnanadev, M. Hilaria Soundari:

A Study on the Rural Dalit Women Entrepreneurs in Almora District of Uttarakhand State	71
--	----

Book Reviews

Ronald Lutz and Doron Kiesel:

Sozialarbeit und Religion: Herausforderungen und Antworten. Weinheim: Beltz Juventa, 2016.	92
---	----

Research Note

Research Activities on Housing at the Faculty of Social Studies, University of Ostrava	95
--	----

Publishing Schedule	96
---------------------------	----

Calls for Papers and Abstracts	97
--------------------------------------	----

Our Mission	98
-------------------	----

Editorial

The Local, European and International Discourse of Social Work

In presenting a further edition of English-language papers emerging from the work of ERIS, the European Research Institute for Social Work, in its collaboration with the *Czech and Slovak Social Work Journal*, this edition of the Journal is engaging in local, European and international discourses on social work. It may be a surprise to see material about Brazil, India, Italy and the UK alongside research on local concerns. What does this mean, and why is it important?

Any journal in a specialist area such as social work engages in a discourse in several senses. It is a location for professionals, researchers and writers in that specialist area to present ideas for debate and information from research and analysis to contribute to veracity in that debate. In a wider sense, the contents of a journal represent the nature of that specialist area. What is researched, reported on and debated is, at least partially, that specialist area: it represents it in the sense of providing a picture of it. But it does so only partially, because social work is also what social workers are doing every day in their agencies, and what managers and policy-makers are organising and promoting in social services. The role of an international academic journal has a particular place in that discourse among practitioners, managers, policy-makers, researchers and teachers of social work as they 'do' social work. It is to express and make concrete what knowledge and understandings of this professional area of engagement in society may be made available from what they do and may be made useful to others taking part in the discourse.

Representing the research life of two countries, the Czech and Slovak Republics, this journal's publication biannually in English offers local research findings to the international discourse, and brings international findings into the local discourse. Is seeking to achieve that possibility



idealistic, or is this a valid strategy for developing a useful professional discourse for both local and international benefit? We can see from this edition that opportunities for understanding and progressive development can emerge from many different interactions in the material we present here.

Thus, Iva Kuzníková's study in this edition, of how healthcare social workers in the Czech Republic view their work, reports findings that obviously and directly connect with professional actions and decisions that local practitioners, managers and educators may need to make within the course of their work. But it also points to policy responses that are required, to recognise and develop a role for healthcare social work more generally. That knowledge and experience is relevant in healthcare work everywhere. Similarly, Olga Hubíková's paper about Czech allowances for family carers looks at the Czech findings and explores how these compare with what happens in other countries. Both papers take the local and point to it as an example of shared experience in Europe and internationally, presenting options that are relevant both locally and internationally.

Part of the discourse in which Hubíková's paper engages refers to the social policy options of cash for care schemes. These offer direct payments to family and community helpers for support for people in need of care (da Roit, Le Bihan, Österle, 2007). Social work practitioners and educators

will also explore the findings to interpret how they may make appropriate responses to people needing and receiving domiciliary care. What this paper illustrates is that few apparently valuable innovations in the complex area of human and social relations are indisputably beneficial: there are always ambiguities and antagonisms to be negotiated. This negotiating role of practice often lies unrecognised in the formulation of policy initiatives. Perhaps the lack of understanding and establishment of social work in health care, identified by Kuzníková's study, reflects this lack of recognition of the role of negotiating innovation in social services systems. This failure to develop the role of social work appropriately applies more generally than in healthcare. The findings are therefore relevant more widely than on the local scene and in a particular specialty. The need to develop robust understandings of policy options and their practical implications is one of the reasons for the value of interaction of the practical and managerial with the academic in the discourses of a profession such as social work through its journals.

Deeper ideas about society and social change emerge from the underlying issues and (I take up expressions from the papers) the conundrums, precariousness and invisibility of some participants, including social workers, in social provision that these papers identify. Higgins's paper on the responses to role conflicts that may lead to failure among English social work students also speaks directly to a concern for practitioners everywhere who supervise social work students in practice education. The author makes it clear that his paper participates more widely in discourse about social work. When we decide that a student should fail in the practice requirements of a social work course, we also raise questions about what is expected of social workers. This represents, in turn, issues in our debates about the aims, nature and values of the social work profession. Illuminating crunch decisions, such as failure to qualify, allow us to identify, explore and begin to resolve important but sometimes concealed issues in our profession. In this way, they become a universally relevant site of discourse about social work.

The discourse of social work is, of course, broader than discussion of evidence about social services and social work education. Šárka Ulčáková's paper about issues of social change arising from

modernization policy strategies in Italy explores broader social trends *there* with which *their* social work must come to terms. By showing us such reactions, her work facilitates our thinking about the same trends *here* and with which *our* social work must also negotiate an appropriate response. By understanding something of the patterns *there*, we can begin to travel the intricacies of potential paths of change *here*.

Thus, through local-European-international discourses, we may explore both potentialities and failings. The paper by Mendes, de Almeida and Werlang about social work research management in Brazil raises questions about the financing and direction of scientific development of the social work profession which will be familiar to social workers everywhere. More broadly, it raises questions about the extent to which research funding recognises social work as an intellectual and academic discipline, or as a subsidiary of disciplines such as psychology, in the case of Brazil discussed in this article, or of social policy and other social sciences, or whether it should be seen as an interdisciplinary representation of social science (Shaw, Arksey, Mullender, 2006). There are also considerations about whether social work as a practice represents a particular kind of social intervention and therefore requires specialist research methodologies beyond other social science methods and a research concern for the people engaged in a work setting and in the social relations of labour and employment.

The paper by Amaldass, Neema Gnanadev and Hilaria Soundari on women's entrepreneurship in India offers transferable insights in another way. First, it highlights the role of social entrepreneurship as an important policy strategy for bringing together both economic and social development, so that the economic priorities do not overpower the social in responding to the needs of poor people wherever they are, in the same way as we saw in the paper about Brazilian research that the social work should not be overpowered by the psychological. Being entrepreneurial, in the sense of being energetic and forward-looking in our practice and organisation, has sometimes been claimed as a valuable style of action missing in conventional social work (Pinker, 1990). But more recently, financing sustainable social action through a model that combines both economically sound business activities with social concern and long-



term social benefits has been proposed as an important strategy that secures service provision against political whim and economic pressures (Nicholls, 2006; Mawson, 2008). It connects a social welfare approach to poverty and social need with economic and social activation of beneficial services in poor and oppressed communities. It separates economic development from possibly authoritarian control by political and economic elites (Payne, 2014:222–4). Šárka Ulčáková illustrates these points in her paper about social interventions through cooperatives in Italy. In these, entrepreneurship generates financial sustainability for social interventions and promotes networking and cooperation.

The second range of important insights offered by this paper is its focus on developing the role of women in poor communities. It emphasises that gender divisions in our society hold back purposeful action on poverty. For practitioners, it offers an opportunity to work for liberation from gender oppression as part of social interventions of all kinds, not just in social development.

A journal may stimulate our discourse with information and insights from new perspectives and redirect it from our accustomed perceptions and interests. Thus, we read research and analysis on unfamiliar situations or distant locations in a different way from local participants. We examine information and insights from Brazil, India, Italy or the UK through the lens of our local experience and conceptions. Limitations in our current thinking and practice are stripped bare by an awareness that we share so many continuities with other places and systems. Did we believe that our local experience of difficulty comes from our local failings? This idea is subverted: it is systematic inadequacies in social organisation that we must surmount to improve our practice and to develop what social work can offer to our community.

Moreover, we need not demand completeness in these contributions to knowledge, since partial conceptualisations allow us to build up through our imagination our local responses from the potentialities offered by our understandings of the other. We are not guided by the totality of research findings from another place and another social situation; rather our social response is informed by local insights *drawn from* European and international research. The Czech or Slovak manager might look at the lessons of exploring

failure among social work students in the UK, for example, and think what this might teach us about employees who seem not to be performing at their optimum capacity. Here, the discourse is often about inadequacy of the person or their skills, but Higgins shows us that it might just as well be about weaknesses in our conceptions of the task we have defined. In the same way, Kuzníková shows us that difficulties in the social work task in Czech healthcare partly arise from inadequacies in conceptualisations of the opportunities for social work that healthcare services might offer to their patients.

It is not only that social workers must try harder, but that the organisations in which they work and the social policy that informs their role must change. As in the traditional view of entrepreneurship, we must be energetic and creative. But we must also, as in the renewed concept of entrepreneurship, generate a sustainable model of organisation and promote a focus and urgency in local, European and international efforts to generate social services that engage with what our research and analysis tells us are important issues for our societies to resolve.

References

- DA ROIT, B., LE BIHAN, B., ÖSTERLE, A. 2007. Long-Term Care Policies in Italy, Austria and France: Variations in Cash-for-Care Schemes. *Social Policy and Administration*. 41(6), 653–671.
- MAWSON, A. 2008. *The Social Entrepreneur: Making Communities Work*. London: Atlantic.
- NICHOLLS, A. (Ed.). 2006. *Social Entrepreneurship: New Models of Sustainable Social Change*. Oxford: Oxford University Press.
- PAYNE, M. 2014. *Modern Social Work Theory*. 4th edition. Basingstoke: Palgrave Macmillan.
- PINKER, R. 1990. *Social Work in an Enterprise Society*. London: Routledge.
- SHAW, I. F., ARKSEY, H., MULLENDER, A. 2006. Recognizing Social Work. *British Journal of Social Work*, 36, 227–246.

Malcolm Payne

Emeritus Professor,

*Manchester Metropolitan University,
United Kingdom*



The Practice of Social Work in Health Care in the Czech Republic: How to Identify Understanding the Practice of Social Work in Health Care through Research?

Iva Kuzníková

Dr. Iva Kuzníková¹ is an assistant professor at the Faculty of Social Studies, University of Ostrava, focused on research in the field of social work in health care, long-term care and multidisciplinary cooperation.

Abstract

The article discusses understanding the practice of social work in a health care institution providing both acute and long-term health care services in the Czech Republic.

The aim of the article is to provide the results of the findings of a qualitative case study on understanding the practice of social work among the involved persons, i. e. social workers in health care. The text thus contributes to professional discussion concerning the needs for research into social work in health care in the Czech environment.

The text presents the method of case study as a way of identifying the reality of practice in social work within a multidisciplinary environment with a diverse clientele.

The text reveals the quality of social work practice in health care in the Czech Republic, and it also explores weaknesses, for which general recommendations are made to overcome them. The final part of the article is devoted to highlighting the essential findings and suggestions for recommendations which could influence the development in the practice of social work in health care and its research.

Keywords

social work, health care, case study, interpretation, social work practice

Introduction

The core of the text is **presentation of a complex view of social work in health care in the Czech Republic** and interpretation of **understanding the practice of social work in health care by social workers**, i.e. how social workers in health care understand the methods of social work, their own role, and the client's role while conducting their job. Key topics are regarded which are scarcely the subject of research in the Czech environment. Previous research only marginally relates to the chosen topic of social work practice in health care.

An inspiration for choosing the topic of social work in health care has been the specificity of

¹ Contact: Dr. Iva Kuzníková, Faculty of Social Studies, University of Ostrava, Fr. Šrámka 3, 709 00 Ostrava; Iva.Kuznikova@osu.cz



careers in health care (it is beyond the scope of the present text to provide a detailed list and description of the specificities; for information on these refer to Kerson, McCoyd (2010), Adkinson (2008), Bywaters, Napier, McLeod (2009), Cowles (2006), Beder (2006), Johnson, Grant (2005), Tibbitt, Connor (1989). Among the quoted sources, a description of the specificities is offered e.g. by Adkinson (in Karls, Wandrei, 2008:60–70): the need for interdisciplinary co-operation of functioning multiprofessional teams, short-term consultancy, the need for knowing the aspects of diseases and physical disabilities, primary attention of the patient for the medical professions, or association of social work with discharge planning (planned discharge of a patient from a medical institution). Specific features of the profession with the importance of support at managing disease-related psycho-social situations, the complexity of interactions between the course of the disease and the dynamics of family systems that make demands on complex assessment of the client's life situation, have been demonstrated by Tibbitt and Connor (1989). Another specific feature is mobilisation of related services, assessment of plans and realised services provided to clients. In palliative care, above all is support for the dying and their relatives, support for inclusion, coping with life or settling relationships and conflicts (Student, Mühlem, Student, 2006).

Publications in Czech language only address the topic marginally, with Dostálová, Šiklová (in Vorlíček et al., 2004), Mahrová, Venglářová (2008), the problems of the profession are complicated by the division of competencies between the area of health care and social work, which are not necessarily interconnected. The above mentioned facts are reflected in varying conditions for performance of social work in the health care profession in the Czech Republic which are influenced by the current political, economic, legislative and ecological² situation, not by a unified national conception. This influences the role and position of social workers in interdisciplinary teams, and also the methods of social work in practice.

The complexity of health care in medicinal disciplines requires interconnected cooperation of a professional team whose members include a social worker and a social worker in health care. Their role and presence in various types of health care facilities is necessary and substantiated according to authors such as Tibbitt and Connor (1989), Badawi (1990), Cowles (2006), Adkinson (2008) or the Czech authors Janečková and Hnilicová (2009). It is also due to the estimated increase in expenses of the provision of health care, and to increase its quality (OECD, 2014), that goal-directed prevention and reduction of the negative social impacts of diseases through the social work profession are indispensable in health care.

The scope of the article also includes the related necessities of research into social work in health care. It is inspired by foreign studies which discuss e.g., questions of opportunities for development of social work in health care (Fischer, Owen, 2008; Saleeby, 2011), questions of intervention effectiveness of social work in health care (Lechman, Duder, 2009; Gibbons, Plath, 2012), possibilities of evidence-based practice or classification systems in social work in health care (Gibbs, Gambrill, 1999; Karls, Wandrei, 2008), questions of collaborative practice (Bogo, Wells, Abbey et al., 1992; Howe, 2001; Solheim, 2007; Zimmerman, Dabelko, 2007), and the necessities of professional development and research (McNeill, Nicholas, 2012).

The key viewpoint for this text is Aristotle's thesis that "the whole is more than the sum of its parts". The holistic paradigm integrates the patient's vision as an individual in a particular social situation and at the same time it permits the biological factors as essential, yet not the only in understanding a human being in the social world. A diversion from Engel's model (1977) prefers the perspective of a partnership between an expert on the disease (an expert person) and an expert on living with the disease (a patient). A relationship thus formulated makes a good starting point for the practice of social work in health care. Within the biopsychosocial model, the sensitivity

² In the sense of social ecology, a sociological subdiscipline, (also human ecology) which analyses the relationship between humans, human society and their physical environment, concentrating on interaction between an individual and the environment.



for human diversity is discussed (Green, 1995 in Cowles, 2006) in the auxiliary professions, and is accentuated by an understanding of ethnic origin, sex, age, socioeconomic status, sexual orientation, religion and respect for the characteristic features of an individual in interaction with a client. The above mentioned concepts are closely related to the tri-dimensional optics of an ecological concept³, i.e. concurrent attention to the individual, their environment, and their mutual relationship. The functioning of subsystems and their mutual adaptation is becoming a central topic within the field of social work in health care where it can be applied e.g., through the system optics of the so-called Multi-systemic approach (Johnson, Grant, 2005), in searching for solutions to a variety of social situations of individuals in critical periods of the disease and the return to health.

1. Background

The Czech Republic currently divides the practice of social work in health care from the practice of social work provided by regions, municipalities and social services organisations due to different administrative bodies (ministries). Activities, competencies as well as professionalism of social workers in health care are laid down in Ministry of Health legislation with no respect to development in theory and trends in practice of the social work profession.

The following text brings a brief introduction into the problems of the profession in health care during the last five years. It is based on objectivistic findings of research conducted in the whole of the Czech Republic that obtained its data by means of methods chosen on the basis of the positivist paradigm (cf. Rudestam, Newton, 2007; Engel, Schutt, 2013). Mapping of an objective reality aimed at analysing the conditions for conducting social work in health care (Kuzníková, Malík-Holasová, 2012), the data showing e.g., shortage in the number of workers on such positions in health care organisations in the Czech Republic, a large number of clients (cases handled by a social worker), or financial underestimation of the profession.

The profession of **social work in health care involves a long-term historical tradition in the Czech territory** (Chytil in Kuzníková, 2011). Transformation of previous activities in charity into an acknowledged scholarly discipline with its own ethical code was supported by the National Conference of Social Work in the Czechoslovak Republic in the years 1917–1918. The psychiatric concept was asserted with an emphasis on a democratic relationship between the worker and the client. A connection was established between social work and the state, the necessity of establishing modern social service based on voluntary activities of various interest groups arose, and the first Higher School of Social Work was founded in Prague (1918). The tradition also went on uninterrupted during the socialist era (Špiláčková, 2014). After 1968, an historic turning point in the development of the discipline on the Czech territory, a new conception of social work with family and children, the elderly and handicapped (Chytil, 2000) arose based on experience from Western Europe. Although the normalisation period meant an interruption of contact with the development of theory and practice of social work in the West, attempts were made at interconnecting social work and health care, the association of social workers becoming one of the sections of the Czech Medical Chamber J. E. Purkyně (Šiklová in Matoušek, 2001). In the 1970's a unique but effective method of social work in health care was devised (Brablcová, Charvátová 1975). Social work was subjected to central administration, however.

Although its realisation should be inseparably linked with granting quality health care to selected target groups of clients, the position of social work in health care continues to suffer from ambivalence in the Czech health care environment.

It is mostly in large organisations providing medical care with more than 700 beds, or in large psychiatric hospitals, that the presence of social workers is essential. They are, however, only employed on the basis of a recommendation by the Ministry of Health, and it is fully in the

³ In auxiliary professions applied e.g., by Gordon (1969), Bartlett (1970), Germain, Gitterman (1987).



competence of the organisation's management whether they decide to employ the social worker or not. In many organisations, the activity of a social worker concentrates on administrative procedures, and very often an extreme workload is evident, which is represented in the ratio of social workers to the number of hospitalised clients in the organisation. Some hospitals do not employ social workers at all, in some of them there is one social worker for 700 hospitalised clients. The situation has improved, though. According to the latest statistical figures by ÚZIS (2014)⁴, 373 social workers were employed in health care, versus 85,301 beds in hospitals and specialised medical institutions back in 2007, whereas there were 410 social workers to 77,467 beds in 2013. Social workers in health care are registered with the Ministry of Health of the Czech Republic as non-medical health care professionals. They have their own section with the Czech Association of Nurses. Also in health care organisations they are subject to direct subordination of nursing service managers (managers of non-medical professions) or of nursing officers. Access to supervision of systematic leadership of social workers is limited in this field. Despite its attempts at achieving autonomy and establishing itself in the field of social science, social work in health care has legislatively as well as practically remained part of health care in the Czech Republic. A new bill is currently being prepared on the social work profession which will probably exercise some influence on the future development of this discipline.

The current situation in the field could be outlined by summary and analysis of quantitative data obtained mainly due to a shortage of information on the problem's field. Analysis eventually revealed the problem fields (disproportion in education, qualification, competencies, interdisciplinary co-operation, access to supervision) of social work in health care. Not only the introduced facts but above all an interest in developing the profession have led to considerations on further essential research activities, one of which is being presented here. At the same time, this is a call for further research activities in the respective field as exemplified by foreign projects⁵.

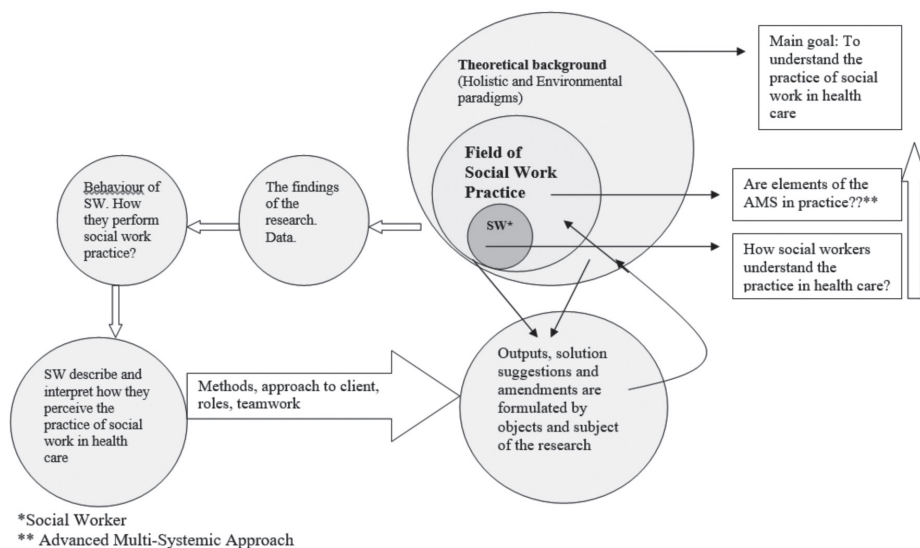
Devising a conceptual framework of research, formulation of theme, aim and research problems are demonstrated in Figure 1.

⁴ Institute of Health Information and Statistics of the Czech Republic, 2014.

⁵ E.g. monitoring the use of research in practice of social workers in the health care field with the aim of their involvement with identification of needs in the research field (Culyer, 1994 in Adams, Dominelli, Payne, 2002).



Figure1: Conceptual research framework



Source: Author's own design, 2013

2. Methodology

In accordance with Berger and Luckman's (1999) statement, if we are only able to comprehend the cohesiveness of an institutional order with the help of knowledge that the members of such an order possess about it, then it means that studying such knowledge must be an indispensable part of analysing such an institutional order. Then a **constructivistic paradigm**⁶ is chosen at the outset for achieving the goal of qualitative study and analysis of social reality (realisation of the practice of social work in health care) which is based on interpretativism and its belief that the reality is socially construed and that it is the goal of science to comprehend what meaning people assign to this fact (Engel, Schutt, 2013).

This presupposes that findings are created and it also presupposes relativity of a local and specific reality. The hermeneutic-phenomenological approach to research is used (in accordance with Miovský, 2009:50; Denscombe, 2010:101). Use of the hermeneutic circle is part of interpretation and deeper understanding of an analysed phenomenon. The application accords with the historical development of hermeneutics, which unlike the original philological tradition thanks to Dilthey's approach, combines with the social disciplines (cf. Miovský, Čermák, Chrz, 2005:28–34; Hendl, 2005:72–75; Denzin, Lincoln, 2008:457–459).

Then, general concepts were identified using the **inductive method**, and new questions were formulated, however, with awareness of the fact that research using case studies strives at clearer descriptions and sophisticated interpretations. The constructivistic view serves the reader in that it provides the raw material for a generalisation of their own using a dense description of objects, people and processes (Stake, 1995).

⁶ I do not incline towards radical constructivistic thinking, but remain in accord with Lincoln and Guba's (1985 in Hendl, 2005) methodology, which is based on the assertion that the concept of a *paradigm* (Kuhn, 1997) alone is at the same time also a social construct, i.e. what is valid for the paradigm is also valid for its research.



In connection with this I would like to point out that I am aware of the limitations which influenced the process of collecting and analysing the data (such as time limitations of the subjects as well as objects of research, personnel changes in management positions of the health and social department in the selected organisation during the time of conducting the research). The results presented in the following text represent a subjective viewpoint of social workers who participated in the research at a given place in a given time. The findings cannot be in any way generalised and applied to the entire target population. They serve the purpose of a deeper understanding of the practice of social work in health care.

While formal research ethics approval was not required for this study, management of the organization involved gave permission for the research study to be carried out, and participants agreed to be interviewed and gave authority for recording for the purposes of research. Records of the interviews were retained in a secure location by the researcher.

2.1 Research question

How is the practice of social work in health care viewed by social workers? How do social workers understand the methods, their role and the client in health care?

The research subject became **the practice of social work in health care** services in acute care and in long term care departments at one hospital.

2.2 Choice of research method

A phenomenologically based qualitative research is methodologically based on **a case study of social work in a selected health care organisation**.

The qualitative research strategy based on a constructivistic paradigm was chosen due to absence of resources in the Czech language, absence of a theoretical background, as well as specific delimitation of the methods of social work in health care in the Czech Republic.

Stake's (1995) method of case study is made use of to obtain answers to questions.

The strategy of case study involving a more complicated system is frequently adopted, for instance with research into organisations or institutions, or with studying social groups. Case studies of a few cases (such as several studies of social groups, organisations and institutions, but first of all by studying events, roles and relationships) are dealt with e.g. by Miles, Huberman (1994:79), Babbie (2004:293), Hendl (2005:105), Rudestam, Newton (2007:49), and Denscombe (2010:52). The authors prevalingly agree with Stake (Stake, 1995) who labels such type of study a specifically unique delimited system. In the text, social work in a selected health care institution, or more specifically the act of carrying out social work by social workers, being the object of the research, with a particular environment delimited by granting multidisciplinary care in a selected organisation, is regarded as such a system. Provision of social work is not restricted to the environment of health care institutions, and it can also be carried out outside the institutions' premises. The limits are given by activities bound to clients of a health care institution.

2.3 The object of research are social workers in health care employed in a selected health care institution within the geographically delimited area of the city of Ostrava, and textual documents related to provision of social work in the selected institution.

The health care institutions selected were chosen by means of **criteria-based selection** (Miles, Huberman, 1994:28; Punch, 2008:80), "*...regarding cases which fulfil a certain criterion useful for ensuring quality.*" The decisive criteria were employing social workers in health care with varying degrees of education in the professional field, provision of in-bed health care, both **acute and long-term**, local accessibility, and agreement with ethical aspects of the suggested research project. The management of the selected organisation offered their agreement with the implementation of the entire research (in the archives of the author).



2.4 Techniques of data collecting:

Non-structured interviews were used for identification of subjective meanings. We interviewed a total of 6 respondents employed in selected health care organizations in positions of social worker or medico social worker in acute care (4) and long term care clinics (2). The process of research questioning lasted six months. Before each interview respondents were asked whether they agreed with digital recording of the conversation by leaving a voice recording for archival purposes.

Analyses of documents presented by the selected organizations (annual reports, work contracts) were used for the sake of additional illustration of the case.

The research sample is prepared with respect to represent the population of the problem and its extent, i.e. the practice of social work in inpatient medical facilities providing both acute and long-term care. The text documents were also chosen via intentional choice by criteria. Both the primary and secondary documents provided by a health care institution were included in the analysis. **The primary sources are:** Descriptions of employment positions – official internal sources of the particular health care institution, Standards for provision of selected activities of social workers in this health care institution, and Reports of activities recorded by social workers in the selected health care institution.

The main criterion for their choice was their relation to provision of social work and their validity during the realisation of the research project from 2011 to the present.

The secondary sources are: Annual report of the nursing and quality management section of the selected organisation for 2011, Historical documents. The criterion of selection was containing any information regarding social work, or activity of social workers in a selected health care institution.

The adopted research techniques included data triangulation. The presented data resources are adequate for analysis and creating a study according to Miles, Huberman (1994).

2.5 Methods of analysing the data

With a case study it is possible to choose from the scale of various methods of analysis (Engel, Schutt, 2013). In the introductory phase of analysing the data from interviews, recording and organising the data were crucial, after which, the particular phenomena were identified and terms were assigned to them, which is the beginning of open coding⁷ and conceptualisation⁸. On completing conceptualisation, attention was paid to identifying categories, i. e. categorisation⁹, searching subcategories and identifying relations between them. The anchor theory approach to analysis, notably open coding (Strauss, Corbin, 1999), was used to analyse the data. During the research, notions and phenomena were most frequently identified in the data, out of which the following **categories** were created. In a further process of categorisation, notions were attached to respective phenomena.

The aim of the analysis is reaching complete, holistic conclusions, and **detailed case description** is employed. In order for the research to arrive at complex findings and offer an adequate description and interpretation of the research subject, combined techniques of data analysis obtained from interviews (open coding and holistic analysis of a case study) were used. Case analysis¹⁰ is based on the structure delimited by Miles, Huberman (1994:85), which ensures complex data processing and their interpretation. The analysis of a given case has **the character of a sequential** structure, and proceeds from interpretations of social workers in health care institutions with acute and long-term care to identifying the phenomena.

⁷ In accordance with data analysis using the Grounded Theory Method. Coding is the process of assigning notions to meaningful units.

⁸ The process of transition from description to identification of hidden meanings.

⁹ Grouping of notions which are related to a given phenomenon.

¹⁰ Because of the limited scope of the text I will mention only the key points of the analysis.



In order to ensure the validity of findings, triangulation was employed at collection of the data and triangulation via the method of feedback through an interview with experts on social work in health care and an interview with a research participant.

3. Key statements from the analysis

Statements which were assessed by participants as being of key importance show the characteristics of the present situation in the practice of social work in health care.

Critical responses illustrate **the current state of the profession**: *"Some regulations are too limiting for us ... the way health care and social care are combined, in that it comes to a conflict of interests".*

Absence of fixed rules for the profession: *"Each hospital solves this their own way. What is crucial for me is that there are no fixed rules. We, all of us, sort of do it on our own and we are missing something that would connect us. We are missing an organisation where regulations would be prepared ... we solve the problems somehow... there should be some vision" ... "There is actually nothing for this job. Some regulations or leadership from the ministry or so. We are doing everything sort of what we feel to be the best".*

Participants' workload: *"There is a huge load to do. We are under big pressure. The hospital doesn't care for our needs. We keep records of our activities on our own, out of our own initiative" ... "That would be fun for me ... working with fewer of them (note: clients), but more intensively, with a long-term perspective".*

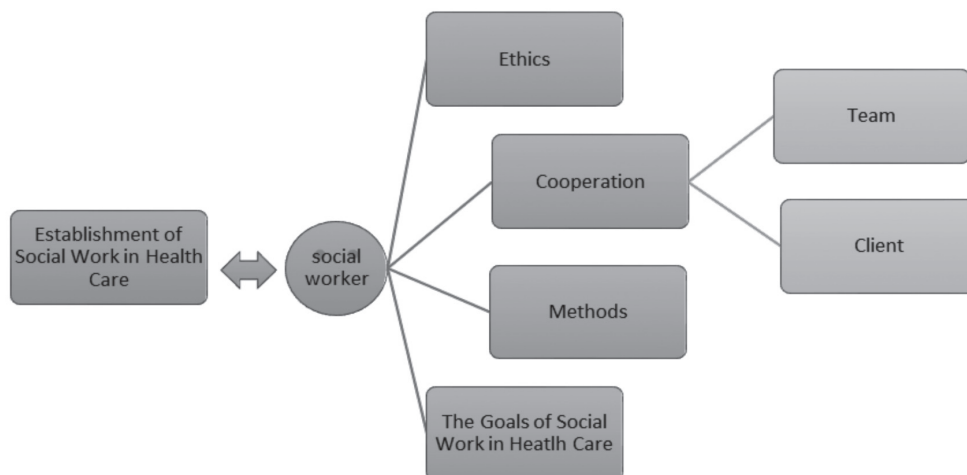
Value of professional education in health care: *"Every social worker in health care should have health care education. If I didn't know about the health care matters, I'd be confused at times. The extent of the profession is really broad".*

The position of social workers on the divide between the interests of the client and those of the organisation: *"We have to solve the needs of the people. This is our most burning problem, because the wards are pushing us to have them away from here ... they need free capacity ... We have no time for long-term work. Time is pressing me a lot".*

The statements underline the context hanging together with the above described situation. Findings on categories and their relations are the basic outset for understanding the practice by the participants themselves. **Five principal categories were identified**: Cooperation, Ethics, Methods, Aims and Establishment of social work in health care.

The text introduces the categories from the point of view of the research participants.

Figure 2: Presupposed relations among the fundamental categories and subcategories



Source: Author's own design, 2013



3.1 Category: Establishment of social work in health care

The findings resulting from interpretation of the reviewed persons are **the need of establishment of social work in health care**, background provided by an umbrella organisation, isolation of social workers in a health care institution from their colleagues from other institutions, from their experience, and from the social work profession as such.

There is agreement on the need of a professional umbrella organisation and legislative support. The need for establishment with a concrete case results from the rather varied character of the profession and the many diverse activities. *"I miss the feeling of belonging somewhere. We have no organisation that would provide an umbrella for us, where some regulations and standards would be prepared ..."*.

3.2 Category: Ethics

A very frequent ethic problem with a case is the process of discharge planning and hasty provision of follow-up care of the client under the pressure of the individual wards of the health care institution which provides acute care. Sometimes there is not enough time for considering all the alternatives in accordance with the client's wish. Social workers also understand cooperation with individual wards during the process of discharging as a problem. *"... the wards are pushing for us for the client to be placed elsewhere as they need free capacities."*, *"it regards cooperation with the medical personnel, inasmuch awareness or erudition they show in this area"*.

Sensitive issues were identified with a case both in the area of delimiting the **boundaries** between the workers and the clients, and in **cooperation with the medicals** which sometimes takes place during the rounds, includes the problem of sharing social background information on the client within the ward in the presence of other health care staff. The third issue tends to be **divided communication**, separately with the client and with their family.

3.3 Category: Cooperation

Participants from institutions granting acute care report cooperation to be a single activity, and they agree on what they present as the doctors' and medical staff's ignorance of the social workers' activity. The client remains outside such meetings, too.

"I would see it as a contribution, a meeting of the multidisciplinary team at a concrete time, in a concrete place ... the client would be invited."

With long-term care, cooperation with the team is crucial and it is continually built upon.

Cooperation with the family is understood as crucial with less self-sufficient persons, mainly seniors. The area of working with children and their families is problematic due to lack of information, mistrust, fear and lack of parents' responsibility. Cooperation with families is described as "detached" from cooperation with a hospitalised client in both types of health care institutions; the interviews mainly take place separately with the family and separately with the client.

3.4 Category: Methods

The category refers to the ways of reaching the goals of working with clients, let us call them methods, then. The participants gave their opinion on the way they carry out their work. The following **interpretations of understanding the methods** were recorded: **the process of the work from the first encounter with the client on to their discharge, the process of working with family of the hospitalised client** and **forms of cooperation** both within the health care institution and with organisations outside the institution.

3.5 Category: The goals of social work in health care

The goals of the profession in health care depend on type of health care institutions with individual cases; it depends whether an institution providing acute care or an institution providing long-term care is concerned. The participants agree that lack of a fixed position of the profession and



methodology prevents reaching goals. *"It would be useful to try solving problems together, in a unified way"*.

As far as goals are concerned, the participants understand them in various ways depending on the perspective of the client or the health care institution.

The goals of the health care institution are understood firstly as solving the health care problem of a client within the ward and finding the fastest possible discharge with respect to free bed capacity and economic situation of the health care institution. The main goals from the perspective of the health care institutions were described as: placing the client in another institution, discharge, ensuring burial of the deceased, and ensuring provision of health care services through domestic care agencies.

The clients' goals are understood as what the client's wishes are. However, such wishes cannot always be fulfilled, firstly due to changes in the health condition, lack of self-sufficiency or loneliness. The goals are then modified in accordance with the possibilities of solving the situation that social workers can offer. The participants also described as clients' goals: a) return to natural environment, b) solving financial situation, c) assistance for family members, d) arranging for care in another institution for clients with reduced self-sufficiency, e) arranging for child care. **Evaluation of goals reached** with a case involves joint assessment of continuous work with the client. No detailed evaluation of effectiveness of the work or systemic feedback collection is carried out in health care institutions providing acute care, however. Social workers do not devote themselves to active feedback collection mainly due to a shortage of time and large number of clients who are quickly discharged. They keep statistics of finalised cases in a given case for their own purposes.

4. Interpretation and results

4.1 Roles and Activities of Social Workers

In connection with the identified category of **"Ethics"**, an *advocate for the client* seems to be the principal role of a social worker in health care in the selected case of social work. It applies both to protect the rights and personal data of clients, including children, and the interpersonal relationships between clients and their families as well as **preferring to fulfil the wishes and aims of a client to the goals of a health organization**. This role is also defined as traditional abroad (Cowles, 2006; Tibbitt Connor, 1989). Typically, in health facilities, acute care is associated with a clarification of the purpose of a social worker's presence during ward rounds. Medical staff should also be instructed in the necessity of his/her presence to be there. The medical staff should also be aware that they are not allowed to demand sensitive information and data about clients from social workers (Cowles, 2006). Mainly because of time social workers do not participate in rounds, although active participation is given in the job description. With the exception of the role of *educator*, the active role of educator or informer of medical staff was not interpreted by the participants of the research. Instead, it was the ignorance of medical staff about the activities and opportunities for social workers that was interpreted. The role of *mediator* of assistance and the follow-up services is one of other key roles, which is associated with the most typical activity, discharge planning for the client from a medical facility. It can be stated that all the identified roles are consistent with the literature describing the role of social workers (cf. Zastrow, 2003; Zastrow, 2009).

The practice is limited by the capacitive performance of social workers, which is dependent not only on the number of clients, but also on the type of work and active roles according to types of target groups of clients. The *time factor* also plays a very important role in health care institutions of the acute type: social work practice is limited not only by the length of hospitalisation of clients, but also by established practices in health care institutions, for example: a) usual working time of social workers from morning until early afternoon, when during this time they mostly do not get in touch with family members together with hospitalized persons, and they plan meetings with them



individually in the office without attendance of a sick family member, b) one social worker is usually allotted to several clinics (wards) with various medical specialties that have different operating schedules, communication habits and clients with different specific problems. If we compare the above-mentioned to clinical practice in health care abroad (Northen, 1995; Beder, 2006; Cowles, 2006), we can see it is focused on specialization of social work for particular clinical sectors and defines a clinical social worker as “... *a health care provider for individuals, families and groups with problems in the biopsychosocial functioning* ...” (Northen, 1995:6), e.g. for emergency medical, surgical fields (including urology), orthopaedics, neurosurgery, internal medicine (including geriatrics), oncology, paediatrics and obstetrics, and long-term care. This orientation is influenced by psychotherapeutic orientation of the American clinical social work (Northen, 1995).

Social workers from an acute health care institution stated that, in their practice, they do not have enough time to be devoted to the *observation of clients*. I consider this a very important fact, because, in practice, participants use information conveyed by the nursing staff to evaluate the situation of a client (evaluation of the degree of self-sufficiency, activity in daily occupations). In practice abroad, these evaluations belong to core competencies of social workers in long-term health institutions, and others (Johnson, Grant, 2005). Saleeby (2011) confirms the importance of knowledge of ICF classification for social workers in health care. (International Classification of Functioning Capabilities, Disability and Health. Functional capability and disability (body functions and structures), activities carried out by a person, participation in social events and interacting factors: environmental factors, personal factors related to an individual such as age, sex, social status, and life experiences are the measured components). **Observation is one of the key techniques** for obtaining a case history of a client, not only for people in medical professions and paramedical staff. Thus lack of time should not be the determining factor for non-complex evaluation of a current situation of a client. Among the range of skills necessary for assisting process of social work which were formulated by DiNitto, McNeece (in Cowles, 2006) and Morales, Sheafor (2004), observation is an essential skill for all social workers to achieve the successful collection of information. Together with communication skills, planning, evaluation, termination, or empathy that are associated with the process of helping clients and their families, “*it leads to understanding and knowledge of clients’ problem areas*” (Cowles, 2006:63).

4.2 The Client

The text discusses the concept of approach of the social workers to the client in the selected case, as well as problem areas of clients, the solving of which social workers are involved in.

Findings in the qualitative part of the research show that social workers **understand a client as an individual, possibly his/her family, or organizations and authorities outside** the health institutions that contact the social worker. These include in particular: a) urban district municipalities b) providers of health and social services, c) general practitioners and specialists of hospitalized clients d) health institutions (nursing homes, rehabilitation centres, hospices, psychiatric hospitals, spa facilities), e) financial institutions, courts and others.

Identically, for social workers in health care, **a client is the one who asks for help.**

Due to a high number of requests for placement in long-term care hospitals, the most frequent clients of social workers in the selected health institution are:

- a) clients with a change of self-sufficiency requiring subsequent medical and rehabilitation care, or the help of another person in basic daily activities,
- b) the data obtained from interviews show (but not exclusively) homeless people as another typical target group,
- c) families,
- d) persons addicted to addictive substances and
- e) persons with permanent change of medical condition.



Problem areas are defined by medical condition (medical diagnosis) and psychosocial consequences that a particular disease brings. They are related to the interpreted target groups of clients and they chiefly include: issues relating to the care and activities of daily living, reduced self-sufficiency, difficulties in adapting to the environment after the development of a disease (injury), issues concerning family relations (new-born babies abandoning, lack of interest in seniors by family members in long-term health institutions), problems with adherence to treatment regimen after being released from a health institution (returning to substance abuse, the unreliability of parents in the administration of medication to children), fear of the future, fear of adaptation to the environment after being released from a health institution. Legal issues, financial security, loss or change of profession related to medical condition are also involved.

The understanding of clients as individuals is also strongly influenced by the traditional concept of client as a patient by health professions. In the medical records, the term of client features exclusively in the context of the **hospitalised person**. In the job descriptions of social workers and health and social workers, the term of **patient** is also mentioned and the staff regulation specifies only *work with a patient, his/her family and determines cooperation with organisations and authorities outside healthcare organisations*. Then the terminology and concept are naturally taken over by social workers of the organisation.

The continuity in assistance for the released clients is limited to ensuring the direct follow-up assistance, not a long-term plan. Due to **absence of evaluation and the end of cooperation** in the moment of release, the possibility to evaluate fulfilment of the client's objectives misses much (if the target is not limited to *"the release of a client from a health care institution"*).

4.3 Methods

When analysing the interpreted methods, three concepts of understanding the methods of social work in health care by the research participants were identified.

Working procedure since the first contact with the client until his/her release – representation of the micro-level of social work: This practice is focused primarily on meeting the needs of the individual. The participants understand and interpret the procedure as a process that begins with the submission of information, consultancy, then social investigation is realized followed by formulation of objectives by a client and, it finally ends with planning and arranging social services, which should contribute to solving a client's situation after his release from a health institution.

Working procedure with the family of the hospitalised client – representation of mezzo-level of social work:

The participants interpret this procedure similarly to the previous one, again with an emphasis on meeting the needs of the hospitalised client (patient). Due to the limits of social work given by both a period of a patient's stay in a health institution and his/her medical condition, it is not possible to implement social work with the family in its entirety. Working with the family is targeted at meeting the needs of the hospitalised family member. An expert in social work at the place of residence of the client is contacted to cooperate with the family system. Work with families is conditioned by the interest of the hospitalised person's family members to cooperate with the social worker, and also by the possibilities of the family and social environment to ensure basal and instrumental needs for the released client.

Cooperation within a health institution and also with organizations outside it – representation of macro-level of social work: Cooperation is interpreted not only in relation to clients, but also as a cooperation with medical teams and organisations outside the healthcare organisations. Social workers in the selected case unanimously stated that in practice, short-term cooperation and one-time tasks find their use.

The choice of methods in social work in health care depends on several key factors. They are: cooperative or uncooperative client, cooperative or uncooperative family of the client, voluntary or involuntary client, the medical condition of the client, self-sufficiency or dependence of the client,



start time of work with the client (admittance/release), legislative norms, an effort of medical facilities to have free beds which results in the lack of time for intensive work with the client and his/her family, ethical aspects. In the examined case, only one social worker interpreted the method in the context of a particular theoretical approach inspired by Ludewig (2011), Úlehla (2005) Systemic Approach. In both types of medical facilities, social work with individuals, social work with families and work with organisations are carried out.

According to statements of social workers in acute health institutions, screening, evaluation, psychosocial counselling, evaluation of self-sufficiency are either missing or are represented marginally. It is the same with field and group work too. A comparison of the findings with professional literature shows that these neglected methods are an integral part of the practice in health institutions abroad (Cowles, 2006; Mattaini, 2004; Johnson, Grant, 2005). Especially the lack of evaluation can be evaluated as a **fundamental shortcoming in the practice of social work in health care**.

Methods involving the strengthening and empowering of chronically ill people and people with long-term change of health conditions were interpreted in healthcare facilities providing long-term care.

4.4 Agreement with Advanced Multi-Systemic Approach (AMS)

The practice of social work in health care includes some elements of empowerment. It is boosting the autonomy and self-acceptance of clients with an altered state of health or health condition which is crucial for a successful and, on the client's part, responsible solution of the existing situation and their eventual adaptation to the situation (Thompson, 2001; Adams, Dominelli, Payne, 2002; Johnson, Grant, 2005; Student, Mühlum, Student, 2006; Adams, 2008). Following an interpretation of the key categories (cooperation, methods, goals, ethics and establishment of social work in health care) and following the interpretation of how social workers understand the practice, the practice of a given case shows particular aims at giving information, consultancy, individual assistance with meeting one's needs, providing access to resources, and arranging help, though. The necessity of establishing the profession within the field of health care, the necessity of social and organisational changes for the purpose of meeting the needs of hospitalised clients and proper development of the case were at the same time identified.

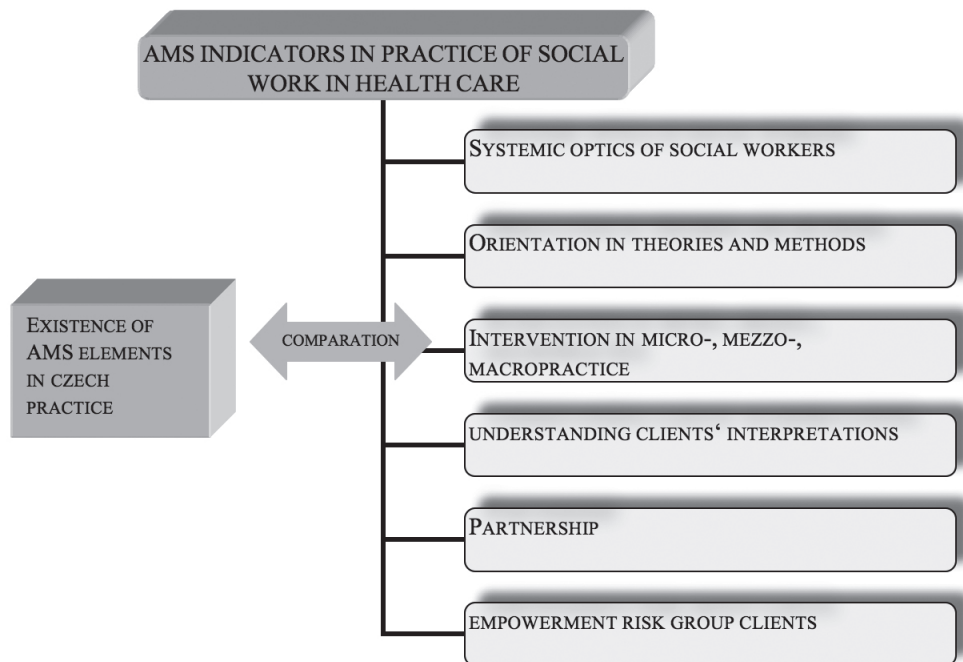
During the research process and analysis of research respondents' interpretations, existing elements of such an approach have been identified in the Czech environment. Following formulation of the key indicators (Fig. 3) as a tool of data comparison with elements of the Multi-Systemic Approach it may be stated that the given case of practice of social work in health care shows elements of Advanced Multi-Systemic Approach by Johnson and Grant (2005) although the research participants' responses did not reflect their intentional use.

A selected case can be used to demonstrate **agreement with the Ecosystem Perspective**, which means that the practice of social work in health care constitutes itself from the interaction of all the three contextual levels (micro-, mezzo- and macro levels), and it is also the result of adaptation of social workers on their current situation. Social workers are part of a dynamic system of relations through which possibilities for influencing change occur in agreement with Johnson, Grant (2005).

The findings may provide a basis for an application of the AMS approach as a theoretical framework for the practice of social work in health care in the Czech Republic.



Figure 3: Indicators of Advanced Multi-Systemic Approach



Source: Author's own diagram (2013)

5. Discussion

The necessity for support of social work in health care as an autonomous profession:

The research findings have shown that social workers view a lack of established social work in health care, which is necessary for successfully reaching goals. Social workers feel isolated from their colleagues who work in other health care facilities and from the social working profession as such. The practice is under strong influence of different medicine-oriented professions, the goals of the health care facilities and the health care institutions. A contribution to social workers could be a functioning support by an organisation covering social workers in health care.

Quality of social work in health care:

Social workers are part of the process of ensuring the quality of health care service in health care facilities, and they also contribute to coping with the inconvenient state of health and related circumstances. Regarding the fact that the numbers of social workers (social workers in health care) to be hired are not restricted legislatively, it remains solely in the competence of the health care institution's management whether and how much qualified staff they employ in this profession. Professionals in this field have proved to be a contribution for the organisation and they mean support for an effective and quality care granted to clients. The questions of quality of social work in health care are discussed in Geissler – Piltz (2004) who claims that the dynamics of requirements on social work as well as the qualitative workload have been rising. According to him, this is first of all in response to economising as a result of structural changes in the health care system and a reaction to monitoring the financial situation and efficiency of health care. In this respect, social workers in health care should assert their professional interests and promote a higher transparency, acknowledgement and professionalism of the field (DBSH, 2011). **Positive effort at defining**



professional standards and their application into the practice of social work in health care **has been recorded with a given case.** An evaluation of social work following an implementation of the standards into practice and their effectiveness by employers and co-operating professionals in health care could become the subject of further research.

Absence of research activities in health care:

Further recommendations for practice include gaining and increasing **the skills in the field of research methods application**, including evaluation of data and their application in practice. With regards to the facts mentioned above, it is necessary to review the current situation and consider employing research activities in the practice of social workers, particularly with the aim of promoting the problem field of social work within the field of health care, and emphasising the indispensable necessity of the profession as well as the necessity of support for professional staff in practice. The role of *researcher* is the role that was not represented in the research of the selected case. A growing *need for research activities to demonstrate the effectiveness and efficiency of social work in health care* is the common feature of social work in acute health care organisations both in our country and abroad. Despite local differences it is possible to find inspiration in foreign studies that aim to demonstrate the efficiency and effectiveness of social workers' interventions, especially in the area of "discharge planning", i.e. release planning along with the arranging of subsequent health and social services. It includes e.g., studies by Bartlett and Baum (1995), that demonstrate *the need for evaluation of the practice* of social workers and propose systematic and brief interviews evaluating the results of releases. Another study, by Lechman and Duder (2009), showed the influence of social workers' services on the period of patients' stay in health care facilities, in connection with strengthened activities of social workers in consultancy and teamwork.

Absence of Standards working procedures of Social Work in Health Care Organisations:

In the practice of social workers in long-term health care organisations, there is a **lack** of methodology that could serve as a tool for controlling the quality of care, the tool which defines functioning of the profession and determines the working procedures. In health care, evaluation of the quality of health and social services is different from that of social services, which are governed by mandatory provisions under Act No.108/2006 Coll., on social services (implementing regulation No. 505/2006 Coll.). The quality of health services and health care quality evaluation is determined by Act No. 372/2011 Coll., on health services and the conditions of their provision (Health Care Services Act). Healthcare organisations may use national or international accreditation of health care quality. However, accreditation standards do not focus on social work (Holásová in Kuzníková, 2012).

Social workers in health care are not highly specialised, they are not equipped with specialised instructions for solving concrete situations. **Standard working procedures** have been compiled by social workers as a result of **their own initiative** to be used for maintaining their professional activities. These standards are applied by the research participants for provision of social work in their own practice. They are procedures which have been defined in response to missing standards of social work in health care by the authors of the research themselves, describing ways of handling the most frequent problem situations experienced by clients in health care organisations. Compilation of standards and their eventual application in practice (Berger with Luckman, 1999, with respect to construing reality, discuss "real materialisation of constructs" which are understood to be real), was influenced by attempts by social workers at an understanding of the sense and purposefulness of the social work in the health care profession, and the observed absence of establishing the profession with a concrete case. **Adoption of standards and their realisation in practice result in construing the practice of social work with a particular case analysed.**

Based on the findings of the qualitative study, questions for further research in this area are formulated:

What are the ways to strengthen the anchoring of social work in health care?

What are the benefits of screening and evaluation of social work for practice in acute health care facilities?



Recommendations and Conclusion

The results of the research have shown that the role of the social worker in health care in a given region tends to be underestimated by employers. However, it is at places such as a health care facility where many clients/patients or their relations come to understand that their disease has brought many complications in life, be it of a medical, psychological, or social character.

The practice of social work in health care needs active support of the identified weak points, first of all **with an emphasis on record keeping and evaluation** of the realised interventions as parts of the auxiliary process. The question of social workers' activity and effectiveness reports made to their superiors, or the health care institution's management is also important. This could be an impulse for **developing the autonomy of the profession** within the field of health care and for establishing the position of the social working profession within the particular professional field. One of the key factors is lack of time for effectively meeting the clients' goals as well as the goals of the profession. In connection with developing the quality of provided care in the health care organisation there is a call for **personal support** of social workers in health care practice in our country. Even though the nursing personnel have identified no problems of a social or psychosocial character, it is still possible that these are only to occur later as a result of the patient's disease and in the course of treatment. Therefore, I understand screening activities of social workers in the particular units or wards of a health care facility to be largely contributive. Screenings may become good opportunities for **a more intensive interdisciplinary cooperation** and promote the possible methods of social work in health care. Last but not least it is necessary to pay attention to more intensive cooperation with other professional fields within health care.

Qualitative research has shown the need for professional **supervision of social work** in health care as well as the necessity for starting and **developing standard solutions** for concrete problem fields in working with clients in health care. Social workers themselves seldom receive enough professional support, especially when there are only a few of them employed in the organisation. In accordance with the research participants' interpretations of how they understand the methods of social work, and in accordance with their effort to change the way their profession functions in the practice of health care, it is **essential to support this trend and ensure a higher possibility that the changes can be introduced in practice.**

References

- KUZNÍKOVÁ, I. et al. 2011. *Sociální práce ve zdravotnictví*. Praha: Grada Publishing.
- KUZNÍKOVÁ, I., MALÍK-HOLASOVÁ, V. 2012. *O sociální práci pro management zdravotnických organizací*. Ostrava: Ostravská univerzita.
- Act No. 108/2006 Coll., on Social Services.
- Act No. 372/2011 Coll., on Health Services and the Conditions of their Provision (Health Services Act).
- ADAMS, R. 2008. *Empowerment, Participation and Social Work*. 4th ed. New York: Palgrave Macmillan Press Ltd.
- ADAMS, R., DOMINELLI, L., PAYNE, M. 2002. *Social Work: Themes, Issues and Critical Debates*. 2nd ed. New York: Palgrave Macmillan Press Ltd.
- ADKINSON, A. E. 2008. Use a PIE in a Medical Social Work Setting. In: KARLS, J. M., WANDREI, K. E. (Eds.). *Person in Environment Systém. The PIE Classification Systém for Social Functioning Problems*. Washington DC: National Association of Social Workers Press, 67–78.
- BABBIE, E. 2004. *The Practice of Social Research*. 10th ed. Belmont: Thomson Learning Inc.
- BADAWI, M. 1990. *Social Work Practice in Health Care*. Cambridge: Woodhead-Faulkner.
- BARTLETT, H. M. 1970. *The Common Base of Social Work Practice*. New York: National Association of Social Workers.
- BARTLETT, M. C., BAUM, B. H. 1995. What Happens to Patients after Nursing Home Placement? *Social Work in Health Care*, 22(1), 69–79.



- BEDER, J. 2006. *Hospital Social Work. The Interface of Medicine and Caring*. New York: Routledge.
- BERGER, P., LUCKMANN, T. 1999. *Sociální konstrukce reality. Pojednání o sociologii vědění*. Brno: Centrum pro studium demokracie a kultury.
- BOGO, M., WELLS, L., ABBEY, S. et al. 1992. Advancing Social Work Practice in the Health Field. A Collaborative Research Partnership. *Health and Social Work*, 17(3), 223–235.
- BRABLCOVÁ, V., CHARVÁTOVÁ, V. 1975. *Metody sociální práce. Díl II*. Praha: SPN.
- BYWATERS, P., NAPIER, L., MCLEOD, E. 2009. *Social Work and Global Health Inequalities. Practice and Policy Developments*. Bristol: The Policy Press of University of Bristol.
- CHYTIL, O. 2000. Social Policy and Social Work in the Czech Republic. In: ADAMS, A., ERATH, P., SHARDLOW, S. *Fundamentals of Social Work in Selected European Countries*. Dorset: Russel House Publishing, 11–24.
- COWLES, L. A. F. 2006. *Social Work in the Health Field. A Care Perspective*. 2nd ed. New York, Oxford: The Haworth Social Work Practice Press.
- DBSH. 2011. *Qualitätskriterien des DBSH. Grundraster zur Beurteilung der Qualität in den Handlungsfeldern Sozialer Arbeit* [online]. Deutscher Berufsverband für Soziale Arbeit [12. 12. 2011]. Available at: <http://www.berufsregister.de/fileadmin/downloads/qualitaetskriterien.pdf>
- DENSCOMBE, M. 2010. *The Good Research Guide. For Small-Scale Social Research Projects*. 4th ed. Berkshire: Open University Press.
- DENZIN, K. N., LINCOLN, S. Y. 2008. *The Landscape of Qualitative Research*. 3rd ed. Thousand Oaks: Sage.
- ENGEL, G. L. 1977. The Need for a New Medical Model: *A Challenge for Biomedicine Science*. 196(4286), 129–136.
- ENGEL, J. R., SCHUTT, K. R. 2013. *The Practice of Research in Social Work*. 3rd ed. Los Angeles: Sage.
- FISCHER, P., OWEN, J. 2008. Empowering Interventions in Health and Social Care: Recognition through “Ecologies of Practice”. *Social Science and Medicine*, 67(12), 2063–2071.
- GEISSLER-PILTZ, B. 2004. Im Brennpunkt liegt der Alltag der erkrankten Menschen. *Sozial Extra*, 1(4), 1–6.
- GERMAIN, C. B., GITTERMAN, A. 1987. Ecological Perspective. In: MINAHAN, A. *Encyclopedia of Social Work*. 18th ed. Silver Spring, MD: National Association of Social Workers, 488–499.
- GIBBS, L., GAMBRILL, E. D. 1999. *Critical Thinking for Social Worker: Exercises for the Helping Professions*. Thousand Oaks, CA: Pine Forge Press.
- GIBBONS, J., PLATH, D. 2012. Single Session Social Work in Hospitals. *The Australian and New Zeland Journal of Family Therapy*, 33(1), 39–53.
- GORDON, E. W. 1969. Basic Constructs for an Integrative and Generative Conception of Social Work. In: HEARN, G. *The General Systems Approach: Contributions Toward an Holistic Conception of Social Work*. New York: Council on Social Work Education, 5–11.
- HENDL, J. 2005. *Kvalitativní výzkum. Základní metody a aplikace*. Praha: Portál.
- HOWE, J. 2001. Educational Approaches for Preparing Social Work Students for Interdisciplinary Teamwork on Geriatric Health Care Teams. *Social Work in Health Care*, 32(4), 19–42.
- JANEČKOVÁ, H., HNILICOVÁ, H. 2009. *Úvod do veřejného zdravotnictví*. Praha: Portál.
- JOHNSON, L. J., GRANT, G. jr. 2005. *Medical Social Work*. Boston: Pearson Education, Inc.
- KARLS, J. M., WANDREI, K.E. 2008. *Person in Environment System. The PIE Classification Systém for Social Functioning Problems*. Washington, DC: National Association of Social Workers.
- KERSON S. T., MCCOYD, J. 2010. *Social Work in Health Settings. Practice in Context*. 3rd ed. London: Routledge.
- KUHN, T. S. 1997. *Struktura vědeckých revolucí*. Praha: Oikomenh.
- LECHMAN, C., DUDER, S. 2009. Hospital Length of Stay: Social Work Services as an Important Factor. *Social Work in Health Care*, 48(5), 495–504.



- LUDEWIG, K. 2011. *Základy systemické terapie*. Praha: Grada.
- MAHROVÁ, G., VENGLÁŘOVÁ, V. 2008. *Sociální práce s lidmi s duševním onemocněním*. Praha: Grada Publishing.
- MATOUŠEK, O. 2001. *Základy sociální práce*. Praha: Portál.
- MATTAINI, M. A. 2004. *Clinical Practice with Individuals*. 2nd ed. Washington DC: National Association of Social Workers.
- MCNEILL, T., NICHOLAS, D. B. 2012. Strategie for Research Development in Hospital Social Work: A Case Study. *Research on Social Work Practice*, 22(6), 672–679.
- MILES, M., HUBERMAN, M. A. 1994. *Qualitative Data Analysis: An Expanded Sourcebook*. 2nd ed. Thousand Oaks: Sage Publications.
- MIOVSKÝ, M. 2009. *Kvalitativní přístup a metody v psychologickém výzkumu*. Praha: Grada Publishing.
- MIOVSKÝ, M., ČERMÁK, I., CHRZ, V. 2005. *Kvalitativní přístup a metody ve vědách o člověku 4: vybrané aspekty teorie a praxe*. Olomouc: Univerzita Palackého.
- MORALES, A. T., SHEAFOR, B. W. 2004. *Social Work. A Profession of Many Faces*. 10th ed. Boston: Pearson Education Inc.
- NORTHEN, H. 1995. *Clinical Social Work: Knowledge and Skills*. 2nd ed. New York: Columbia University Press.
- OECD. 2014. *OECD Reviews of Health Care Quality: Czech Republic 2014*. OECD Publishing.
- PUNCH, K. F. 2008. Úspěšný návrh výzkumu. Praha: Portál.
- RUDESTAM, K. E., NEWTON, R. 2007. *Surviving Your Dissertation. A comprehensive Guide to Kontent and Process*. Sage Publications, Inc.
- SALEEBY, P. W. 2011. Using the International Classification of Functioning, Disability and Health in Social Work Settings. *Health and Social Work*, 36(4), 303–305.
- SOLHEIM, K. 2007. Multidisciplinary Teamwork in US Primary Health Care. *Social Science and Medicine*, 65(3), 622–634.
- ŠPILÁČKOVÁ, M. 2014. *Soziale Arbeit im Sozialismus: Ein Beispiel aus der Tschechoslowakei (1968–1989)*. Wiesbaden: Springer VS.
- STAKE, R. 1995. *The Art of Case study Research*. Thousand Oaks: Sage.
- STRAUSS, A. L., CORBIN, J. 1999. *Základy kvalitativního výzkumu: postupy a techniky metody zakotvené teorie*. Boskovic: Albert.
- STUDENT, J. CH., MÜHLUM, CH., STUDENT, U. 2006. *Sociální práce v hospici a paliativní péči*. Jinočany: H & H.
- THOMPSON, N. 2001. *Antidiscriminatory Practice*. 3rd ed. Basingstoke: Palgrave Macmillan.
- TIBBITT, J., CONNER, A. 1989. Change and Diversity in Hospital Social Work. In: TAYLOR, R., FORD, J. *Social Work and Health Care*. Aberdeen: University of Aberdeen.
- ÚLEHLA, I. 2005. *Umění pomáhat. Učebnice metod sociální práce*. Praha: Sociologické nakladatelství.
- ÚZIS. 2014. Novinky [online]. Praha: Institute of Health Information and Statistics of the Czech Republic [12. 2. 2015]. Available at: <http://www.uzis.cz/novinky>
- VORLÍČEK, J., ADAM, Z., POSPÍŠILOVÁ, Y. 2004. *Paliativní medicína*. Praha: Grada Publishing.
- ZASTROW, CH. H. 2009. *Social Work with Groups. A Comprehensive Workbook*. 7th ed. Pacific Grove: Brooks/Cole.
- ZASTROW, CH. H. 2003. *The Practice of Social Work: Applications of Generalist and Advanced Content*. 7th ed. Pacific Grove: Brooks/Cole.
- ZIMMERMAN, J., DABELKO, H. 2007. Collaborative Models of Patients Care. New Opportunities for Hospital Social Workers. *Social Work in Health Care*, 44(4), 33–47.



A Double-Edged Tool: the Czech Care Allowance from the Perspective of Family Caregivers' Situation

Olga Hubíková

Olga Hubíková¹ is a research worker at the Research Institute for Labour and Social Affairs, Department of General Issues of Social Policy, where she focuses mainly on qualitative research concerning the areas of social services policy, quality in social services, social work in welfare benefits agendas, etc.

Abstract

This text endeavours to capture the socio-political climate and those conditions under which family caregivers in the Czech Republic must work and which are influenced by the Czech Care Allowance (CA) system. The family caregivers were almost invisible until the introduction of the CA into the Czech social care system. Four interconnected issues concerning the situation of the family caregivers in the Czech Republic are discussed that are related to the CA. These issues involve 1/ a procedure of CA entitlement assessment; 2/ social rights and low social security available for the family caregivers; 3/ relationship of formal social services to the family caregivers, 4/ a possible impact of the Care benefit agenda professionals' stereotypes or preconceptions on the assessment of eligibility for Care benefit. The text is concluded by a short discussion of the situation of the Czech family caregivers from the vantage point of foreign experience and policy towards family care/caregivers, including the EU strategy.

Keywords

family care, family caregivers, care allowance, eligibility assessment, social protection, social risks, citizenship

Introduction

Long-term informal care in general, and family care in particular, as well as the situation of the family caregivers are key topics of social policy in most developed countries, and certainly not brand-new. Due to the deep demographical transformation, mainly the ageing of population and the changes in family structure in the developed countries, these societies must face a problem of a disproportion in numbers of people in need of care and available caregivers. Not only in the European context is this situation perceived as a new risk in European social policy by many experts (Jacobs, 2003:398). *"The current situation and demographic forecasts indicate that potential*

¹ Olga Hubíková, Research Institute for Labour and Social Affairs, Joštova 10, 602 00 Brno, the Czech Republic; olga.hubikova@vupsv.cz



caregivers will shrink in numbers" (Krzyzowski, 2011:56). The "care gap" was one of the strong incentives for policy makers to turn their attention to the informal care sector. Singer, Biegel and Ethridge pointed out the increasing importance of United States' public policy aimed at the support of the caring capacity of families. The authors assume that *"support for care giving families is likely to remain a prominent concern of the public and policy makers for the foreseeable future"* (Singer, Biegel, Ethridge, 2010:191). Repková (2009) goes straight to the point stating that the support of family caregivers has become a public interest. Within European social policy Jacobs describes a drift towards exploration and testing of the measures *"designed to recognize value or foster the informal caregiver. In most countries the bulk of care is provided in family settings. Research concentrates on the costs for the informal caregiver: financial costs, and opportunity costs, as well as personal and health costs"* (Jacobs, 2003:399).

One of the measures are various systems of cash benefits aimed either at informal caregivers or at the care receivers who can pay their informal caregivers, often including family caregivers or, in some countries, at both of these target groups. The development of direct payment schemes has taken place in different countries in different ways and at a different pace and has been influenced mostly by the idea of empowering people with disabilities, and to enable them to live more independently and to arrange the care they need in their own way according to their individual preferences, and by the process of deinstitutionalization and the move towards the community care, the concept of "ageing in place" etc. Simultaneously, importance of family caregivers and their capacity to provide long-term care (LTC) including financial sustainability of family caregiving has been increasing. No matter whether a "rewarding policy" for family caregivers has been an intended part or rather a "side effect" of this "paradigm shift" in social care policy; the financial support of family caregivers became a crucial part of LTC anyway. *"Financial support also has considerable potential significance for caregivers and for their degrees of freedom regarding employment. Such support reduces the influence of financial factors in making decisions on whether to continue to work (or to take up work) or not whilst caring, or to take up caring or not whilst working. Carers' Benefit and Carers' Allowance are the two main income supports for caregivers"* (Cullen, Delaney, Duff, 2004:65).

However, it could be misleading to take these Benefits only at their face value. On the one hand there are many assets of the Benefits for caregivers that have to be recognized. On the other hand, caregivers often must face hidden pitfalls of these Benefits at the same time. And this in a pivotal idea of this text, that under certain circumstances, these Benefits could emerge as less emancipatory and much more limiting for caregivers than might be obvious at first sight.

A good example of this precariousness is the Czech system of direct payments represented by the Care Allowance (CA). The purpose of this text is to discuss only that features of the CA in the Czech Republic that have dubious consequences for family caregivers, or significantly risky impact on them. All the other dimensions of the problem or all the other vantage points on Czech CA are left out. Four interconnected issues are dealt with in this text. These issues involve a procedure of CA entitlement assessment, feeble social rights and security available for the family caregivers, slightly antagonistic attitude of formal social services towards family caregivers and the attitudes and opinions of relevant professionals who are in charge of the CA agenda.

Implementation of Direct payments in the Czech Republic

Almost ten years ago, the direct payments in the form of the CA scheme were introduced into the Czech social care system by the Act No. 108/2006 Coll., on Social Services. Since the beginning of 2007, certain groups of people with disabilities or long-term health impairment have been entitled to monthly cash payments. The Social Services Act stipulates among others the conditions of entitlement assessment, the dependency levels and corresponding amount of CA money, the enumeration of specification of persons whose care can be financed by CA, duties of CA recipient and some basic rights of caregivers.



However, it is not surprising at all that CA was not in the Czech Republic unanimously and enthusiastically welcomed by all the stakeholders, and that it has also provoked resistance and a wave of criticism. It is not unique for the Czech Republic as well, that direct payments are not properly understood. *“Direct payments are extremely simple: what has proved difficult so far to do is to turn these basic principles and philosophy into a practical policy that commands widespread support from all key stakeholders”* (Glasby, Littlechild, 2006:20). There are hints that at least some of the main stakeholders of the Czech CA system do not even know the principles and philosophy of direct payments as for example the research of professionals of the Czech CA agenda has indicated (Musil et al., 2011; Hubíková, 2012). Glasby and Littlechild (2006) report similar results of the UK research: *“research consistently suggests that many key stakeholders do not know about or really understand direct payments”* (ibid.:26). Even though the direct payments system in the UK differs substantially from the Czech one in many features including the way of granting care money, they have in common the important role of the frontline workers. Frontline workers’ understanding of and attitudes towards direct payments can significantly influence both the efficiency of the system and the probability that the claimant would receive the money (ibid.:25). Glasby and Littlechild describe contradictory reactions to the passage of Community Care Act in 1996 in the UK. *“Act was greeted with a range of different responses from a range of different stakeholders”* (ibid.:19).

One of the objections to the direct payments was that it could contribute to the erosion of formal public services (ibid.:19). Glasby and Littlechild find the ambiguous, or even negative, reception of the direct payments caused by two main factors. Both of them apply to the Direct payments situation in the Czech Republic as well: 1/ the Direct payments have represented a great change and a challenge to the habituated ways of social care provision (ibid.:20). Not only has it been a significant modification of well-established social care system in the Czech Republic, but the actual setting of the CA system poses a real financial threat to the formal social service. CA could be used to pay for informal care, registered formal social services or a combination of both. The initial idea was to create a quasi-market with social care services that would help to increase quality, diversity and accessibility of different kinds of services. The real outcome is the competition of formal services and family care for scarce financial resources and the underfunding of both. That threat generates antagonism between formal social services and family caregivers (see below). 2/ according to Glasby and Littlechild *“the policy of direct payment, as initially conceived, had a number of discrepancies and inconsistencies”* (ibid.:20). That is definitely also true in the Czech Republic. But the principal problem is that these inconsistencies and discrepancies have not yet been reliably pointed out. Nor has been analysed the inconsistencies concerning the position of family caregivers in the whole CA policy in the Czech Republic.

Position of the Czech family caregivers

CA was implanted into the social care system as its brand new element without a sufficient consensus among main stakeholders about the CA philosophy, as well as without previous practical experience, and even without piloting. What is the most serious issue concerning the situation on family caregivers, CA was implemented without sufficient understanding of the nature, significance and role of the family care in the social care system. As a result, a deep tension between official direct payments policy and its putting into practice has arisen. The actual practice can be dubious or even discriminatory (Hubíková, 2012). It was the very introduction of the CA that made family care and caregivers in the Czech Republic more visible and that, by the same token, arouses a lot of controversial reactions concerning family caregivers.

With the introduction of the CA, Czech social care system experienced a literally overnight revolution towards family care predominance, or at least and maybe more precisely, the predominance of family care in the LTC provision became apparent. In other words, it is not possible to claim that all these family caregivers emerged suddenly. In fact, most of them had definitely been there before, but their amount has apparently been grossly underestimated by relevant policymakers. The



CA introduction just made them much more visible. But it was only “budgetary visibility” caused by the fact that the pre-CA estimate of to-be CA budget was exceeded by the real CA budget approximately three times. The CA introduction was accompanied by the surprise concerning the great number of people who qualified themselves for the CA. All these care recipients, together with their caregivers, must have been invisible for years. It clearly turned out, that in the Czech family care this would be the essential pillar of the care of all groups of people who are dependent on other people’s assistance². Nevertheless, the family caregivers themselves were not recognized more than before and by no means did their status become more legitimate, and in a way, on the contrary. The caregivers, or more precisely their right to be paid for the care they provide, has become the subject of doubts of many professionals of CA agenda, and a constant topic of political debate and negotiation.

Despite all that debate and several amendments to the Czech social law, there is still no legal definition of either the informal care/caregiver or of the family care/caregiver in particular. Moreover, there is not even a sufficient consensual definition of informal/family care or caregiver. Also, it has not been properly discussed and agreed upon yet in the Czech Republic what LTC precisely means, although there are appropriate conceptualizations and definitions of those terms available in the European context. By contrast, all the essential terms and concepts remain implicit or vague in the in the Czech context including even relevant legal framework such as Act No. 108/2006 Coll., on Social Services and related legal regulations that stipulate the terms and conditions of the CA.

However, not only this absence of the adequate definition of the status of family caregivers but also the very nature and running of the CA system make family caregivers in the Czech Republic rather vulnerable. On the one hand, there is the official policy that empowers, by means of relevant social law, at least some of the people with health disabilities to choose freely the way of providing for their needs. On the other hand, some CA stakeholders give more or less overt signals, that the choice of formal care is not as legitimate as the choice of formal service. This attitude is detectable in opinions of professionals of CA agenda, as well as of some policy makers and quite obviously lobby organization of formal social services providers, as explained later. That makes the situation of family caregivers rather wobbly and threatens the legitimacy of their position while they are negotiating with social services, labour office social workers, municipality and other officials, health care services, etc.

Burden of family caregivers

In the introduction to the book on development and challenges in the field of Direct Payments, Joanna Bornat summarises four main vantage points, *“four ‘edges’ from which to view and consider the terrain of direct payments: disability’s influence; direct payment as co-production; costing support; and the workers as stakeholders”* (Bornat, 2006:9). The vantage point taken in this text is in principal very close to the last from the above mentioned four ‘edges’. Due to the different basic conditions of CA in the Czech Republic, it is not the same, since main stakeholders in the role of caregivers are definitely the family caregivers. However, the family caregivers are in the Czech CA system in a very similar position as PAs as far as their precarious or even disadvantaged position is concerned. On one hand, they can be paid directly through CA, which means they have access to some financial compensation for their effort, expenses or income lost connected with long-term caregiving. On the other hand, this compensation as well as other conditions of their life, and both present and future livelihood, remain rather insecure. The risks faced by personal assistants (PAs),

² According to the MoLSA statistics, informal care is highly prevalent. Approximately in 73 % of all the granted CA’s, are used for informal care, and most of this care is provided by one or more close relatives. Only about 27 % of CA’s are spent to pay for the care provided by one or more formal social services (MoLSA, 2010:53–54).



that Bornat describes quoting Tom Shakespeare, apply to family caregivers as well, that they are endangered by exploitation (Bornat, 2006:8) and they could be burdened by intensive care giving without being granted appropriate rights and social benefits. In fact, these risks may apply to family caregivers even more because, being both paid ‘assistants’ and close relatives, they can hardly give up and stop caring as soon as the burden of care is too heavy. They often continue to provide care at the cost of their own relationships, all leisure time activities, their physical and mental health state deterioration and as many authors point out even their premature death (e.g. Sheehan, Nuttall, 1988:92; Bookman, Kimbrel, 2011:127; Bruhn, Rebach, 2013:152). Furthermore, some family caregivers do not perform their caring role quite by their own free choice. Often there are different kinds of pressures and complicated family commitments involved. As e.g. Jeřábek in his extensive research found out, there was a significant number of family caregivers who fall into the category “forced to care for” (34% of respondents) and another 10% reported to have conflictive relationships with the care recipients (Jeřábek, 2013:151–153).

It is beyond doubt that long-term family caregiving is a rather risky undertaking. Nevertheless, the extent of the risks can be influenced by social provision targeted towards family caregivers. “... *the level of generosity of welfare-state policies towards family care is crucial for the degree to which family caregivers are exposed to social risks*” (Frericks, Jensen, Pfau-Effinger, 2014:68). There is still a long way to go for Czech social policy makers.

CA Conditions and the Process of Assessment of the CA Entitlement

A few discussions, some lobbying, and negotiations took place before CA enactment in which, for example, the questions of the regulation, management and control over CA were brought up (Průša, 2009). Eventually, the most unrestricted option was passed, which has continued to be a subject of debate and criticism of many policy makers and other stakeholders ever since. Nevertheless, most of the debate still revolves around the CA system costs and the suspected mis-utilisation of CA by recipients who do not opt for any formal social service and by their family caregivers. Then, most of the attention has been fixed on the assessment process rather than on the fundamental discrepancies inherent to the actual CA policy. That has tediously resulted in a tightening of the eligibility criteria.

Most of the limitations have been centred on the assessment process, namely on the criteria for evaluation of the claimant’s level of dependency on the assistance of another person. Further changes and modifications were mostly aimed at the assessment process and at the evaluation criteria as well. Nevertheless, the assessment process can be still considered a weak spot of the whole CA scheme. From the point of view of the CA claimants and their caregivers, the application assessment is now even more unpredictable and arbitrary than it had been before all the amendments. It was caused by the re-setting of the assessment criteria together with the gradual suppression of the role of the social worker and diminishing relevance of his/her examination of claimants’ life situation (Musil et al., 2011; Havlíková, Hubíková, 2015).

In general, CA is intended to enable the recipients to choose the most satisfactory way of providing for his/her needs. The CA is granted to the persons who are recognized as dependent on the assistance of other natural person. The Social Services Act sets four dependency degrees, from light to total dependence³. The dependency level is determined by the self-reliance of the CA

³ The sum of CA money differs according to age of its recipient. For recipients under age of 18: Degree I: 3,000 CZK per month (approx. 120 €), Degree II: 6,000 CZK per month (approx. 240 €), Degree III: 9,000 CZK per month (approx. 360 €), Degree IV: 12,000 CZK per month (approx. 480 €). For recipients above 18 years of age: Degree I: 800 CZK per month (approx. 32 €), Degree II: 4,000 CZK per month (approx. 160 €), Degree III: 8,000 CZK per month (approx. 320 €), Degree IV: 12,000 per month (approx. 480 €).



claimant in looking after his/her basic living needs. Currently, ten spheres⁴ of basic living needs are evaluated. The evaluation is the essential part of the process of the CA application assessment. The whole process begins with submission of the CA application form at the local branch of the Labour Office⁵. Then, usually after several weeks, social investigation (SI) in the CA claimant's own social environment, his/her home, takes place. SI is one of the legal requirements of the CA application procedure. SI is conducted by social workers of the local branch of the Labour Office. Currently there is no comprehensive conception of SI, and a new methodical tool for SI has yet to be implemented⁶. Moreover, social workers are rather overloaded, the CA agenda departments are chronically understaffed and often not adequately equipped, and the social workers do not have enough time for a proper in-depth inquiry into CA claimant's life situation, much less the situation of the family caregivers (Hubíková et al., 2015). The average duration of SI is about 30 minutes and does not normally exceed 40 minutes, and the resulting SI reports significantly vary in length, richness of content, as well as in accuracy of findings. The needs assessment of the CA claimant is not part of the SI, and by no means is the needs assessment of their caregivers. In general, the caregivers are altogether omitted in the whole CA application procedure, regardless that he/she takes or will take care of the CA claimant⁷. In case that the caregiver is not present at SI, usually neither the social worker nor any other professional will meet him/her or speak to him/her at another time (Musil et al., 2011; Havlíková, Hubíková, 2015).

In spite of all the weaknesses and unreliability of the SI results, the SI reports are, along with the medical records of the CA claimants, two basic sources of information for the medical assessors (MAs) in deciding what degree of dependency to attribute to the claimant. However, there is no precise legal stipulation as to what extent the MAs should take the SI results into consideration. For at least some of the MAs, SI is a mere formality, and they tend to consider the SI reports almost irrelevant. In the cases, when the CA is not granted at all, the social worker is no longer concerned with the CA claimant's and his/her caregiver's situation. Unsuccessful CA claimants do not receive any other social assistance. These cared-for people and their caregivers remain completely invisible, both for the social security system and the social workers of CA agenda and municipalities. From

⁴ The ability to independently manage the provision for basic living needs in these ten, quite general spheres is evaluated: mobility, orientation, communication, alimentation, putting on clothes and shoes, body hygiene, physiological needs, taking care of his/her health, personal activities and taking care of the household (Act No. 108/2006 Coll., Section 9 on Social Services). Previously, almost forty of single pretty specific activities were evaluated.

⁵ Until the end of 2011 it was at the local municipalities.

⁶ As a main outcome of the research project "TD020037 – Využívání poznatků sociálního šetření v sociální práci se žadateli o příspěvek na péči, TAČR, program Omega (2014–2015)" (The Utilization of the Information Gathered within Social Investigation for the Social Work with Care Benefit Claimants) the Guide Book for Social Investigation (Musil et al., 2015) was developed. It is rather comprehensive and proposes the ways in which the social worker should take into consideration not only the life situation of Care Benefit claimants but also the situation of family caregivers. However, the political will as well as the willingness and capability of the different relevant departments and offices to cooperate to implement this Guide Book is still not sufficient. Mainly, the lack of agreement between Medical Assessment Service and Social Work departments at MoLSA poses a significant obstacle.

⁷ Except for the obligatory statement of the person/social service that provides care to the CA claimant in the CA application form, there is no further interest of further inquiry into any details of this care, e.g. whether the care is adequate to the needs of CA claimant or whether the caregiver is able to deal with all the demands of the caregiving, manage the caring situation or master all the necessary caring tasks and activities.



the small scale research on the family caregivers situation that took place in Brno⁸, and indirectly from two more extensive qualitative studies on CA professionals, eligibility assessment process and the role of the social work within the CA agenda⁹, we were able to repeatedly confirm that the most unheeded group are the people with various psychiatric diagnoses, above all different types of psychosis; major depressive disorders; debilitating cases phobias but often early stages of dementia or autism spectrum disorders, etc. and their family caregivers. Care recipients with psychiatric diagnoses but without any physical or sensory impairments are most like not to meet the eligibility criteria for CA and consequently they and their caregivers are excluded not only from financial support and other social security connected to CA system but also from any other support. As unsuccessful claimants they vanish from the sphere of consciousness and from the activities of social workers as well. In spite of the fact that providing LTC for people with psychiatric diagnoses is one of the most exhaustive situations on the whole, these caregivers stay in the Czech Republic outside all support and any assistance framework. As some of these caregivers that took part in the Brno research summarized, they were completely left to themselves, isolated, and it was much more likely that their families would fell apart or they would have a mental breakdown than that they would receive help from a social worker. Some of them eventually found themselves in the same psychiatric hospital as the person they had cared for and about for long years (Dohnalová, Hubíková, 2013).

Insufficient social protection of family caregivers and lack of support for them

The needs of caregivers go substantially beyond basic saturation of their financial needs (see e.g. Ward, Cavanagh, 1997; Cullen, Delaney, Duff, 2004; Singer, Biegel, Ethridge, 2010; Degiuli, 2010). In the Czech Republic, the caregivers and their needs and risks have not yet riveted even the proper academics attention, the data on this problem are still scarce. But even those occasional surveys indicate that the caregivers' state of affairs and problems are in the Czech Republic grossly neglected. There is no support network that would help them to face risks connected with long-term intensive care provision such as the deterioration of their own health, depression, social isolation, poverty and so on (Kroutilová-Nováková, Jandžíková, 2012:20–21). In fact, even the financial needs of family caregivers are not covered properly. The risk of their impoverishment is high.

Charlotte Pearson, when reporting on the role of social workers in the direct payments system in Scotland, observes, among others, remaining “*broader ideological resistance over the use of direct payments in Scotland as a mode of service provision*” (Pearson, 2006:39). In the Czech Republic, it is possible to detect ideological resistance to CA, which can surface in completely different ways than in Scotland due to different socio-political circumstances. One of the reasons for the criticism of direct payments in Scotland is the concern about prospective exploitation of the personal assistants alongside with the low quality of the services they provide, both caused by an insufficient financial amount of direct payments. Quoting the public sector union (UNISON), Pearson discusses unions' opinion, that direct payments are too low to enable direct payments recipients to pay their caregivers adequately. Compared with the Czech Republic there is a difference. The UNISON's warning refers to PAs hired by direct payments recipients, but in the Czech Republic non-relative PAs are not very common. As it was already mentioned, the crucial role in care giving outside

⁸ The small scale qualitative research/semi-structured, in-depth and group interviews were conducted with 50 participants, plus relevant documentation analysis was made in 2013 for Brno Municipality as a basis for the Social Services Community Planning Process.

⁹ Research projects: TD020037 – Využívání poznatků sociálního šetření v sociální práci se žadateli o příspěvek na péči, TAČR, program Omega (2014–2015); DC4/2011 Role sociálního pracovníka, ošetřujícího a posudkového lékaře v rámci řízení o přiznání příspěvku na péči.



formal social services is played by close relatives. Nevertheless, the core of the problem is the same: the risk of potential exploitation of the caregivers, most of whom are women. This problem in the Czech Republic is even deeper due to the fact that the amount of the CA money is perceived as generous, in particular by policy makers and Medical Assessors (MAs) of district Offices of Social Security Administration. On the contrary, the financial costs of family care are being grossly underestimated by the same stakeholders. Moreover, since the research was focused on professionals of CA agenda indicated, CA is often considered bonus money for something, that should be provided by family relatives as a matter of course (Musil et al., 2011). Thus, that “broader ideological resistance over the use of direct payments” in the Czech Republic is not caused by the worries about possible exploitation of the caregivers, but rather by the worries about abuse or misuse of CA money within the family care sphere.

In reality, seemingly generous CA as well as the other measures towards family caregivers does not take into consideration all the fundamental direct or indirect costs on the caregivers’ part. The setting of CA payment conditions disregards needs of family caregivers and clearly reveal that family caregivers are perceived as cheap and taken-for-granted resources. For example – the CA payment is cut off, if the cared-for person is in a hospital or in a similar institution more than 30 days at a stretch. This condition makes the caring situation for the caregiver very unpredictable in that she/he never knows, when, for how long, or how many times a year she/he will be left without any income. “Being at disposal” for the care provision as soon as the care recipient is back from a hospital, seeing him/her in a hospital and supporting him/her, going on with taking care of his/her household or pets while he/she is in the hospital etc., are caregiver’s duties, that are not regarded as worth mentioning by policy makers. In this situation, caregivers are left completely to themselves, without any financial compensation or other support.

Another issue is sickness insurance. For the caregivers, who take care of the person with Degree II-IV of dependency, the health and social insurance is paid by the state, but not the sickness benefit. In the case that the caregiver herself/himself is ill, she/he is not covered by sickness benefit. If the CA is used for the other’s caregiver care or the residential care while the primary caregiver is ill, this caregiver is left without financial support. It is needless to say that in spite of the fact that some of the caregivers provide often very demanding everyday care, sometimes even round-the-clock, they have no legal entitlement to holidays, free days etc.

Besides the current risks of poverty, there is a risk of old age poverty as well. The more years he/she provides the care, the higher risk of future poverty the caregiver faces. Even though the years of care giving are included into obligatory insurance period for the state retirement pension, CA is in most cases not regarded as an income. Therefore, the caregiver could be entitled to a very low or even minimal old age pension. Moreover, the years in which the care recipient spends 120 and more days in a hospital are not included in the insurance period at all. To sum up, there is a lot of evidence that under the present circumstances the informal caregivers in the Czech Republic are in direct danger of exploitation. Their rights and interests are suppressed, and they are left with barely any legal protection or advocacy.

Carers as “resources” and as “rivals”

Twigg and Atkin dedicated a lot of work to study various aspects of informal care and the situation of informal caregivers in the UK. As a result of their study of the ways the social services approach caregivers, and of the overall position of caregivers within the service system, the authors proposed four models of social services related to caregivers as the Weberian ideal types (Twigg, Atkin, 1994). It can be used successfully as an analytical tool for considering the situation of family caregivers, especially the relation of social services toward them. Initially, Julia Twigg proposed only three models: “caregivers as resources”, “caregivers as co-workers” and “caregivers as co-clients”. Several years later, both the authors added a fourth model, a more complex one, the



“superseded carer” model (Twigg, Atkin, 1994:11–12). At the time they conducted their research, the authors found out that in the UK, the “caregivers as resource” model was predominant. It means that family caregivers are perceived as *“taken-for-granted social reality against which agencies operate”* (ibid.:12). It is seen as a free good and *“Its availability largely results from long-term social factors such as demography and family obligation and this means it is not subject to simple laws of supply and demand”* (ibid.:12).

Despite the fact that in the Czech Republic, unlike in the UK, family caregivers can be paid from the CA, it can be still assume that the model considerably prevalent in the Czech Republic presently is basically the “caregivers as resources” model. The caregivers are perceived mainly as “resources” not only by service agencies, but also by other significant stakeholders including policy makers. This attitude is clearly reflected in the general underestimation of overall costs and the burden of intensive long-term care giving. As it has been said above in the text, the CA cannot cover all the costs of the care. Indirect costs of care provision, which arises on the part of the caregivers, are not at all taken into consideration. A significant part of the care cost is still at the caregiver’s expense. The consequences of this situation for caregivers in the Czech Republic are similar to those described by Twigg and Atkin. To the caregivers the Czech Republic applies, that she/he *“only features as part of the background”*. Hardly anybody takes her/his interests into consideration. *“Concern with the caregiver welfare in this model is marginal or non-existent; and the potential conflict of interest between the caregiver and the cared-for person is ignored”* (Twigg, Atkin 1994:12).

Nevertheless, there is one crucial difference generated by the very settings of the Czech CA system. The last feature which Twigg and Atkin attributed to the “caregivers as a resource” model definitely does not apply to the Czech caregivers. *“The primary aim of intervention by the agency is the maintenance and perhaps marginal increase in level of informal support; and concern will be expressed lest service support undermine or take over from what is seen as the prior family responsibility. Fear of the substitution of formal for informal support will predominate”* (ibid.:12–14). The present Czech conception of the CA creates an environment where the formal social services compete with the family caregivers, who represent a cheap resource of care at disposal. Even though caregivers are taken as a resource, simultaneously they are the ones who, from the point of view of social services, jeopardize the services’ very existence by luring their prospective clients away and with them the CA money. This difficult situation is exacerbated by generally low purchasing power of CA recipients and their families. The formal social services are rather expensive and they are often not affordable even for lower middle class. The amount of CA money is not sufficient to cover basic costs of family care and simultaneously enable the CA recipient to buy formal social services. Just a few hours a day in a Day Care Centre or two or three hours of Home Care services five times a week and the whole amount CA money of the recipients who require intensive, sometimes even round-o’clock care is spent (Dohnalová, Hubíková, 2013). Thus, in many cases both the CA recipients and their family caregivers opt for the cheaper family care without contracting a formal service provider due to financial difficulties. Anyway, it can be proposed that under such circumstances specific to the Czech environment, it is possible to discern a fifth model of social services related to the family caregivers: “caregivers as rivals” to the formal social services (Hubíková, 2015).

Precisely, this perception of family caregivers is, among others, clearly reflected in the report that was offered to the Ministry of Labour and Social Affairs (MoLSA) by the official body of formal social services, Association of Social Services Providers of the Czech Republic (APSS Czech Republic). In this report, the care benefits recipients, who chose to use the money for informal care, are directly blamed of its misuse. The author of this report draws on common prejudices



against social benefits recipients in general¹⁰, and offers his own speculations that “5–15 % of the CA recipients in Degree IV of dependency might possibly misuse CA; the rate of CA misuse amongst the Degree I CA recipients could be estimated to be 70–90 %” (Horecký, 2012:12). The allegations contained in the APSS Czech Republic report correspond with wide spread prejudices against family caregivers that are explained in the next part of this text. As a consequence, Horecký proposes to rescind entirely the CA in Degree I of dependency, and to modify the amount of CA money in three remaining dependency degrees according to what form of care the CA recipient would opt for. De facto, the Association proposes favouring social services along with penalization of family care in the form of CA cuts for those who would not use any of the formal social services (ibid.:17–18). An implicit message of the whole APSS CR report is that only social services can guarantee legitimate, expert and effective use of CA. It is precisely this perspective that Duffy (2005:153) and Glasby and Littlechild (2009:86–87) describe as “a professional gift model of social care” “in which the state uses the money it receives from taxes to slot people into pre-paid services through the work of professional assessors and gatekeepers” (ibid.:86). The traditional accentuation of the role of formal social services is defined by a set of beliefs for social care, which can be traced in the above mentioned report of APSS CR as well. Besides the others, it is the faith that money controlled by formal bodies is not prone to be abused that diminishes the role of the close persons of the people with a disability. Friends and relatives are simply not viewed as reliable enough (ibid.:89).

Risks resulting from the CA agenda professionals' view of family care and family caregivers

Based on the qualitative data from two above mentioned studies on the CA agenda and on a secondary analysis of this data, a discussion can be opened concerning how the professionals of the CA agenda, i.e. MAs of district Offices of the Social Security Administration and social workers, can influence the CA claimants' and their caregivers' situation. One of the general findings of the research is that most of the interviewed professionals were not familiar with the whole system of CA. MAs in particular were not sufficiently informed about the function of the CA within the social care system, nor did they consider it in a broader context, including the role and subtleties of family care. They tend to limit their perspective only to quite a narrow interpretation of the assessment criteria and to confine their own function to mere gatekeepers of public financial resources (Musil et al., 2011; Hubíková, 2012; Havlíková, Hubíková, 2015). Part of them expressed their concern about low protection of CA against wasting and misuse. Some of them even consider the entire CA a waste of public money, per se. One of the interviewed MAs quoted the unofficial opinion of the head of department of Medical Assessment Service at MoLSA. “The person who is in charge of Medical Assessment Service at the Ministry, said himself that it (CA) was a greed test of the Czech people...” (MA1). The MA often regards CA as an oddity, which causes that “nineteen billion are thrown down the drain every year. Not entirely, well, not thrown down the drain. I've put it wrongly. I mean, spent uncontrollably” (MA1) (Hubíková, 2012:119–120). Attitudes of CA professionals were often influenced by the normative beliefs and expectations concerning mutual family commitments, duties and obligations. This is close to the traditional model in which women are expected to provide care without being protected with adequate range of entitlements. In many statements of the Czech MAs and social workers, it was possible to detect an inclination towards this traditional model. Some of them tended to question the significance of CA for the care provision within the family. In extreme cases, such a conviction could take the

¹⁰ In fact, there are not any reliable and comprehensive resources on information or statistics on the way the CA is used in most of the cases, because there is absolutely no feedback from the CA recipients who use the CA to pay for informal care. These guesses probably arise from the preconception that informal care implies CA misuse, the higher degree of dependency, the higher proportion of the CA recipients opt for social services.



form of suspicion that the care itself is not a primary objective for the caregiver, but that her/his main interest is simply to pocket the CA money (ibid.:120–121).

A large number of the MAs that participated in our research proclaimed that an essential part of their know-how and professional intuition is to be able to detect dubious applications and reveal potential cheats or latent benefits' abusers. Our data strongly indicated that the intuition that MAs esteemed as based on their experience is in fact to a great extent affected by prejudices, preconceptions and stereotypes about CA claimants. Some of the professionals of the CA agenda, mainly MAs, manifested a substantial tendency to suspect claimants of malingering or, at least, of aggravation of their health problems. Moreover, part of them even expressed the suspicion that relatives and above all the caregivers of CA claimants even manipulate or guide the claimants to exaggerate their difficulties, or even lie during the social investigation. *"In many cases, people don't tell lies, well, but invent nonsense (...) so I must be wary about it because people many times simply make things up"* (a social worker). Analysing the statements of the social workers, MAs, the claimants and family caregivers, the CA eligibility assessment shows to be a process based on deep, general distrust. Both the social workers and MAs seemed to be rather suspicious as far as CA claimants' and their caregivers' honesty was concerned. Both groups of professionals tend to cast doubts on truthfulness of CA claimants and as well as their families and caregivers. Moreover, MAs suspect social workers of not being capable of spotting the deceitful claimants or dishonest claimants' relatives. The result is that a lot of MAs regard the SI reports produced by social workers as unreliable. Social workers do not trust that MAs are willing take their SI reports into consideration and consequently many of them prepare their reports *pro forma* only. MAs, on the one hand, believe that only general practitioners (GPs) can provide valid information on the CA claimants' condition. According to some MAs: *"The family won't dupe them as easily as they dupe a social worker"* (MA) (Hubíková, 2012:21). On the other hand, most of the interviewed MAs complained about the current poor quality of the medical report they receive from GP's, and suspect GP's of not paying enough attention to this medical report preparation (Musil et al., 2011:129–131). The CA claimants and their caregivers distrust the process of the eligibility assessment as a whole, a lot of them do not understand it properly and have only a vague idea of the eligibility criteria, purpose of the social investigation and the decision-making process (Havlíková, Hubíková, 2015). Where all these conditions are combined, i.e. suspicions or prejudices against CA claimants and their caregivers, non-acceptance of social investigation results, low quality medical reports, and too wide and vague assessment criteria, a rather unfavourable situation for caregivers and cared-for persons arises.

Discussion and conclusion

This text explores several aspects of socio-political climate directly or indirectly related to the CA system in the Czech Republic relevant for the family caregivers, especially their current position and the conditions under which they provide their day-to-day care. However, the situation of the family caregivers, as described above in the text, is certainly not so rare. After all, it corresponds with the conventional idea of family caregivers in many respects. In the European overview paper on the position of informal care in the LTC systems (Triantafyllou et al., 2010) its authors listed common characteristics of the informal care, as extracted from the various sources. According to this list, informal caregivers as recruited from close persons, mainly family members, they have *"[n]o general entitlement to social rights"*, the extent of care is not set, there are *"[n]o limits to time spent on care – never/rarely officially 'off duty'"* and the scope of caring tasks is also almost unlimited, *"[c]arers perform a wide range of tasks (also performed by formal caregivers) including emotional support and assistance"* etc. (Triantafyllou et al., 2010:11). However, precisely these conventional characteristics of long-term informal/family care and the situation of caregivers are in many countries the target of deliberate social policy as well as social work measures and support.



Obviously, the CR is not the only European country without a proper support net for informal caregivers. On the COFACE web sites is published, among others, the *European Charter for Family Carers*¹¹ (*The Charter*), and the starting point of this document is that the “public policy response to the issue of dependency (from any cause: disability, illness, age, accident, etc.) in most EU countries is at present inadequate or non-existent.” Informal caregivers, mainly family caregivers, are those who make up for this public policy deficiency. *The Charter* outlines a very comprehensive idea of support and assistance to the family in which the “legal financial recognition of care giving” is just one of many other essential measures and social rights proposed to facilitate care giving.

In the European overview paper on the position of informal care in the LTC system (Triantafyllou et al., 2010) the authors of this study discuss the role and function of direct payments, not only in connection with persons in need of care, but also as a compensation for their informal caregivers. However, they stress that cash benefit is definitely not a simple tool. It can interfere with family relationships, create relations of dependency, subordination or even control. Thus, the cash benefit should be accompanied by needs assessment that would include the care recipients’, as well as caregivers’ situation and interests. All the more so, as the caregivers, often old and not in good health (ibid.:20), have their own needs and can become clients of social services themselves. The assessment procedure should take into consideration that the interests of caregivers and cared-for persons are not always in compliance with each other. They can even be in conflict. (ibid.:7–8, 20). The authors of the analysis enumerate different specific and non-specific measures that can directly or indirectly support informal caregivers. Direct ones are primarily tailored to informal caregivers needs, and include such aspects such as social security and rights (e.g. pension or accident insurance, care allowance), training, care leave, respite and so on. Indirect measures are aimed primarily at cared-for person, but they can relieve caregivers of their burden (ibid.:9–10). Currently, most of these measures do not exist in the Czech Republic. To date, a predominant measure has been the cash benefit, the CA. Its amount is not big enough to cover most of the cost connected with care provision and to guarantee the caregiver a decent sustenance. “Care allowances, even if directly targeted at the informal carer, may not be an efficient solution to the informal carer’s needs, if the entitlement does not allow her/him to combine care and employment, if the amounts granted are too low, and if it does not increase choices” (ibid.:35). In the Czech Republic, there is no benefit meant specially for family caregivers, and the CA is not directly targeted at family caregivers, but can be and frequently is used for paying for family care. There is no legal restriction on a combination of employment and paid care giving. In practice it is almost impossible for medium and high intensity caregivers to combine care giving and employment. There are no special working conditions or part-time possibilities for these caregivers, and the support from formal services are often both inaccessible (especially outside bigger cities) and expensive (it would swallow up most or all of the CA). For many families, there is in fact no other option than to provide full-time care. In a long-term perspective, it can be for the caregiver, mainly a woman, a very limiting situation.

The direct payments are often discussed in the context of the idea of citizenship, but mostly with the main attention being drawn to the disabled person who is the receiver of the money. However, the same concept can and should be applied to caregivers. The cash benefit as a sole mean of support is by far not enough. “The point is that individualised funding is not just about cash” (Hutchison, Lord, Salisbury, 2006:57). These authors discuss the almost three-decade long

¹¹ “The Charter deals directly with all aspects pertaining to the life of persons with disabilities and their families. Meeting the needs of family caregivers irrespective of the cause of the dependency of the person that is being cared for (age, illness, accident, etc.) through targeted measures contributes to the quality of care and helps preserve a qualitative family life. This is done by safeguarding the physical and mental health of caregivers, strengthening the family ties between caregivers and the dependent person, preventing financial impoverishment and enabling family caregivers to comply with the demands of both their family and working lives simultaneously.” (Coface-EU, 2016: not paginated)



tradition of Direct payments in North America that has developed alongside with individualised planning as the pillars of fulfilment of the paradigm of citizenship (ibid.: 49–51). In particular, the authors emphasise that Direct payments should not be simplified to granting disabled people the money. *“In many instances, direct funding has meant ‘give me the money.’ The metaphor of ‘cash,’ while appealing to users, has turned out to be an illusion of change when direct funding was not accompanied by new ways of thinking, planning and acting”* (ibid.:51). The citizenship discourse is considered to be a new way of thinking. The person-centred planning is a process that *“enables an individual and his/her network to develop dreams, goals, and possibilities with community as a first resort”* (ibid.:51). The key word here is “his/her network”, supposing that the caregivers are a crucial part of this network. The cash payment cannot be supposed to enhance a disabled person's empowerment and sense of citizenship at the expense of that of the caregivers. To quote *The Charter* once again: *“The ultimate purpose of the Charter is to secure for caregivers the same rights and opportunities as any other citizens”*. The caregiver has her/his own dreams and goals independent of the ones of the cared-for person. As the research on informal care have repeatedly proved that most of the primary caregivers must sacrifice a substantial part of their goals, interests and needs to the care giving. Cullen, Delaney and Duff, who searched many of these studies, came to the conclusion that *“Taken together, the results of these studies suggest that many caregivers may have health problems themselves, whether due to their own advanced years, the stresses and strains that may result from caring, or some combination of the two”* (Cullen, Delaney, Duff, 2004:2). One of the common risks of care giving is that the caregiver is often made to preclude his own social life, which results in an insufficient satisfaction of her/his social needs and leads to a social isolation (Ward, Cavanagh, 1997; Cullen, Delaney, Duff, 2004; Kroutilová-Nováková, Jandžíková, 2012 etc.). Deguili, on the base of her research, speaks about the most serious consequences of unrelieved long-term care giving reported by their interviewee: *“Many families who care for one or more disabled elders lose the ability to live an autonomous life (...) Vacations were no longer considered feasible. The loss of control over one's life was found particularly galling because it came at a time when most of the families had finished raising their own children and many had retired: they were planning to rest and to have a more carefree lifestyle”* (Degiuli, 2010:763). This situation only enhances the stress and frustration of long-term caregivers, whose common problems include severe worsening of their psychological health. These circumstances, together with lack of sleep and constant worries about the cared-for person can lead to the depression, anxiety and even burnout (Cullen, Delaney, Duff, 2004:52). The essential part of the problem often is that the needs and interests of caregivers are blended with the ones of cared-for persons. The distinct needs of caregivers, let alone even conflicting interests of the caregiver and care receiver, are for the external observer, including social workers, often invisible. Moreover, they are often invisible even for the caregivers themselves, especially in so called “engulfment mode” of care (Twigg, Atkin, 1994). It is typical for this mode, that *“the carer subordinates his or her life to that of the cared-for person”*. As a result, these caregivers *“often have difficulty in establishing autonomy for themselves and for their interests”* (Twigg, Atkin, 1994:122–123). To prevent or alleviate this situation, separate needs assessments of caregivers and care receivers are discussed or, in some cases, already put into practice. Caregivers can even be regarded as a separate target group of service users. Heaton describes it in connection with the Carers Act in the UK. *“Indeed, caregivers have been described as ‘the fifth user group’ (Audit Commission 1992: 17). This conceptualisation of caregivers as users or consumers of services, with needs of their own, has taken two forms, both of which are discernible in the guidance to the Carers Act”* (Heaton, 1999:766).

In the Czech Republic, the needs and risks faced by caregivers are yet to be identified, recognized and dealt with. So far, an extensive discussion about the situation of the informal caregivers and how to support them has not even started. The principal problem lies in the fact, that the role of informal care and informal caregivers is severely underrated. The amount of the attention paid to the informal care/caregivers in the Czech Republic is not comparable to the importance which is assigned to these issues in many other EU countries. In the Czech Republic, it is seemingly on



the agenda, or it is mentioned in certain strategic documents, but mostly it is only pro forma. In fact, the substance and the function of informal care in the context of social care have not yet been properly recognized. The status of family caregivers was established neither in the socioeconomic nor legal way, and the caregivers are viewed even less so as a specific target group for social work. It is hard to imagine that framework of effective support for family caregivers could be developed and put forward under such circumstances.

References

- HUBÍKOVÁ, O. 2015. Podpora pečujících jako předpoklad úspěšného setrvání seniorů v přirozeném prostředí. In: KUBALČÍKOVÁ, K. et al. *Sociální práce se seniory v kontextu kritické gerontologie*. Brno: Masaryk University, 43–68.
- HUBÍKOVÁ, O. 2012. Přímé platby za péči v kontextu nevyjasněného statusu neformální péče. *Sociální práce / Sociálna práca*, 4, 113–125.
- HUBÍKOVÁ, O., HAVLÍKOVÁ, J., MUSIL, L. et al. 2015. Pracovní podmínky výkonu sociální práce v rámci agendy příspěvku na péči. *Sociální práce / Sociálna práca*, 15(2), 5–22.
- Act No. 108/2006 Coll., on Social Services.
- BOOKMAN, A., KIMBREL, D. 2011. Families and Elder Care in the Twenty-First Century. *The Future of Children*, 21(2), 117–140.
- BORNAT, J. 2006. Introduction. In: LEECE, J., BORNAT, J. (Eds.). *Developments in Direct Payments*. Bristol: The Policy Press, University of Bristol, 1–15.
- BRUHN, J. G., REBACH, H. M. 2014. *The Sociology of Caregiving. Clinical Sociology: Research and Practice*. Dordrecht: Springer.
- COFACE-EU. 2016. *Charter for Family Carers* [online]. Brussels: COFACE. [2. 3. 2016]. Available at: <http://www.coface-eu.org/en/Resources/Publications/Charter-for-Family-Carers/>
- CULLEN, K., DELANEY, S., DUFF, P. 2004. *Caring, Working and Public Policy. The Equality Authority*. Dublin: Equality Authority.
- DEGIULI, F. 2010. The Burden of Long-Term Care: How Italian Family Care-Givers Becomes Employers. *Ageing & Society*, 30, 755–777.
- DOHNALOVÁ, Z., HUBÍKOVÁ, O. 2013. *Problematika lidí pečujících o blízkou osobu v městě Brně*. Brno: Sociální nadační fond města Brna “Domovy potřebných” [online]. [2. 3. 2016]. Available at: https://socialnipece.brno.cz/useruploads/files/kpss/studie_pecujici_o_blizkou_osobu.pdf
- FRERICKS, P., JENSEN, H. P., PFAU-EFFINGER, B. 2014. Social Rights and Employment Rights Related to Family Care: Family Care Regimes in Europe. *Journal of Aging Studies*, 29, 66–77.
- GLASBY, J., LITTLECHILD, R. 2009. *Direct Payments and Personal Budgets. Putting Personalisation into Practice*. Bristol: The Policy Press, University of Bristol.
- GLASBY, J., LITTLECHILD, R. 2006. An Overview of the Implementation and Development of Direct Payments. In: LEECE, J., BORNAT, J. (Eds.). *Developments in Direct Payments*. Bristol: The Policy Press, University of Bristol, 19–32.
- HAVLÍKOVÁ, J., HUBÍKOVÁ, O. 2015. *Role sociální práce a uplatňování situačního přístupu v rámci řízení o příspěvku na péči*. Praha: VÚPSV.
- HEATON, J. 1999. The Gaze and Visibility of the Carer: a Foucauldian Analysis of the Discourse of Informal Care. *Sociology of Health & Illness*, 21(6), 759–777.
- HORECKÝ, J. 2012. *Návrhy na změnu výplaty a použití příspěvku na péči* [online]. Praha: Asociace poskytovatelů sociálních služeb ČR. [2. 3. 2016]. Available at: http://www.apsscr.cz/files/files/Prispevek_na_peci_JH_finalup.pdf
- HUTCHISON, P., LORD, J., SALISBURY, B. 2006. North American Approaches to Individualised Planning and Direct Funding. In: LEECE, J., BORNAT, J. (Eds.). *Developments in Direct Payments*. Bristol: The Policy Press, University of Bristol, 49–62.



- JACOBS, T. 2003. Paying For Informal Care: A Contradictio in Terminis? *European Societies*, 5(4), 397–417.
- JERÁBEK, H. et al. 2013. *Mezigenerační solidarita v péči o seniory*. Praha: Sociologické nakladatelství.
- KROUŤILOVÁ-NOVÁKOVÁ, R., JANDZÍKOVÁ, E., 2012. Kvalita života osob pečujících o osoby s přiznaným příspěvkem na péči ve III. a IV. stupni závislosti. *Fórum sociální politiky*, 2, 20–24.
- KRZYŻOWSKI, L. 2011. In the Trap of Intergenerational Solidarity: Family Care in Poland's Ageing Society. *Polish Sociological Review*, 1(173), 55–78.
- MPSV. 2010. *Vybrané statistické údaje o financování sociálních služeb a příspěvku na péči* [online]. Praha: MPSV. [2. 3. 2016]. Available at: <https://slovník.seznam.cz/en-cz/?q=available>
- MUSIL, L., HAVLÍKOVÁ, J., HUBÍKOVÁ, O. et al. 2015. *Metodika sociálního šetření v rámci řízení o příspěvku na péči*. Osvědčení MPSV ČR o uznání certifikované metodiky č. j. 2015/75782-196.
- MUSIL, L., HUBÍKOVÁ, O., HAVLÍKOVÁ, J. et al. 2011. *Rozdílné pohledy sociálních pracovníků a posudkových lékařů na roli sociálního pracovníka v rámci řízení o přiznání příspěvku na péči*. Praha: VÚPSV.
- PEARSON, CH. 2006. Direct Payment in Scotland. In: LEECE, J., BORNAT, J. (Eds.). *Developments in Direct Payments*. Bristol: The Policy Press, University of Bristol, 33–47.
- PRŮŠA, L. 2009. Příspěvek na péči – černá díra reformy sociálního systému. *Fórum sociální politiky*, 3, 26–29.
- REPKOVÁ, K. 2009. Podpora neformálně opatrojících osob jako veřejný zájem. *Fórum sociální politiky*, 6, 16–20.
- SHEEHAN W. N., NUTTALL, P. 1988. Conflict, Emotion and Personal Strain among Family Caregivers. *Family Relations*, 37(1), 92–98.
- SINGER, H. S. G., BIEGEL, E. D., ETHRIDGE, L. B. 2010. Trends Impacting Public Policy Support for Caregiving Families. In: *Journal of Family Social Work*, 13(3), 191–207.
- TRIAANTAFILLOU, J., NAIDITCH, M., REPKOVA, K. et al. 2010. *Informal Care in the Long-Term Care System. European Overview Paper*. Athens, Vienna: European Commission.
- TWIGG, J., ATKIN, K. 1994. *Carers perceived. Policy and practice in informal care*. Buckingham: Open University Press.
- WARD, H., CAVANAGH, J. 1997. Descriptive Study of the Self-Perceived Needs of Carers for Dependants with Range of Long-Term Problems. *Journal of Public Health Medicine*, 19(3), 281–287.



Conflicting and Competing Roles and Expectations: the Conundrum of Failing Social Work Students on Placements

Martyn Higgins

Dr. Martyn Higgins¹ is an Associate Professor at the London South Bank University. His main research interests are social work education, newly qualified social workers experiences, concepts of professional identity, and late modern theory and its application to social work.

Abstract

The relatively limited literature on failing students on social work placements tends to focus on the emotional reactions of the participants. The aim of this paper is different because it explores whether it is the student who is failing or whether stakeholders are failing the student by being unclear about expectations of a student on placement. This study examines whether the problem of failing students needs to be recontextualised within a wider framework of roles and expectations of social work. The paper is derived from a wider study into the expectations of participants of the social work degree. The results indicate that interviewees hold contradictory and inconsistent expectations of students, which may contribute to the difficulties encountered by tutors, practice educators, and students when a student is failing. The findings are linked to the wider context of the present reform of social work education and concerns about students' suitability for professional practice.

Keywords

failing, students, expectations, practice learning

Introduction

Failure of social work students is a conundrum. It is a puzzling question or problem for three reasons. Firstly, there is relatively little written on the subject. Secondly what is available tends to lack a clear theoretical approach. Finally, partly perhaps because of the preceding reasons, it is not clear whether there is a problem. This paper examines whether the problem of failing students needs to be recontextualised within a wider framework of roles and expectations of social work. The importance of improving the quality of both student placements and student assessment on placement has been highlighted by the Social Work Reform Board. The requirement for all students to be assessed by a qualified social work practice educator, the introduction of the practice educator standards and the establishment of the 30-day skills programme are examples of this emphasis.

¹ Contact: Dr. Martyn Higgins, London South Bank University, 103 Borough Road, London SE1 0AA; higginm2@lsbu.ac.uk



One of the main weaknesses of current literature on failing social work students is the lack of a wide research base or theorised approach (Basnett, Sheffield, 2010; Parker, 2010). Developing a stronger research base and greater theorisation, this paper is based on a wider study into the expectations of stakeholders of the social work degree. Despite limitations, the research approaches student failure from a more systematic view by a consideration of the understandings of a range of stakeholders (academics, students and practice educators), which is contrasted with a tendency in some of the other studies to focus on one group. Focusing on a single group may provide only a limited univocal understanding of a process (Goodyer, Higgins, 2009).

There are limited available figures on student failure on placement. Hussein et al. (2009), for example were unable to obtain sufficiently meaningful data to compare practice placements with student progression because there was a lack of detail about placements from nature and duration to, most importantly, type of assessment and the outcomes of different placements. They concluded more research needed to be undertaken on placements and student progression (Hussein et al., 2009). The absence of national figures on student progression on placements is a significant problem in identifying the conundrum of student failure in this area (Basnett, Sheffield, 2010). Some studies have had to resort to 'guesstimates' by generalising from rates of failure on their programme to offer a possible national figure (Basnett, Sheffield, 2010).

The lack of an agreed baseline for 'acceptable' student failure and, particularly, sufficient detail on placements and student progression clearly makes it difficult to establish whether students' progression on placement is appropriate or otherwise.

Literature review

The available studies on failing social work students tend to focus on the phenomenological experience of one particular group (usually that of the practice educator: Parker, 2010) and addresses the question: what does the experience of failing mean for the practice educator? Studies highlight such emotions as sadness (Shapton, 2006) or finding the process stressful (Basnett, Sheffield, 2010).

There are a smaller number of studies that consider the experience of students. One such study explored the experiences of Black African students (Bartoli et al., 2008). In this paper the authors addressed the difficulties students experienced in adjusting to the expectations of social work placements within England. The point is rightly made that there needs to be a mutual adjustment or re-alignment of understandings from academics and practice educators as well as Black African students. Further work is likely to be required on the effects of personal characteristics such as ethnicity and other features such as gender with regard to student failure (Hussein et al., 2009:7; Furness, 2011).

Another study on student experiences (Parker, 2010) explored student feelings of powerlessness, lack of control or fear of reprisal. A perhaps similar suggestion to that made in Bartoli et al. (2008) is that students' experiences and opinions need to be heard in this area.

This study needs to be set within national and international debates about the nature and role of social work. Since devolution in the UK social work in each of the four nations (England, Northern Ireland, Scotland and Wales) has developed within the systems of their individual nations, this paper is restricted to social work in England. Within England there are tensions and differences about what is expected of social workers. For example, social work in England is sometimes seen as based on the International Federation of Social Work (2014) with a focus on human rights and principles of justice (Croisdale-Appleby, 2014). Others adopt a more narrow approach emphasising the legal duties of the state to intervene to protect vulnerable individuals (Narey, 2014). This debate about social work can produce conflicting models and interventions (Munro, 2011). However, although restricted to England, tensions and differences about the nature and purpose of social work can be found in other European countries (Wolff et al., 2011; Higgins, 2015). Therefore, this paper can be seen as part of a wider European debate about the role of social work in 21st century Europe.



Comparisons with nursing

This debate about social work and its implications for failing students is not limited to social work. As an example of similar tensions in another profession, concerns about failing nursing students have been explored in similar ways. Like social work there is relatively little literature on the topic (Scanlon et al., 2001). Studies have tended to focus on the feelings of mentors (the term for practice educator used in nursing). The danger of 'failing to fail' is also acknowledged. Competing and conflicting roles and expectations are discussed in nursing literature but tend to revolve around the lack of time mentors have to devote to their students and the competing demands of the mentors own workloads (Pulsford et al., 2002).

Whether there is a wider context of a loss of trust in professions is beyond the limits of this paper. However, it may be suggested that the tensions in social work and nursing may reflect this mistrust of professional expertise (Higgins, in press). Examples of such 'suspicion' can perhaps be seen in the Brexit and Trump results in UK and USA in 2016.

Research questions

The data utilised in this study address the two questions of this paper:

1. What are the expectations of participants of students on the social work degree?
2. To what extent can these expectations illuminate an understanding of the conundrum of student failure on placement?

Methodology

A qualitative case study of a social work degree programme in England was undertaken after obtaining ethical approval. There were two stages (2008; 2011–2012) to the research strategy and data collection. Stage 1 data collection in 2008 was initially gathered to generate findings based on New Labour's modernisation of qualifying social work education. However, the establishment of the Social Work Reform Board (and the reform agenda in social work education) in 2009 transformed social work education in England. In the light of these changes it was necessary to widen the study to include the proposed reforms to social work education. Semi-structured interviews were conducted with academics (10), practice educators (8) and academics involved in practice learning (2). Two focus groups were undertaken with service users (11) and three focus groups with students (17). A total of 48 participants were involved in the data collection. The data was analysed by coding and developing themes from the initial coding adopting Braun and Clark's (2006) six-stage approach. This is a six-stage analysis, which begins with familiarisation with the data, leading into generating initial codes and ending with a completed set of themes.

The interview was adopted for academics and practice educators because each individual possessed knowledge of the old as well as the new programme and could compare and contrast them. Focus groups were considered preferable for students and service users because they could comment only on the programme in which they were involved.

All participants received written information sheets and completed signed consent forms. In terms of recruitment, academics with previous experience of teaching on other social work programmes and on previous awards such as the Diploma in Social Work were contacted. Practice educators with experience of the Diploma in Social Work as well as the social work degree were prioritised where possible. Only students in their final year at the university were contacted because they would have the greatest experience of the programme and would be on their final placements, which tended to be in statutory settings. There were only two practice learning posts and both of these academics were recruited. All existing service users were contacted but only the 11 participants agreed to join the focus groups. An attempt was made to have a focus group of young service users



but the young people were not in a position to participate. Academics, students and service users were interviewed at the university. Practice educators were visited at their place of employment. Two main themes emerged around expectations relevant to failing students on placement: organisational and professional. The conflicts between these themes (and sub themes) and their effects on student performance are considered.

Organisational expectations

There was an acknowledgement from participants that the expectations of the organisation were not always consistent with the expectations of students and the university or academics.

"Sometimes we hear them say because we are students that's why we're still doing this. They have this organisational structure – when you get there eventually you just fit in (student)".

There is a very clear sense of the separation even oppositional approach between them (the practitioners) and us (the students) when a student reports *"sometimes we hear them say"*. The phrase suggests the students overhear a conversation, perhaps even are discussed even when the practitioners are aware they can hear the conversation. The proverb about children being seen and not heard may be apposite here: the practitioners do not take seriously the students' views and actions because they have not matured into practitioners. The conversation both tends to exclude (it is about the students) and includes them (the students hear the conversation). What is particularly interesting is the student's explanation of why the social workers make this comment. The student suggests says that it is the organisational structure that elucidates why the social workers talk about rather than with the students, why they indicate an immaturity or lack of understanding by the students.

It's a job

The main way in which students are expected to act in an organisational context is by getting *"on with it"* (student). In one sense learning has to be by *"doing"* (practice educator). However, the expectation is that students are able to perform as if they are in a *"new job"* (practice educator) rather than students learning how to become future practitioners. Students are expected to be *"equipped, running on their first day"* (practice educator). Students will be *"dumped"* (student) with work and will have only limited contact with the practice educator. In a sense students are *"plunged"* (academic) into statutory work such as child protection and will *"struggle"* to complete the work (academic).

A robotic process

The job that students are expected to do is carried out in a robotic way:

"It can almost turn into a kind of robotic process and it's funny because you actually see professionals who have been there for a very long time and it's all 'this is how I do it'" (student).

Experienced practitioners explain their practice as a repetitive activity rather than a reflective or theorised practice. Students are expected to work within a particular framework (for example, *doing* children or care management). At the forefront of a student's mind is *"getting my work finished before 5:30"* (student).

Endless form filling

The nature of statutory social work seems to focus on a bureaucratic approach to social work practice. Students are expected to be able to produce relevant formal documents and be computer literate rather than demonstrate clearly delineated social work skills such as communication and



empathy or a wider or broader conception of social work, which can still be found in other types of social work.

"When intervention comes about it's very much about fitting in a certain bureaucratic guidance about when you intervene" (academic).

An academic contrasts present day social work practice with how he originally used to be able to undertake *"informal"* activities with service users. For example, he could help service users redecorate their homes. These types of activities promoted developing a *"good relationship"* with service users (academic). These opportunities are no longer available and the focus is now on managing resources. Social work is *"much more bureaucratic with less flexibility"* about how social workers practise (academic).

Professional expectations

Social work is still understood as being about working with people, helping them to develop and improve their lives. As a profession social work has the *"capacity to affect change in people's lives"* (academic). Helping others to transform and improve their lives is what the profession is about. One student in a voluntary setting describes how she is able to work directly with service users and the team explore theory and practice issues. However, generally the direct interventions with service users *"comes a poor second"* (student) to sitting in front of a computer screen and completing online assessments.

Bringing about change

Students come into the profession, wanting to improve the lives of service users by bringing about change in their lives and environment. In some sense they want to change the world and resolve social ills.

"What did interest me in practice, and still interests me, is the capacity to affect change in people's lives. That's what would interest me, to be able to work with people, see change happen, recognising that might be a very slow process for some people" (academic).

This academic explains how she chose to opt out of statutory social work because it was not able to provide the kind of work she felt social work was about. Working directly with service users to improve their lives is what social work is about.

Intellectual practice

The academy expects students to understand what they are undertaking in practice. Using theory students explore how best to intervene and support service users. They are expected to use theories on anti-oppressive practice, for example, to challenge oppression. Students are expected to adopt a holistic approach, seeing the wider context of a service user's world rather than focus on a narrow or medical approach.

"You actually need to have some theoretical knowledge in order to do the work. You need to know why you are doing what you are doing and not just follow rules and do what you are doing. So that for me, it's a much better way to work because if you can intellectualise why you do what you do, you are going to be a much better worker because you are actually going to be able to think about what you are doing" (academic).

Being able to *"intellectualise"* the reasons for what a social worker does will make the social worker a *"better worker"*. Being able to provide a theoretical justification to an intervention will enable the social worker to advocate on behalf of a service user in a more successful way (academic).



An example of conflict of expectations and the risks of failing

One of the students recounted a story of a fellow student who had to deal with a disgruntled service user: *"He was trying to stop them from going back into the office and raising hell. He thought it would stop him from damaging his own prospects and stop a big issue and thirdly he's going to do things the right way which will empower him in the future. One week later the social worker tapped him on the shoulder and said 'We don't encourage making complaints'"* (student).

The student acted to empower the service user as part of the professional expectation of improving people's lives. By providing the service user with information about the complaints procedures, the student hoped the service use would not cause an incident in the office, which was not in the service user's interests. Also, the student was making use of theory (empowerment) to decide on an intervention.

However, the response from the social worker was to warn the student that the organisational expectation was not to encourage complaints. Challenging bad practice is not necessarily promoted within organisations despite professional expectations on empowerment and service users' rights.

If a student dares to raise issues, there is a fear among them that there may be an adverse effect on their passing their placements or obtaining a good reference:

"To come in to a place and challenge bad practice is a bit naive" (student).

The university may promote challenging oppression or bad practice, but, in reality, students may be confronted with being removed from the placement precisely because they take seriously what they have been taught about their professional roles and values:

"What we learn in university we learn to challenge [murmurs of agreement from other students] so we are prepared to challenge that person, challenge oppression. But what are we portraying in reality? Does it help much to challenge and change policies? I know a lot of people have had problems in challenging and then they say they don't what you in placement" (student).

Discussion of results

There is nothing new about the claim there is too much expected of social work and social workers (Barclay Committee Report, 1982). However, it is suggested that the expectations of students as expounded in this study are overly demanding and contradictory. Organisational and professional expectations contrast and conflict with each other. The themes arising from this paper may even contribute to the suggestion that there is at present a debate or struggle about the nature of social work (Higgins, 2015). If social work is reduced to a routine type of bureaucracy or *robotic* (student) activity the knowledge base of social work becomes irrelevant (Singh, Cowden, 2009).

Lack of clarity and competing understandings of expectations have been explored in other professions (Phillips et al., 1996a, 1996b; Watson, 1999; Bray, Nettleton, 2007). The organisational expectations of students in this paper are centred on the performance (Ball, 2004) of tasks determined by agency requirements. These activities are described as repetitive, bureaucratic and overly demanding. Increasingly social work is portrayed as a routinised role (Broadhurst et al., 2010). A number of studies have undertaken research on the use of standardised assessment forms in children and families social work (White et al., 2009; Broadhurst et al., 2010; Thomas, Holland, 2010). The findings indicate that professional practice is *"constrained"* (White et al., 2009:1213) by the standardisation of assessments, which produces formulaic information (Lash, 2002) to support electronic recording. The danger with this sort of material is that it reduces the role of the social worker to a bureaucratic transcriber of data, which is denuded of context and narrative (Lash, 2002; White et al., 2009). The complex stories of human beings, which require professional interpretation and assessment, become lists of mere information (Aas, 2004).

Contrasting expectations are not confined to students. Research on newly qualified social workers tends to indicate that social workers continue to experience contradictory expectations in their



first year of practice (Bates et al., 2010; Jack, Donnellan, 2010). For example, there was a sense of “*reality shock*” (Jack, Donaldson, 2010:309) stemming from the confrontation between the ideals they had of social work and the realities of practice which focused on accountability and control. Assessing students on placement with contrasting expectations will inevitably affect and challenge a transparent and consistent approach to student assessment. Lack of agreed and consistent roles and expectations are likely to result in uncertainty and anxiety about whether a student is failing (Bray, Nettleton, 2007). It may be contended that student failure (or non-failure) is as much a question of the roles and expectations of modern social work as a ‘problem’ of student assessment. Bray and Nettleton (2007:854) make a similar point from a nursing perspective and suggest there needs to be greater understanding of expectations “*from a wider multi-professional context*”. Mismatched expectations are likely to lead to divergent expectations and understandings of whether students are progressing successfully on placement. The assessment process is a context based activity (Cowburn et al., 2000) going beyond the practice educator and student relationship and experience. Expectations underlie the context of assessment. Offering for example, a second opinion to failing students (Cowburn et al., 2000; Parker, 2010) does not provide an independent or “*fresh*” view because the contrasting expectations in present day practice provide different approaches to the nature and quality of social work practice. Expectations need to be explicitly articulated. The problem, however, is how practice educators can assess students against contradictory expectations.

The Munro Review (2011) of child protection explicitly acknowledges the prescriptive and procedural focus of child protection practice in England. The report reviews a number of contradictory expectations (Higgins et al., 2016) such as:

- Bureaucracy v professional expertise
- Compliance culture v learning culture
- Compliance v relationship-building
- Prescription v autonomy
- Promotion v direct work

It is suggested that the binary oppositions identified in Munro are similar to the two contradictory expectations identified in the present paper. Munro argues there should be more focus on relationship skills and direct work with service users. However, as this paper indicates, the organisational expectations of social work are deeply engrained and may prove resistant to a move towards what this paper calls professional expectations (Whittaker, 2011).

The Social Work Reform Board has attempted to re-invigorate the professional integrity of social work by reviewing social work from prequalifying to post qualifying training and practice. The descriptors for students on placements and at the point of qualification refer to students gradually obtaining and applying to practice the knowledge, skills and values of social work. The findings from this paper suggest that applying knowledge, skills and values in practice may prove problematic for as long as there remains contrasting expectations of students.

Together the Munro Review and the Social Work Reform Board argue for a more professional approach to social work, meaning a greater focus on knowledge, skills and values, including the development of direct relationship-based skills. A contrast may be drawn between the two reports. The Munro Review contains detailed analysis but relatively vague and limited proposals. The Social Work Reform Board is full of recommendations but short on analysis and explanation of its recommendations. It remains to be seen whether the combination of Munro’s analysis and the Social Work Reform Board’s recommendations will transform social work into a more professional occupation. Possible recommendations for a way forward could include (Higgins et al., 2016): assessments; ethical exercise; and ‘grassroots’ education. A more open or developmental approach could be introduced in assessments to provide a more narrative concept of assessments (Thomas, Holland, 2010; Higgins, 2015). The use of vignettes based on contemporary debates and



tension in social work practice can provide opportunities for students to identify and engage with contemporary debates within society about the role of social workers (Doel et al., 2010). Finally, 'grassroots' education (Tobis, 2013) with students working directly with service users and learning from service user groups and communities can help engage students with the lived experiences of service users. However, assessing students on placement (or elsewhere on the programme) will itself continue to prove problematic until the struggle for social work's identity is won (Higgins, 2015).

References

- HIGGINS, M. in press. Building a Safe and Confident Future: Social Work Reform in England and Late Modernity. *The Journal of Practice Teaching and Learning*.
- HIGGINS, M. 2015. The Struggle for the Soul of Social Work in England. *Social Work Education: The International Journal*, 34(1), 4–16.
- HIGGINS, M., POPPLE, K., CRICHTON, N. 2016. The Dilemmas of Contemporary Social Work: a Case Study of the Social Work Degree in England. *British Journal of Social Work*, 46(3), 619–634.
- AAS, K. 2004. From Narrative to Database: Technological Change and Penal Culture. *Punishment and Society*, 6(4), 379–393.
- BALL, S. J. 2004. Performativities and Fabrications in the Education Economy. In: BALL, S. J. (Ed.). *Reader in Sociology of Education*. London: RoutledgeFalmer.
- BARCLAY COMMITTEE. 1982. *Social Workers: the Roles and Tasks*. London: National Institute for Social Work, Bedford Square Press.
- BARTOLI, A., KENNEDY, S., TEDAM, P. 2008. Practice Learning: Who is Failing to Adjust? Black African Student Experience of Practice Learning in a Social Work Setting. *Journal of Practice Teaching in Health and Social Work*, 8(2), 75–90.
- BASNETT, F., SHEFFIELD, D. 2010. The Impact of Social Work Student Failure upon Practice Educators. *British Journal of Social Work*, 40, 2119–2136.
- BATES, N., IMMINS, T., PARKER, J. et al. 2010. Baptism of Fire: The First Year in the Life of a Newly Qualified Social Worker. *Social Work Education*, 29(2), 152–170.
- BRAUN, V., CLARKE, V. 2006. Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3, 77–101.
- BRAY, L., NETTLETON, P. 2007. Assessor or Mentor? Role Confusion in Professional Education. *Nurse Education Today*, 27(8), 848–855.
- BROADHURST, K., HALL, C., WASTELL, D. 2010. Risk, Instrumentalism and the Humane Project in Social Work: Identifying the Informal Logics of Risk Management in Children's Statutory Services. *British Journal of Social Work*, 40, 1046–1064.
- COWBURN, M., NELSON, P., WILLIAMS, J. 2000. Assessment of Social Work Students: Standpoint and Strong Objectivity. *Social Work Education*, 19(6), 627–637.
- CROISDALE-APPLEBY, D. 2014. *Re-Visioning Social Work Education. An Independent Review*. London: Department of Health.
- DOEL, M., ALLMARK, P., CONWAY, C. et al. 2010. Professional Boundaries: Crossing a Line or Entering the Shadows? *British Journal of Social Work*, 40, 1866–1889.
- FURNESS, S. 2011. Gender at Work: Characteristics of 'Failing' Social Work Students. *British Journal of Social Work*, 42(3), 480–499.
- GOODYER, A., HIGGINS, M. 2009. Stakeholder Views about Social Work Programme Curricula. *The Journal of Practice Teaching and Learning*, 9(3), 92–110.
- HUSSEIN, S., MORIARTY, J., MANTHORPE, J. 2009. *Variations in Progression of Social Work Students in England: Using Student Data to Help Promote Achievement: Undergraduate Full-Time Students' Progression on the Social Work Degree*. London: Social Care Workforce Research Unit, King's College.



- INTERNATIONAL FEDERATION OF SOCIAL WORKERS. 2014. *Global Definition of Social Work* [online]. [8. 4. 2015]. Available at: <http://ifsw.org/policies/definition-of-social-work/>
- JACK, G., DONNELLAN, H. 2010. Recognising the Person within the Developing Professional: Tracking the Early Careers of Newly Qualified Child Care Social Workers in Three Local Authorities in England. *Social Work Education*, 29(3), 305–318.
- LASH, S. 2002. *Critique of Information*. London: Sage.
- MUNRO, E. 2011. *Review of Child Protection: Final Report (2011)* [online]. [22. 7. 2011]. Available at: <http://www.education.gov.uk/munroreview/>
- NAREY, M. 2014. *Making the Education of Social Workers Consistently Effective*. London: HMSO.
- PARKER, J. 2010. When Things Go Wrong! Placement Disruption and Termination: Power and Student Perspectives. *British Journal of Social Work*, 40, 983–999.
- PHILLIPS, R. M., DAVIES, W. B., NEARY, M. 1996a. The Practitioner-Teacher: a Study in the Introduction of Mentors in the Pre-Registration Nurse Education Programme in Wales: Part 1. *Journal of Advanced Nursing*, 23(5), 1037–1044.
- PHILLIPS, R. M., DAVIES, W. B., NEARY, M. 1996b. The Practitioner-Teacher: a Study in the Introduction of Mentors in the Pre-Registration Nurse Education Programme in Wales: Part 2. *Journal of Advanced Nursing*, 23(6), 1080–1088.
- PULSFORD, D., BOIT, K., OWEN, S. 2002. Are Mentors Ready to Make a Difference? A Survey of Mentors' Attitudes towards Nurse Education. *Nurse Education Today*, 22(6), 439–446.
- SCANLON, J. M., CARE, W. D., GLESSER, S. 2001. Dealing with the Unsafe Student in Clinical Practice. *Nurse Educator*, 26(1), 23–27.
- SHAPTON, M. 2006. Failing to Fail Students in the Caring Professions: Is the Assessment Process Failing the Professions? *Journal of Practice Teaching and Learning*, 7, 50–64.
- SINGH, G., COWDEN, S. 2009. The Social Worker as Intellectual. *European Journal of Social Work*, 12(4), 479–493.
- THOMAS, J., HOLLAND, S. 2010. Representing Children's Identities in Core Assessments. *British Journal of Social Work*, 40, 2617–2633.
- TOBIS, D. 2013. *From Pariahs to Partners: How Parents and Their Allies Changed New York City's Child Welfare System*. Oxford: Oxford University Press.
- WATSON, N. A. 1999. Mentoring Today – the Students' Views. An Investigative Case Study of Pre-Registration Nursing Students' Experiences and Perceptions of Mentoring in One Theory / Practice Module of the Common Foundation Programme on a Project 2000 Course. *Journal of Advanced Nursing*, 29(1), 254–262.
- WHITE, S., HALL, C., PECKOVER, S. 2009. The Descriptive Tyranny of the Common Assessment Framework: Technologies of Categorisation and Professional Practice in Child Welfare. *British Journal of Social Work*, 39(7), 1197–1217.
- WHITTAKER, A. 2011. Social Defences and Organisational Culture in a Local Authority Child Protection Setting: Challenges for the Munro Review? *Journal of Social Work Practice*, 25(4), 481–495.
- WOLFF, R., BIESEL, K., HEINITZ, S. 2011. Child Protection in an Age of Uncertainty: Germany's Response, In: GILBERT, N., PARTON, N., SKIVENS, M. (Eds.). *Child Protection Systems: International Trends and Orientations*. New York: Oxford University Press.



Consequences of the Modernization of Society and Possible Coping Mechanisms, with an Example from Italy

Šárka Ulčáková

Šárka Ulčáková¹ is a student of the doctoral study programme of Social Work at the Faculty of Social Studies at the University of Ostrava. Her master's thesis was about social entrepreneurship in connection to the modernization of the society. She is currently focused on the topics of social and solidarity economy, cooperative movement and social cooperatives.

Abstract

The contribution is focused on the topic of social and solidarity economy and Italian social cooperatives, and is one of the outcomes of the Student Grant Competition project called *The Use of Social Work in Italian Social Cooperatives Providing Social Services* which has been conducted from January to December 2016 with the goal to clarify a working definition of social work implemented in organizations chosen for the research. This article first introduces the topic of modernization of society with the consequences for social work as well, followed by basic information about social and solidarity economy and social cooperatives in Italy. The last part of the text focuses on the project and some of its outcomes in the context of the modernization of society.

Keywords

social economy, solidarity economy, modernization, social cooperatives, individualization, risks, managerialism, economization, welfare state crisis, privatization

Introduction

During the last decades, social work as a profession and as an academic discipline has been facing many new challenges as a result of changes in society connected to its modernisation. New phenomena, such as managerialism and economization, individualism, or crisis of the welfare state, have a direct influence on the practice of social work. The problems that have emerged in society and that are in the central focus of social work, require new approaches and ideas that would provide adequate and efficient solutions. Social and solidarity economy are concepts that have been gaining an increasing attention recently, as they were recognized (both on the EU level, as well as on the national level in many countries of Europe) as an area that can contribute to find solutions for some of the most urgent problems of the contemporary society. Social work must deal with many new situations as well. In the context of the development of society, the conditions for its practice have significantly changed, and it needs to constantly prove its legitimacy in the society where economic principles play a decisive role. Possible connections between social work

¹ Contact: Šárka Ulčáková, University of Ostrava, Faculty of Social Studies, Fr. Šrámka 3, 709 00 Ostrava, Czech Republic; sarka.ulcakova@osu.cz



and social/solidarity economy are currently not adequately discussed and researched, although better understanding in this regard could help the social/solidarity economy and social work to draw inspiration, to share and to develop ideas that could be implemented into practice, or even to consolidate their role within the contemporary society.

This article is focused on social and solidarity economy and social cooperatives as organizations that represent the most important principles and ideas of those concepts. The Student Grant Project² called *The Use of Social Work in Italian Social Cooperatives Providing Social Services* will be introduced together with some of its results.

Modernization

Modernization of the society is a phenomenon which has had a significant influence on the development of society. Several authors reflect on the changes it has caused and introduce characteristic features of this phenomenon. Beck (2004) argues that one of the most important features of the modernization of society is risk, which was already known to society in the past, however, gained a global character and modern causes during recent decades. Other important features mentioned by Beck are individualization, changes in the character of work, changes in gender, generalization of science and politics, and the threat of terrorism. Liquid modernity, as Bauman (2002) calls it, is also connected to changes in the perception of time and space, to changes in the meaning of community, or to emancipation processes. Keller (2007) perceives also a high degree of the generalization of relationships, functional differentiation of society, and high degree of rationalization of the society as important features of modernization in its second wave. Also, Esping-Andersen (2002) reflects the changes in the society, and besides the features that have been already mentioned, he points out that there have been significant changes in families, and in the labour market.

Crisis of welfare state

Among the most important consequences of modernization of society that had a significant impact on social work is the crisis of European welfare states. This crisis can be, according to Esping-Andersen (2002), defined as a situation when none of the three pillars of the welfare state (state, market, and family) is able to compensate for the failure of the other two pillars. This author also claims that today, many people must face the failure of all three pillars at once. Večeřa (1993) claims that we have talked about the crisis of welfare state since the 1970s, and it is an economic, political and demographic crisis. Two oil crisis and economic recession played an important part in this development. Expenses of the welfare state were rising and it began to be difficult to reduce them, which gradually led to the so called Dutch disease, when *“social costs displace the investment funds and create a barrier to economic growth. Welfare state is perceived by critics as too expensive, decelerating the economic growth, and having a destabilizing effect on economy”* (Večeřa, 1993:62). Another problem is the loss of effectiveness of the welfare state, which is emphasized especially by neoliberals, who claim that only the market can provide this institution with effectiveness and transparency. This argumentation has led also to the spread of managerialism and economization in social work, and to application of economic and market principles in all subsystems of the society. Večeřa (1993) also mentions demographic changes as one of the other reasons of the crisis of the welfare state, especially in the connection to aging of the population. Failures of the welfare state led to many reforms that have been introduced during recent decades. However, as Borzaga et al. (2014) argue, those reforms have not achieved satisfactory outcomes, especially in cases when privatization of the services of public interest according to a purely for-profit model took place,

² This work was supported by the Student Grant Competition Project under Grant No. SGS03/FSS/2016.



followed by transfer of those services to private businesses. Such reforms “*contributed to a growing imbalance between the demand and supply of services of general interest, especially in the key areas of health, social services, and education*” (Borzaga, Becchetti, 2010:2).

Individualization and social risks

For development of the social and solidarity economy, another characteristic feature of modernization was important, and is often discussed in professional literature. Individualization and “new” social risks connected to it were among the main stimuli that led to the emergence of the need for alternative approaches. Bauman (2002) pointed out that on one hand, the individualization brings some kind of freedom of experimentation, but on the other hand, it is the individual who has to deal with the consequences of these experiments by him/herself. So it is freedom which brings many risks. The idea that it is the individual who is to blame for problems of the system has gained an importance, and this idea is reflected in the practice of social work. As a result, people have been untying their family and other bonds and the rest of sociability which would prevent them from their personal growth. This happens because these bonds and relationships are no longer a safety network for them, “*they are not social capital that would help maximize the profit of economic and cultural capital*” (Keller, 2011:167). According to Keller, the most vulnerable group of citizens is middle classes, since they are supposed to play the role of those who have to subsidize the operation of the state, and to ensure the profits for private funds which provide them with insurance in many different areas, at the same time. However, these groups are not entitled to receive help from the state, since they are too rich to get this help, even though they are too poor to be spared from economic problems at the same time.

Economization and managerialism in social work

Due to the welfare state crisis and overall societal changes mentioned above, many challenges for social work have emerged. Neoliberal tendencies that are present in all parts of the society today led to the situation when social work ceases to be legitimized, and in the future it might even be no longer funded (Chytil, 2007). As Holasová (2012) argues, we have been experiencing economization of social work and managerialism during the last decades, while there has been an increasing stress on efficiency and effectiveness of services. The same author also claims that the transformation of social work is connected to the changes in the area of public services that took place in the 1980s and brought the stress on economic criteria and models of management to the practice of social work. These changes were consequences of the oil crisis and the economic recession which followed. As a result, the welfare state started to reduce its measures and increase the requirements for public spending. This is the reason why there were many reforms of public administration in many European countries, aimed at decentralization and implementation of the market through deregulation, privatization, managerialism. The role of the state changed from the provider and funder of social protection to a mere regulator (Holasová, 2012). There was a growing concept which comes from neoliberal ideology and which puts market and its rules in the front position, and claims that public services should be managed much like the private sector. As Rogowski (2012:929) argues, “*public services, including social work, had to become more like businesses, functioning in a context as market-like as possible*”.

Since there is increasing competitiveness in the area of public service provision, social work must more often prove that funds spent on it are used in an effective way and that its interventions are efficient. Nevertheless, quality, effectiveness, flexibility or insufficient openness of social work are being doubted. The economic way of thinking becomes an important part of social work and we can speak of economization of the profession which involves reduction of social work to purely economic aspects. In this sense, care is perceived as a commodity, social work and social services as goods which can be bought and sold (Holasová, 2012). The issues in the area of social (and social work) services provision are growing, however at the same time there is an increasing demand for



new services as a consequence of the problems that have emerged in society (Borzaga et al., 2014). Whose role is to provide those services when there is an ongoing crisis of public funding and a decrease of subsidies for organizations providing social (and social work) services?

Privatization of social work services

Holasová (2012) speaks about marketization of social work which emphasizes the role of the market in social service provision. Social work was gradually perceived as an entrepreneurship driven by the market. Many public services were privatized, which was supposed to have a positive effect since there was a higher pressure on the organizations to increase efficiency and assure as low economic costs as possible. However, the negative side of the process was that the supply was driven by lucrativeness of the service (Holasová, 2012). As Keller (2011) points out, the market stresses new characteristics, such as strict calculus, anonymity, and it is more and more difficult to fund activities which do not bring an immediate and financially calculable benefit. The market principle has gradually taken control over all the sectors of society, and public services are perceived as inefficient and ossified. However, there is a significant consequence for society, as the market uncertainty caused a shift of risks towards those who are unable to protect themselves against it. At the same time, those who have the means to protect themselves are in a better position than before (Keller, 2011).

Social Economy and Solidarity Economy are concepts that contributed to the formation of many organizations and innovative projects which aim at changing the current unfavourable situation in the area of service provision. Both concepts have gained importance and increasing attention during recent decades, as they offer alternative solutions and approaches to some of the social, economic, and also environmental problems of today's society. However, in connection to the features of modernization of society that have been mentioned above, they could also be seen as concepts that, to a certain extent, support the idea of privatization of social services and economization. The author argues that in this regard it is important to perceive the complex character of social and solidarity economy, and its effort to offer a compromise and an alternative approach to meeting actual needs of individuals, groups and communities. To help to understand this point of view the main definitions and principles of both concepts will be introduced in the next part of the text, as well as a brief introduction to the topic of social cooperatives in Italy, which was the central topic of the Student Grant Competition Project conducted by the author of this article.

Social economy

The term "social economy" is perceived in quite a broad sense, which is also why there is more than one definition of this term. One of the definitions says that the social economy is a basic social innovation which perceives itself as an alternative between market capitalism and state socialism, or in other words, "state capitalism" (Franz et al., 2012). Syrovátková (2010:15) argues that *"the social economy and social economics are terms through which the countries of the European Union are trying to grasp a social dimension of the market today. They are connected to the reform of the welfare state, reacting to the fall of the growth rate of European economics. It is also an attempt to solve the current crisis of communities. The term social economy is connected to the communitarian policy in the area of the labour market."* Social Economy Charter is a widely recognized document which had played an important role in the development of the social economy. This document defines the concept and introduces rules and principles which should be followed by social economy entities, while the most important principle is solidarity and inclusion of individuals into the process of active citizenship. According to the Charter, the social economy also aims at the creation of high quality jobs and ensuring a better quality of life, while offering a framework suitable for new forms of enterprises and work. Social economy plays a significant role in local development and social cohesion, it is socially responsible, a factor of democracy, and contributes to the stability and pluralism of economic markets. The



Charter also mentions that the social economy is in harmony with strategic goals of the European Union: social cohesion, full employment, participative democracy, better management, sustainable development and fight against poverty. A more concrete definition of the social economy was created by CIRIEC (International Centre of Research and Information on the Public, Social and Cooperative Economy) in its report from 2007, where the social economy is described as *“The set of private, formally-organized enterprises, with autonomy of decision and freedom of membership, created to meet their members’ needs through the market by producing goods and providing services, insurance and finance, where decision-making and any distribution of profits or surpluses among the members are not directly linked to the capital or fees contributed by each member, each of whom has one vote. The Social Economy also includes private, formally-organized organizations with autonomy of decision and freedom of membership that produce non-market services for households and whose surpluses, if any, cannot be appropriated by the economic agents that create, control or finance them”* (Hunčová, 2008:8).

Social economy entities can be defined in two ways – using the normative or legal-institutional approach. Social Economy Charter defines social economy entities by the normative approach and determines the principles that should be followed by these organizations, which are: primacy of the individual and the social objective over capital, voluntary and open membership, democratic control by the membership, combination of interests of members/users and/or the general interest, defence and application of the principle of solidarity and responsibility, autonomous management and independence from public authorities, use of essential surplus for carrying out the sustainable development objectives, services of interest to members or of the general interest. The reason why the Social Economy Charter uses the normative approach to the definition of the social economy is because it is an “umbrella document” which is meant to be followed by organizations from different countries with different backgrounds. The legal-institutional approach is not able to provide a precise definition in this regard, since the legal conditions in each country are different. We can say in general that social economy entities are oriented on solutions to and issues of unemployment, social cohesion and local development while deriving from the concept of the triple bottom line (which implies economic, social and environmental benefits) (Dohnalová, 2011). Social economy entities are active in many different areas, such as social protection, social services, banking, insurance, culture etc. Social cooperatives are perceived as social enterprises operating under the field of the social economy. An explanation given by CIRIEC – *“all social enterprises form an integral part of the social economy, but most social economy enterprises do not form part of the group of social enterprises”* (Monzón, Chaves, 2012:34), can be used for the definition of the relationship between the social economy and social entrepreneurship. Social enterprise is perceived as a subject of social entrepreneurship. It is a natural person or legal entity (or its part). This subject needs to follow the principles of social enterprise. TESSEA (Thematic Network for the Development of Social Economy in the Czech Republic) approved principles of social entrepreneurship in 2010, deriving from the triple bottom line of the social economy. According to those, social benefits in this regard are activities serving society and certain groups, the democratic decision-making process, and establishment based on citizens’ initiative. Systematic economic activity, the use of profit for the development of the enterprise and meeting the public interest goals, acceptance of economic risks, independence on public or private institutions, at least a minimum of a paid job, and possibility of multisource funding are seen here as economic benefits here. Last but not least, the environmental benefits are in this case fulfilment of local needs, the use of local resources, involvement of important participants on activities of the enterprise, support in the sense of social responsibility on the local level, innovative approaches and solutions, and activities of the organization in accordance with the environmental aspects.

Solidarity economy

When speaking of social cooperatives, we find out that they are mostly classified as social enterprises and as social economy entities. However, in recent years there has been a growing



debate about solidarity economy as well. In regards to social cooperatives, we often find a connection with solidarity economy. The differences between the two concepts are not yet very clearly defined in the professional literature, which can cause some confusion if we want to study these topics further. Many authors (e.g. Lewis, Swinney, 2008; Allard, Matthaei, 2008) frequently stress the aspect of connection between the consequences of the development of society and the establishment and formulation of the main goals and principles of solidarity economy. Some authors perceive solidarity economy mainly as a movement aimed at building alternative practices, policies and institutions and representing a reaction to the inequitable distribution of welfare within society, to the increasing gap between poor and rich people, to exclusion and inequality but also to environmental problems (Kawano, 2009). Lewis and Swinney argue that many innovations within solidarity economy *“were responses to the consequences of exclusion and oppression instigated by the wealthy and powerful”* (Lewis, Swinney, 2008:38). In general we can say that the main idea of solidarity economy is to find a way how to deal with today’s societal struggles for equity, democracy, sustainability, justice and dignity. Lewis and Swinney also point out that solidarity economy *“demands we explicitly contend for ‘third system’ values (justice, inclusion, balance, ecological sustainability, and economic viability) and the economic principle of reciprocity in both the marketplace and in the state”* (Lewis, Swinney, 2008:40).

As Allard and Matthaei (2008) emphasize, it may be quite difficult to define the term solidarity economy. The most widely used definition was created by Alliance 21 – a group which assembled a working group of socioeconomics. This definition says that *“Solidarity economy designates all production, distribution and consumption activities that contribute to the democratization of the economy based on citizen commitments both at a local and global level. It is carried out in various forms, in all continents. It covers different forms of organization that the population uses to create its own means of work or to have access to qualitative goods and services, in a dynamic of reciprocity and solidarity which links individual interests to the collective interest. In this sense, solidarity economy is not a sector of the economy, but an overall approach that includes initiatives in most sectors of the economy”* (Allard, Matthaei, 2008:6). As this definition shows, it is not the profit that is in the centre of attention of solidarity economy, but instead human needs. Solidarity economy initiatives can also be defined generally as *“practices and institutions on all levels and in all sectors of economy that embody certain values and priorities: cooperation, sustainability, equality, democracy, justice, diversity, and local control”* (Allard, Matthaei, 2008:6). The number of definitions can cause confusion but just as in the case of the social economy, it is a sign of diversity and a bottom-up approach.

Social cooperatives in Italy

Social cooperatives are among the most important entities of both social and solidarity economies. They represent an interesting example how principles of both social and solidarity economy can be transferred into practice. The Student Grand Competition project conducted by the author of this article was focused on this kind of organization in order to find out what the practice of social work in social cooperatives is, and what its characteristic features in the context of the development of the society are. In this part of the text, the topic of Italian social cooperatives will therefore be introduced.

The theoretical background of social cooperatives is strongly connected to the cooperative movement which has been evolving over the last 172 years with consistent and clear values, standards and governance mechanisms, and the declared mission to *“satisfy the people’s needs and aspirations through democratically controlled enterprises”* (Roelants, 2011:11). Bruno Roelants argues that social cooperatives *“seem to act as an interface between the cooperative movement and the social enterprise phenomenon”* (Roelants, 2011:11). Italy is known as the cradle of social cooperatives with the longest history of legal support for this kind of entity in Europe and has wide experience in this field. The Act on Social Cooperatives was passed here in 1991, establishing the new form



of organization: a social cooperative, which was, together with associations, foundations and “onlus” organizations, considered to be social economy entities (Borzaga in Spear et al., 2001). The ultimate goal of Italian social cooperatives is to *“promote the general interest and the community and to foster the human development and integration of the citizens through their involvement in two main areas:*

- a) The management of socio-health and educational services.*
- b) The carrying out of different activities (agricultural, industrial, commercial or services) aimed at the integration into employment of disadvantaged persons” (Mazzocco, 2009:47).*

First, organizations that had the characteristics of social cooperative already were established at the end of the 1970s in Italy and they were supposed to help overcome some of the shortages in public policies through creation of new job opportunities for people with disabilities who had difficulties finding a job via the quota system. However, as Borzaga and Defourny (2001) point out the historical development was quite difficult in this country, which led to the establishment of such an organizational form. Until the end of the 18th century, there have been many charities and volunteer organizations emerging in this country. Social work, healthcare, care for the elderly and education were the areas of private charitable activities. The Catholic Church played an important role in this area. Since the end of the 18th century, charity had become an object of increasing suspicion and hostility not only in Italy but also in other European countries. They were considered as external, strange powers, which were not desirable because they represent “a third party between the government and individuals”. One of the reasons why they were perceived as such was that the two parties were the only ones accepted by the ideology of Enlightenment. Freedom was applied to only individuals at that time, not groups, not communities or organizations. That is why at that time, many charitable and voluntary organizations ceased their activities because of the direct intervention of the state. This approach appeared even more frequently between the two world wars and in relation to the establishment of the system of the welfare state (Borzaga, Defourny, 2001).

The development of the welfare state in Italy has been similar to the development in other European countries in that it has mostly a public nature, in regards to the redistribution and to the provision of social services. This approach initiated the transition of private social institutions to public agencies and also created a kind of a dependency of the organizations of the non-profit sector on public funding and decision-making. These facts led to the situation where at the beginning of the 1970s there were only a few non-profit organizations, focusing mainly on the benefits for their own members. There was no space for non-profit organizations carrying out some “productive activities.” The only private organizations with social goals were cooperatives, however those had to provide their social benefits only to their members. Services that were provided by the Italian welfare state at that time were educational and healthcare services, which were supported mostly by public institutions. Later, the Italian system started to focus on the support of transfers through the system of social security. The difference between public interventions and needs of citizens had been gradually increasing, which was why the third sector started to grow. During following years, organizations of the third sector started to change their mutual dimension: they were no longer oriented merely on their members’ interests, but instead started to care about the needs of individuals, and they increased the production of services, frequently in consequence of the state’s inability to react adequately on the needs of its citizens. These organizations were established as a form of an association, and a great part of the work force consisted of volunteers. However, at the end of the 1970s, new cooperatives had been established in which members were not only volunteers but also paid employees. (Borzaga, Defourny, 2001)

As Borzaga and Defourny (2001) point out, the use of the association form in order to produce services, and the use of cooperative form in order to create jobs especially for the benefits of non-members, was against Italian law. Back then, according to the law, foundations and associations had to follow certain “ideal objectives”, meaning for example that they were not supposed to have



any economic goals and activities, or only to a minimum extent. On the other hand, companies and corporations (cooperatives included) could carry out commercial and industrial activities in order to gain profit and benefits for their owners. However, the Civil Code does not include productive activities (such as service provision) through the use of the non-profit legal form of organization. However, it became clear little by little that associations as well as foundations (to a certain extent) were not suitable for stable and entrepreneurial service provision, which led to the situation when those organizations started to think about an organizational form of cooperative organization. The use of such a cooperative form was enabled thanks to the Italian Constitution, assigning a social function to cooperatives. Since the concept was not yet clearly defined, it helped the newly established cooperatives to defend their activities in favour of disadvantaged people while applying the principles of mutuality, and mutuality between volunteers, to such an extent, that the term “extended mutuality” began to be commonly used.

Use of this form of organization was also supported by the fact that people who wanted to establish it did not need a great amount of capital. Cooperatives were also provided an independent legal subjectivity and limited responsibility of their members. They were also supposed to begin managing their activities in a democratic way on the “one member-one vote” principle, which made cooperatives a more democratic form of organization than the form of association. The form of cooperative began to be used with the intention to provide social services more and more frequently. This led to the development of a kind of cooperative called “*social solidarity cooperative*” which began to think about its own organizational strategy and started to exert a certain pressure on the cooperative movement and the Parliament in order to get those organizations a legal support in their specific aspects (Borzaga, Defourny, 2001).

Finally Act No. 381 was passed in 1991, acknowledging that social cooperatives were a tool to meet not only the needs of their members but also general interests of communities connected to human growth and integration of citizens. The Act also accepted membership of volunteers, people using the services provided by cooperatives, and people employed by the cooperatives. Two basic kinds of cooperative have been distinguished: type A social cooperatives providing social, healthcare and educational services, and type B social cooperatives offering work integration for disadvantaged persons. It was not possible to establish an organization that would consist of both options. The Act also specified categories of disadvantaged people: people with a physical or mental disability, drug addicted people, alcoholics, minors from problematic families and prisoners on probation. After the Act was passed, the number of social cooperatives started to increase. This form of organization was supported by various kinds of measures, and thanks to the debate initiated by the cooperative movement, the awareness about this form of organization started to spread across the country. The development of social cooperatives was also supported by legal regulations at the level of the local government authorities, and by the support of contracting with public authorities in the connection to social service provision. There was one more crucial element for the development of those organizations, and that was the support by the cooperative movement realizing it was a good opportunity to revive cooperative ideas as a whole (Borzaga, Defourny, 2001).

Today, social cooperatives have a strong representation in many cooperative associations, and are organized into local consortiums which are part of the national consortium. Since the establishment of this form of organization, a new strategy has been applied. This was based on the preference of separation of a new initiative from the original cooperative to enlarging the cooperative’s size due to the increasing demand for services. The size of cooperatives also does not play a very significant role since they are supported by local consortiums. According to Borzaga and Defourny (2001), the integrated entrepreneurial system, which has been developed, can be characterized by three levels:

- **First level** – individual social cooperatives.
- **Second level** – local, especially provincial consortiums serving as “*strategic support in the contractual relations between cooperatives and public authorities, often acting as general*”



contractors" (Borzaga, Defourny, 2001:176) which provide marketing development, consultancy in administration, training and development of human resources, organizational and management consulting for partners and newly founded organizations.

- **Third level** – the national consortium CGM which is in charge of long-term strategic functions, such as research activities, training of the managers, development of activities etc. This consortium also assumes the role of general contractor with respect to actions at the national level.

The system of consortiums as a whole appears as "*an enterprise network that develops itself in a conscious way, according to a given project, and which is characterized simultaneously by the independence of the different organizations and by their considerable integration*" (Borzaga, Defourny, 2001:177).

Project: The use of social work in Italian social cooperatives providing social services

The Student Grant Competition project called *The Use of Social Work in Italian Social Cooperatives Providing Social Services* was conducted from January 2016 to December 2016. The main part of the project was research carried out in Italy focused on application of social work within chosen Italian social cooperatives providing social services. The main goal was to clarify the working definition of social work applied in those organizations, based on analysis of the process of social service provision by chosen social cooperatives, and interviews with communication partners focused on the provision of social services and social work in those organizations. The outcomes will serve the purposes of the author's dissertation thesis. For data collection, the qualitative technique of documents analysis and semi-structured interview with representatives (with different professional background) of chosen Italian social cooperatives have been used. Data were collected from January 2016 to March 2016, while their analysis was carried out in the subsequent months. For the data analysis, elements of grounded theory were used, such as open, axial, and selective coding. The outcomes of the project were an active participation at an international conference and two publication outcomes in professional journals.

During the first months of the research, 50 Italian cooperatives providing social services were contacted, mainly in the region of Bolzano, Brixen, Bruneck and Trento. In the end, 9 organizations agreed to participate in the project and to conduct an interview, which was the main source of data for the research. Interviews were conducted in English or German, in a few cases with a help of translator (therefore a language barrier might have caused distortions and influenced the data). In the connection to the most important features of modernization of the society that have been mentioned in this article, a few interesting categories have appeared during the data analysis.

Response to the crisis of the welfare state

As mentioned in the first part of the article, the crisis of the welfare state has brought many challenges to society, and to the area of social work. In some of the social cooperatives we can clearly see the influence of modernization features on the every day practice of these organizations.

Funding

Problems with the funding of organizations providing social services from public resources were among the issues that inspired the establishment of many social cooperatives today. And indeed, also communication partners mentioned during the interviews that there have recently been significant cuts in the welfare state budget, which in Italy is also connected to the economic crisis. There are also significant differences between the support that is received by each region from the state government, and between "Italian" and "German" organizations (In South Tyrol). One of the communication partners expressed that although there is a decrease in the amount of subsidies that the organization receives each year from public resources, other regions can be in a much more



difficult situation: *"there are so many places in Italy where activities like these are not even organized. They do not exist at all"*.

As we look at the definitions of the social and solidarity economy, the term "sustainability" is often used. Crisis of welfare states might be one of the reasons why, in the area of social work and social services in general, there is an increasing stress on sustainability and sustainable development of organizations operating within this sector. To reach sustainable development at the time when subsidies from public resources are no longer provided in sufficient amounts in order to meet the needs of the citizens, organizations should seek other kinds of resources (which do not necessarily need to have a form of financial support, but can also be provided for example as a material support, or workforce). Communication partners mentioned support they receive from donors, from organizations with which they cooperate, and from volunteers. Very important are of course also income that cooperatives gain directly through conducting their entrepreneurial activities. In two cases, social cooperatives were receiving indirect significant support from public resources, such as provision of rooms/building for the organization to operate in, or partial reimbursement of the costs of services, which is given to the clients of the organization by the regional government (South Tyrol). In six cases, organizations were supported from public funds directly through partial reimbursement of the costs of running the organization. A question might arise whether an organization can be sustainable, if it uses support from public funds at the time when there are strong efforts towards cutting the budget of the welfare state. In this regard, it is however important to mention, that there is a difference in how much the organization depends on these resources and how much it would be able, through other kinds of resources, to substitute them in case that it would no longer be possible to receive them. That might be an important aspect of reaching the sustainable development of an organization, and also an area which would need to be improved in some of the cooperatives that took part in the research. Networking, cooperation with other organizations, and voluntary work have emerged as essential and important complementary support in this regard.

Volunteers

Six communication partners mentioned how important the role the volunteers play in their organizations, and some of them even expressed that without volunteers, some of the projects or services could not be carried out. An interesting practice of involving former clients into the voluntary activities of organization also appeared several times during the interviews, and can be of especially great importance while working with target groups that are difficult to reach or to communicate with, for example because of the language barrier. Volunteers can then help as mediators or translators. One of the communication partners said *"French and English [languages] are not enough, because there are lot of people that come from countries that have a hundred different languages, for example in Nigeria. And it is very difficult to communicate with them, if they know just some dialects or just some particular languages, so it is very useful also for us to work with people that stay here and know not just the culture, but also the specific language"*. The role of social work here can be to establish, motivate and help to develop a network of volunteers who are willing to help the organization or directly the clients, to carry out their activities or events. Social worker plays a role of catalyst and mediator between the clients and volunteers. One communication partner also expressed that social workers in the organization play the role of mediator between volunteers and clients during meetings when activities for the coming months are planned together. Social workers also share their professional experience and give feedback about past activities during these meetings.

Networking and cooperation

Networking and cooperation is important on the level of the organization activities in general, as well as in social work that is carried out in the organization. Several communication partners



expressed the need for cooperation with other organizations and professionals for different reasons: in order to provide complex and follow-up services for the clients, in order to gain financial support, in order to carry out common activities and events, or in order to share information. Most often the cooperation was established with associations, foundations, charity organizations, public or local administration, province, public social service, individual professionals, and with private firms through a partnership, or through direct contracts (for example in cases when those private firms were providing clients a job placement). In social work, the focus on networking and cooperation can be seen as a reaction to the individualisation and increasing threat by social risks. By connecting the client to the environment, helping him/her to reach services and help that he/she needs and by leading him/her to autonomy, negative consequences of those two phenomena could be reduced. Communication partners also expressed in many cases the importance of mutual help: sharing information, sharing experience, and supporting each other in difficult times and situations. The social worker's role is mainly in creating space for such cooperation and mutual help, catalyzing and supporting the development of this cooperation, while empowering the client and helping him/her to create his/her own networks of support within the client's environment and within community. Cooperation is a term that suggests a relationship based on equality. This can be applied also to the relationship between social worker and client. The whole process of service provision is planned, realized, and evaluated together **with** the client. Some of the communication partners expressed that social workers in their organizations do not have the power of a professional who is an expert on the client's situation or problem. In the contrary, power is equally distributed among social workers and the clients.

Conclusion

All the above mentioned information on the development of social cooperatives in Italy indicate that social cooperatives represent an interesting form of organizations that aim towards reaching not only economic but also social and environmental goals through innovative activities and a specific organizational structure. In this article, the author focused on economic and social dimensions, as they are connected to the consequences of the modernization of the society mentioned in the first part of the text. During the research project which was introduced in this article, a few important points have emerged in connection to the development of society, social work, and practice of social cooperatives in Italy. Most of the organizations that took part in the research represent an effort to tackle the problems connected to the cuts in welfare state budgets and increasing difficulties to meet the demand for social services. They do so by using different kinds and forms of resources, conducting entrepreneurial activities, creating networks of cooperation, and following certain principles and goals mentioned above. This has an influence also on the practice of social work in those cooperatives, which focuses on creation and support of the development of the client's own networks of help and support, and on leading the client towards autonomy. Volunteers in these social cooperatives play also an important role in this process and might support the social worker in his/her work with clients in many ways. The stress that is put on mutual help and support aimed at reaching social objectives is in contrast to the individualism that was produced by the modernization of society, and represents an approach that is inspiring and does not need to be implemented only in the area of social and solidarity economy. For example, we can ask a question whether those aspects are implemented in the practice of social work in other types of organizations, and if not, how could they be implemented in order to reach social objectives and to meet the needs of the clients. To put it simply, as one of the communication partners said: *"I do not need to learn everything. I must cooperate, but it is very difficult to realize... Everyone wants to have all the competences, but it is not realistic, it is too difficult... I have this story, this experience, this competence, these resources, and together we can 'break the world'"*.

**References:**

- ALLARD, J., MATTHAEI, J. 2008. Introduction. In: ALLARD, J., DAVIDSON, C., MATTHAEI, J. (Eds.). *Solidarity Economy: Building Alternatives for People and Planet*. Chicago: ChangeMaker Publications, 1–16.
- BAUMAN, Z. 2002. *Tekutá modernita*. Praha: Mladá fronta.
- BECK, U. 2004. *Riziková společnost*. Praha: SLON.
- BORZAGA, C., BECCHETTI, L. 2010. *The Economics of Social Responsibility: The World of Social Enterprises*. Abingdon, Oxon: Routledge.
- BORZAGA, C., BODINI, R., CARINI, CH. et al. 2014. *Europe in Transition: The Role of Social Cooperatives and Social Enterprises* [online]. Euricse, European Research Institute on Cooperative and Social Enterprises. [1. 7. 2016]. Available at: http://www.euricse.eu/wp-content/uploads/2015/03/1405514708_n2553.pdf
- BORZAGA, C., DEFOURNY, J. (Eds.). 2001. *The Emergence of Social Enterprise*. New York: Routledge.
- CHYTIL, O. 2007. Důsledky modernizace pro sociální práci. *Sociální práce / Sociálna práca*, 7(4), 64–71.
- DOHNALOVÁ, M. et al. 2011. *Sociální ekonomika*. Praha: Wolters Kluwer ČR.
- ESPING-ANDERSEN, G. 2002. *Why We Need a New Welfare State*. New York: Oxford University Press.
- FRANZ, H. W., HOCHGERNER, J., HOWALDT, J. (Eds.). 2012. *Challenge Social Innovation: Potentials for Business, Social Entrepreneurship, Welfare and Civil Society*. Berlin: Springer.
- HOLASOVÁ, V. 2012. Sociální práce jako nová tržní příležitost? *Sociální práce / Sociálna práca*, 12(2), 126–137.
- HUNČOVÁ, M. 2008. *Sociální ekonomika a sociální podnik v teorii a praxi*. Bruntál: Moravská expedice.
- KAWANO, E. 2009. *Solidarity Economy I: Building Alternatives for People and Planet; Papers and Reports from the 2009 U.S. Forum on the Solidarity Economy*. Amherst, MA: Center for Popular Economics.
- KELLER, J. 2011. *Nová sociální rizika a proč se jim nevyhneme*. Praha: SLON.
- KELLER, J. 2007. *Teorie modernizace*. Praha: SLON.
- LEWIS, M., SWINNEY, D. 2008. Social Economy & Solidarity Economy: Transformative Concepts for Unprecedented Times? In: ALLARD, J., DAVIDSON, C., MATTHAEI, J. (Eds.). *Solidarity Economy: Building Alternatives for People and Planet*. Chicago: ChangeMaker Publications, 28–41.
- MAZZOCCO, V. 2009. Cooperatives and Social Enterprises in Italy. In: ROELANTS, B. (Ed.). *Cooperatives and Social Enterprises. Governance and Normative Frameworks*. Brussels: CECOP-CICOPA, 47–52.
- MONZÓN, J. L., CHAVES, R. 2012. *Social Economy in the European Union* [online]. CIRIEC. Brussels: European Union [27. 3. 2013]. Available at: <http://www.eesc.europa.eu/resources/docs/qe-30-12-790-en-c--2.pdf>
- ROELANTS, B. 2011. Introduction. In: ROELANTS, B., PELLIROSSI, V., BIRON, O. (Eds.). *Cooperatives, Territories and Jobs: Twenty Experiences of Cooperatives Active in Industry and Services Across Europe*. Brussels: CECOP-CICOPA, 11–18.
- ROGOWSKI, S. 2012. Social Work with Children and Families: Challenges and Possibilities in the Neo-Liberal World. *British Journal of Social Work*, 42, 921–940.
- SPEAR, R., DEFOURNY, J., FAVREAU, L. et al. (Eds.). 2001. *Tackling Social Exclusion in Europe. The Contribution of the Social Economy*. Aldershot: Ashgate Publishing Ltd.
- SYROVÁTKOVÁ, J. 2010. *Sociální podnikání*. Liberec: Technická univerzita v Liberci.
- VEČERA, M. 1993. *Sociální stát, východiska a přístupy*. Praha: SLON.



Current Research Trends in Social Work from the Demands Submitted to CNPq

Jussara Maria Rosa Mendes, Bernadete de L. F. de Almeida, Rosangela Werlang

Dr. Jussara Maria Rosa Mendes¹ is Social Worker, Associate Professor at the Universidade Federal do Rio Grande do Sul/UFRGS and Researcher at CNPq. Her main research interests are collective health, work and poorness.

Dr. Bernadete de L. F. de Almeida² is Social Worker, Associate Professor at the Universidade Federal da Paraíba/UFPB and Researcher at CNPq. Her main research interests are social management, social issues and poorness.

Dr. Rosangela Werlang³ is Social Scientist, Visitor Researcher at Universidade Federal do Rio Grande do Sul/UFRGS and CNPq. Her main research interests are collective health, work and suicide.

Abstract

This article aims to analyze current research trends in Social Work from the demands submitted in the context of the Brazilian National Council for Scientific and Technological Development (CNPq). Therefore, it introduces a discussion concerning the unquestionable relationship among research, production of knowledge, and *stricto sensu* graduate programs in Social Work. This discussion is based on data collected from secondary sources derived from the previously mentioned funding agency. Data have been evaluated by representatives of the Social Work area who participate in the Advisory Committee of Psychology and Social Work at CNPq. The trends observed show the fragility within the area which arises from issues such as the current centrality of technological innovation; the investigative predominance on the Social Policies and issues regarding the area of Fundamentals of Social Work; the link of the research to several social demands historically determined by a capitalist society. We also emphasize the emergence of two new trends stimulated by CNPq, which denote relevance to Social Work: education and popularization of Science & Technology, as well as intersectionality.

Keywords

research, production of knowledge, social work

¹ Contact: Dr. Jussara Maria Rosa Mendes, Federal University of Rio Grande do Sul and CNPq, Rua Ramiro Barcelos, 2777, Anexo 1 da Saúde, Bairro Santana, 90035-007, Porto Alegre, Rio Grande do Sul, Brasil; jussaramaria.mendes@gmail.com

² Contact: Dr. Bernadete de L. F. de Almeida, Federal University of Paraíba and CNPq, Cidade Universitária, 58051970, João Pessoa, Brasil; blfalmeida@uol.com.br

³ Contact: Dr. Rosangela Werlang, University of Rio Grande do Sul and CNPq, Rua Ramiro Barcelos, 2777, Anexo 1 da Saúde, Bairro Santana, 90035-007, Porto Alegre, Rio Grande do Sul, Brasil; rosan-gelawerlang@gmail.com



Introduction

The theoretical and methodological foundations of Social Work manifest themselves through the most diverse expressions, including graduate programs, research, and production of knowledge, among others. The scope of this article is to provide an overview of current research trends in Social Work by materializing investigative proposals submitted to the Brazilian National Council for Scientific and Technological Development (CNPq) by researchers in this field, especially those which originated in Brazilian *stricto sensu* graduate programs within the last three years (2011–2013).

Considering this spatial and temporal designation, the following analytical issues are raised: Do recent research proposals in the area of Social Work sent to CNPq reveal their current trends? Does research still express the hegemony of Social Work's "functional-occupational foundation", granting it specificity or historical particularity? Does research analyze relevant objects within the Fundamentals of Social Work, and other categories very important to the profession, such as "social issues", social policies, and labour processes, among others? Certainly, dealing with *research* in a particular field means linking it to its process of scientific and technological accumulation, which reveals itself in the production of knowledge, largely generated in Academia, particularly in graduate programs.

This conclusion allows us to understand that most of the production of knowledge accomplished through the publication of books, articles and book chapters, in addition to theses and dissertations derived from scientific research conducted by professors and students of *stricto sensu* Graduate Programs in the area of Social Work. The interest in investigating research in Social Work and its relation to the production of knowledge and to Graduate Programs is recent in Brazil. Such interest results from the creation of the first Graduate Programs in the 1970s and the inclusion of Social Work researchers within Brazilian funding agencies (CNPq and CAPES) since the 1980s. Thus, Prates (2013:213) mentions that *"the Social Work maturation process in Brazil, a profession still very young compared to ancient ones, has become consistent in research and production of knowledge since the end of the twentieth century. It is possible to say that research and production of knowledge resulting from them were a turning point in the process of consolidation of the symbolic accumulation of Social Work in the last 40 years. When the Graduate Programs in Social Work are shaped in the country and the production of knowledge becomes more significant in the area, the profession will gain a new statute."*

The establishment of *stricto sensu* graduate programs is a factor boosting the production of knowledge and, consequently, augmenting research in Social Work, which has been a recurring theme in published articles, such as those by Setúbal (1995), Faria (2003), Silva & Silva (2004), Kameyama (2004), Silva, Carvalho (2005, 2007), Lara (2007, 2008), Sposati (2007), Bourguignon (2005, 2007, 2008), among other authors.

Guerra (2011:126) emphasizes the importance of graduate studies as a critical inspiration for Social Work, "[...] which holds, today, a hegemony in the production of knowledge and research, responsible for renewing the professional image and making Social Work become contemporary of its time, while placing it as a discussion partner recognized within the social sciences field."⁴

Due to its concrete immersion into reality, Social Work generates a rich contribution to Social Theory. *"I understand that we are mature enough to explain 'thematic axes' more precisely, so that we can guide and give more concrete direction to research in Social Work"* (Sposati, 2007:24).

Although we recognize that there has been progress in the dialogue among graduate programs, the production of knowledge and the research in Social Work, there is still much to do if we consider the challenges and difficulties that pervade Social Work as well as the relation with the dynamics of the research funding institutions in Brazil.

Analysis of current trends in Social Work research considering the proposals submitted to CNPq

The development of research in Social Work is not different from those in other disciplines. This progress predominantly stems from the academic performance of professors and students from *stricto sensu* Graduate School. It also recognizes the importance of arguments coming from final papers developed

⁴ The authors have translated all direct citations.



on supervised internships during undergraduate courses, and those coming from monographs written during specialization courses, which, roughly, analyze the professional intervention in the programmatic units of Social Policies.

Overall, we distinguish among the research of individual, group, and institutional characters which are developed by professors and researchers with or without the financial support from funding agencies such as CAPES, CNPq, and other research foundations at the state, national and international levels.

The Social Work's inclusion at CNPq is relatively recent (approximately 30 years), and it is identified as a program that, along with Psychology, composes the Advisory Committee (CA-PS) with representatives of these two areas of expertise, where two members are from Social Work and six from Psychology.

The representatives of the areas who participate in the Committee are chosen “[...] *periodically by the Deliberative Council (CD), based on consultation made with the national scientific and technological community, and it is entitled to, among others, judge the submissions for research support and training of human resources*” (CNPq, 2014:1).

CA-PS along with other six Advisory Committees (Scientific Dissemination, History, Arts, Information Sciences and Communication, Philosophy I, Philosophy II, and Languages and Linguistics) integrate the Research Program Coordination in Humanities and Social Science (COCHS), which are linked to CNPq's Board of Engineering, Exact Sciences, Humanities, and Social Sciences (DEHS).

The Social Work Program has been competing in some Public Notices and Public Calls nationally and internationally. In Brazil, it includes Special Scholarships for Graduate level programs (Full Doctorate – GD, and “Sandwich” Doctorate in the country – SWP), and Fellowships for Research level (Post-Doctorate Jr. – PDJ, and Post-Doctorate Senior – PDS). Abroad, it includes the Graduate level (Full Doctorate – GDE, and “Sandwich” Doctorate – SWE), and the Research level (Post-Doctorate – PDE) and Senior Internship (ESN); all these variations with Chronograms 1, 2, and 3. Besides, there are also Scholarship of Research Productivity (Pg); Scholarships of Technical Support (AT); Scholarship of Scientific Initiation (IC); Universal Public Notice with 3 funding ranges; Humanities, Social Sciences and Applied Social Sciences (research funding); and support for Scientific Events (Arc), stages 1 and 2. The proposals submitted to CA-PS run on an annual basis and are evaluated on the basis of two parameters: the quantity of the demands submitted to the Programs (Social Work and Psychology) and the funds made available by CNPq. In other words, for each Public Notice or Public Call, the Agency establishes the amount of funds to be divided among the Programs, whose criteria of demands attended will depend on the amount of submitted proposals.

Because of these criteria, smaller programs become more fragile, which is also the case of the Social Work Program due to its smaller number of researchers with grants and little demand. However, this finding will be discussed later.

The analysis to be carried out on current research trends in Social Work from the demands submitted to CNPq corresponds to the period between August 2011 and July 2014. This period comprises the terms designated by the professors Denise Bontempo de Carvalho Birche (from January 2009 to December 2011), Jussara Maria Rosa Mendes (from July 2011 to June 2014) and Bernadete de Lourdes Figueiredo de Almeida (from January 2012 to December 2014).

The analysis enabled us to assess what factors contribute to the occurrence of the difference between the proposals submitted by researchers and the ones recommended by the Social Work program based on the financial resources provided by CNPq.

In quantitative terms, we highlight the research trends of the Social Work program in the context of CNPq: conveying an introductory overview of the current situation of research in Social Work at CNPq, which exposes the fragile relationship between the demands received and the ones recommended. The data collected allows us to confirm the existing relational approach between the number of received demands and the amount of funds released by CNPq. Therefore, the managerial logic of distribution of financial resources by the research programs is very related to the amount of submitted requests. This is a competing logic: the program that has more demands is the one that receives more financial resources.

In order to elucidate this finding, we have taken as an example the requests sent and the resources provided by CNPq to CA-Psychology and Social Work Social in the Public Call MCTI/CNPq/MEC/CAPES (Humanities, Social Sciences, and Applied Social Sciences) for the years 2012 and 2013, as seen on Table 1:



Table 1: Relation between Demands and Financial Resources of the Public Calls MCTI/CNPq/MEC/CAPES No. 18/2012 and No. 43/2013

CA-PS	2012		<i>Per Capita</i>	2013		<i>Per Capita</i>
	No.	R\$		No.	R\$	
Psychology	130	658,000.00	5,061.53	116	721,064.17	6,216.07
Social Work	28	141,125.00	5,040.18	25	112,106.45	4,484.25

Source: Internal data source – CNPq

These data allow at least two considerations: the first one is the *per capita* difference between the two Programs which belong to the same Advisory Committee, with a higher difference in 2013; and the second one is that there was a budget increase of the resources allocated to the Psychology Program, while there was a budget decrease for the Social Work Program, as the amount *per capita* for the years 2012 and 2013 indicate.

Considering the unequal allocation of funds for these two programs, the most striking observation is that in both of them there was a reduction in demand from one year to another. However, the Social Work Program has been affected by the loss of resources due to the lowering demands, while the opposite happened to the Psychology Program. Even with the reduced demand from one year to the other, the Psychology program received more financial resources if the two years are compared (Mendes, Almeida, 2013a).

Moreover, this dual reality between Social Work and Psychology is reproduced in all Public Notices and Public Calls. Thus, the fragility of the Social Work Program at CNPq perpetuates, which is characterized by the gradual reduction of demands sent, leading to a vicious circle where the scarcity of funds available dictates the sparing demands recommended. Due to this unequal logic, this Program is in a serious danger of being suppressed.

In order to confirm this finding, Table 2 illustrates relevant data related to the Public Call MCTI/CNPq/MEC/CAPES No. 43/2013. The data disclose all the funds made available by the Coordination of the Research Program in Humanities and Social Sciences (which has six Advisory Committees), the funds allocated to the Advisory Committee of Psychology and Social Work and to the Social Work Program.

Table 2: Funds from the Public Call MCTI/CNPq/MEC/CAPES No. 43/2013

Funds available	Amount (R\$)	%
Public Call MCTI/CNPq/MEC/CAPES No. 43/2013	8,000,000.00	100.00
Coordination of the Research Program in Humanities and Social Sciences – COCHS	2,282,391.54	28.52
Advisory Committee of Psychology and Social Work	721,064.17	9.01
Social Work Program	112,106.45	1.40

Source: Internal data source – CNPq

The data points to the budgetary insignificance of the Social Work Program, in which its participation corresponds to only 1.4% of the total funds. By correlating the financial resources available to the Social Work Program and the funds released for the COCHS, to which this program is linked, it is possible to notice that it corresponds to 4.91%. Moreover, when comparing the resources allocated to this Program with those given to the Psychology Program, which integrates the same Advisory Committee, the percentage amount of 15.5% is notable.

The significant increase regarding the demands of the Psychology Program at CNPq derives from the magnitude of this field of study, which corresponds to 73 Graduate Programs, while Social Work amounts to 31. In addition, the Psychology Program counts with 311 researchers in Research Productivity (PQ)



while there are 71 in Social Work. Certainly, when considering quantitative terms, there is a significant difference perceived.

Supported by the view of the productivist logic adopted by the funding agencies, the alternative to attenuate the difference in the medium term is for the Program of Social Work to invest more in expanding the *stricto sensu* Graduate Programs and significantly increasing the demand for qualified researchers by encouraging the growth of granting Scholarships of Research Productivity. (Mendes, Almeida, 2013a)

Another specific fact that proves the fragility of Social Work research at CNPq compared to the Psychology Program is the Public Call of Scholarships of Research Productivity – 2013. With a total of 245 submitted proposals, the Advisory Committee of Psychology and Social Work (CA-PS), 203 requests corresponds to the Psychology Program while 42 belong to the Social Work Program.

Subsequently, this represents a significant difference in demands between the two Programs, since the Social Work Program received only 17.1% of the total submitted proposals when compared to the Psychology Program. Thus, the fragile reality of the Social Work Program tends to persist, in case this situation remains as expressed by the small number of existing researchers (PQ) and the few demanders of new proposals to the CNPq's Productivity Scholarships Program. (Mendes, Almeida, 2013b)

In order to illustrate this fact, we have comparatively analyzed the granting of PQ scholarships for the Advisory Committee of Psychology and Social Work. In 2012, the Psychology Program attained 80% of the PQ scholarships proposed to the CA-PS, whereas, Social Work received 20%. In 2013, from a total of 117 grants awarded to CA-PS: the Psychology Program recommended 129 to a quota of 104 scholarships derived from the end of validity (February 2014); the Social Work Program recommended 33 for a quota of 13 scholarships. The comparison of quotas of PQ Scholarships between the two Programs corresponds to 88.8% of the total for Psychology and 11.2% for Social Work.

When compared to the Psychology Program, the data shows a significant and gradual reduction of PQ quotas to the Social Work Program from 20% to 11.2% of the scholarships granted in 2012 and 2013, correspondingly. Therefore, the same unequal logic has been maintained and reinforced (related to the demand *versus* concession) between the two Programs that are part of the same Committee (Mendes, Almeida, 2013b).

Qualitatively, it is possible to highlight another trend concerning the research of Social Work at CNPq. Such trend includes the areas and sub-areas of research of the Social Work Program. When referring to the Public Calls of Research Productivity Scholarships in the years 2012 and 2013, the predominance of Applied Social Work is confirmed, which also includes Social Policies with its sub-areas. The table below shows a comparison of number of proposals submitted among sub-areas of Social Work including the Fundamentals in Social Work and Applied Social Work:

Table 3: Number of proposals stratified by sub-area of Social Work at CNPq regarding to the PQ Public Calls – 2012 and 2013, Brasília 2012–2013

Subareas of CNPq	2012	2013	No.	%
Applied Social Work	15	14	29	31.5
Fundamentals in Social Work	19	13	32	34.8
Social Work of Health	05	03	08	8.7
Social Work of Education	03	06	09	9.8
Social Work of Labour	06	04	10	10.9
Social Work of Housing	01	02	03	3.3
Social Work of Underaged	01	--	01	1.0
Total	50	42	92	100

Source: Internal data source – CNPq

At first, we call attention to the obsolescence of this stratification of knowledge that does not meet the current demands set for Social Work, in addition to coming from a conservative tradition of positivist



division of knowledge. Moreover, the data illustrates the predominance of investigative proposals on Social Policies and the displacement of the area of Fundamentals of Social Work.

Regarding the dismissal of the division within areas and sub-areas (known as “tree”) of knowledge of Social Work by Funding Agencies such as CNPq and CAPES, and in light of this inadequate division, found in all Technical Reports developed by the Advisory Committee, the discrepancy of the nomenclature has been registered and the positivist division that this “tree” brings between thinking and acting has been accused, when both have the same historical, theoretical, and methodological background of society that supports knowledge. In Social Work, “[...] *the theoretical/methodological understanding of reality, based on intellectual assets that constituted from the main sources of social thought and its expressions in the different fields of human knowledge, is a process that is built in the dialogue with the movement of society itself.*” (Yazbek, 2006:2)

As demonstrated in Table 1, the predominance of analysis of Social Policies, which embody the socio-occupational spaces of the social worker, establishes a research trend and, obviously, the production of knowledge (books, articles, theses, dissertations) and Graduate Programs (areas of specialization and lines of research) in Social Work. This finding has been analyzed by authors such as Simionatto (2005), Yazbek (2006), Iamamoto (2007), Baptista (2009), Guerra (2013). The last author asserts that: “[...] *the influence of pragmatism in Social Work that, as an ideal representation of the immediacy of the bourgeois world, influences the profession considering the practical and professional, theoretical, and ideo-political point of view constituting itself a challenge to be faced by all segments of the category.*” (Guerra, 2013:39)

Even encased by this immediacy that is produced by the bourgeois society, the first decades of research and production of knowledge in the area of Social Work favoured the analysis of objects belonging to the Fundamentals (professional qualification, teaching, practice internship), as mentioned in the article “*Produção Científica do Serviço Social no Brasil*”, written by Ammann (1984). This trend is confirmed in the article “*A trajetória da produção de conhecimentos em Serviço Social: avanços e tendências*,” from Kameyama (1998), which evaluates this production over the years, between 1975 and 1997.

Certainly, the predominance of the analysis about the Social Policies and the diminishing in search of objects identified as Fundamentals of Social Work has been happening since the 2000s.

As a reference, the article *Trinta anos da Revista Serviço Social & Sociedade: contribuições para a construção e o desenvolvimento do Serviço Social no Brasil* (“Thirty years of *Serviço Social & Sociedade* Journal: contributions on building and developing of Social Work in Brazil”) from Silva & Silva (2009), which carries research involving the main topics on articles published in the journal. From 2000 to 2009, the mentioned author catalogued 523 thematic categories: 72 in Fundamentals of Social Work, which include professional qualification, practice, politico-pedagogical project, theory, methodology, teaching, curriculum, research, ethics, professional organization, etc., and 451 in Public Policies / Social Policies and other issues related to social issues, family, elderly, city, state, civil society, labour, gender, poverty, third sector, among others. (Silva & Silva, 2009:610–611)

The investigative analysis in Social Work is based on the specificities of this field, as stated by Iamamoto (2007:210), which derives from “[...] *particularities attributed to the profession in the social division and in the labour technique and its implications for the interpretation and work performance of the social workers nowadays*”.

Another trend refers to the focus of research in Social Work linked to multiple social demands that historically have been determined by the capitalist society. “[...] *The research objects in Social Work emerge from a concrete reality where mediations are established in a society that produces and reproduces itself by means of irreconcilable contradictions*”. (Lara, 2007:73)

This trend goes against the investigative interest of funding agencies. As recorded in an excerpt from Marco Antônio Raupp, who was the Minister of Scientific and Technological Development, during the “*Seminário de Avaliação das Bolsas de Produtividade em Pesquisa*” (Seminar of Assessment of Research Productivity Scholarships) that was organized by CNPq along with the representatives of the Advisory Committees from all disciplines, in Brasília, in April 2013: “*We want to improve the quality of Brazilian science. Our concern is about the demand and modernization of society [...] There are areas which have made great advances in recent years, such as agribusiness, oil and gas, aeronautics, cosmetics, and banking automation.*



We need to expand this development to other areas and this Seminar can contribute with that." (CNPq in Mendes, Almeida, 2013c:5–6)

In the previously mentioned seminar, CNPq's president, Glaucius Oliva, has listed the main difficulties for the advancement of science in Brazil: "[...] *the lack of expertise, the relevance and the impact of the projects; the need to increase the innovation level and registered patents; the attraction of talents who may contribute mainly to the qualification of the national workforce; the multidisciplinary efforts on submitted proposals and the sustainability combined with the initiatives.*" (CNPq in Mendes, Almeida, 2013c:6–7)

Certainly, these quotes expose the huge challenges confronted by the disciplines which do not prioritize or adopt such perspectives. For these areas, it is unthinkable to discuss scientific and technological developments if it is not related in the context of society's needs or human development. The evaluation of the scientific contributions should not be limited to objective parameters like the national impact of such production in comparison to the world average, the ranking of Brazilian scientific and technological contributions in a global context, the technological dependence of the country compared to others, the number of licensed patents, among other productivity indicators (Mendes, Almeida, 2013c).

In this perspective, the centrality held by knowledge within a global society of the 21st century becomes an abyssal challenge, especially in the Brazilian context which is marked by profound inequalities including the access to basic needs to the incorporation of diverse fields of study.

According to Sergio Adorno, a speaker in the previously mentioned seminar, there are singularities concerning the quality of the impact of knowledge, since the objects are unique within different fields. *"The impacts should be seen as subjects and objects that dialogue; they cannot be separate. Therefore, the impacts of knowledge involve different natures that derive from objectivity and subjectivity (quantity and quality). It must be considered that not all objects are material; that there are language, ideas, images, thoughts, as immaterial scientific objects [...]"* (Adorno in Mendes, Almeida, 2013c:7–8),

For this author, the research in Human and Social Sciences, Languages, and Arts Programs involves a very complex process. The first question raised is: how is it possible to assess the impact of the value of a community?; the second problem: The contribution of Humanities and Social Sciences has no impact on scientific and technological development, but they do have an impact on the quality of life as well as on social inequality; the third problem: in Humanities and Social Sciences there is a range of traditions, mostly derived from Philosophy and Sociology which consequently results in a diversity of traditions. Considering this, the following issue is raised: How is it possible to adopt the productivist investigation for scientific and technological development? (Mendes, Almeida, 2013c)

In Adorno's understanding, the research that is committed to the expansion of knowledge in the area, but not necessarily with the technological development, predominant in Humanities and Social Sciences, already coexist with technological areas, but we must also consider the language problem within these Sciences. In Humanities: what is an article, a book, a book chapter? They are not equal in their written formats when compared with the other disciplines. Furthermore, there is a language issue in the Humanities because there are no formal guidelines established like those existing in other areas. As an example, in journals of the Humanities, the reviews are true literary work. What is actually derived from the research? This is one of the great challenges in the Humanities (Mendes, Almeida, 2013c).

In the case of Social Work research, the challenges increase due to the following facts: the small number of researchers affiliated to national and international funding agencies; the research proposals mainly exemplified as case studies (therefore, with restricted investigative unit); the difficulties in developing research projects with theoretical and methodological focus, since a significant part of the proposals have an intense interventionist nature due to the specificity of the area; the little exposure of newly published works that are limited to journals of the Graduate Programs, constantly in an endogenous way; among others.

In order to concentrate in one of these challenges mentioned above, we present below the data representing the scientific contribution of researchers from CNPq in the area of Social Work, as registered in their Lattes curriculum database. This data derives from the reassessment of productivity scholarships in research, conducted every three years by CNPq.



Table 4: Types of scientific contributions (bibliographic and technical) of researchers in Social Work by PQ Scholarship categories Brasília/DF, April 2010–2013

Types of contribution	Category PQ1		Category PQ2		Total	
	No.	<i>Per capita</i>	No.	<i>Per capita</i>	No.	<i>Per capita</i>
Papers	330	10.3	242	5.8	572	7.7
Books published	149	4.7	41	0.9	190	2.6
Book chapters	416	13	270	6.4	686	9.3
Books organized by the author	116	3.6	43	1.1	159	2.1
Complete works published in events	529	16.5	554	13.2	1,083	14.6
Presentation of papers/ lectures	1,181	36.9	707	16.8	1,888	25.5
TOTAL	2,721	85.0	1,857	44.2	4,578	61.8

Source: Internal data source – CNPq

By analyzing the scientific contributions of PQ researchers from the area of Social Work, we face enormous difficulties in legitimizing the current area's assessment criteria, since most fields of study assess the contribution of their researchers with grants considering a single evaluative criterion: the articles published in journals with an impact factor. The **Index H** (or citations index) is adopted, defined as a proposal for quantifying the productivity and the impact of scientists, based on most cited articles (Mendes, Almeida, 2013c).

During this triennial process of evaluations of the productivity scholarships in research, the Committee members found that very few areas of study, including Social Work, still consider the “complete works published in events” and “paper presentations / lectures (or conferences)” as inclusive criteria for evaluation of scientific contributions from their researchers with grants. This type of input represents 2/3 of the scientific contributions of the researchers in the field of Social Work (Mendes, Almeida, 2013c).

These challenges, along with others, influence the introduction of Social Work research as a menial and minimal manner when entering the world of scientific contributions, which are dominated by technological innovation that has been imposed by the current corporate capital.

Also regarding to the discussions raised in the seminar organized by CNPq, we report how the emergence of two other trends adopted by this funding agency could be useful for research in the area of Social Work. The first refers to the new criteria adopted for the assessment of research submitted to CNPq, called **Education and Popularization of Science and Technology**. In this approach, it is recognized that the area of Social Work has an investigative potential for inclusion into the evaluation criteria. Such potential is due to the fact that many students with grants have on their résumés on the Lattes system a significant number of organized events, published and organized books, given lectures, published articles in newspapers, journals, and TV, among other scientific diffusion mechanisms. However, it is still not accepted by researchers as an indicator of **Education and Popularization of Science and Technology**.

In addition, another new trend enforces multidisciplinary research. In this sense, even in 2013, the Advisory Committees developed a document, at the request of CNPq, about the perspectives and possibilities of interdisciplinary efforts in research.

Thus, the representatives of Social Work at CA–PS have positioned themselves regarding to the conceptual perspective of intersectionality: “*The perspective of interdisciplinary work is an intrinsic requirement of the knowledge itself, as a new journey for a deeper investigation of problems, of analysis and*



of management, and social intervention, as well as an effective strategy for the unravelling of its political significance. This perspective indicates a possible way of maturation among areas, considering the incompleteness that each area invariably impregnates. Interdisciplinary is defined as a procedure of co-ownership, interaction, and dialogue, which requires ongoing dialogue among the parties involved in certain actions that require answers, which are often immediate. It means a broadening of knowledge and the expansion and easing in the context of knowledge.” (Mendes, Almeida, 2013d:1)

Considering that, Social Work is one of the areas of expertise that works directly with different facets of social issues, and has within it a qualified field of direct action. It is characterized as a profession that acts directly as multidisciplinary, thereby contributing to the collaborative construction of knowledge within the group of Social Sciences and Humanities (Mendes, Almeida, 2013d).

The Social Work representatives in CA-PS learn that this area of expertise participates along with others in different theoretical and methodological approaches, both internally and with each other. As a result, the application of interdisciplinarity rises as a mechanism capable of dealing with these differences. The challenge lies in converting this interrelationship into something profitable, not in deficit, to the professional, to the category, to the working team, to the user and to the universal-rights policy which are a common axes for all professions. The subarea of activity is irrelevant whether it's health, education, social assistance, or social security, as long as the parties involved treat each other with respect and reciprocity while enforcing the principles of collaboration (Mendes, Almeida, 2013d).

The dialogue of Social Work with the other fields comes from the contextualization in which this research belongs, mainly when this dialogue takes place via Social Policy.

In addition, the multi and interdisciplinary research are considered when they contemplate concepts that also articulate themselves with the fundamentals of Social Work. In this case, such research can be accepted by the area of Social Work and need to be evaluated with the proper procedures and criteria already established. However, building these procedures and criteria is still an ongoing task in the area. *“For CA-Social Work, multi/interdisciplinary researches are required as a possible journey for maturation among the areas; therefore, they deserve to be supported. [...] The assessment of these research projects requires new operating conditions, internal and specific to each CA, as well as a pattern of financing that includes these new demands.” (Mendes, Almeida, 2013d:4)*

Certainly, there are other trends that underlie the research in Social Work which have already been widely mentioned in previous works such as, Setúbal (1995, 2007), Kameyama (1998, 2004), Faria (2003), Silva & Silva (2004), Abreu (2007), Sposati (2007), Bourguignon (2007, 2008), Lara (2007, 2008), Moraes (2013), among other authors. Hence, this article did not intend to deplete the discussion on trends in research in the area of Social Work, nor within the CNPq context, while recent research in this area spreads to other disciplines and funding agencies, both Brazilian and international. *“The acknowledgment of research in Social Work in the scientific institutional framework at CNPq as an area of expertise and at CAPES as an area of production of knowledge was and, in a way, still is (regarding statute and resources for research) resulting in countless battles. Funding agencies as Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP), the international Ford Foundation, among others have already incorporated research funding in the Social Work area.” (Sposati, 2007:18)*

In this sense, we get back to the issues raised at the beginning of this article. The advancements of research in Social Work are stated by all the authors who write about this subject, especially about the relationship between research and the hegemony of the “functional-occupational supporting base” of Social Work. This feature grants it specificity or historical particularity. Therefore, for social workers in the current situation, *“[...] research and theoretical clarification have become their main means of work, because it is from the systematization of social reality that the professional is able to act with more security and give possible answers that are accepted by social objectivity.” (Lara, 2007:73)*

The current subareas, in which research proposals fit in, indicate relevant objects to the Fundamentals of Social Work and other categories quite important to the profession, such as “social issues”, labour process, social policies (currently a predominant theme), among others.



Final remarks

As this article began, scientific research outside the Graduate School boundaries used for production of knowledge is unthinkable. The area of Social Work is not too different from the other fields of study. Starting from the seventies into the eighties in Brazil, the research, the production of knowledge and the Graduate programs have flourished together. It is a developing process which derives from professionals who have started to generate a significant quantity of theoretical material in the field. Even though this contribution is uneven, according to Netto (2006:151–152), “[...] *it engendered a considerable critical mass, which enabled the profession to establish a conducive dialogue with the social sciences and, especially, to reveal respected intellectual frameworks throughout the professionals and also in other areas of expertise.*”

When dealing with the “critical mass,” Netto (2006:152) talks about “[...] *the set of knowledge produced and accumulated by a particular science, discipline or area of expertise*”. Although Social Services is not considered a science nor it contains a theory itself, it does not prevent its professionals to develop investigative studies and generate contributions.

The authors who review the research, the production of knowledge and Graduation programs in Social Work learn about the indispensability of this articulation, the existence of a theoretical accumulation that is legitimized nowadays. Besides, these authors claim the existence of a historical particularity or specificity that comes from the “socio-professional agenda” (Faria, 2003). In other words, “[...] *research is constitutive and constituent of Social Work’s professional practices, which are determined by its interventionist nature and its historical immersion in the socio-technical division of labour*” (Bourguignon, 2007:45).

It is also emphasized in the research and in the production of knowledge in Social Work, the incorporation of critical, theoretical and methodological contributions, inspired by the Marxist legacy. Therefore, in the perspective of the rupture of the professional conservatism, “[...] *able to provide the radical criticism of current economic and social relationships. The breakdown of the almost monopoly of political conservatism in the profession, was followed by the breakdown of the almost monopoly of its theoretical and methodological conservatism*” (Netto, 2006:152).

The analysis of current research trends in Social Work, which are indicated by the demands submitted to CNPq, expresses the difficulty for establishing this area within the socio-technical division of knowledge. Such obstacles are a consequence of the Social Work field not pertaining to the highlighted areas in development and technological innovation, having a reduced number of researchers with PQ grants and having little demand.

This reality is reflected in the fragility of the research in the Social Work Program at CNPq arising from the evaluation parameters established between the reduced demands submitted in the area and the modest demands recommended. This situation is embodied in the insignificant budget allocated to the Social Work Program, in which its participation is minimal when compared to the Psychology Program, which pertains to the same Advisory Committee.

The predominance of investigative analysis about Social Policies, in which the socio-occupational spaces of the Social Worker are embodied, is defined as a trend in research. Obviously, this trend is repeated in the production of knowledge (books, articles, theses, dissertations) and in the Graduate Programs (concentration areas and research lines) of Social Work.

Another trend that prevails in the investigative proposals of Social Work is its link to the multiple social demands historically determined by a capitalist society. It functions as a counter trend to the hegemonic technological innovation defended by CNPq.

Finally, it is possible to see the emergence of two new trends adopted by this funding agency that can be proliferous for research in Social Work. While one of them focuses on Education and Popularization of Science & Technology, the other aims at interdisciplinary collaboration. Both trends are known and present in the research in Social Work. The first one expresses itself especially in the technical production of the researchers and the second one is mostly employed in the field of Social Policies.

It is acknowledged that although research in Social Work is recent, much has been generated within the field. However, there is still plenty to be achieved “[...] *know and change the reality, looking for creative, competent and innovative responses while facing the challenges implanted by the reality in which the profession moves itself*” (Yazbek, 2004:12).



References

- ABREU, M. M. 2007. Pesquisa em Serviço Social: tendências na implementação das Diretrizes Curriculares. *Revista Temporalis*, 14, 34–45.
- AMMANN, S. B. 1984. Produção Científica do Serviço Social no Brasil. *Revista Serviço Social & Sociedade*, 14(5), 21–29.
- BAPTISTA, M. V. 2009. *A Prática Profissional do Assistente Social: teoria, ação, construção de conhecimento*. São Paulo: Veras Editora.
- BOURGUIGNON, J. A. 2008. A centralidade ocupada pelos sujeitos que participam das pesquisas do Serviço Social. *Textos & Contextos*, 7(2), 302–312.
- BOURGUIGNON, J. A. 2007. A Particularidade Histórica da Pesquisa no Serviço Social. *Revista Katálysis*, 10, 46–54.
- BOURGUIGNON, J. A. 2005. *A Particularidade Histórica da Pesquisa no Serviço Social*. Pontifícia Universidade Católica de São Paulo. Doctoral dissertation.
- FARIA, S. 2003. *Produção de Conhecimento e Agenda Sócio-profissional no Serviço Social Brasileiro*. São Paulo: Pontifícia Universidade Católica de São Paulo. Doctoral dissertation.
- GUERRA, Y. A. D. 2013. Expressões do pragmatismo no Serviço Social: reflexões preliminares. *Revista Katálysis*, 16, 39–49.
- GUERRA, Y. A. D. 2011. A Pós-Graduação em Serviço Social no Brasil: um patrimônio a ser preservado. *Revista Temporalis*, 22, 125–158.
- IAMAMOTO, M. V. 2007. *O Serviço Social em Tempo de Capital Fetiche: capital financeiro, trabalho e questão social*. São Paulo: Cortez.
- KAMEYAMA, N. 2004. O papel da Pós-Graduação e da Pesquisa na formação profissional. *Revista Temporalis*, 8, 23–31.
- KAMEYAMA, N. 1998. A trajetória da produção de conhecimentos em Serviço Social: avanços e tendências (1995–1997). *Cadernos Abess: Associação Brasileira de Ensino de Serviço Social. Diretrizes Curriculares e Pesquisa em Serviço Social*, 8, 33–76.
- LARA, R. 2008. A Produção do Conhecimento em Serviço Social: o mundo do trabalho em debate. Franca: Faculdade de História, Direito e Serviço Social da UNESP. Doctoral dissertation.
- LARA, R. 2007. Pesquisa e Serviço Social: da concepção burguesa de ciências sociais à perspectiva ontológica. *Revista Katálysis*, 10, 18–27.
- MENDES, J. M. R., ALMEIDA, B. DE L. F. 2013a. *Relatório do Julgamento pelo Comitê de Assessoramento de Serviço Social (CA-SS) das Propostas Submetidas às Chamadas MCTI/CNPq/MEC/CAPES Nº 43/2013 (Ciências Humanas, Sociais e Sociais Aplicadas), Bolsas Especiais (País e Exterior) e ARC*. Brazil: CNPq.
- MENDES, J. M. R., ALMEIDA, B. DE L. F. 2013b. *Relatório do Julgamento das Propostas Submetidas à Chamada Pública do Programa de Bolsas de Produtividade em Pesquisa (Pq) – 2013 Pelo Comitê de Assessoramento de Psicologia e Serviço Social (CA-PS) – Programa de Serviço Social*. Brazil: CNPq.
- MENDES, J. M. R., ALMEIDA, B. DE L. F. 2013c. *Relatório do Comitê de Assessoramento de Psicologia e Serviço Social (CA-PS) sobre a Reavaliação das Bolsas de Produtividade em Pesquisa (Pq) destinadas ao Programa de Serviço Social*. Brazil: CNPq.
- MENDES, J. M. R., ALMEIDA, B. DE L. F. 2013d. *A Perspectiva da Pesquisa Multi e Interdisciplinar no CNPq pelo Comitê de Assessoramento- Psicologia e Serviço Social (CA-PS): Programa de Serviço Social*. Brazil: CNPq.
- MORAES, C. A. DE S. 2013. A “viagem de volta”: significados da pesquisa na formação e prática profissional do Assistente Social. *Serviço Social & Sociedade*, 114, 15–24.
- NETTO, J. P. 2006. A Construção do Projeto Ético-Político do Serviço Social. *Serviço Social e Saúde: formação e trabalho profissional*, 9, 8–14.
- PRATES, J. C. 2013. A produção de conhecimentos e a contribuição dos periódicos para o amadurecimento teórico do Serviço Social. *Textos & Contextos*, 12(2), 213–220.
- SETÚBAL, A. A. 2007. Desafios à pesquisa no Serviço Social: da formação acadêmica à prática profissional. *Revista Katálysis*, 10, 54–72.
- SETÚBAL, A. A. 1995. *Pesquisa em Serviço Social: utopia e realidade*. São Paulo: Cortez.
- SILVA, J. F. S. 2007. Pesquisa e produção do conhecimento em Serviço Social. *Textos & Contextos*, 6(2), 9–18.



- SILVA & SILVA, M. O. 2009. Trinta Anos da revista Serviço Social & Sociedade: contribuições para a construção e o desenvolvimento do Serviço Social no Brasil. *Serviço Social & Sociedade*, 100, 599–649.
- SILVA & SILVA, M. O. 2004. A Pós-Graduação na Área do Serviço Social no Brasil: contribuições das áreas de concentração e linhas de pesquisa dos programas para a construção do conhecimento. *Anais do IX Encontro Nacional de Pesquisadores em Serviço Social*, Porto Alegre.
- SILVA & SILVA, M. O., CARVALHO, D. B. B. 2007. A pós-graduação e a produção de conhecimento no Serviço Social brasileiro. *Revista Brasileira de Pós-Graduação*, 4(8), 12–32.
- SILVA & SILVA, M. O., CARVALHO, D. B. B. 2005. *Serviço Social, Pós-Graduação e Produção de Conhecimento no Brasil*. São Paulo: Cortez.
- SIMIONATTO, I. 2005. Os desafios na pesquisa e na produção do conhecimento em Serviço Social. *Revista Temporalis*, 9, 27–39.
- SPOSATI, A. 2007. Pesquisa e produção de conhecimento no campo do Serviço Social. *Revista Katálysis*, 10, 15–25.
- YAZBEK, M. C. 2006. *Os fundamentos históricos e teóricometodológicos do Serviço Social brasileiro na contemporaneidade* [online]. Serviço Social: Direitos Sociais e Competências Profissionais, CFESS. [2. 11. 2016]. Available at: <http://cressrn.org.br/files/arquivos/ZxJ9du2bNS66joo4oU0y.pdf>
- YAZBEK, M. C. 2004. Os Caminhos para a Pesquisa no Serviço Social. *Conferência proferida no IX Encontro Nacional de Pesquisadores em Serviço Social, promovido pela ABEPSS*, Porto Alegre.



A Study on the Rural Dalit Women Entrepreneurs in Almora District of Uttarakhand State

Amaldass M., Neema Gnanadev, M. Hilaria Soundari

Amaldass M.¹ is a PhD research scholar (full-time) at the Department of Rural Development of the Gandhigram Rural Institute – Deemed University in Tamil Nadu in India. Main research interests are rural entrepreneurship, women's empowerment, micro-finance, sustainable natural resources management, rural migration and unemployment.

Dr. Neema Gnanadev² is an assistant professor at the Department of Rural Development of the Gandhigram Rural Institute – Deemed University in Tamil Nadu in India. Her main research interests are tribal issues, women and children's health, micro-planning, women's entrepreneurship and micro-credit.

Dr. M. Hilaria Soundari³ is an assistant professor at the Department of Rural Development of the Gandhigram Rural Institute – Deemed University in Tamil Nadu in India. Her main research interests are development research, gender issues, micro-credit, women's empowerment and sustainable development.

Abstract

It is estimated that 833 million people continue to live in rural India (The Census, 2011 in Hazare, 2011). 'The development and transformation of rural economy requires rapid expansion of employment and income opportunities' (Planning Commission, 2009). Women entrepreneurs have proven that there is "a source of immense untapped power in the womanhood of India" (Hall, 1992). Economically empowered women contributed to the wealth and well-being not only of their families, but also of their nations (Blumberg, 1995). The Self Help group-bank linkage process in India paved the way for the emergence of rural women Entrepreneurs⁴ in the recent decades. The strategic enhancement of women's entrepreneurship could lead to economic growth and inclusive prosperity in the rural areas.

¹ Contact: Amaldass M., Department of Rural Development, Gandhigram Rural Institute – Deemed University, Gandhigram, 624 302, Dindigul District, Tamil Nadu, India; framalsj@gmail.com

² Contact: Dr. Neema Gnanadev, PhD., Department of Rural Development, Gandhigram Rural Institute – Deemed University, Gandhigram, 624 302, Dindigul District, Tamil Nadu, India; neemabr@gmail.com

³ Contact: Dr. M. Hilaria Soundari, PhD., Department of Applied Research, Gandhigram Rural Institute – Deemed University, Gandhigram, 624 302, Dindigul District, Tamil Nadu, India; hilaria-soundari@gmail.com

⁴ Women in rural areas belonging to village affinity groups such as SHG's (self-help groups), and who avail credit facilities and initiate micro enterprises so to increase savings and resources.



A study was made to highlight the entrepreneurial scenario of rural Dalit entrepreneurs in the Dauladevi block of Almora district, Uttarakhand State, India. A total of 20 women involved in various micro enterprises were selected. The study underscores various factors and strategies for the betterment of rural entrepreneurs in the hill scenario.

Keywords

women's entrepreneurship, Dalit women, rural economy, rural development

Introduction

The role of entrepreneurship in promoting economic development has gained world-wide acceptance over the past decade. The key to this is the management of human factors, in the absence of which, even an abundance of natural and physical resources, machinery and capital can go blatantly underutilized. Women represent the bulk of the labour force especially in the developing countries and attention has turned of late to women's entrepreneurship as a tool for economic growth. Women entrepreneurship has a tremendous potential in empowering women and transforming society. Growth of women's entrepreneurship would be supplementary and complimentary for the women in particular, and the country in general. The enthusiasm, skill and constructive performance helped them to earn a livelihood and social status. On the other side, this work force in the production process will enrich the national economy by way of ensuring optimum utilization of human and material resources for adequate employment opportunities.

There is a growing realization about the potential contribution of micro enterprises both in developed and developing countries. This realization has forced academicians and thinkers to concentrate more on micro enterprise development (Mathew, 2007). Micro enterprise sector is reported to have played a major role in developing the economies of China, Sri Lanka, Malaysia and other South Asian countries (Shalini, 2005). The micro enterprise sector has emerged in India as engines of growth in the new millennium. Through over 32 lakh units, this sector has provided employment to 18 million people (ISED, 2008).

The development and transformation of the rural economy requires rapid expansion of employment and income opportunities (Planning Commission, 2009). The planning commission rightly affirmed the fact that rapid expansion of employment and income opportunities was imperative for the growth of rural economy. Women form the major catalyst of change when it comes to rural economy. The SHG⁵ process had paved the way for the emergence of women entrepreneurs in rural India. They have gained the momentum as a movement and they can make sustainable development a reality. The SHG-Bank Linkage (SBL) model initiated by NABARD⁶ that encouraged thrift and savings amongst the rural poor and supplemented their credit needs through banking systems. It promoted group approach as an effective mediation for enabling rural entrepreneurs. Group approach facilitated larger outreach, reduction in bank transaction costs, group savings as collateral and peer pressure ensured timely repayment.

According to a recent study, improvement in women's economic position may not only increase their happiness, but also alone enhance their status (Sharma, 2000:22). In order to eradicate poverty, uphold gender equality and enhance the quality of life, NGOs⁷ such as SEVA⁸ had worked in the rural areas of Almora district for more than two decades. The result led to the emergence of a large number of rural women entrepreneurs from Dalit community and improvement in

⁵ Self-Help Group.

⁶ National Bank for Agricultural and Rural Development.

⁷ Non-Governmental Organizations.

⁸ Social Education and Village Animation.



women's economic status. The ways in which they involved themselves as entrepreneurs had a bearing on the integral development of the society at large. The critical factors driving the performance of rural Dalit women entrepreneurs (RDWE), their role in the growth of the rural economy and the various challenges faced by them in the context of hill scenario ought to be explored. Hence, a study was attempted to discover the entrepreneurial aspects of RDWEs. A total of 20 respondents were selected on purposive sampling and data was collected through personal interview. The study underscored various factors, measures and strategies that could be focused for the betterment of women entrepreneurs.

Social involvement or social work globally underlies with a sole objective of enhancing the quality of life of the marginalized sections of society. Along with eradication of poverty social work aims to uphold human dignity, gender equality and justice aspects. The projects and programs of non-governmental and community based organizations are oriented toward this cause. Dalits⁹ and Tribals nationally; Aborigines, Tribes¹⁰ and primitive groups internationally fall under marginalized sections. Economic empowerment being an integral part of social work needs attention and for this purpose women stand better choice. Hence women specific programs and strategies need to be evolved for promoting women based micro enterprises. This would realize economic empowerment along with social and cultural development of communities. The outcome of the present study could be a reference in such contexts.

Review of literature

The shift toward development had created a gradual change in rural areas because Dalit women had become aware of their rights, education, improvement in economic conditions and welfare measures. Utilization of every opportunity and investing personal capabilities they learnt to 'develop' self and had become entrepreneurs.

Lakshmikandan (2000) in his study "Life of rural poor with reference to Pilibhit District in the northern part of Uttar Pradesh" explained that the membership of the SHG's consisted mostly of small land owners and agricultural labourers. Out of 74 groups studied, 57 were exclusively for women and the rest were men groups. Among the SHG's, 11 groups were able to successfully obtain sanctions from the lead bank of the district- the Bank of Baroda, which varied from Rs.20 to 30 thousand. He was of the opinion that facilities for entrepreneurial development were available within the group at the micro level in terms of basic functions such as market study, providing resources, general production and marketing management.

Lavanya and Murthy (2009) in their study "The motives of small scale entrepreneurs-An explorative study" examined the motives of entrepreneurs in starting a small scale enterprise in the socio-economic milieu of Nellore districts. The sample units were selected randomly resulted in a sample size of 196 units. The study concluded that the direct support from their family members encouraged them to start their new ventures, which was healthy signal for economic development of the country.

Dhanya (2011) in her study "Women entrepreneurship through Microfinance" analysed the impact of microfinance in promoting women's entrepreneurship, particularly for those with limited access to credit. Analysis of the survey focused on 34 enterprises (300 beneficiaries) in both Kasargod and Thiruvananthapuram districts of Kerala supported the argument that micro enterprises that were run by women established through micro financing, contributed to income and employment generation and enhanced women's empowerment.

⁹ Literally meaning "broken" people, a term employed by rights activists to refer to "untouchables". As Dalit theorists have shown the category "Dalit" has been historically arrived at, sociologically described and discursively constituted (Guru Gopal, 2005).

¹⁰ A list of indigenous tribal population who are entitled to much of the same compensatory treatment as scheduled castes.



Ramesh (2011) in his study “Prospects and problems of women entrepreneurs in and around Coimbatore city” highlighted the aspects related to urban women entrepreneurs. Through the survey of 150 samples, the author concluded that the support offered to women entrepreneurs from their own families and government were vital towards becoming self-reliant and to face challenges. The study also emphasizes that the female entrepreneurs are not only helpful to their own families but they are also useful to the larger society.

Sapra and Khatter (2013) in her study “The impact of Demographic variables on the financial performance of women entrepreneurs in India” through a sample of 100 women entrepreneurs chosen using a convenient random sampling method from the National Capital Region, New Delhi highlighted that the financial performance of women entrepreneurs was largely dependent on demographic variables. Moreover she asserted the importance of demographic patterns that motivated women entrepreneurs and led to better entrepreneurial performance.

Roy and Manna (2014) in their study “Women in Entrepreneurship: Issues of motivation and choice of business” studied 119 business-firms owned and managed by women entrepreneurs themselves out of 358 women-owned firms in Ranaghat municipal area- a sub-divisional township in the district of Nadia of the state of West Bengal. The study revealed that the most important motivating factors for women entrepreneurs were to help their husband and family in sharing the family burden. The reasons for choosing a particular type of business were the needs of the locality, low capital requirement, ready market-availability for products and margin of interest. Chanu and Chanu (2014) in their study “Women entrepreneurs of Manipur after MSME¹¹ act, 2006: An Analysis” examined the status of women entrepreneurs in hill and valley districts of Manipur. The study was descriptive and based on secondary data. The findings revealed that a majority of women entrepreneurs were in the manufacturing sector and it was same in case of both hill and valley districts. It also revealed that the number of women enterprises were low as compared to male enterprises in Manipur.

Self-help groups and entrepreneurship

The implementation of IRDP¹² was a landmark in the history of poverty alleviation in India. Through the programme, the flow of credit from banking sector was ensured by the Government which necessitated formation of economic and gainful activities by the poor families. The support of voluntary agencies was widely used for organizing women, especially the poor. This naturally led to the formation of self-help groups. The potential of SHG's to work as local financial intermediary to reach the poor has been recognized in developing countries in the Asia-Pacific region. NGOs played a major role in fostering the SHG's. NABARD took a lead role in promoting SHG's by coordinating NGOs and financial institutions. In 1991–1992 NABARD in consultation with RBI¹³, Commercial banks and NGOs launched a pilot project for SHG linkage. RBI had advised commercial banks in July 1991 to extend credit to SHG's as per NABARD guidelines. Subsequently, the linkage project was extended to RRBs¹⁴ and co-operatives. State governments in Andhra Pradesh, Karnataka, Tamil Nadu and Kerala had launched massive programmes by mobilizing the community to reduce poverty and empower women. By seeing the success of the SHG movement, the Government of India had modified the existing guidelines of poverty reduction programmes into the SHG mode. DWCRA¹⁵, SGSY¹⁶ etc. are noteworthy examples of such initiatives.

¹¹ Micro Small and Medium Enterprises.

¹² Integrated Rural Development programme.

¹³ Reserve Bank of India.

¹⁴ Regional Rural Banks.

¹⁵ Development of Women and Children in Rural Areas.

¹⁶ Swarna jayanthi Gram Swarozgar Yojana.



SHG movement had concentrated in promotion of savings and thrift among poor women. Naturally the money so mobilized is used by women for taking up economic activity. As the availability of money is limited and the scope for starting up of business is narrow, most of the SHG's concentrated on micro enterprises. The Government of India and banks, after reviewing the performance of economic activity undertaken by the group members, extended financial support by way of a revolving fund and margin money. The government departments and NGOs supported the SHG's through capacity building trainings and related infrastructure facilities. The success of micro enterprise depends upon proper identification of project, development of infrastructure and efforts for capacity building.

Entrepreneur and entrepreneurship

An entrepreneur is one who takes initiative to decide, start and manage an enterprise. In other words an entrepreneur is one who has the ability to recognize opportunities and appropriate them by strategically employing human and financial resources. A woman entrepreneur is regarded as a woman who accepts a, perhaps challenging, role in any business venture to become economically strong by making suitable adjustments in both family and social life (Balamurugan, 2008).

Entrepreneurship was a term used to describe the quality or ability that the entrepreneur demonstrates. It involved a willingness to take responsibility and ability to put the mind to a task and see it through from inception to completion. Another ingredient of entrepreneurship is sensing opportunities, while others see chaos, contradiction, and confusion. The essence of Entrepreneurship was going against time with maturity and serving as a change agent.

The process of entrepreneurial development consisted the following three features:

- a) Initiation: The initiation referred to stimulation of entrepreneurship in society. This created awareness among the people through education and social process. It further led to identification, location and selection of an enterprise.
- b) Development: It pointed to motivational development, economic insight, promoting managerial skills and creating confidence. These aspects were attempted through training.
- c) Support: The support was extended for the establishment and running of the enterprise. The support was in the form of finance or provision of infrastructure and service facilities.

Women and entrepreneurship

Globally, women represent 49.6% of the total population, but only 40.8% of the total workforce in the formal sector. Also women lag behind men in labour market participation (51.0% compared with 77.0 %). Globally women's participation in the labour market remained steady hovering around 52.0%. The gap between participation rate of women and men has narrowed slightly in the last 20 years. Over the years women have entered various traditionally male dominated occupations (UN Report, 2010).

The women entrepreneurs have proved that there is "a source of immense untapped power in the womanhood of India" (Margaret Hall, 1992). There is no doubt that the women of India, who had so long been shut up in seclusion, can shoulder actively the responsibilities not only of their own families but also of the country. Women began to walk with men at the same pace in each and every field. Women help to produce half the world's food supply; they account for 60.0% of workforce and contribute up to 30.0% of official labour force (Kumar, 2008). This shows that women by all means can act as effective agents of change for a better home, society and ultimately a better economy.



Rural entrepreneurship and Dalit women

Among women, Dalit women are in the lowest socio-economic strata of Indian caste society. More than 70 percent of Dalits are estimated in BPL¹⁷, as compared to 48 percent of the general population (Suresh, 1998). They have been culturally negated, socially oppressed and economically exploited by the powerful especially in the rural areas. Gender inequality is displayed in morality, basic facility, special opportunity, professions, ownership, even household matters (Sen, 2001) and Gender disparity includes the discrimination of Dalit women in all spheres. Rural Dalit women bear the brunt of living below the poverty line (Sakuntala, 1999), are generally engaged in their traditional jobs (Sunderaj, 2000) and often vulnerable to violence (Amnesty International, 2001). The right to vote can be said to be the starting point in the struggle of women for their equality and participation. On August 29, 2005 the Indian Parliament passed the Hindu succession Amendment Bill that gives women of the community equal rights in inheritance of property. Perhaps the most significant development for women in the last decade has been the introduction of 33 percent reservation¹⁸ for women in the Panchayat Raj elections.

In India, the shift from 'welfare' to development of women took place in the Sixth Five Year Plan (1980–85). The Rashtriya Mahila Kosh was set up in 1993 to meet the credit needs of the poor and the asset-less women. The Ninth Five Year Plan (1997–2002) made two significant changes in the strategy of planning for women. First, 'empowerment of women' became a primary objective and second, the plan attempted 'converging of existing services' available in both women specific and women related sectors. The tenth Five-Year Plan (2002–2007) had made a major commitment towards 'empowering women as the agent of socio-economic change and development'. Based on the recommendations of National policy for empowerment of women, the Tenth Five Year Plan suggests a three-fold strategy for empowering women through social empowerment, economic empowerment and gender justice.

Economically empowered women contributed to the wealth and well-being not only of their families, but also of their nations (Blumberg, 1995). Women's entrepreneurship has been recognized during the last decade as an important untapped source of economic growth. The rural women are predominantly involved in agriculture and related activities in the country. A boost to rural women entrepreneurs would supply employment and income opportunities leading a transformation of the rural economy. The major flagship programmes launched by the government were in view to meet the specific needs of women farmers, and help them achieve social, economic and technical empowerment.

Dalit women and work/labour relations

The UNDP Report 1997 indicated that poverty had been retained over the years in India and had been carried over from one generation to the next among the 40.0% of the rural Dalit population (Sakuntala, 1999). Eradicating poverty had been the main focus of almost all the Five Year plans in India. The vast majority of affirmative action policies and programmes, which were targeted toward rural poor, rarely reached the most disadvantaged groups of rural Dalit women. However, there was a gradual change in rural areas because Dalit women had become aware of their fundamental rights, need of education, improvement in economic conditions and welfare measures.

The disparity in work/labour relations was gradually undergoing changes due to cumulative factors. The active role and involvement of Dalit women in rural areas had a bearing on the socio-cultural scenario. The development and transformation of the rural economy required rapid

¹⁷ Below Poverty Line

¹⁸ Reservations are Quotas for various lower castes allowing for increased representation in education, government jobs, and political bodies.



expansion of employment and income opportunities. Therefore the micro finance movement, along with significant welfare programmes of the government, had given an enhanced impetus for the rural Dalit women to initiate changes in the rural society and economy. Commitment of different movements and involvement of women in the private and Government machineries had brought definite changes in their lives.

Socio-economic scenario of Kumaon

The state of Uttarakhand was carved from the state of Uttar Pradesh the 9th November 2000 as the 27th state of Republic India. It was one of the fastest growing states of India; however, the development had predominantly been in the plains, and the hill districts had been left behind. There was a need to uphold and implement economic policies, agro policy, industrial policy, development in service sector and social infrastructural framework so to enhance human capital dimensions in the hills. The combined efforts of Government bodies, Non-Governmental organizations, and community based forums could empower rural entrepreneurs from the Dalit community. Skill enhancement workshops, trainings, exposures and capacity building forums would increase the knowledge-base of women entrepreneurs.

Women form the backbone of the socio-economic-cultural aspects in the hill scenario. Life for most people was one of hand to mouth struggle and misery. There were neither industries nor large flat land for cultivation in the hills. As a result, it was well evident that the demand for both food and non-food products of people living in rural areas of Uttarakhand was largely met through remittances which were sent by migrant family members of different households. In this sense a study postulated that workable populations were benefitted through the money order economy (Mehta, 1999). In the midst of limited opportunities, tough terrains and lack of resources, the contribution of women entrepreneurs to the society was significant. The subsistence agriculture resulted in low and unstable income leading to a sizeable out-migration of male members. The migration caused women to head their families and increased the important role of women in the household economy (Rawat, 2004).

Low agricultural productivity, a low level of industrial development, harsh geographical conditions and the nature of the terrain had led to a high male migration from the region. The large male out-migration increased the burden of performing agricultural, animal husbandry and other economic activities on the women (Bora, 1996). Women's roles and responsibilities were pivotal not only to the management of natural resources but also the management of the domestic economy (Chen, 1993). Hence there was a need to highlight the personnel and entrepreneurial aspects of rural Dalit women entrepreneurs in the hill society.

District profile and study area

The town Almora was identified as the 'Cultural Capital' of the State. It's strategic location is on a hill approximately 100 kilometres from Haldwani, the Kumaon hills foothills. The closest pindari and kafni glaciers were about 160 kilometres from district headquarters. Besides having historic and cultural significance for decades, it also had importance for administrative and political aspects. The Table 1 below exhibits details of district profile.



Table 1: Almora district profile

Tehsils	9
Development Blocks	11
Nyaya Panchayats	95
Gram Panchayats	1,146
Inhabited Villages	2,156
Nagar Palika/Panchayat ¹⁹	1
Lok sabha constituency	1
Legislative Assembly constituency	7
Total Population (in Lakh ²⁰)	6.328
Male (in Lakh)	2.949
Female (in Lakh)	3.379
SC ²¹ (in Lakh)	1.411
ST (in Lakh)	0.009
Backward ²² (in Lakh)	0.180

Source: compiled from District Administration, Almora – Uttarakhand (2016)

The study area included the villages of Dauladevi, developmental block of Almora district. The block headquarters were situated approximately 60 kilometres away from district offices. The villages were spread among hills and valleys. In the midst of adversities and difficulties life was harsh in general. Women and children were worst affected in the absence of health related infrastructure and facilities. The self-help groups functioned well. The rural Dalit women entrepreneurs appeared confident and they were facilitated by NGOs through appropriate trainings and programmes.

Significance of the study

SHG's have been considered a viable forum to uplift the rural poor. Rural women learn the art of dealing with credit factors, capacity building factors, and social factors, and perform rather efficiently as entrepreneurs. Moreover they play an active role in the rural society, economy and governance. Accordingly enhancement of individual skills and abilities, experiences, health and education aspects of women entrepreneurs will enable them to be effective players in the rural society.

One of the substantial approaches to alleviate poverty and enhance gender equality in both regions- Kumaon and Garhwal was to promote entrepreneurship among women. This consideration of promoting economic and entrepreneurial activities was a beginning step toward the emancipation and empowerment of women. In the hill society where women play an active role in both social and economic lives, there was a greater need to promote entrepreneurship. Reducing various obstacles/challenges faced by women entrepreneurs at different levels will pave the way for their integral development. This calls for a more committed action on the part of governmental and

¹⁹ Village council.

²⁰ A unit in the Indian numbering system equal to one hundred thousand.

²¹ Scheduled Caste – A list of socially deprived (“untouchable”) castes prepared by the British Government in 1935. The schedule of castes was intended to increase representation of scheduled-caste members in the legislation, in government employment, and in university placement. The term is also used in the constitution and various laws.

²² Backward castes: Those whose ritual rank and occupational status are above “untouchables” but who themselves remain socially and economically deprived.



non-governmental bodies to undertake viable strategies that could enhance entrepreneurship in the Himalayan hills.

In the rugged Himalayan hill terrains, the situation of women was rather dismal. Combined with illiteracy, lack of health care, mobility factors and migration problems women carry maximum burdens. Although government departments launched various measures and many NGOs are working at grassroots levels, there still exists an inhibition to exhibit their talents and skills. Braving these odds a good number of SHG members particularly from Dalit communities had turned into rural women entrepreneurs making a viable difference in their lives and society. The critical factors driving the performance of rural Dalit women entrepreneurs in the context of a hill scenario demanded attention. This exploration led to the documentation of success stories of Dalit women and this could be a reference for other women entrepreneurs.

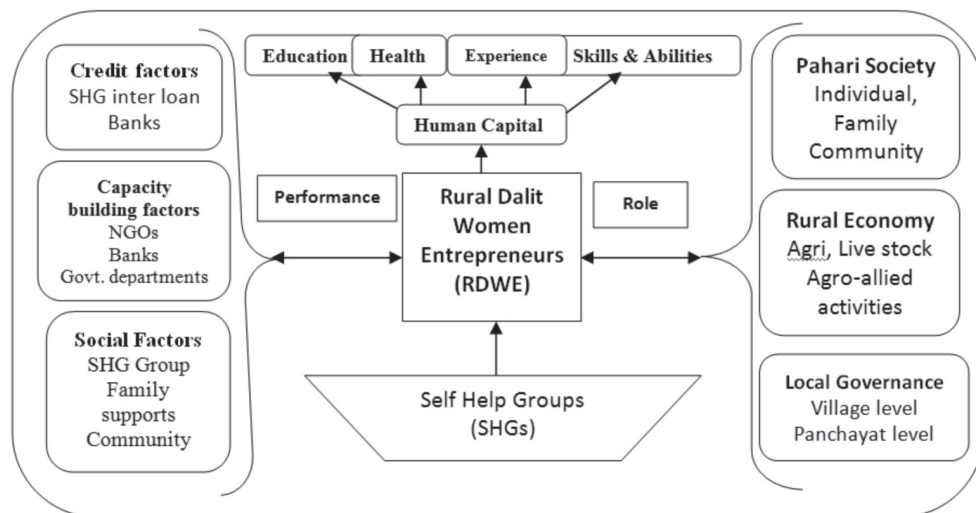
Research methodology

A study was undertaken to highlight the entrepreneurial aspects of Dalit women entrepreneurs. A total of 20 women involved in various enterprises were selected. The primary data was collected through personal interview schedule and focus group discussions. Thus the study followed was participatory explorative design. The secondary sources include the reports of NGOs, DRDA²³, NABARD and banks.

The study adopted a two dimensional approach of a) Studying the credit and capacity factors that led to the performance of rural Dalit women entrepreneurs b) Studying the social and economic factors with an emphasis on the personnel factors (human capital) of rural Dalit women entrepreneurs.

As shown in Figure 1, the study focused on the critical performance of RDWEs. It exhibited the interplay between enhancement of human capital and how it leads women entrepreneurs to better performance and to play an active role in the society. Women's access to and control over their savings, credit and income; details related to micro enterprises; and networking with social entities were carefully attended. The role of women entrepreneurs in their community, society, rural economy and participation in the local governance were also dealt with. The enhanced personnel factors (human capital) of women entrepreneurs did receive mention as well.

²³ District Rural Developmental Agency.

Figure 1: Research Approach and Design²⁴

Objectives of the study

- To ascertain the social and economic aspects of rural Dalit women entrepreneurs
- To discover the entrepreneurial abilities of rural Dalit women entrepreneurs
- To ascertain the performance aspects of rural Dalit women entrepreneurs
- To examine the role of rural Dalit women entrepreneurs in the growth of rural economy
- To offer suggestions and recommendations for the betterment of women entrepreneurs

Analysis and interpretation

This part is discussed in three sections. Section-I covered the details regarding profile of the respondents. Section-II covered enterprise related details and section-III comprised empowerment aspects.

Section I

Profile of the respondents

The profile of rural Dalit women entrepreneurs selected from the Dauladevi block is presented in this section. It describes the distribution of age, caste, education, marital status, and religion for 20 respondents who were selected from 13 SHG's of 11 villages.

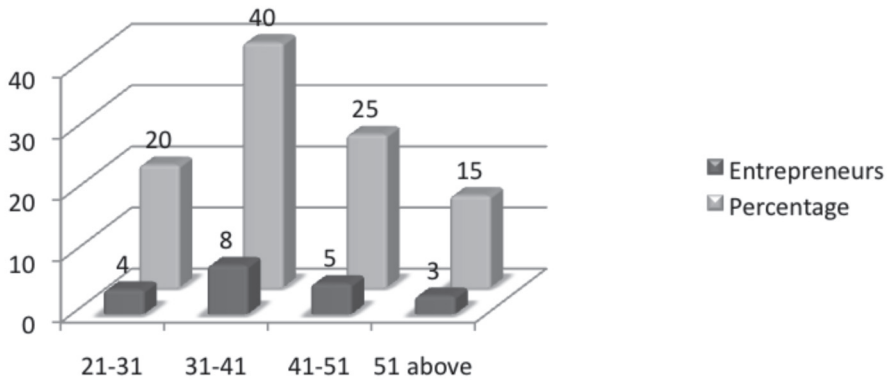
Age

The sample constituted women of 18 years and above. The detail break-up of the sample by age is given in Graph 1.

²⁴ Pahari society: Kumauni or Kumaoni are people from the Kumaon region of Uttarakhand. In colloquial language, they are also referred to as „Pahari“ though that is not a specific reference. They include all those who speak the Kumaoni language or any of its numerous dialects, living in Almora, Bageshwar, Champawat, Pithoragarh Nainital, districts of Uttarakhand, India.



Graph 1: Age of respondents



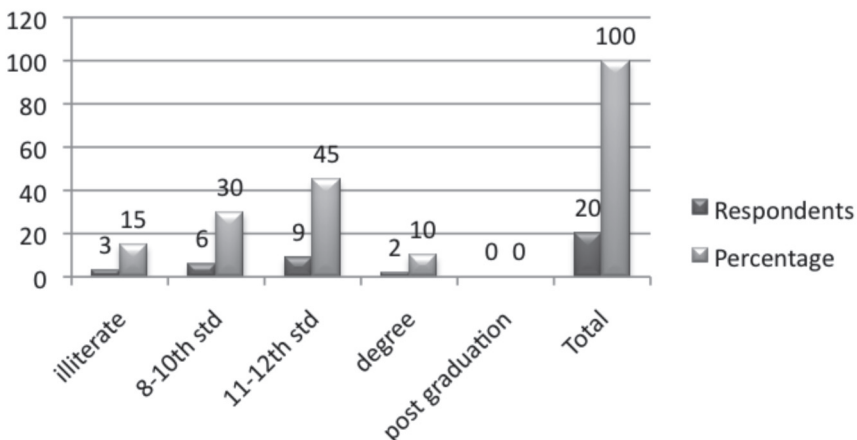
Source: computed from primary data

It is seen from Graph 1 that 40.0 percent of respondents belonged to the age group of 31–41 years. While only 15.0 percent were in the age group of 51 years and above; there were 25.0 percent of women in the age group of 41–51 years. It can be inferred that there had been considerably high number of women as entrepreneurs in younger age-groups.

Educational status

As shown in Graph 2, 30.0 percent of respondents were high school educated and those who had 12th grade were 45.0 percent. A total of 2 respondents were graduated but in correspondence levels. A total of 3 respondents were illiterate. It can be inferred that a vast volume of practical experiences in the case of the illiterate, and a limited education background in the case of the educated, gave an impetus for rural women to become entrepreneurs.

Graph 2: Education status



Source: computed from primary data

*Marital status, caste and religion*

It is seen from Table 2 that all the 20 respondents interviewed belonged to the Dalit community – the lowest strata in the hierarchical Indian caste system, and that they were Hindus²⁵.

Table 2: Marital status, caste and religion

Respondents	Marital status	Caste	Religion
20	married	sc	Hindu

Source: computed from primary data

Section II***Enterprise aspects***

The enterprise aspects such as nature of enterprises, motivators, trainings obtained, sources of credit, causes for delayed repayment, supportive sources, marketing channels, marketing challenges and constraints for entrepreneurship are covered in this section.

Nature of enterprises

As shown in Table 3 the women entrepreneurs were involved in various enterprises. The trades such as petty shops, juice & Jam, masala packing units, mushroom cultivation, wool knitting & sweaters, and tailoring & embroidery units involved 2 entrepreneurs each. The enterprises such as dairy and poly house involved 3 entrepreneurs. It can be inferred that the enterprises provided employment and income opportunities to other women who belonged to SHG's.

Table 3: Nature of enterprises

Type of entrepreneurial activities	Respondents	Percentage
Dairy	3	15
Tailoring & Embroidery units	2	10
Wool Knitting & Sweaters	2	10
Tent house equipment	1	5
Mushroom cultivation	2	10
Poly house	3	15
Pickle making unit	1	5
Masala packing units	2	10
Juice & Jam	2	10
Petty shops	2	10
TOTAL	20	100

Source: computed from primary data

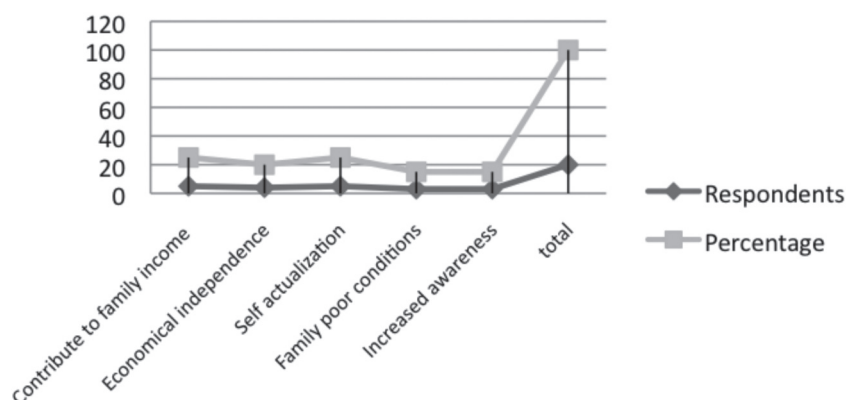
Motivators for enterprises

It is seen from Graph 3 that the pressing economic necessity for supplementing family income influenced most entrepreneurs to undertake a particular enterprise. In addition the desire for economic freedom and the changing concept of women's role in society did influence to a large extent. It can be inferred that the economic aspects played a significant role and persuaded RDWEs to launch an appropriate enterprise.

²⁵ Caste Hindus: Those falling within the caste system, or all non-Dalits.



Graph 3: Motivators for enterprises

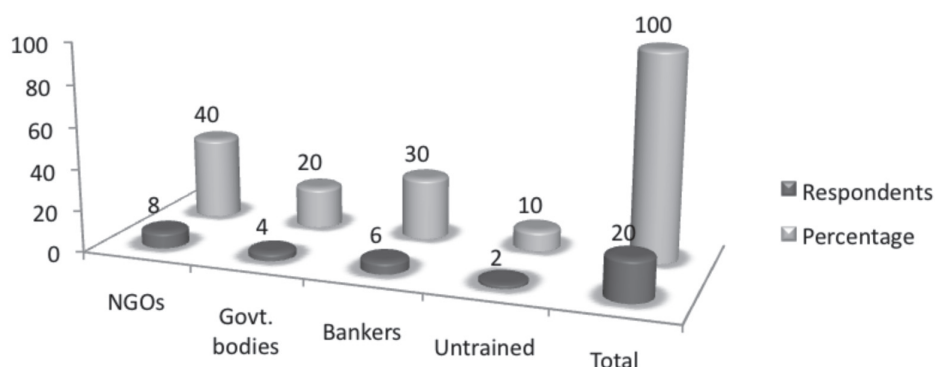


Source: computed from primary data

Trainings obtained

Training included the dissemination of information, skill development, confidence building, role clarification and raising gender awareness. It played a significant role in the lives of RDWEs and imparted information on the procedures, strategies and ethics of business ventures.

Graph 4: Trainings obtained



Source: computed from primary data

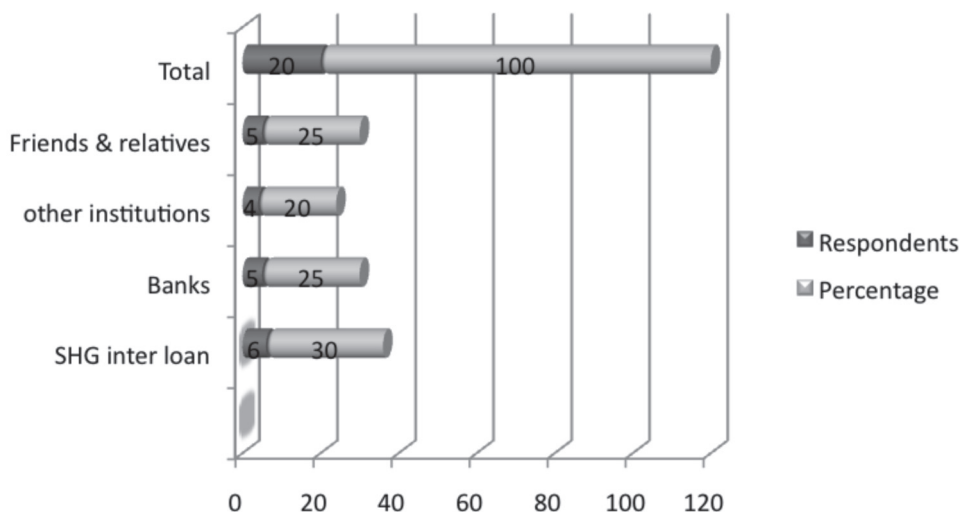
As shown in Graph 4 a total of 40.0 percent of respondents obtained trainings on various topics from NGOs. A total of 30.0 percent of respondents received trainings from banks followed by 20.0 percent from government departments. It is impressive to note that 2 respondents did not go through any training. It can be inferred that trainings and capacity building programs gradually enabled rural women to undertake enterprises.



Sources of credit

Credit played a significant role in the emergence of an enterprise. As seen from Graph 5 a total of 30.0 percent of respondents availed credit from SHG's, followed by 25.0 percent from banks, 25.0 percent from friends and 20.0 percent from other institutions. It can be inferred that the entrepreneurs sought more to SHG's and friends for credit purposes than banks.

Graph 5: Sources of credit



Source: computed from primary data

Causes for delayed repayment

It is seen from Graph 6 that 25.0 percent of respondents agreed that consumption purposes followed by business loss (20.0 percent) were causes for delayed repayment. A total of 15.0 percent of respondents cited that natural calamities, unforeseen expenditure and family problems were causes for delay. Family issues and consumption amounted to 40.0 percent along with the unforeseen. It can be inferred that expenditure and distorted priorities of 25.0 were real causes for delayed repayment.

Graph 6: Causes for delayed repayment



Source: computed from primary data



Supportive sources

Table 4 shows that NGO support accounted for 35.0 percent, followed by NABARD scheme which was 30.0 percent. Government subsidies accounted for a total of 20.0 percent, followed by bank schemes that were 15.0 percent. It can be inferred that a majority of respondents acknowledged the role of supportive sources in playing an eminent task in their entrepreneurship endeavours. The role of NGO support undoubtedly was a major source in their becoming entrepreneurs.

Table 4: Supportive sources

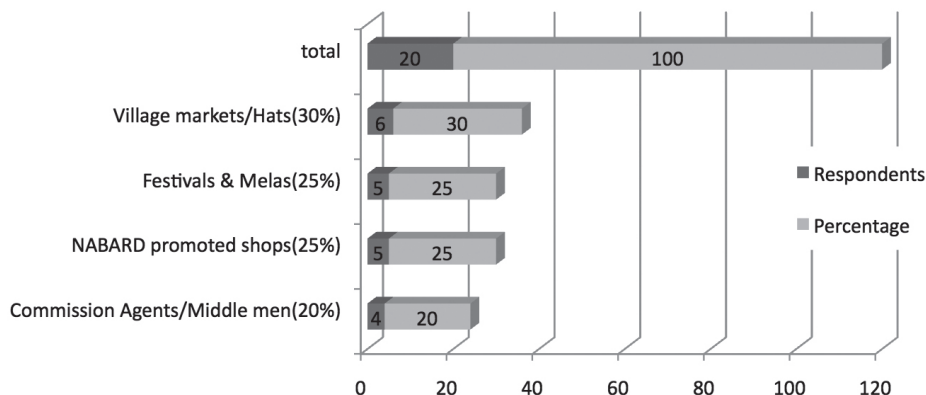
Supportive sources	Respondents	Percent
NGO support	7	35
NABARD schemes	6	30
Bank schemes	3	15
Government subsidies	4	20
TOTAL	20	100

Source: computed from primary data

Marketing channels

Marketing channels play a pivotal role in marketing of products. It is seen from Graph 7 that village markets accounted for 30.0 percent, followed by 25.0 percent for NABARD shops and festivals. Commission agents accounted for a total of 20.0 percent. It can be inferred that village markets paved a suitable marketing channel for women entrepreneurs to get the right prices for their products.

Graph 7: Marketing channels



Source: computed from primary data

Marketing challenges

As depicted in Graph 8, 25.0 percent of respondents agreed that lack of infrastructure was a major challenge, followed by lack of mobility and shortage of funds, which amounted to 20.0 percent each. A total of 15.0 percent of respondents were of the opinion that marketing of products was a challenge. A total of 10.0 percent of respondents each cited scarcity of raw materials and lack of storage facilities. It can be inferred that provision of infrastructure and networking of related institutions could to a great extent remove these challenges.



It is seen from the results of the analysis mentioned in Graph 9 that for a total of 20.0 percent of respondents the constraints were traditional mindset, followed by lack of family support and Non-availability, for 15.0 percent of respondents. For a total of 10.0 percent of respondents the constraints were illiteracy of women, lack of trainings, tough geography, harsh living conditions, lack of marketing facilities, and lack of infrastructure. It can be inferred that manifold constraints certainly had impacts on enterprises. Nevertheless it was heartening to see the entrepreneurs emerge as victorious facing all adversity.

Graph 9: Constraints for entrepreneurship





Section III

Empowerment aspects

The empowerment aspects related to economic, personal and psychological are covered in this section.

Economic empowerment

The financial freedom of entrepreneurs to a large extent relied upon their economic facilities. Economic security was one of the empowerment aspects that played a vital role in the hill society. It is seen from Table 5 that 85.0 percent of respondents managed budgets at home followed by 80.0 percent of respondents who agreed an increment in annual income and economic security. A total of 75.0 percent of respondents believed that their economic status had steadily increased. It can be inferred that improvement in economic conditions of entrepreneurs certainly paved a way for their economic empowerment.

Table 5: Economic empowerment

Economic empowerment	Respondents	
	no	%
Employed before becoming an entrepreneur	5	25
Security after becoming an entrepreneur	16	80
Savings has increased	14	70
Economic status improved	15	75
Property owned in her name	5	25
Management of budget at home	17	85
Annual income has increased	16	80

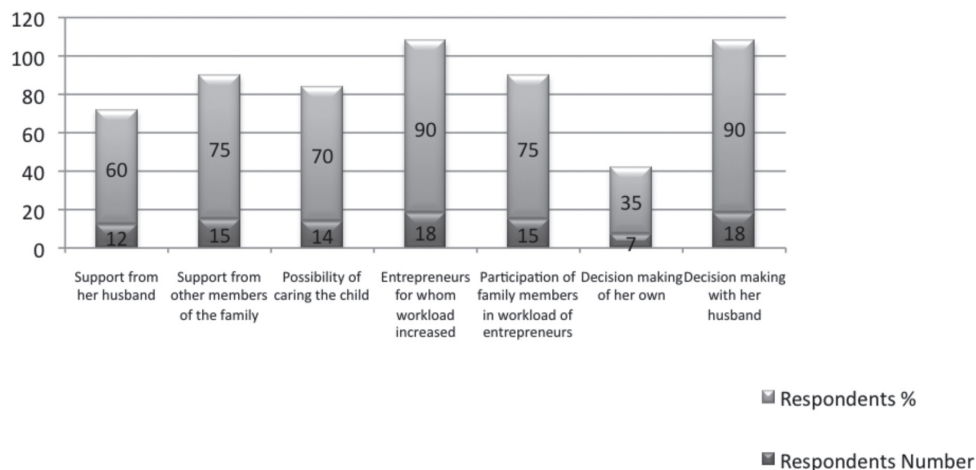
Source: computed from primary data

Women's empowerment

Women's empowerment was an essential ingredient of human development. As shown in Graph 10, 90.0 percent of total respondents agreed that their work load had increased and that they made decisions with their husbands. A total of 75.0 percent of respondents were of the view that the family members do lend helping hands. A total of 70.0 percent of respondents acknowledged the possibility of child care along with enterprises. It was heartening to note that 35.0 percent of respondents made decisions. It can be inferred that the women's enterprises necessarily led to women's empowerment as well.



Graph 10: Women empowerment

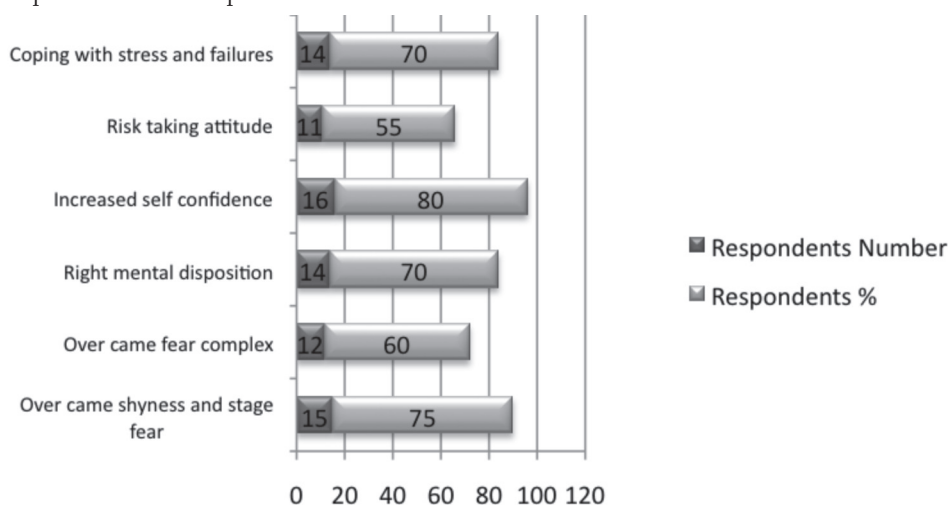


Source: computed from primary data

Personal empowerment

It is seen in Graph 11 that 80.0 percent of respondents had increased self-confidence. A total of 75.0 percent of respondents overcame shyness and stage fright. A total of 70.0 percent of respondents had the right mental disposition, and cope with stress and failures. It was to note that 60.0 percent of respondents overcame fear complex. It can be inferred that enhancement in psychological aspects such as mental disposition, overcoming shyness, self-confidence, risk taking, coping with stress and failures indeed measure the psychological health of women entrepreneurs.

Graph 11: Personal empowerment



Source: computed from primary data



Suggestions

- For promoting entrepreneurship among women, rigorous efforts are to be formulated to launch special entrepreneurial development programmes. There should be a different approach for rural areas. Support of local self-government institutions and NGOs is to be used for implementing the programme. As part of social intervention or social work, the NGOs, CBOs²⁶, and voluntary organizations are called to launch special entrepreneurial development programmes for women. This would lead to women empowerment along with upholding gender equality and poverty reduction, particularly in marginalized communities in both national and international contexts.
- Developing a proper environment through provision of sufficient information and needed skills will pave the way for many women to undertake entrepreneurial activities.
- Infrastructures such as good roads, electricity, banking facilities, and communication generate new and creative economic activities.
- Marketing is an important area where intervention is imminent. There should be efforts for common branding, improved packaging, labelling etc. Direct marketing groups can be promoted for penetrating products at grass root levels.
- Imparting capacity building trainings and knowledge exposures to the traditional artisans would open new avenues for creative entrepreneurial activities.
- Since women entrepreneurs are victims of the existing social systems, attitudes and prejudices, the change in social attitude is a must. To achieve this objective, both legislative as well as administrative measures are to be strengthened.
- An increased role of non-governmental agencies in imparting timely training programs, skills upgrading, awareness camps and refresher courses.

Conclusion

“If India is not to perish, we have to begin with the lowest rung of the ladder. If that was rotten, all work done at the top or the intermediate rungs was bound ultimately to fall”–Mahatma Gandhi

Participation of women in the developmental process was significantly emphasized by numerous policies and programs in recent decades. This emphasis affirmed that a country's real progress and prosperity depended on the proportion of the involvement of women in the developmental process. It also measured healthy trends in any civilized society. Accordingly, women's entrepreneurship has tremendous potential in empowering women and transforming society. Growth of women's entrepreneurship would be supplementary and complimentary for women in particular and the country in general. The enthusiasm, skill and constructive performance helped them to earn a livelihood and social status. On the other side, this work force in participation process would enrich the national economy by way of ensuring optimum utilization of human and material resources for adequate employment opportunities.

Global social involvement or social work underlays a sole objective of enhancing the quality of life of the marginalized sections of society. Along with eradication of poverty, social work aims to uphold human dignity, gender equality and justice aspects. Economic empowerment, being an integral part of social work, needs attention and for these women form better choice. To this end, women specific programs and strategies need to be evolved for promoting women's entrepreneurship. This would realize economic empowerment along with social and cultural development of communities.

To illustrate the aspects above, a study was undertaken among women entrepreneurs belonged to Dalit community. The changing scenario upshot by micro finance and SHG movements led to the

²⁶ Community Based Organizations.



emergence of rural Dalit women entrepreneurs in the rural areas of Almora district. The outcome of the study showed various aspects related to enterprise and women's empowerment. Rural Dalit women entrepreneurs had turned to be effective change agents for the betterment of their society. The women members of SHG's had embarked on non-traditional tasks like marketing and non-traditional enterprises. Women's access to and control over their savings, credit and income had improved. Women had improved freedom to move and interact with members of their community. On the whole, it was clear that women had improved control over their labour, resources (saving, credit and income), freedom to move and interact, leadership, and reproductive choices. This was evident from the collective initiatives of women members to negotiate their gender, caste, class and other interests vis-a-vis institutions of the market, the state, the community and family.

There is no single remedy that could be tried to sort out the problems faced by rural Dalit women micro entrepreneurs. A comprehensive strategy involving all stake-holders including the family members of entrepreneurs needs to be resolved. As family support plays an important role in ensuring sustenance of enterprise, specific strategies should be evolved. The society should be willing to address the issues faced by the entrepreneurs. Hence the strategy should be comprehensive, holistic and futuristic.

References

- AMNESTY, 2001. *Broken Bodies, Shattered Minds: Torture and Ill Treatment of women*. United Kingdom: Amnesty International Publications, 6–35.
- BALAMURUGAN, P. 2008. Women Entrepreneurship in India. A Gender Perspective. In: BLUMBERG, R. L. 1995. *Engendering Wealth and Well-Being an Era of Economic Transformation*. In: BLUMBERG, R. L., RAKOWSKI, C. A., TINKER, I. et al. (Eds.). *Engendering Wealth and Well-Being: Empowerment for Global Change*. Boulder CO: Westview Press.
- BORA, R. S. 1996. *Himalayan Migration: A Study of the Hill Region of Uttar Pradesh*. Walnut Creek, California: Alta Mira Press Book.
- CHANU, Y. L., CHANU, A. I. 2014. Women Entrepreneurs of Manipur after MSME Act, 2006: An Analysis. *Journal of Entrepreneurship Management*, 3(2), 37–43.
- CHEN, M. A. 1993. Women and Wasteland Development in India: An Issue Paper. In: SINGH, A. M., BURRA, N. (Eds.). *Women and Wasteland Development in India*. New Delhi: Sage Publications, 42–51.
- DHANYA, M. B. 2011. Women Entrepreneurship Through Micrifinance. *Labour and Development*, 18(2), 2–11.
- DISTRICT ADMINISTRATION. 2016. *Almora – Uttarakhand* [online]. Uttarakhand: District Administration–Almora [1. 8. 2016]. Available at: <http://almora.nic.in>
- GOVERNMENT OF INDIA. 2007. *Micro, Small and Medium Enterprises in India: An Overview*. New Delhi: Ministry of Micro, Small and Medium Enterprises.
- GURU, GOPAL. 2005. *Atrophy in Dalit Politics*. DIC Book Series: Intervention I, Mumbai, Vikas Adhyayan Kendra.
- HALL, C. M. 1992. *Women and Empowerment. Strategies for Increasing Autonomy*. Washington: Taylor & Francis.
- HAZARE, A. Development–Demography of Rural India [online]. Excell Career India. [1. 8. 2016]. Available at: <http://www.excellcareeronline.com/meterials/4781407559821.pdf>
- ISED. 2008. *India Micro, Small and Medium Enterprises*. New Delhi: Development Institute of Small Industries.
- KUMAR & THAKUR. 2008 (Eds.). *Gender empowerment and Development*. New Delhi: Deep & Deep Publications Pvt. Ltd, 497–499.



- LAKSHMIKANDAN, K. R. 2000. Self-Help Group in the Lives of the Rural Poor. A Pilibhit Case Study. *Women's Link*, 9–14.
- LAVANYA, K. L., MURTHY B. E. 2009. The Motives of Small Scale Entrepreneurs: An Explorative Study. *South Asian Journal of Management*, 16(2), 91–107.
- MARGARET HALL, C. 1992. *Women and Empowerment*. Washington: Hemisphere Publishers.
- MATHEW, P. M. 2007. *Social Enterprise under Globalization*. Nottingham: International Institute of Corporate Social Responsibility.
- MEHTA, G. S. 1999. *Development of Uttarakhand: Issues and Perspectives*. New Delhi: APH Publishing Corporation.
- MINISTRY OF EMPLOYMENT. 2014. *Annual Report 2014–2015*. New Delhi: Ministry of Labour and Employment.
- PLANNING COMMISSION OF INDIA. 2009. *Uttarakhand Development Report Academic Foundation*. New Delhi: Academic Foundation.
- PLANNING COMMISSION OF INDIA. 2013. *Twelfth Five Year Plan 2012–17*. New Delhi: SAGE Publications.
- RAMESH, M. 2011. Prospects and Problems of Women Entrepreneurs in and around Coimbatore City. *Journal of Contemporary Research in Management*, 6(2), 1–11.
- RATHAKRISHNAN, L. (Eds). *Empowerment of Women through Entrepreneurship*. New Delhi: Gyan Publishing House, 53–60.
- RAWAT, R. 2004. *Chipko's Quiet Legacy: Forest Rights, Women's Empowerment*. Ontario, Canada: York University.
- ROY, S., MANNA, S. 2014. Women in Entrepreneurship: Issues of Motivation and Choice of Business. *Journal of Entrepreneurship and Management*, 3(2), 1–8.
- SAKUNTALA, N. 1999. *Empowering Women: An Alternative Strategy from Rural India*. New Delhi: Sage Publications.
- SAPRA, R., KHATTER, D. 2013. The Impact of Demographic Variables on the Financial Performance of Women Entrepreneurs in India. *Journal of Entrepreneurship and Management*, 2(3), 31–34.
- SEN, A. 2001. Many Faces of Gender Inequality. *Frontline*, 18(22).
- SHALINI, S. 2005. *Developing Women Entrepreneurs in South Asia: Issues, Initiatives and Experiences*. Bangkok: UNESCAP.
- SHARMA, S. L. 2000. Empowerment without Antagonism: A Case for Reformulation of Women's Empowerment Approach. *Sociological Bulletin*, 49(1), 19–39.
- SUNDERAJ, V. 2000. *Scheduled Castes of Rural India: Problems and Prospects*. New Delhi: A. P. H. Publishing Corporation.
- SURESH, V. 1998. The Dalit Movement in India. In: SATHYAMURTHI, T. V. (Ed.). *Region, Religion, Caste, Gender, Culture in Contemporary India*. New Delhi: Oxford University Press.
- UN REPORT. 2010. *Demographic Products and Worlds Women*, UN Statistics, 75–78.



Ronald Lutz and Doron Kiesel: Sozialarbeit und Religion: Herausforderungen und Antworten. Weinheim: Beltz Juventa, 2016.

The subject of religion plays a rather rudimentary role in social work. But it is not only the growing religious-fundamentalist trends (ranging from evangelical movements to Islam) that change our society and consequently challenge teachers and social workers, but the far deeper searching of many who also seek answers in religion. Therefore it is a task for social work to pay more attention to this. The present book analyses why social work has only reacted rudimentarily to religiousness thus far, questions the importance of religion in everyday life, discusses measures that answer radicalization processes with necessary de-radicalization, and addresses the role of religion. The publication also raises the claim not to theologize social work, but “rather how a secular discipline can find a new and maybe productive relation to religion for its practice” (p. 8). The publication’s trisection is made of the topics “Discourse and Horizons”, “Fundamentalism and De-Radicalization” as well as the “Living Environment and Dialogues.”

At the beginning the editor Ronald Lutz talks about the topic *Sense as a Resource. Theses on the Religious Affinity of Social Work*. The dealing with belief “beyond theological legitimization” (p. 10) is applicable for his discipline in terms of a privatized piety, the concern with the phenomena of daily life. He sees religiousness as a cultural pattern of the reflection of actions on the one hand and as an instrument to shape the world on the other. It’s about connecting religion, public and politics. The author consequently differentiates between religion, religiousness and spirituality. Social workers

are called upon to include interventions for identifiable fundamentalist movements in their thoughts. The dispute about the meaning of religion and religiousness in everyday life is necessary to understand religiously motivated violence or attractiveness to Salafism.

Social work with its achievements through secularization (education/information, freedom of subjects, open-mindedness, and human rights) must find approaches, in a dialogical process, to the people who believe in whatever god. It deals with the discomfort with the modern age (“globalized modern age” as a product of social, economic and cultural development in Western Europe, “Euro-American modern age”, “multiple modernities”, “entangled modern age,” etc.), and the global ambivalences (freedom and force, hope and fear, equality and inequality, love and violence, participation and exclusion, peace and war). Axel Bohmeyer sees potential for conflict in the social work of a post-secularized society that involves religious beliefs (e.g. controversy discussions about the crucifix, headscarf, and dispute about the construction of mosques). Therefore this discipline deals with the political-philosophical question of whether to ban religion from a public sphere to a private one. It has been criticized that there is no theoretically significant debate on the relationship of religion to social work. Reasons for that might be seen in the disengagement of pedagogy from theology or social work science as defender of emancipated rationality. Josef Freise is concerned with social work and religion in a migration society: he empirically proves religiousness in Eastern and Western Germany



as well as in migration groups. From a religious-scientific point of view he depicts different forms of how religion is lived out. Afterwards he exemplarily points out tasks of social work in the context of a society with diverse worldviews and religions. In this he goes into detail about religion as a resource in crises, communicative function at religious conflicts, prevention (educational work, anti-discrimination and Salafism-prevention), as well as the necessity of religious and interreligious dialogues.

The more diverse a society in the range of ideologies and religions becomes, the more relevant the religion sensitive social work on all levels becomes. The elements such as a demonstrated will-constructive, science-based depiction of versatile religious and theological aspects are relevant especially in a heterogeneous society that is currently in the process of transformation. In Europe influenced by immigration and therefore being an ideologically and religiously plural country, this to date is neglected, and reference science is essential. Besides denominational forms and people with marginal forms of religious ties, there are also migrant cultures in which religious ties are growing (Shell Youth Study 2010 and 2015). The close connection of social work with both Christian churches is of significance from a historic view as well as currently in the welfare organizations Caritas and Diakonie, given the religious community's functions as a provider of social services. The charitable institutions take up a challenge to adjust their social work with consideration to the religious and cultural diversity.

In the chapter *Religiousness and Youth* the forming of identity considering psychological, social, economic, etc. challenges is discussed. Discrimination-critical educational work is established through training for the interaction with religious diversity, raising awareness about existing inequalities, personal prejudices, etc. In the range of topics of religious radicalization and de-radicalization the anti-Islamic dramatization and generalization, which lead to accusations and discrimination, is discussed in a sensitive manner. The work with relatives (radicalization "über Bande") implies social work with family, the social environment and

Ronald Lutz | Doron Kiesel (Hrsg.)

Sozialarbeit und Religion

Herausforderungen und Antworten

BELTZ JUVENTA

teachers. Counselling of relatives is seen as the key to de-radicalization. The practical approach of the *Violence Prevention Network* has the goal to liberate young people from extremist tendencies and to depict a specific implementation of de-radicalization. The field of prevention is about the deconstruction of anti-freedom and anti-democratic mindsets and behaviours. Another chapter is about *migration churches*, which are generally churches founded by pastors with a migration background. This discussion about migration-Christians (Syrian-orthodox, Finish Lutherans, Brazilian and Nigerian Pentecostals, Korean Presbyterians, Russian-German citizens, Croatian and Polish Catholics) takes place beyond the polarizing debate. Regarding all these discussions, it is important for social workers to confront themselves with religious self-reflection, their biographic mindset, the bright and dark sides of their own culture and cultural identity. A religion-sensitive education is seen as a lifelong task in a religious-heterogeneous context, and is the ability to question oneself without giving up on oneself. It is the ability to recognize and accept diversity,



develop sensitivity for power and powerless relations, and to reflect upon exclusion and inclusion beyond the pressure of assimilation. Interreligious dialogue projects use religion as a reason for communication. In no small part do religions play a part in reconciliation and peace-building.

The heterogeneity of the thematic discussion reflects the diversity of the authors: including national and international experts / scientists from pedagogy and social work with a focus on migration and integration, as well as employees of a local human-rights NGO, the UN Human Right Committee against Racism, the international Christian peace service, peace pedagogy, representatives of the Central Council of Jews in Germany, cultural anthropology, social workers with experience in work with violent criminals and victims of violent crimes, and the prevention and combating of extremism.

Social work as a scientific discipline with an implied thesis of secularization has been obscuring religious aspects for decades. The book took on the task to trigger a debate that reflects upon religion with its diverse variation. This demand is addressed to its entirety throughout the publication. In almost all chapters a well-made theoretical structure,

empirical depiction, definition of terms and transfer of practice is found. The reflective discussion arises with the focus on numerous empirical studies with comprehensible study designs. The fluid religiousness in the mobile and advanced modern era is pointed out as well as the incorrect use of religion for political abuse. Philosophical approaches (e.g. Volker Gerhard) are equally as important as Habermas' semantic potential of religion, Ulrich Beck's belief in an individualistic society, the liberation theology from Latin America, from Paulo Freire to Pope Francis. The complexity of the theory practice transfer becomes apparent with the example of fundamentalism, in the understanding to address social scientific classification and professional, socio-pedagogical reactions to people with fundamentalist beliefs. This is a publication that is essential for the theoretical discourse as well as the practical everyday life in a culturally drastically changing society, because besides historical, sociological, philosophical-theological and anthropological approaches, chances and risks are also discussed perceptively, for example in social media.

Dr. Monika Pfaller-Rott,

*The Catholic University of Eichstätt-Ingolstadt,
Germany*

Research Activities on Housing at the Faculty of Social Studies, University of Ostrava

One of the main subjects of research interest of the Faculty of Social Studies is the area of housing and the situation of its loss. Within this topic research was carried out within the doctoral thesis entitled Reintegration of single mothers with the experience of staying in a shelter into permanent forms of housing, at the Faculty of Social Studies. The research was carried out from early 2014 to 2016. The research was conducted at shelters for women and mothers with children in the city of Ostrava. Shelter is a residential facility for people in need of housing. The stay in this facility is charged, and the maximum stay is one year. The main aim of the facility is to provide its users with the skills to deal with difficult social situations associated with the loss of housing. However, the service at shelter is less effective for some groups of users. Within the mentioned research, we have found out that one third of the clients constantly circulate among shelters. A long-term stay in shelters reduces the likelihood of success of an overall integration. At the same time, we can say that current theories of social work do not sufficiently describe the barriers of reintegration into permanent forms of housing.

The main research aim was to identify barriers and accelerators of successful reintegration into permanent forms of housing in the life stories of single mothers with the experience of staying in a shelter.

The research was quite unique by its nature in a certain way because it was carried out through participatory research with the help of two peer researchers, mothers from the shelter, who participated in the design process of interviews, in the realization of interviews and focus groups, and in the data analysis. During the research 33 interviews were carried out with three groups of communication partners (mothers changing stays in shelters, mothers leaving the shelter and mothers reintegrated into permanent forms of housing for at least 18 months).

The research points to the multifactorial nature of problems of mothers living in shelters. An interesting finding in the area of barriers to the reintegration process was the finding regarding the ubiquity of oppression and its intersectionality in the life stories of mothers in shelters. The communication partners described that they felt oppressed not only as women, but also as mothers, and single mothers; not only as poor mothers (under the feminization of poverty), but as mothers who are homeless; and sometimes as members of the Romany ethnic group. Most of the communication partners involved in the research, however, had experienced domestic violence. Domestic violence and leaving a violent partner were often responsible for their current living situation. In their tellings, the communication partners also described the vicious cycles of debt and, among those that were changing stays in shelters, also the need for a different approach from the shelters. In relation to the workers of shelters, the communication partners described the need to establish a long-term relationship with the social worker, and the need for management of the received support by social workers. The need to reside was the main need discussed by almost all the communication partners. Specific recommendations for social work practice with users of shelters are the outcome of the research.

Research activities aimed at people in shelters is now further developed in the form of research concerning the health of shelters' population at the Faculty of Social Studies, University of Ostrava. The main objective of the research here is to identify the key factors that, according to residents of shelters (men, women, mothers with children), affect their health and determine their impact on health and use of health services.

In both research activities cooperation was established between the Faculty of Social Studies and the Association of Shelters, the umbrella organization bringing together various service providers for the homeless.

Kateřina Glumbíková
Faculty of Social Studies
University of Ostrava, Czech Republic

Publishing Schedule

2/2017: Refugees and Social Work (Czech and Slovak edition)

The editor of this issue is Marketa Rusnakova (Slovakia).

The publication date is planned for March 2017.

3/2017: Social Work, Health and Lifestyle (Czech and Slovak edition)

The editor of this issue is Libor Novosad (Czech Republic).

The publication date is planned for June 2017.

4/2017: ERIS Journal – Summer 2017 (English edition)

The editor of this issue is Anita Gulczynska (Poland).

The publication date is planned for August 2017.

5/2017: Therapy in Social Work? (Czech and Slovak edition)

The editor of this issue is Beata Balogova (Slovakia).

The publication date is planned for September 2017.

6/2017: Social Work and Informal Care (Czech and Slovak edition)

The editor of this issue is Libor Musil (Czech Republic).

The publication date is planned for December 2017.

1/2018: ERIS Journal – Winter 2018 (English edition)

The editor of this issue is Hans van Ewijk (Netherlands).

The publication date is planned for February 2018.

2/2018: Ageing (Czech and Slovak edition)

The editor of this issue is Beata Balogova (Slovakia).

The publication date is planned for March 2018.

3/2018: Critical Perspectives in Social Work (Czech and Slovak edition)

The editors of this issue are Alice Gojova and Eliska Cerna (Czech Republic).

The publication date is planned for June 2018.

Calls for Papers and Abstracts

ERIS Journal – Summer 2017 (English edition)

We are already accepting papers from various areas of social work for the planned English issue. The deadline for obtaining papers from potential authors is March 10th, 2017. The publication date is August 2017.

The editor of this issue is Anita Gulczynska, University of Lodz, Poland.

ERIS Journal – Winter 2018 (English edition)

We are already accepting papers from various areas of social work for the planned English issue. The deadline for obtaining papers from potential authors is September 10th, 2017. The publication date is planned for February 2018.

The editor of this issue is Hans van Ewijk, University of Humanistic Studies, Utrecht, Netherlands.

Papers should be sent to the administrator of the academic papers who will also provide you with additional information upon request:

- Barbora Grundelova, barbora.grundelova@osu.cz
- Vladislava Vondrova, akademik@socialniprace.cz

Abstracts for the 2/2018 Ageing (Czech and Slovak edition)

Beata Balogova, the 2/2018 issue editor, invites potential authors to submit their extended abstracts of articles planned for the issue focused on the topic Ageing.

You are encouraged to take the opportunity to receive feedback from the issue editor. The feedback will help you formulate and plan the text so that it has a better chance of succeeding in the publication process of our journal. The process is organised in the following way. 1. Assessment of professional standards of the articles by the issue editor. 2. Double-stage anonymous review proceedings.

Abstracts for the 3/2018 Critical Perspectives in Social Work (Czech and Slovak edition)

Alice Gojova and Eliska Cerna, the 3/2017 issue editors, invites potential authors to submit their extended abstracts of articles planned for the issue focused on the topic Critical Perspectives in Social Work.

You are encouraged to take the opportunity to receive feedback from the issue editor. The feedback will help you formulate and plan the text so that it has a better chance of succeeding in the publication process of our journal. The process is organised in the following way. 1. Assessment of professional standards of the articles by the issue editor. 2. Double-stage anonymous review proceedings.

Organisational information

Extended abstracts, (maximum size of 1 standard page, 1800 characters in the Czech or Slovak language, including spaces) should be submitted by 31 March 2017 to the administrator of academic articles at akademik@socialniprace.cz. The issue editors will provide you with feedback on your abstract by 30 April 2017.

Our mission

Public commitment to the Journal

The journal for theory, practice and education in social work

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

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

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

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

Notice to Contributors

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

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

1. Instructions to authors of academic articles

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

The offer of manuscript receipt and review procedure

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

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

Decision to publish

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

Manuscript requirements

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

- I. **Front page** contains a descriptive and brief title of the article in English; the names of all authors, biographical characteristics (up to 100 words) and also contact details for correspondence in the footnote.
- II. **Abstract** in English in a maximum of 200 words.
- III. **Keywords** in English. Please use two-word phrases as a maximum.
- IV. **The text of the article** (maximum 10,000 words).
- V. **List of references:** Authors are requested to pay attention to correct and accurate referencing (see below). A text reference is made by indicating placing the author's surname, year of publication (e.g. Korda, 2002) and, in case of reference to literature, also the number of pages should also be specified after the year, divided by a colon. A list of references is to be given at the end of chapters and and it is expected to list the literature to which the text refers. The list is arranged alphabetically by authors and, if there are several works by the same author, the works are to be listed chronologically. If an author published more works in the same year, the works are distinguished by placing letters a, b, etc. in the year of publication.

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

Quotes and links

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

Monographs:

BARTLETT, H. 1970. *The Common Base of Social Work Practice*. New York: NASW.

Monograph Chapters:

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

Magazines:

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

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

Online resources

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

2. Instructions for book reviews

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

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

3. Ethics and other information

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

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

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

By sending the article, the authors give their consent to its use in the electronic databases where the Journal is indexed. The Journal is freely available at HYPERLINK „<http://www.socialniprace.cz>“.

4. Contact details:

Association of Educators in Social Work
Czech and Slovak Social Work
Postal address: Joštova 10, 602 00 Brno, Czech Republic
Website: www.socialniprace.cz

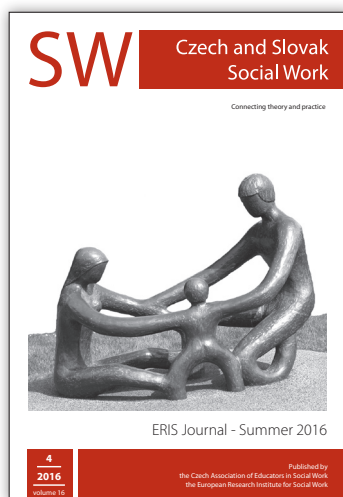
Barbora Grundelova (administrator of the academic articles)
e-mail: barbora.grundelova@osu.cz

Roman Balaz (managing editor)
e-mail: roman.balaz@socialniprace.cz

The last published issues



Housing of the Poor



ERIS Journal - Summer 2016



Social Work
and Social Entrepreneurship



Social Work
and Violence Towards Women

ISSN 1213-6204 (Print)
ISSN 1805-885x (Online)

www.socialniprace.cz