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Editorial

Welcome to the English edition of our journal, dedicated to the dynamic and multifaceted field of social work. We invite authors from around the globe to contribute manuscripts on topics they deem crucial for discussion within our profession.

Social work is a theoretical and practical discipline, drawing from diverse scientific fields. Despite its broad scope, its mission remains clear: to professionally address the challenges individuals face in difficult circumstances. What sets social work apart from other helping professions is its holistic approach, viewing individual issues within the broader context of social reality. This perspective allows us to understand and address problems that affect not just the individual but their entire social environment.

Our goal is to enhance the quality and professionalization of social work practice. We aim to advance social work as a science and improve education. By supporting the interests of social service providers and users, we strive to bridge the gap between research and practice, fostering a forum for academically rigorous and practically relevant discussions.

The contributions of this issue enrich the knowledge-base of social work with practical orientation and profound scientific depth.

David Schnell's article explores a novel strategy for multi-professional collaboration with system-breakers using the power of the absurd. Analysing a case study through Albert Camus's theory, it reshapes professional experiences and collaboration. This approach helps social workers break free from linear methods and unrealistic service expectations, improving outcomes in challenging cases. Joint case accompaniment uses the absurd to navigate complex situations, enhancing engagement with system-breakers.

Olga Klepáčková, Jana Gabrielová, Martina Černá, and Milan Tomka review music's role in children's care and social work in the Terezín ghetto during the Holocaust. Despite adverse conditions, Jewish self-government provided effective support. Historical research shows music aids traumatized children, supporting their emotional and social well-being. These findings highlight the benefits of musical engagement for children's psychosocial needs, relevant to contemporary social work practice.

Eva Maria Löffler examines how social workers in elected office in Germany transfer their professional knowledge into political decision-making. The study argues that social work knowledge should drive broader social change, not just individual support. Using surveys, interviews, and panel discussions, the study highlights how social workers influence policy, despite challenges like resource constraints and insufficient majority support. The article concludes that greater political engagement from social workers is crucial for driving social change.

Rebecca Löbmann and Michael Heinrich compare social work academic training with professional practice, focusing on competencies. Despite frameworks, graduates often feel unprepared. The study surveys graduates from the Technical University of Applied Sciences Würzburg-Schweinfurt and professionals in child, youth, and family welfare in Northern Germany. Key competencies include legal, theoretical, analytical, and communicative skills, and self-care. Both groups stress the importance of theory-practice integration and self-care in education. Aligning programs with frameworks like the German Qualification Framework for Social Work 6.0 can enhance practice readiness.

Manuel Niemann and Tim Isenberg explore education for sustainable development (ESD) in residential educational support, using de Haan's "design competence" and participation studies. Their analysis reveals the need for institutional and professional development to enhance participation. ESD promotes democracy and adolescent development, facilitated by social workers

creating participatory spaces. This approach is cost-effective, easy to implement, and fosters sustainable personal growth, supporting a better world and environment aligned with sustainable development goals.

Brian Littlechild assesses the effectiveness of service user participation in social work in England, focusing on marginalized and excluded groups, particularly those with mental health challenges. It reviews relevant policies, theoretical approaches, and research to identify key issues and barriers to inclusive coproduction. The article emphasizes the need for social workers to uphold equality and inclusion, advocating for greater involvement of service users in decision-making processes to enhance empowerment and address mistrust towards social work services.

Anna Lena Rademaker's article examines the professional conflicts of hospital social workers in Germany during and after the COVID-19 pandemic. It highlights challenges in balancing complex casework, ethical values, and economic pressures. Using participatory and qualitative mixed methods, the research calls for clearer frameworks and support to prevent professionalization from being overshadowed. The study emphasizes the importance of participatory approaches in improving professional practices and offers recommendations for policy and management to support social workers in healthcare better.

Jiří Mertl's book review for P.M. Garrett's "Social Work and Common Sense: A Critical Examination" explores ideas about and for Social Work and its value orientations.

The issue concludes with a research note from Isabelle-Christine Panreck that highlights Social Work's strength in integrating diverse perspectives. However, this can confuse students, as seen at the Catholic University of Applied Sciences in Cologne. The study examines how lecturers from various disciplines handle tasks like "evaluate" or "discuss" to model diverse thinking. Using the TEACH model identifies thought processes and aims to innovate teaching strategies, promoting inclusivity in Social Work programs through qualitative analysis.

Jutta Harrer-Amersdorffer & Vera Taube
Editors of the issue

The Normal Is Absurd. A Case Analysis in Multi-Professional Work of School and Residential Care with System Breakers

Dr. David Schnell

David Schnell[1] founded the child and youth residential care Arche Noah in 2020 and still manages it today. In addition, he held a number of courses for social work students at the Ravensburg-Weingarten University of Applied Sciences and previously at the University of Augsburg, and then worked for the Federal Youth Advisory Board to advise the federal government on issues of child and youth policy. He wrote his doctorate on the topic of the transition phase. He is currently working in the clinic for child and adolescent psychiatry and psychotherapy and is training to become a child and adolescent psychotherapist.

Abstract
OBJECTIVES: In this article, I aim to demonstrate that it is possible to cultivate a strategy in multiprofessional collaboration with system-breakers, where the power of the absurd generates a new temporal logic between professional actors and clients, relieving them from "services" that cannot be provided. THEORETICAL BASE: Based on the theoretical foundation of current research findings on system-breakers, the particularly noteworthy aspects of multiprofessional collaboration from a theoretical perspective will be presented. METHODS: The focus of this article is the methodical case analysis of a boy whose caregivers say: "We are at our wits' end" and "He will never be normal again." The case analysis is conducted along the lines of the theory of the absurd (Albert Camus). OUTCOMES: Building on this, the experiences of professional actors in dealing with system-breakers are reconstructed, and finally, possibilities for shaping the collaboration between the involved professional groups are examined. SOCIAL WORK IMPLICATIONS: Thus, the article ultimately opens up the possibility of breaking linear logics through joint case accompaniment in recognizing the absurd. This succeeds in relieving social workers from "unattainable" services, thereby enabling more successful work in the challenges with system-breakers.

Keywords
multiprofessionalism, system breaker, child and youth welfare, the absurd, autopoetic systems

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INTRODUCTION

In this article, against the backdrop of a case analysis, I argue that it is possible to adopt a strategy of multiprofessional collaboration in dealing with system disruptors, which does not FALL into the illusion that a measurable, immediate improvement in the condition of the disruptor can be achieved through a change of institution. Instead, this strategy relies on the power of the absurd (Camus) to prevent the perpetuation of a downward spiral. The power of the absurd generates new temporal logics between professionals and clients and relieves them of unattainable "achievements." Therefore, I examine the experiences of the involved actors to develop an intervention possibility based on an analysis of the current state of the socialization contexts of school and residential care, aiming to stop a self-perpetuating downward spiral through constant shifts to "better" suitable settings.

For this, I use a case analysis, which is to be understood as representative of recurring problems. The case analysis focuses on a boy who has already been through a variety of residential and outpatient facilities. The current professionals treating and caring for him feel unable to identify an improvement in his condition. The teachers at school articulate, "We are with our backs against the wall," and the treating psychiatrist says, "He will never be normal again." Baumann also notes that "there is a high need for research in the care of the most difficult adolescents" (Baumann, 2020:60), and, due to the extremely high burden of problems, addressing the handling of these children and adolescents is of increased relevance (cf. Schwabe et al., 2021:25 f.).

CONNECTION TO TWO LINES OF DISCOURSE

Especially under the theory of life-world-oriented social work, support for upbringing is a core aspect (cf. Grundwald, Thiersch, 2016:77). This gains even more significance with the legal basis (SGB VIII), as the children and adolescents concerned here should be viewed not only as clients but rather as co-producers, which is ultimately a prerequisite for the success of the assistance (cf. Böllert, 2018:4). However, it becomes apparent that young people, subsumed under the term "system disruptor," are passed back and forth between "experts", institutions, and facilities until they aimlessly wander in the helper system (cf. Kieslinger, 2021:58). In these few sentences, what will be further elaborated in the following becomes evident. Thus, in examining the phenomenon of system disruptors, it is necessary to connect to both the discourse line of the system disruptor itself and the discourse line of multiprofessionalism. Otherwise, a shortened examination would imply failure from the beginning.

System Disruptor

In a first and more detailed step, current results on research on system disruptors should be presented.

Forms of System Disruptors

Baumann was able to elaborate in his research that, in attempting a typology of system disruptors, three categories emerge.

The first category of system disruptors is characterized by the control of acute, situational uncertainties. The persons listed here can fundamentally engage with the help system and establish relationships, but these cannot be maintained permanently due to increasing escalations (cf. Baumann, 2020:108). The hypothesis arises that "violent escalations can be seen as a strategy to control situational uncertainties and fear" (ibid.:109). This hypothesis is supported by the observation that transition situations, in particular, lead to the greatest difficulties (cf. ibid.:112). System disruptors of the second category struggle for their autonomy. While there is a similarity to the first group in the struggle for autonomy and control, the significant difference lies in

a rejection of help as a whole, as it seems to be associated with the abandonment of one's own goals and certainties (cf. ibid.:161). In contrast, individuals in the third category do not fight to maintain control. Rather, their concern is to constantly ensure support to satisfy the longing to be held, as these children and adolescents lack a "felt home," as they cannot find a place even in their core families (cf. ibid.:162).

Reasons for Termination of Assistance
The experiences of discontinuity as a core feature of the biography of system disruptors prompted Baumann to further examine possible reasons for the termination of assistance. As the first result of his conducted interviews, he describes the reason for termination as the failure to establish a sustainable pedagogical relationship between the recipients of help and the professionals. Especially the pedagogical self-concept often leads to a coercion of cooperation by the specialists and the resulting rule violations by the recipients. The perceived rejection leads to further role conflicts, ultimately leading to failed relationship building (cf. Baumann, 2020:81). Secondly, it is stated that although a working relationship can initially be established, it does not bring sustainable substance for long-term cooperation that meets comprehensive needs. Initially, closeness can still develop, but the professionals soon feel exhausted and overwhelmed, so they cannot continue the relationship in this way (cf. ibid.:83). The third option, however, also brings about initially successful collaboration, which, unlike the second option, is also maintained by the professionals involved. However, severe rule violations lead to the termination of assistance after a short period, as otherwise, the protective mission towards the entire environment could no longer be ensured (cf. ibid.:84).

Role of employees (in the triangular system of addressee, professional, institution)
In the discourse on system breakers and the necessary multiprofessional collaboration therein, the responsibility of all involved parties must be considered (cf. Kieslinger et al., 2021:92). Baumann (2020) does not see system breaking as an inherent trait of the child but as an ascription by the surrounding system, with its rules and norms, laying a systemic understanding at the foundation of his definition of the system breaker. Thus, professionals, particularly due to their actions based on their respective internal logics formed by their understanding of humanity and professional competence, play a crucial role in whether children and adolescents break the system or the issue is addressed in a long-term process. At present, however, the system itself seems unquestionably deemed correct, and the problem is outsourced to the non-system-compliant behaviors of children and adolescents (cf. Kieslinger et al., 2021:22). A downward spiral caused by the system, or a "negative interaction spiral" of repeating fractures in the biography, therefore seems logically consequential (cf. Baumann, 2019:7). It should be noted that the affected professionals often feel equally helpless in the tension between individual and institutional disturbance (cf. Baumann 2020:17).
The consideration of the role of employees thus serves as a seamless transition to the second discourse line that must necessarily be considered, namely multiprofessional collaboration.

Multiprofessional collaboration in social work
As is evident in the examination of the phenomenon, the discussion of this issue in the present article necessarily follows along two discourse lines. It is essential to address both the challenges in direct work with system breakers and to consider the aspects of multiprofessional collaboration. In an investigation into the factors contributing to the failure of child and youth welfare services, Baumann (2020) highlighted that institutional failure is often explained, among other things, by a lack of cooperation among professionals. Due to the challenging nature of the work for individual helpers, it can happen that there is talk about each other in the helping system rather than with each other, leading to mutual devaluation (cf. Kieslinger et al., 2021:51). However, to

sustain assistance over a long period, it requires cooperative networks aimed at individual and cross-organizational solutions (cf. Kieslinger et al., 2021:67 ff.). System breakers, in particular, reveal the limits of the system's resilience (cf. ibid.:92). For a successful search for solutions, Baumann emphasizes the need for collegial case consultation involving all parties, whose importance for multiprofessional work with system breakers is also underscored by the local case analysis, as will be shown (cf. Baumann 2020:184). It is almost self-evident that multiprofessional collaboration has become the professional standard in many areas of social work. For example, in psychiatric treatment or the long-standing collaboration between teachers and school social workers, these are just two fields where a multiprofessional setting is an indispensable standard (cf. DGPPN, 2013:15 ff.). However, it is important to note that in German-speaking areas, the term "multiprofessional" is used, while in international usage, the prefix "inter" is the usual form of language. The necessary bridging of the gap between the respective professional perspectives receives more attention here than is achieved by the prefix "multi," which emphasizes the aspect of multiplicity (cf. Bauer, 2018:731). The high prerequisites for the multiprofessional collaboration of professionals, as outlined in the examination of these terms, require overcoming some conflict fields to enable productive collaboration (cf. ibid.:736). Mere networking is not sufficient to get closer to this goal, and more than just cooperation partners are needed, as highlighted by Heyer and Schilling in their work. In addition, there is a need for a shared understanding of the problem and organizational compatibility; otherwise, the chance of utilizing this form of collaboration in practical terms cannot be realized (cf. Heyer, Schilling, 2020:142).

METHODICAL APPROACH AND RESEARCH QUESTION

The data collection took place within the scope of my doctoral project, examining coping types in the transition phase from residential care. Under the current research question, focused on the examination of the action options available to professional actors and their experiences in day-to-day work with system breakers, this data was analyzed secondarily to reconstruct the experiences of professional actors regarding dealing with system breakers. From this, the second research question emerged concerning the possibilities for collaboration between the involved professional groups. The answer to this research question is intended to provide a contribution to future design options for collaboration between the professional groups involved.

Research Question
To engage with the highly complex task of multiprofessional collaboration with system breakers, it is necessary to be aware of the underlying questions in the search for successful intervention possibilities. As revealed in the previous discussion, it becomes clear that this is a complex problem that needs to be delineated in an analytical process, in order to find solutions that are appropriate to the goal according to the individual aspects. Therefore, starting from the observed collaboration between the different professional groups, in this case between special education work in schools and social pedagogical work in residential care, I ultimately inquire about the available action or intervention possibilities for professional actors in general.

Exemplary Single-Case Analysis
With the significant rise in the importance of quantitative social research in recent decades, there has been a clear methodological orientation while neglecting subject-oriented research (cf. Lamnek, 2010:272). However, under the premise of presenting as holistic and realistic a picture of the social world as possible, the single-case study can, through the broad consideration of as many dimensions as possible over an extended period, observe and analyze interesting cases that can be regarded as particularly striking, meaningful, or typical examples (cf. ibid.:273). The openness of the single-case study to method triangulation, including participant observation, interviews, group

discussion procedures and document analysis, can provide even more precise insights into the subject of the study (cf. ibid.:289). Due to the apparent helplessness in the pedagogical handling of system breakers, it seems that this approach is needed to offer a new perspective on the entrenched and sometimes ineffective pedagogical concepts. By using single-case studies in the pedagogical approach to system breakers, new ideas can be generated instead of merely testing everyday or scientific knowledge on a dataset (cf. ibid.:290).

The problem analysis of the presented case study is ultimately conducted along existing theories, which provide starting points for possible steps of change.

Summary of Case Study

At this point, I would like to provide a very brief summary of the observed case. The focus is on a boy who has gone through a variety of residential and outpatient facilities from a young age, and the school now says, "We are at a loss," while the treating psychiatrist states, "He will never be normal again." Due to the "system-breaking" behavior, discussions between the school and the facility took place every three to four weeks. Initially, there seemed to be agreement to maintain what was discussed. Shortly afterward, the school constantly made adjustments, leading to conflicts between the institutions (cf. multiprofessional collaboration above). This resulted in the boy attending school in various configurations for almost half a year (with a school companion, with a professional from the facility, only the first half of the day, only the last two school hours, only the first two school hours, different schedules on Tuesdays and Wednesdays, etc.) until he was ultimately completely excluded from school attendance and only sporadically visited by teachers at the facility, as the constant "improvement of the setting" did not bring about any improvement. The constant activism ultimately led to a sense of powerlessness. None of the carefully crafted measures had any effect on this system breaker. Regarding multiprofessional collaboration, joint case supervision provided an opening for the absurd and acceptance of the cyclical logic, which I will go into more detail on below. Despite many moments of "almost termination," the boy was ultimately able to remain in both the facility and the school. What happened? Joint supervision opened the eyes of burdened professionals: not to run towards a result but rather to realize and accept the need for constant renewal. Thus, while there was no academic progress, the boy could stay in both school and the facility and find a "felt home" (cf. Type C above). It is to be assumed that the possibility of academic progress will eventually arise with the experienced reliability of the caregivers. Initially, however, it was crucial to avoid retraumatization through the loss of these caregivers in both institutions.

The evaluation of this single-case analysis, conducted through a radically new approach to theory generation, thus meets the demand of Kieslinger et al., who argue that the change in institutional attitudes is imperative to avoid burnout, even among the most motivated staff (cf. Kieslinger et al., 2021:55).

ANALYSIS THROUGH A RADICALLY NEW APPROACH

Previous approaches, derived from common theories and used for long-term interventions in the present case, all employ the inherent logics of respective systems. To present a strategy for multiprofessional collaboration in dealing with system breakers, I introduce the strategy of the Absurd to expand these logics.

Representation: The Absurd in Albert Camus:

Albert Camus essentially defines the Absurd as the separation of the actor from their framework, a "collision of the irrational with the violent desire for clarity," or in other words, "the call of humanity and the irrational silence of the world." He then questions whether suicide represents

a successful escape from the absurdity of existence (Camus, 2021:18 ff.). Camus refers not only to physical suicide but also to philosophical suicide – the escape into another world that doesn't solve the problem but at least obscures the view. However, he argues that both forms of suicide follow the absurd unjustly and writes, "To live is to let the absurd live. Letting it live means, above all, facing it" (ibid.:26). Camus eventually uses the image of Sisyphus from Greek mythology, condemned by the gods to perform a seemingly hopeless task. Camus equates Sisyphus's work with the present work, "working his whole life on the same tasks," revealing the absurdity of destiny (ibid.:143). Yet, he recognizes the completion of victory through clarity about this. With clarity and acceptance, the "descent" and the constantly renewed rolling of the stone up the mountain "may be accompanied by pain on some days... but also by joy" (ibid.). "The oppressive truths lose weight once recognized" (ibid.:144). He concludes with the statement: "The struggle against peaks can fill a human heart. We must imagine Sisyphus as a happy man" (ibid.:145).

Adding the challenges faced by individuals in working with system breakers to the additional challenge of working in a multiprofessional network, we can grasp the inherent profile of requirements with Niklas Luhmann's system theory. Luhmann describes, in a dynamic society, increases in complexity and mutual system irritations forcing differentiation. In adapting to efficiently handle complexity, there is operational closure of the systems (cf. Rosa et al., 2018:199). However, these subsystems have become autonomous in their internal logics, leading to a rigid basic formation (cf. ibid.:200). According to Luhmann, the goal is complexity reduction through distributing tasks and functions across different systems. These, in turn, are closed in their respective processing logics (=autopoiesis). What becomes apparent regarding multiprofessional work with system breakers can already be anticipated.

Therefore, I would like to refer again to Camus' formulation regarding the analysis of the depicted case: "The absurd arises from this collision between the cry of man and the unreasonable silence of the world" (Camus, 2021:40). Applied to the action options requested here in working with system disruptors, the demand on the professional actors in working with these children can be derived, that they do not respond to the extensively depicted cry of the child with an, according to Camus, "unreasonable", i.e., incomprehensible silence for the child, but rather are able to dissolve the absurdity in pedagogical work. This very demand thus corresponds to the character of the action-scientific component, which goes beyond explaining connections of a socio-pedagogical theory and corresponds to the call of Böhnisch, who demands: "A theory of social work must contain action instructions" (Böhnisch, 2016:105).

Through the joint case supervision, from the perspective of the absurd by Albert Camus, a cyclical understanding of the case developed in the work of the acting professionals. This could crucially contribute to avoiding a frustrated "We thought we had all of this behind us" - and instead returning to a calm, recurring (felt) fresh start in pedagogical work. The continuation of multiprofessional cooperation could eventually generate the insight over the observed period that, while in the superficial work with system breaker there is always a return to the starting point, in the consideration of the underlying interpersonal relationship work, progress towards successful cooperation was evident with each return.

Through individual case analysis, only a small excerpt of the daily emerging challenges in working with children and adolescents can be taken into account. The article presented here, on the challenges and the resulting approaches to dealing with system breakers, can therefore only be understood as a basis for further work, by considering longer-term solution strategies based on the solutions worked out here. Thus, the previously experienced out-of-home placement in the case under investigation always entails a loss of social stability. Under the previously outlined, empathetic character of the action strategies, there is therefore a particular need for control. Through the experience of no longer being able to control oneself, the feeling of no longer being able to exert influence on the surrounding world arises. In my present article, I thus attempt to facilitate the re-establishment of connection through the various action strategies of the children.

OUTCOMES

I now want to take Luhmann's system analysis, especially the expressed closure of the internal logics of systems, and connect it with Sisyphus, the absurd hero, which can certainly be seen as a radical approach in considering the establishment of a new action strategy.

Siegfried Bernfeld (1925) created a classic in the social sciences with his "Sisyphus oder die Grenzen der Erziehung" (Sisyphus or the Limits of Education). However, his focus was less on the inner attitude of educators regarding their challenging task and more on investigating the limits of education as a fundamental critique of contemporary pedagogy (cf. Dudek, 2016:100 ff.). Despite completely different perspectives, Bernfeld had already used the image from Greek mythology for illustration almost 100 years ago.

By using this image today, a counterproposal to common pedagogical approaches, which rely on a self-obstructing perfection myth, can succeed in analyzing educators themselves from such a perspective. In Albert Camus's explanations of the Absurd, combined with thoughts on autopoietic systems by Niklas Luhmann, an answer to the hopelessness raised in the single-case analysis is found: Through joint case supervision, the acknowledgment of the Absurd in pedagogical work with system breakers can eventually lead to breaking the linear logics of the Youth Welfare and School systems, allowing a shift in thinking and acting in cyclical logics, thereby halting the downward spiral.

If we imagine the absurd hero Sisyphus as a happy person, the path to solving the challenge lies in welcoming the problem and making oneself comfortable in the uncomfortable after long effort in pushing the stone up to the summit each time. The Absurd is not negatively charged. There is no despair if one adheres to Nietzsche's "Amor fati" – to accept what befalls and show one's own creative power in it. The constant search for a solution is the problem of the logics of the acting systems. The phenomenon described in the present single-case analysis describes linear thinking along the inherent logics of the systems. Breaking away from the linear path, towards a shift to cyclical thinking, involves acknowledging the problem, and in the power of the Absurd, thus finding the solution.

In such an inner attitude of all participants in the help system, dramatic developments and low points must necessarily be expected at all times. However, this is recognized and accepted as normal absurdity. This contrasts with the hysterical activism described and often experienced in working with system breakers, forcing the system to call for an adjustment of measures with each escalation and thus, by itself, breaking or bursting from within.

In summary, when asking about the available action or intervention possibilities for professional actors, the necessity in working with system breakers is primarily self-work. Only in the acknowledgment of the absurdity can I protect myself and thus withstand the feeling described by professionals: "My methods are exhausted" and "We are at a loss" – holding the system breaker. Regarding the collaboration between different professional groups, I advocate for institution-wide case supervision. This can help all actors collectively move from a linear to a circular understanding, opening the view to the Absurd, and finally achieving the acknowledgment: The Absurd is normal. Raising awareness and recognizing a circular understanding both at the level of education work in schools and social pedagogical work in residential care ultimately leads to a gain in socio-educational knowledge. A view opened from this perspective and the associated needs of children and young people from residential care shows, on the one hand, the structural necessity for cross-institutional cooperation in the form of joint case supervision. At the same time, the resulting calls for action from the challenged specialists in the facilities are also clearly derived from this. Raising the awareness of those working professionally through this concept can contribute real added value to increasing the quality of multi-professional work with system breakers.

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The Lifeline to Solace, Strength, and Hope: Music and Musical Activities as Part of Children's Care in the Terezín Ghetto 1941-1945[1]

Olga Klepáčková, Jana Gabrielová, Martina Černá, Milan Tomka

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Abstract
OBJECTIVES: This paper reviews music as a significant part of the children's care and social work in the Terezín ghetto during the Holocaust. THEORETICAL BASE: In the Terezín ghetto, concentration camp, and model ghetto with a specific role in Nazi propaganda, the Jewish self-government was able to create a sophisticated and efficient system providing care and support by the prisoners for the prisoners amid the most adverse conditions. While rich cultural life in this inhomogeneous, international community was thoroughly explored, the social work and care practice remained understudied. METHODS: Our historical research particularly

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aimed to investigate the use of musical activities within the children's care system and social work practice in the ghetto and their benefits for the children. OUTCOMES: Findings demonstrate how engagement in various musical activities helped to fulfil the goals adults caring for the children strived to reach. They purposefully and creatively used them to help several thousand children, often severely traumatised, better cope and support their emotional and social well-being in this place with extreme conditions. SOCIAL WORK IMPLICATIONS: These experiences of Terezín's prisoners affirmed some of the best benefits of engagement in musical activities in meeting the psychosocial needs of children facing adversities relevant even today and for contemporary social work practice.

Keywords
holocaust, Terezín ghetto, care system, social work, children, music

INTRODUCTION

The Terezín ghetto (Theresienstadt in German) was established in November 1941 in German-occupied Czechoslovakia. It was a unique place primarily serving as a transit camp and model ghetto. The ghetto was full of paradoxes and contrasts, but it also showed unexpected triumphs of humanity, dignity, hope, and expressions of life amid adversity (Tůma, 1946; Kuna, 2000; Ludwig, 2021). While there is limited worldwide awareness about the reality of the Terezín ghetto and its role in Nazi propaganda, even less is known about the ghetto's unique youth and social care system. However, the richness of Terezín's cultural and artistic life stands out. Many people have heard about "Terezín's composers" or the children's opera Brundibár, which represent some of the most well-known symbols of music in Terezín and the ghetto's cultural life. A deeper understanding of the meaning and benefits of music and musical activities as part of social work and care, especially for children, adds a whole new dimension to the unique legacy of Terezín's prisoners.

Limited knowledge exists regarding social work practices in ghettos and Nazi camps during World War II. In a previous study (Klepáčková et al., 2021), we examined the social care system and social work practices in the Terezín ghetto from 1941 to 1945. Our findings demonstrated that social work during the Holocaust can provide valuable insights and inspiration for contemporary practices in the field, even for professionals from different disciplines. While previous research has extensively studied specific objectives such as children's drawing lessons with Friedl Dicker-Brandeis (Ius, Sidenberg, 2017) and the opera Brundibár (Pantouvaki, 2018; Pentkowsky, 2021) from other disciplinary perspectives, the connection between educational care, social care, and art, particularly music, has not been thoroughly explored in the field of social work or social studies. This study aims to address this research gap to enhance our understanding of social work history and to provide a deeper insight into the topic.

As Kelly and Doherty (2016) described in their review of the historical and contemporary use of art and music-based activities in social work practice with groups of young people, incorporating such activities into a holistic frame can facilitate and foster nondeliberative practice, support the development of social and cognitive skills, and create opportunities to explore and engage individual's strengths. Music is also frequently used as an effective coping mechanism. Findings presented in a study by Stige, Ansdell, Elefant et al. (2017) described the effects of various international music projects focused on health in the communities in settings from young children to adults with disabilities. Music and shared music-making were confirmed to be powerful, especially in supporting well-being, inclusion, a sense of belonging, and communication.

In this paper, we show examples of dedicated adults and their creative efforts to bring through music *"light, even in the darkest of times"* (Wilson, n.d.) to the youngest prisoners in Terezín.

Although involved in various areas of children's and youth care, they had the same goal. They perceived a need to link social work with pedagogical, educational, and music and art-based activities. In this way, they helped thousands of children ease their suffering, escape the traumatic reality, and better meet their needs.

METHODS

Our study conducted through historical research aimed to investigate the use of musical activities within the children's care system in the Terezín ghetto from 1941 to 1945, particularly their meaning and benefits for children. We focused on multidisciplinary cooperation in a care system context and providing new information and insights about social work practice performed during the Holocaust. Due to the nature of the research (e.g., ethical aspects, lack of historical research on social work practice during the Holocaust, and aspects of mediated cognition), we first evaluated methodological choices. Historical research was carried out by a direct method using textual hermeneutics (Jarvinen, Mik-Meye, 2020) combined with content analysis (Moule, 2020). The priority was to make good use of the research potential of many primary resources available, including resources capturing the prisoners authentic experience and recorded or written retrospectively in the case of Holocaust survivors. After a preliminary definition of the topic, we defined the research aim and the research questions: RQ1: What were the primary focus areas for social work and care practices for children within the ghetto? RQ2: How did children in the Terezín ghetto benefit from their engagement in music and musical activities? Our goal was not to provide a complete description of all artistic and musical activities with children but to focus on filling the gap in better understanding this part of community social work practice in Terezín. The following research steps' sequence respected the general phases of historical research: identifying primary, secondary, and other sources of information, their detailed study, and interpretation (Danto, 2008; Špiláčková, 2012). Our research was based on official documents from the ghetto, firsthand accounts from Terezín's prisoners, survivor narratives, and scholarly studies. We used the triangulation method of validation and cross-checked primary (e.g., memories of an eyewitness or original documentary evidence) and secondary sources, sources of different natures, translation of primary non-Czech sources, and their comparison with secondary Czech sources. Multiple times we visited the Terezín Memorial and Terezín Memorial research room). We verified alternative explanations and reviewed our findings with all co-authors to avoid analysis bias. In total, we utilized 62 sources for our research.

RESULTS

Children's care and social work practice in the Terezín ghetto
Characteristics of the Terezín ghetto
Terezín ghetto was established in November 1941 in a small military town built in the 18th century with a pre-war population of seven thousand residents. The possibility of isolating prisoners from the outside world was important in choosing this location sixty kilometres north of Prague in the Czech Republic for a concentration and transit camp. The first transport arrived in November 1941, and over time in addition to Czech Jews, Jews from Germany, Austria, the Netherlands, Denmark, Poland, and Slovakia were deported here. Of approximately 140,000 prisoners, 34,000 died here (most often due to illness or malnutrition), and out of 87,000 further deported to the East, mostly to extermination camps in Auschwitz-Birkenau and Treblinka, only about 3,500 survived (Chládková, 2005; Kárný, Kárná, 2019). From April 20 to May 6, 1945, approximately another 14,000 survivors, of many nationalities returned to Terezín in so-called evacuation transports from extermination camps. Nazis used Terezín as a tool of deception to the Jewish community and the world public. Their propaganda presented Terezín as a self-governing Jewish city, spa town, or

a safe retirement settlement for elderly and prominent Jews. When the International Red Cross representatives requested to visit one of the main camps and verify growing reports about the mass murder of Jews, the Nazis deliberately chose Terezín. Since the spring of 1943, the well-planned so-called beautification of the ghetto preceded their official visit in June 1944. Inspection of the ghetto, which became a shiny Potemkin village, fulfilled the Nazis' intention to cover up the reality. Daily life was characterised by community inhomogeneity, massive overcrowding (the average was 30,000 – 40,000 prisoners), a critical shortage of all resources, very poor to tragic living and working conditions, language barriers, a constant sense of uncertainty and danger, and a constant movement of people. Outwardly the autonomy of Jews was preserved as they took care of the operation and internal affairs. The ghetto was governed by the Jewish self-administration headed by the Jewish Council of Elders subordinated to the SS commandant's office. But seemingly civilian conditions were only part of the Nazi's deception plan, and the SS dictatorship was unlimited. The Terezín self-administration had a very complex structure and regulated virtually all aspects of the ghetto's operation and people's lives (Tůma, 1946; Chládková, 2005; Adler, 2006b; 2006c; Jewish Museum, in Prague, 2007; Brenner-Wonschick, 2011). Many outstanding personalities and leading experts in art and culture, science, and political life were among the prisoners which significantly contributed to the exceptional level of, among other things, children's and youth care or cultural activity and production. Announced in December 1941, the self-administration consisted of seven central bodies, the so-called departments. Gradually, the number increased to nine departments divided into many sub-departments and offices. These departments included the Youth Care Department and The Health and Care Department, which were largely involved in the performance of social work, including the care for children and youth, and from the beginning, childcare was a priority (Internal Administration Department - Department of Social Welfare, 1942; Unknown author, 1942; Fischerová, 1943; Tůma, 1946; Chládková, 2005; Adler, 2006b; 2006c; Jewish Museum in Prague, 2007; Makarova, 2009; Fackler, n.d.). In the words of Toman Brod, a leading Czech historian, and Holocaust survivor deported to Terezín in 1942 at the age of 13: *"The Jewish self-administration did not have enough resources to improve the situation of all prisoners, and thus cared primarily for children and young people, seeing hope for the future in them."* (Brod, 2011).

Social work and care system in the Terezín ghetto

Social work had an important position within the structure of self-government and was performed on a surprising scale. Aside from the care for children and youth, various departments and offices were devoted to caring for the sick, the disadvantaged, and the elderly (Adler, 2006c; Jewish Museum in Prague, 2007). The Youth Care Department cared for the children and youth's material, health, and educational needs (Jewish Museum in Prague, 2007). Egon Redlich (1916–1944), Head of the Department for Children and Youth, stated: *"The task of youth care is to act as an initiator in the fight for better living conditions, better housing, better food, better hygienic conditions, etc."* (1942–1945:1). The structure of this department included e.g., offices for special pedagogy, kindergartens, and nurseries, leisure activities for children, and social care (social administration, nutrition, care for lone children, care for children living in ghetto children's homes or sick wards, and for children living in barracks with parents) (Adler, 2006c). An independent social care department was established in October 1942 as part of the central Health and Care department (Fleischmann, 1943; Jewish Museum in Prague, 2007). In the words of Karel Fleischmann (1897–1944), a doctor and artist who led this department, its primary aim was to *"care for all sick, physically and mentally disabled and disadvantaged people in the Jewish quarter of Terezín"* (1943:1). Later the department expanded and provided a wide range of services and activities within the so-called close and open care. Close care included care for people in ghetto hospitals, wards for seriously ill and disabled persons, war victims, and homes for infants and toddlers. Open care consisted of care activities throughout the ghetto in close cooperation with the medical service. In addition to direct

care, the department ensured various counselling, material, and practical assistance, provision of compensatory aids, assistance in processing documents by mail or contact with relatives, guardianship of young children, assistance in securing work for disadvantaged people, transport to hospitals, crisis intervention, leisure activities, care for prisoners in ghetto prisons and more (Internal Administration Department – Department of Social Welfare, 1942; Fleischmann, 1943).

Children's and youth care

The first children arrived at Terezín in December 1941, and approximately 10,500 children under the age of 15 passed through the ghetto (in total 15,000 children and youth). Only about 10% survived the war, the overwhelming majority were murdered in extermination camps. Except for 1,600 who were liberated in Terezín, all but 100 –200 mostly older than 14-year-olds were murdered (Unknown author, 1941–1945; Adler, 2006c). The Jewish self-government aimed to protect the children and ease their deplorable living conditions as much as the circumstances allowed. Many children were already traumatised, often by the circumstances before the deportation to Terezín, and by suddenly being cut off from everything familiar and safe to them (Fischerová, 1943; Makarova, 2009; Brenner-Wonschick, 2011). Holocaust survivor Vern Drehmel recounted his teen years in the ghetto: *"Each fellow has recently been either separated from his parents or orphaned; each has been torn from his home, extended family, school, playmates, and community. We had arrived in a ghetto, not knowing for how long or what our destination would be. People were dying from malnutrition and typhus. The conditions were extreme. Was there any future? Would we, indeed, survive"* (Drehmel, in Gardella, 2011:44). Most children had minimal contact with their parents, and orphaned children suffered even more. Older children were also hurt by severed bonds with friends included in further transports (Adler, 2006c; Brenner-Wonschick, 2011). Social worker Luisa Fischerová (1943) described frequent epidemics as another major challenge for the staff to provide the necessary care with a critical lack of medicine and miserable hygiene conditions. Initially, the Jewish self-government organised child and youth care within the health department, which later included only care for children under 3 years of age (including homes for infants and toddlers), and the Youth Care department became independent (Unknown author, 1941–1945; Adler, 2006c). The care developed from responding to children's immediate needs, especially material and health, to systematic care and educational work (Internal Administration Department - Department of Social Welfare, 1942; Unknown author, 1942; Fischerová, 1943). From the beginning, the self-government strived to set up homes for children and youth run in the spirit of collective care and education. The first children's home was established in January 1942, others were soon following, separated according to gender and age (children up to 10 years old, girls/boys 10–14 years old, for difficult-to-educate children and apprentices), in total 13 homes with 20–30 children on average living in one room. About 60% of all children lived in *heims* (children's homes) (Unknown author, 1941–1945; Chládková, 2005; Adler, 2006c). Social work and care (often termed social health work in primary resources) aimed to satisfactorily meet all their needs concerning the individual social status, the complex situation, and the developmental needs of each child. The health and social classification of the children was carefully maintained, primarily by social nurses. Among other priorities, one was to find suitable guardians (or provide care under collective guardianship) for lone children. Carers, social workers, and social nurses together with teachers, doctors, nurses, and other staff provided the care (Unknown author, 1941–1945; Internal Administration Department - Department of Social Welfare, 1942; Fischerová, 1943; Adler, 2006c; Makarova, 2009; Brenner-Wonschick, 2011).

Formal education was prohibited, except for so-called allowed activities – artistic activities, singing, drawing, and handicrafts, under which teaching was often hidden. Cultural activities, available for the children staying in the barracks with their parents as well, were a dominant connecting element between the children's homes (Unknown author, 1941–1945; Redlich, 1942–1945; Tůma, 1946; Müllerová, Piechocki, 2009). In the words of Hannelore Brenner-Wonschick, German journalist and publisher who focuses on the Holocaust and author of the book, exhibition, and

play The Girls of Room 28: *"Even though the Terezín children had to learn in secret, they could still learn everything the Germans forbade"* (2011:83). Caregiver and social worker Irma Lauscher even secretly taught bedridden ill children (Makarova, 2009).

Although working with children was demanding, the carefully chosen staff utterly devoted themselves to them, not aiming only to fulfil the children's needs satisfactorily, but also to have a good educational influence on them (Fischerová, 1943). *"The children in Terezín were educated and cared for by excellent teachers and social workers. They regained the will to live and hope for the future"* (Makarova et al., 2002:5). Their collective effort was to bring harmony into their lives, create a loving, home atmosphere for the children as much as possible, and distract them from their suffering (Unknown author, 1941–1945; Redlich, 1942–1945). Many children, experiencing constant stress and deprived of the things that naturally belong to childhood, were unusually mature (Brenner-Wonschick, 2011). The staff *"wanted to create at least a partial illusion of a normal world for the children, to bring some joy into their lives, they tried to preserve their childhood, which they were forcibly deprived of"* (Šormová, 1973:77) and to *"create an atmosphere for children free from the physical and mental deficiencies of their surroundings."* (Unknown author, 1941–1945:7). In the words of one of the carers of the girls' home: *"I deployed my entire arsenal to distract the children from problems, with sports and games, dancing and singing, as much as possible"* (Weissová, in Brenner-Wonschick, 2011:59). They strived not only to teach the children, but instill moral principles courage, tolerance, solidarity, and human rights into them, build their character, and develop their aesthetic sense to prepare them for the future (Freundová, 1942–1945; Löwy, 1944). *"Opinions varied, but one wish prevailed: to save the mental world of children, to support their moral growth, to educate them – despite everything"* (Makarova et al., 2002:72). Another important goal was to help children understand facts about the world that they could not learn through their experience. and how being a prisoner in the ghetto impacted the natural process of growing up (Fleischmann, 1945). *"It was a time when children had to grow up faster than nature dictated. Under the pressure of circumstances, the dams that had hitherto separated the world of children from the world of adults and provided them with protection were breaking down. The defining motive that drove children together and connected with each other was less and less the pure joy of life, curiosity, play, or fun, but much more fear. Fear and the even more urgent need to feel loved in a world that otherwise brought them only humiliation and injustice"* (Brenner-Wonschick, 2011:123).

Cooperation of departments involved in children's care

The Youth Care Department, the Department of Health and Care, and the Cultural Department closely collaborated in various areas, including social care, educational and pedagogical work with children, and cultural activities. There was particularly close cooperation between the Youth Care and Cultural departments, as they organized programmes and performances for children and youth, such as theater performances, concerts, lectures, exhibitions, literary events, and sports competitions. The Cultural Department also provided rooms or other spaces for the activities and supply of books for the children's library (Redlich, 1942–1945; Fischerová, 1943; Makarova, 2009). The Health and Care Department and the Youth Care Department had the Cultural Department organise various programmes, e.g., concerts or lectures, directly in hospital rooms or children's homes (Frankl, in Makarova et al., 2002). Another example was the volunteering activity of youth who helped old, infirm prisoners within the direct care provided by the Care Department (Unknown author, 1942–1945; Fischerová, 1943; Unknown author, 1943–1944; Adler, 2006c; Makarova, 2009).

The meaning and benefits of music and musical activities for children
Cultural life in Terezín

A collective effort, courage, and determination of adults caring for the children and youth within several departments often united through cultural production, specifically music and musical

activities. Despite tragic conditions, Terezín's cultural life became a synonym for *"music of the Shoah"* (Fackler, n.d.). Among the prisoners were many professional and amateur artists who continued to use their talents and skills in the ghetto, supported in their artistic creativity by self-government. Production reached unprecedented proportions and developed from simple, spontaneous forms into an everyday, by the standards of the poor ghetto, rich cultural life of all kinds of arts. Initially prohibited, culture became legal, although every activity had to be approved by SS leadership (Tůma, 1946; Vrkočová, 1981; Vrkočová, 1993; Klein, in Kuna, 2000; Chládková, 2005; Stoessinger, 2012). *"Heroism wasn't in the clandestineness but in the will to create, to paint, to write, to perform and to compose in hell"* (Tuma, 1976:15). In 1942 the Cultural Department (first entitled Leisure Time Department) was established to unite artists and organise cultural life, including the Lecture Section, Central Library, and Sports Section (Adler, 2006b; Jewish Museum in Prague, 2007). For many, culture represented the only normal reality of life in Terezín. Prisoners looked for a way to maintain continuity with their identities and previous lives, and through music, they could express this desperate inner need. Music became a definition of survival, hope, resilience, moral strength, and preserving humanity, despite the Nazi's strategy to use cultural life and music in their deceptive strategy and propaganda (Vrkočová, 1981; 1993; Kuna, 2000; Stoessinger, 2012; Fackler, n.d.). Caroline Stoessinger (2012:99), American musician, artistic director, producer, and writer wrote: *"What the Nazis failed to understand was that the power of music to provide comfort and hope to the performers and their audiences was stronger than the terror of their masters. Every composition written in Theresienstadt, and every concert played there, became a moral victory against the enemy"*.

Engagement of children in music and other artistic activities

Children in Terezín were actively and passively involved in various artistic activities thanks to the efforts of many caregivers, teachers, and professionals, including leading European artists (Ludwig, 2021). Central in the ghetto's cultural life and care for the youngest was a children's theatre which replaced school and was used as a therapeutic tool (Makarova, 2009). The puppet theatre was a continuous part of the educational work, preferred to sporadic puppet shows, and e.g., in 1942 both homes for the youngest children had their puppet theatre (Šanová, 1946; Šormová, 1973). Other popular and effective ways of learning included reading books aloud, telling stories, reciting poems, dramatising well-known children's books and original Terezín plays, and choral recitations of fairy tales (Šormová, 1973; Vrkočová, 1993; Makarova, 2009; Gardella, 2011). In drawings and other artwork, children authentically captured the world around them and expressed their emotions. Artist, teacher, and one of the pioneers in art therapy, Friedl Dicker-Brandeis (1898–1944) taught over 600 children in her lessons, using art as a therapeutic tool (Dicker-Brandeisová, 1943–1944; Chládková, 2005; Makarova, 2009; Elsby, n.d.). Another art teacher, Truda Groag (1889–1978), worked at a home for emotionally impaired children run by psychiatrist Gertruda Bäumlová, head of social education in the Youth Care department (Makarova, 2009; Brenner-Wonschick, 2011).

Music was part of children's care from the beginning. The creativity of the adults, their willingness not to be limited by the lack of usual resources, and their ability to improvise together with sensitive perceptiveness to the current needs of the children made this possible. They systematically educated children through concerts and music lectures and inventively worked with them despite obstacles and limitations (Makarova, 2009; Brenner-Wonschick, 2011). Louis Löwy (1920–1991), an international social worker, gerontologist, and Holocaust survivor who in Terezín cared for young boys narrated: *"What should all these kids do? They can't write, they have no pencils, they have no books, and so we tell them stories…the day was occupied by teaching, by doing all these things that were forbidden, by reliving the world that those of us who were older could still remember: the music, the art, the literature"* (Löwy, in Gardella, 2011:32). Talented children sang in choirs, bands, and voice bands, performed in cabaret, and girls aged 6–7 danced in a children's revue (Brenner-Wonschick, 2011). The engagement of all children, not only talented ones, was emphasised, and the language

barrier was remembered. For the performance, Fireflies had the connecting text read in Czech and German, so that all children could understand it (Šormová, 1973). Sometimes, professional artists let their young pupils use their scheduled rehearsal time to practise on the piano (Vrkočová, 1993; Makarova, 2009; Brenner-Wonschick, 2011). *"The children in Terezín, despite all the suffering they were experiencing, also played, learned and practised, danced, sang, wrote poems, and performed theatre. And so many of those who survived, on the path of their suffering after the extermination camps, carried with them the memory of the Terezín ghetto as the last place of humanity, a place where love, education, art, and culture still existed."* (Brenner-Wonschick, 2011:20).

Benefits of music and musical activities for children

Music composer Hans Krása (1899–1944) was deported to Terezín in August 1942 and was one of the professional musicians most involved in work with children. Krása, head of the music section, decided that something should be done musically for the children, to not just passively watch their tragic fate (Kuna, 2000). In the words of Kuna, a Czech music historian: *"There was no more beautiful gift than Hans Krása gave to the children of Terezín with his opera."* (2000:84). In all of Terezín's musical life, the children's opera Brundibár stood out. The melody of this opera, whose popularity surpassed the popularity of other operas played in the ghetto, was known to everyone within a year (Kuna, 2000; Chládková, 2005), and *"All children knew the opera by heart."* (Winklerová, in Brenner-Wonschick, 2011:36). Like the others, Krása came out of the possibilities of the ghetto, used the available resources (Vrkočová, 1993), and rehearsed with the children in temporary, dusty spaces while the cast had to be changed several times because of the children included in further transports (Šormová, 1973). Brundibár was originally composed in 1938 by Hans Krása, with lyrics by Adolf Hoffmeister, as an entry for a government children's opera competition and performed by children at the Prague Jewish Orphanage with its premiere in German-occupied Prague. When this exclusively children's opera, corresponding well with the children's perception of the world, was later rearranged in Terezín, its story of the confrontation between the good, uncorrupted world of children and an evil person, a representative of the selfish world of adults gained deep meaning to Terezín's community (Krása, ca 1943; Šormová, 1973). *It brings scenes from real life and shows that togetherness and sticking together works in the fight against evil."* (Krása, ca 1943:1).

As Terezín survivor Ela Weissberger recalled in 2005, *"With music, he gave us moments of freedom from darkness. The songs made us strong. We forgot our troubles; we forgot our hunger and our fear. When we performed Brundibár we didn't have to wear the Jewish star. It was a moment of freedom that meant so much for everyone."* (Ludwig, 2021:91, from his interview with Weissberger). The opera, full of symbols, became a longed-for source of certainty, a means for emotional release, connectedness with home and life before the war, and a safe place to express themselves without inhibitions. It provided a place of inclusion and overcoming social or language differences and barriers with the shared joy of collective creative work and achieved goals. To the ghetto's population, Brundibár also became an important symbol of the inner need to believe in victory and a happy ending, carrying a hidden message of revolt (Krása, ca 1943; Freundfeld-Franěk, 1965; Vrkočová, 1993; Makarova, 2009; Stoessinger, 2012). The premiere on 23 September 1943, only ten weeks after most of the child performers arrived in the ghetto, became a big event (Kuna, 2000; Kárný, Kárná, 2019). The ensemble of about 40 performing children was musically accompanied by masters of chamber music (Brenner-Wonschick, 2011). *"The actors merged with the plot of the opera, with their roles, with the singing, and with the music. The reality was suddenly forgotten. The play has become a reality. The reality was life. The children played for their lives"* (Brenner-Wonschick, 2011:133). Through the scenery on the stage, the children returned, at least for a moment, to the world they knew – with animals, school, and ice cream, and pretended they were back at home. Descriptions of their experience can be found in various primary and secondary sources such as in the work of Ludmila Vrkočová, music theorist and historian: *"Hundreds of children experience the strongest impressions of*

their short lives in rehearsals and performances," (1993:94) and *"Especially in the Terezín environment for imprisoned children, who were separated from their parents and so deprived of their natural joys, the realisation of this opera was an outstanding achievement…these kids are suddenly allowed to perform on a real stage and perform real theatre. They can immerse themselves in a story that was tailored for them and belonged to the environment of their current world"* (1993:83). Stoessinger highlighted: *"Children were immensely strengthened by the experience,"* (2012:103). The performance had another important aspect for adults. Seeing children learn something new and develop, with pride and joy in newly acquired skills or knowledge, was a significant, therapeutic, and empowering moment for adults, especially the parents (Brenner-Wonschick, 2011). *"When Markéta Steinová with her daughter in her arms danced through the cramped room with a waltz step and saw Ella's shining eyes, reality was forgotten for a few moments and the roommate was filled with hope: now everything will be fine again. Markéta wished her daughter a better life! Wasn't it a good sign that her Ella would appear in the graceful role of the Cat, that she had learned to dance—in the ghetto!"* (Brenner-Wonschick, 2011:128). Similar was the experience of Alice H. Sommer, a renowned concert pianist who spent two years in Terezín and whose then six-year-old son played in Brundibar: *"Even here in the ghetto, her life principle of trying to find the positive in a human being and not losing hope was confirmed. The joy with which Stephan looked forward to each rehearsal of the children's opera was like a flash of light that detached her gaze from the mostly dark everyday life and gave her courage every day"* (Herzová-Sommerová, in Šedová, 2012:151). Music also reminded children and adults of their family rituals and life at home (Brenner-Wonschick, 2011; Fisher, Gilboa, 2016). The closing song, 'Brundibár defeated', became a victory anthem, a secret hymn in the ghetto, which the audience wanted to hear over and over again, each performance followed by thunderous applause (Brenner-Wonschick, 2011). The Nazis chose Brundibár as a model performance for the announced inspection by the International Red Cross delegation in September 1944. It was also the last of 55 reruns, soon followed by massive transports to Auschwitz-Birkenau, where Krása and most of the children from the ensemble were murdered (Freundfeld-Franěk, 1965; Šormová, 1973; Kuna, 2000; Makarova et al., 2002; Brenner-Wonschick, 2011; Šedová, 2012; Stoessinger, 2012).

Even the ill children placed in the ghetto's sick wards had the opportunity to participate actively and passively in musical activities. Among others dedicated to such work was Ilse Weber (1903–1944), a Jewish writer, poet, and author of children's radio plays who was in February 1942 deported to Terezín with her husband and young son. Weber started working as a nurse in a children's sick ward immediately upon her arrival, and her musical and literary talent and passion for working with children found exceptional use here (Terezin memorial, 2018). With the help of others, Weber managed to transform an unfurnished, austere room into a cozy, colourful space. In May 1942, a children's sick ward with 20 beds was opened, which gradually provided care to a total of 369 ill children (Zprávy jednotlivých oddělení správy kasáren u příležitosti 1. výročí činnosti, 1943). Dealing with critical material shortages, dedicated staff spent a lot of time finding equipment, medicine, and food to provide the best possible care to the children. *"That was the material side of things. But best of all, when Ilse came with her guitar and started singing for the children. It became an important part of the treatment. Despite it being forbidden, there was music and singing in her ward from morning to evening."* (Weber, n.d.:35; from Hanus Weber's memorial record and tribute to his mother). The living conditions in the ghetto forced Weber and her co-workers to improvise and invent new, available methods of care constantly. Accompanied by a smuggled guitar, Weber tried to keep the children occupied with some activity all day, so they read, sang, wrote songs and poems, and rehearsed entire performances, to which their families could sometimes be invited. The children liked to sing poems set to music, in which Ilse humorously captured the reality of their lives in the ghetto. This approach provided comfort and reassurance to the children and brought them joy and a much-needed sense of normalcy (Wilson, n.d.). Weber worked at least twelve hours a day with children. After the shift in her free time supported old, impoverished prisoners *"to help prisoners by reawakening their will to live and their belief in a better tomorrow, through music*

and poetry." (Weber, n.d.:35). Over time many of her poems and songs became popular and the common possessions of thousands of people (Terezin memorial, 2018). In October 1944 in one of the last transports Weber together with her son and a group of children from the sick ward was deported to Auschwitz where they all were murdered (Wilson, n.d.).

When the volunteer initiative Yad Tomechet (Helping Hand) was founded in the ghetto in the spring of 1942 within the Youth Care Department, music became an important part of its activities. The main goal was individual-focused care based on close personal relationships to provide elders with practical help, alongside positively influencing the youth by strengthening intergenerational interactions and mutual trust. Approximately 300 young people aged 13–17 participated, taught to be perceptive and see what could be done to mitigate the misery of old fellow prisoners. Besides practical help, very welcomed and appreciated were leisure time activities, such as board games or preparing birthday wishes which brought elders the greatest joy. Girls who sang to the infirm people for their birthdays sensed the meaning of their help. Furthermore, in addition to a repertoire of rehearsed songs, these girls even prepared a Dutch song specifically tailored for the Dutch elders (Unknown author, ca 1942–1945; Unknown author, 1943–1944; Adler, 2006b; Makarova, 2009; Brenner-Wonschick, 2011). *"We used to go, for example, to the old house, where the people lived in a terrible environment. Some were just lying on the floor on mattresses. So we came from them, for example, when it was someone's birthday, and they gave them a handkerchief, caressed them, cleaned the mattresses and we sang to them. For them, it was something tremendous, such a mental upheaval. These were mostly people who were interested in culture and had to live in that terrible environment. And that made us happy. It was a certain help to us that we lived a kind of spiritual life."* (From memories of Anna Flachová and Ela Steinová, girls who lived in Terezín in Children's home L 410. Brenner-Wonschick, 2011:68).

In the tragic autumn of 1944, almost two-thirds of the present prisoners and nearly all artists were deported to Auschwitz-Birkenau within one month. Only 11,000 people remained in the ghetto, mostly women, including 819 children under 15 (Tůma, 1946; Chládková, 2005). After the December reform of the self-government, the cultural department was reestablished, including the renewal of performances and concerts, and musical life in Terezín was kept hanging by a thread until the liberation on May 8, 1945 (Vrkočová, 1993; Müllerová, Piechocki, 2009). In the spring of 1945, the original version of the musical dance theatre Fireflies was revived. This play was rehearsed with the smallest children in Terezín already in early 1943 (Šormová, 1973; Vrkočová, 1993). The story, based on a popular Czech children's book by Jan Karafiát (Broučci), had its theme of hope and light in the darkness and a deep meaning in working with the children. Collaboration between actress Vlasta Schönová (1919–2001), who dramatised and directed the play, choreographer Kamila Rosenbaumova (1908–1988), and Friedl Dicker-Brandeis, who created with children the costumes, became one of the most successful performances in Terezín's cultural life. Rosenbaumova worked as a caregiver in a girls' home and also participated in the production and choreography of Brundibár before being deported to Auschwitz in October 1944. The folk melody alongside the spontaneity of little actors *"won the hearts of Terezín audiences"* (Brenner-Wonschick, 2011:63–64). When the request came to quickly prepare Fireflies in anticipation of the next commission, almost no one was left from the original cast. Since September 1944 the Czech language was forbidden in the ghetto, and the adults working with new-coming children now welcomed this situation by rehearsing with them Czech themes with Czech songs (Vrkočová, 1993; Kuna, 2000). About 30 children performed in the renewed performance, including a group of Slovak children (Makarova, 2009). *"Everyone wanted to see Fireflies, that nice, beautiful show that smelled so much of Slovakian home"* (Kuna, 2000:91). *"In the case of Fireflies, it meant creating together an ideal society for the children to experience. In rehearsal and performance, they could believe in the reality of what they created together."* (Ingberg, 2019:7).

The legacy of Terezín's cultural life continues to live on, through testimonies of living survivors and many artists, choirs, and groups of school children and students who re-record and perform

musical pieces composed and played in the ghetto. A moving testimony of Ilsa Weber's legacy was the performance of 85-year-old Aviva Bar-On (born 1932) during a concert in Jerusalem to celebrate Independence Day in 2018. This lady, a former patient from the children's sick ward, sang one of Ilse's songs When I Was Lying Down in Terezín's Children's Clinic, for which there was no written record of the text and melody. Still, it stuck in her memory (Wilson, n.d.:9). Another survivor Hana Sternlicht (born 1930) recalled: *"The essential memory that most of us who survived took with us was the rehearsal and subsequent performance of the children's opera Flašinetář Brundibár. Together we could experience the joy of creative artistic activity, participation in the emerging work, and perceive from it a message of hope, the final victory of good over evil."* (Sternlicht, Langová, 2022:51).

CONCLUSION

Our research aimed to extend current knowledge about the meaning and benefits of music as part of children's care in the Terezín ghetto in 1941–1945. The findings contribute to the social work history by describing this under-explored topic and, specifically, enable a better understanding of music as a connecting element within educational care, social work, and healthcare in the ghetto. In the example of the Terezín ghetto, our findings present a more nuanced comprehension of how music and engagement in musical activities can benefit traumatised children or children living in a traumatising environment.

One of the closest studies to our research, with the objective of the benefits of artistic activities to children in Terezín, is a study conducted by Pantouvaki (2018:196) stating that *"Brundibár can be read today as a ... symbolic safe space when dealing with issues that cannot otherwise be confronted."* Another example is a study about drawing lessons by Dicker-Brandeis in which the authors (Ius, Sidenberg, 2017:1) described her activities with the children as *"a perfect outlet for processing their traumatic experience by the means of creativity and self-expression."* Elsby (n.d.:10) presented a similar conclusion: *"She gave them the gift of expression, artistic freedom, and beauty and helped give meaning to their young lives, for as long as they still had to live."*

Several study limitations should be noted, particularly regarding the generalizability of the results. A dominant constraint is the lack of previous research on social work history during the Holocaust, especially concerning social work practice in ghettos and Nazi camps. Additionally, our mediated cognition presents a notable limitation. When capturing the authentic experience or retrospectively of Holocaust survivors, it is crucial to be aware of the factors that could impact the objectivity of capturing reality and lead to possible distortion. These factors encompass differing social statuses, living conditions, length of stay in Terezín, religious beliefs and practices, pre-war lifestyles, and the temporal distance from the war for Holocaust survivors. Additionally, although many primary resources are available, a significant amount of data is inaccessible, for example, due to the original language, the limited possibility of conducting interviews with survivors or second generation, and lack of access to unknown resources deposited in family inheritances or destroyed during the war. Consequently, our interpretations should be approached with humility and respect for the unknown or unspoken. Lastly, we recognize the significance of the unique aspects of Jewish culture and traditions.

We focused on the positive aspects of Terezín's cultural, social, and educational activities, though involvement in them wasn't always straightforward and solely positive. Therefore, our results must be perceived with respect, but at the same time with a constructive distance. The Terezín ghetto was a forced community marked by lies, betrayal, and purposeful efforts to survive, and child and youth care and cultural life was not exempt from such behaviour. Mentions in historical reports mentioned that some individuals exploited their positions for personal gain, were driven by opportunism or moral dilemmas, lacked needed qualifications for the assigned job, and also there were conflicts among workers and language barriers (Borger, 1945; Adler, 2006b; Čermáková,

Pilný, in Jelínek, Soukupová, 2015). Geidt (2017) noted this complex issue in her dissertation about tutors and the care system for children and young people in Terezín. However, the topic of human dynamics in such settings within the context of social work still represents a research gap. In her publication (2021), Hájková emphasizes another interesting point: some women had limited opportunities to participate in cultural events or productions due to their post-work childcare responsibilities. Regarding children, not all of them had equal access to cultural activities, and there was rivalry among them, disappointment, and feelings of injustice, e.g., on assigning roles in Brundibár or other plays (Brenner-Wonschick, 2011). The impact of extreme and inhumane conditions on the morale and value orientation of prisoners was not the primary focus of this study. Nevertheless, we acknowledge these manifestations' presence and inherent importance and consider them a potential subject for future research endeavours. Avenues for future research include social work practice during the Holocaust in other places or further research on the benefits of engagement in musical activities of children exposed to war (including refugees).

Yehuda Bauer, the Czech-born Israeli historian, and scholar of the Holocaust, used the term "Amidah", originally referring to Jewish prayer, as an equivalent for Jewish resistance. This resistance can take various forms, such as cultural, educational, religious, and political, to strengthen morale. In other words, "Amidah" refers to the Hebrew term for maintaining daily life to survive (Bauer, 2010). The Terezín children's and social care system, though improvised and forced to function with the most primitive means, represents such an example of an effort to maintain daily life to survive or aid others in surviving. Norbert Frýd (1965:217), a former prisoner of Terezín, stated: *"Unknowing people could then really think that Terezín was a spa, as the Nazis claimed, just because the culture there was at such a high level. That is why I want to emphasize here again: if Terezín itself was not a hell like Auschwitz, it was a pre-hell. But art was still possible, and for many this feverish clinging to this almost hypertrophied culture was the last certainty."*

The experiences from the Terezín ghetto showed that engaging in music and art-based activities could benefit children facing extreme living conditions. These activities provided more than just distraction and entertainment; they had the power to become a lifeline, offering solace, strength, and hope for vulnerable or traumatized children, helping them to develop and thrive amid adversity. Despite the irretrievable circumstances and conditions, the example of Terezín may inspire contemporary social work practice. Integrating creativity-based interventions, such as music, drawing, drama, or literature, with psychosocial approaches and multidisciplinary cooperation can provide a comprehensive method to support well-being and facilitate recovery.

If Terezín's prisoners managed to achieve so much in such tragic conditions with only primitive means and limited resources, what would we achieve today…

Picture 1: The Terezín National Cemetery with Principova Avenue leading to the Small Fortress

Author: Olga Klepáčková

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"I Have to Make Myself Heard!" Social Workers in Political Decision-Making Processes[1]

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Abstract
OBJECTIVES: The aim of this article is to analyse the occasions and formats in which social workers holding elected office in Germany use to transfer knowledge from social work into political decision-making processes. THEORETICAL BASE: The knowledge of social work should not only be used to help individuals, but also to initiate social change. There are different routes through which social workers can engage in policymaking, one of which is called "holding elected office". METHODS: This study utilized various methods such as surveys, interviews, and panel discussions to generate knowledge. OUTCOMES: The analysis reveals the different occasions and formats that social workers holding elected office use to transfer knowledge into political processes. However, they also encounter limitations, such as resource constraints and lack of majority support. SOCIAL WORK IMPLICATIONS: Therefore, a stronger political commitment from social workers remains highly desirable and, above all, relevant for shaping social change.

Keywords
social work, social workers, politicians, policy practice, politics, knowledge transfer

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INTRODUCTION

There are various answers to the question of the types of knowledge possessed by social workers, how they should be organized, "where and how knowledge arises [...] and how it is composed" (Kubisch, 2023:139). There is consensus that professional practice in social work is not standardized, nor can it be assumed "that scientific knowledge can simply be transferred to practical problems" (Becker-Lenz, Müller-Hermann, 2023:132). Instead, the nature of social work itself necessitates the ability to handle crises, "the development of specific skills and value orientations" (ibid., 2023:128), and the recognition that "various types of knowledge that are considered necessary must be connected in some way" (ibid., 2023:132). The wide-ranging knowledge base of social work can be used not only in research, practice, and teaching, but can also support policy-making "through reflection, decision-making, and intervention" (Spatscheck, 2023:41).

That means that the effective transfer of social workers' knowledge into political decision-making processes is crucial for initiating social change. To enable social workers to share and transfer their knowledge, "specific occasions and suitable formats are required" (Köttig, Kubisch, Spatscheck, 2023:18). In this context, it is essential to understand the occasions and formats through which political bodies offer opportunities for social workers to establish knowledge transfer, as well as the limits they may encounter.

In addition to empowering service users, advocating, engaging in social lobbying, and providing policy advice, social workers also have the opportunity to directly transfer their expertise and knowledge in the political discourse as members of political committees (e.g., Löffler, 2023; 2024a; 2024b). Although it is assumed that, as elected officials, they have the best opportunities to apply their professional knowledge to political decision-making processes (e.g. Lane, Pritzker, 2018:468; Binder, Weiss-Gal, 2022), little is known about this form of knowledge transfer. This article aims to examine the transfer of knowledge from social work to politics.

In the next chapter, I outline the possible routes of policy engagement for social workers. After that, I describe the study I conducted to gain insights into the transfer of knowledge into politics. I will then present the findings, highlighting the formats social workers use in politics to contribute their knowledge. The limitations of knowledge transfer are also identified. I discuss implications for social work in the last chapter.

POLICY ENGAGEMENT BY SOCIAL WORKERS

From a normative perspective, co-creation and change are inherent in social work (Fachbereichstag Soziale Arbeit, Deutscher Berufsverband für Soziale Arbeit e.V., 2016). Social workers should not only use their diverse knowledge to provide individual assistance but also transfer it to political decision-making bodies, thus initiating processes of societal development (Schneider, 2001:28). According to Benz, Rieger (2015:45–48), political action in social work encompasses four dimensions: policy implementation, policy advice, advocacy, and political education. In international research, the "Policy Engagement conceptual framework" based on Gal, Weiss-Gal (2023) is mostly used to explain the political actions of individual social workers. The conceptual framework consists of four categories: context,

opportunity, facilitation, and motivation, which explain the degree of political engagement of social workers in six ways. These ways are categorized as either civic or professional routes. Thus, political action occurs both voluntarily "off the job" and professionally "on the job" (Weiss-Gal, 2017; Dischler, Kulke, 2021:10). Figure 1 shows the political actions identified by Gal and Weiss-Gal (2023; also Weiss-Gal, 2017) based on internationally comparative studies for both "routes". However, this systematization provides only a partial fit for German politics. So, for example in Germany, "holding elected office" is considered a professional—usually full-time—activity at the federal, state, and sometimes local levels. This professional activity is distinguished from

less formal or voluntary political commitments by the fact that it is remunerated (Weber, 1926; Gerster, 2018). Therefore, political action as a profession goes beyond political action as part of a social worker's professional activity.

Figure 2 depicts various ways of "holding elected office" in Germany. There are three alternative ways of being an elected local politician in Germany: (i) a voluntary activity, (ii) a professional part-time activity, or (iii) a professional full-time work. These alternatives can be distinguished by the amount of time involved in the political mandate and/or the monetary remuneration for the mandate (Reiser, 2006). There are only a few larger cities, mainly in the south of Germany, where members of parliaments (MPs[3]) at the local level are paid for their political work and live from their political mandate (see Leitner, Stolz, 2022). In most municipalities, social workers and other professionals have a regular job in addition to their political mandate (Leitner, Löffler, in press). At the state and federal level, "holding elected office" is a "professional activity", i.e., usually full-time work. The main difference to the "civic routes" of 'private citizens' is that the politicians receive a full salary for their work (Weber, 1926; Gerster, 2018). In these cases, social workers change their occupation by accepting elected office and start to live not only "for' but also "from" their political work (Weber, 1926).

Figure 1: Routes for policy engagement (author's compilation based on Weiss-Gal, 2017)

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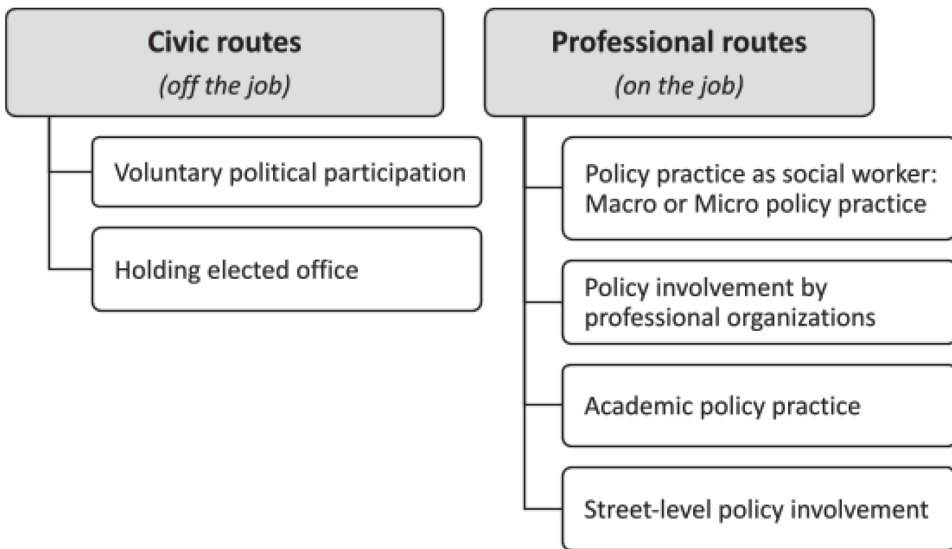
[3] In this paper the term ‚Member of Parliament‘ (MP) is used for all elected politicians at any legislative level (local, state, federal). Even though at the local level they are not necessarily full-time politicians and paid for their political work as shown.

Figure 2: Holding elected office in Germany (author's compilation)
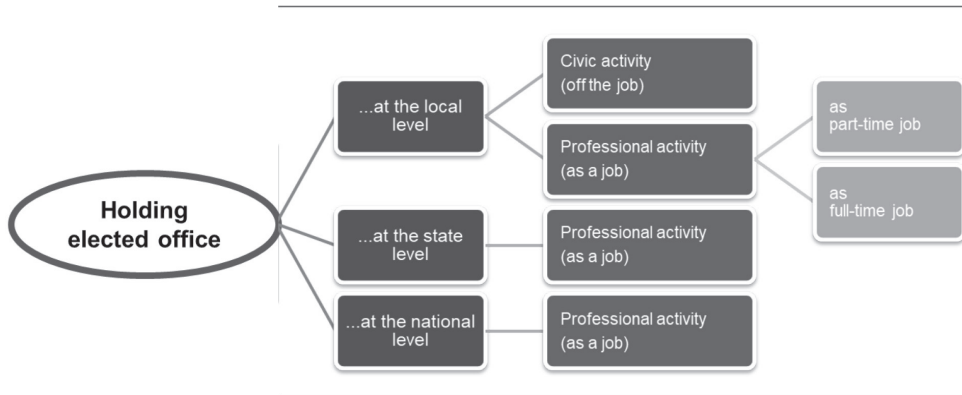
Regardless of the chosen route, the primary objective of all political action is the representation of "weak interests" (Leitner, Schäfer, 2022:20), which refers to the interests of individuals with limited resources in political interest mediation processes (Clement, Nowak, Ruß, Scherrer, 2010:7). The goal is to transfer the expertise and knowledge of social work to political committees (e.g., Löffler, 2023; Leitner, Löffler, in press). It is often argued that social workers holding elected office have the best opportunities to transfer the profession's knowledge into political decision-making processes (e.g., Lane, Pritzker, 2018:468; Binder, Weiss-Gal, 2022). However, there is only little evidence on this form of knowledge transfer.

RESEARCH AIM AND METHODS

This article addresses the research gap outlined above and contributes to the broader discourse on the intersection of social work and political decision-making, offering valuable insights for enhancing knowledge transfer and promoting social change. Therefore, I reconstruct the transfer of knowledge from social work to politics. To this end, I draw on data from an earlier multi-method study (Löffler, 2023; 2024b): As part of that study, I conducted two online surveys, ten problem-centred interviews and two panel-discussions to generate knowledge on social workers insights. The social workers interviewed in my study are elected politicians at the national, state or local level in Germany. For this paper, I analysed across materials and performed a thematic analysis to illuminate the transfer of knowledge from social work to politics and the policy arena.

Online-Surveys
I used two different approaches to identify social workers in the German parliaments. First, I conducted a data analysis through automated web scraping on the national and state level. This involved analysing data from parliaments websites, MPs' websites, and parties' websites to identify social workers and determine their representation in German parliaments. I identified a total of 2,621 members of parliaments at the federal and state level (as of June 2022); all of them were included in the web scraping process. In the resulting dataset with the biographies of German MPs, I searched for terms such as "social worker", "social pedagogue", 'social work', and 'social pedagogy' to identify politicians who self-identified as social workers or social pedagogues, or hold a degree in social work or social pedagogy. Table 1 shows the number and share of social workers I could identify in the parliaments.

Table 1: Social workers in German parliaments (author's compilation)

	In total	Federal Parliament	State Parliaments (13)	Parliaments of the three city states
Members of Parliaments (MPs) (total)	2,621	736	1,521	361
Number of social workers (total)	64	11	40	13
Share of social workers (%)	2.4 %	1.5 %	2.6 %	3.6 %

I then developed two online surveys and invited the identified social workers in the parliaments: One for professional politicians at the federal and state levels, and one for social workers in local politics. I contacted the identified social workers at the national and state level by email in September 2022, informed them about the research project, and invited them to participate in the online survey.

Since there is no register of local MPs in Germany, I had to take a different approach. I contacted the local and/or county associations of the seven parties represented in the German Bundestag. I asked them to inform the social workers in their parties about the online survey and share the survey link. The surveys were open for six weeks, with reminders sent every two weeks.

Both questionnaires were constructed based on the international state of research and consisted of eight survey sections: Educational background, Professional career, Social work and politics, Politicization, Political activity, Political career, Participation resources, and Professional knowledge. The questionnaire primarily consisted of closed-ended questions, including scaled questions, single- and multiple-choice questions, and rank-order questions. Some sections also included open-ended questions.

Qualitative Interviews
After completing the online survey, the participants were informed that, in addition to the questionnaire, in-depth qualitative interviews would also be carried out. They were asked to contact me, if they were interested. In this way, I could establish field access and win participants for the problem-centred interviews (Witzel, Reiter, 2012). So far, ten problem-centred interviews have been conducted and evaluated: One person has a mandate at the state level and nine people have a mandate at the local level.

The question "You are a social worker and currently have a political mandate in the [political committee]. How did that happen? Just tell me." served as a narrative-generating introduction. Starting from the interviewee's first narrative, I then asked questions using the methodological elements "general exploration" and "specific exploration". This way I could encourage further narratives and explanations. I also used the methodological element "Ad Hoc Questions" to define further topics for the interviews in advance. Topic areas that I defined in advance as part of the "ad hoc questions" were: political career, professional career and political action as a social worker with an elected mandate.

Panel discussions
I further collected data via two panel discussions in my multi-method study (Hatani, 2015). For the first discussion I invited two politicians from the local level and two politicians from the state level, and discussed various topics related to the participation of social workers in politics with them. For the second discussion I invited a variety of social workers and other social actors influencing politics, and also explored the role of social work in politics with them. In the latter discussion, only one participant fulfilled the criteria of my sample, i.e., being a social worker and holding elected office. So, I only included the statements of this participant for assessment in this article.

Participants
The target group of my research project consists of elected representatives in political parliaments at national, state, and local level who have completed a degree in social work/social pedagogy and can thus be categorized as belonging to the profession of social work.
A total of 72 politicians participated in the two *online surveys*. 69 declared to be social workers, the remaining three identified as social work students. Among all respondents, two are members of the federal parliament, 17 are MPs at the state level, and 49 indicated to be members of local councils; four persons did not indicate in which parliament they were elected. The response rate for the identified MPs at the national and state level was therefore 29%. In total, 71% of all participants stated they belong to a party on the left of the political spectrum: With 35%, the largest group belongs to the Green Party. 42% of the participants in the online surveys are female, 32% report male and 26% didn't answer this question. The average age of the respondents is 47 years.
Of the ten politicians I *interviewed*, nine have a mandate at the local level and one person has a mandate at the state level. Half of the respondents belong to left-wing parties. Three participants are males and seven are females. Respondents are 42 years old on average.
From the five participants of the *panel-discussions* (four plus one), three hold elected office at the state and two at the local level. Also, three participants are male and two female. Four of them belong to the left-wing parties; mainly the DIE LINKE.

Data Analysis
I evaluated the material from all three data collection methods in a topic-centred manner. I used MAXQDA to perform the thematic analysis (Braun, Clarke, Hayfield, Davey, Jenkinson, 2023). All surveys and interviews were conducted in German. I translated important quotes into English for this article.

RESULTS

In the following chapters, I first describe the knowledge transfer from social work to politics from the perspective of the interviewed social workers. After that, I identify appropriate formats and reasons for successful knowledge transfer in political processes. In the final step, I outline hurdles limiting knowledge transfer.

Transfer of knowledge from social work to politics
In the interviews, it is consistently emphasized how important it is to "get more involved and participate in discussions at various governmental levels" (K7,47-49). Every opportunity must be seized to transfer professional knowledge into political processes: "[…] whenever I can contribute my knowledge, then of course I do" (K2,203). The participating social workers consider themselves "representatives of social workers" (P1_3,348–349) and use their knowledge for advocacy on behalf of the (former) recipients: "I always feel a bit like a lobbyist for needy people" (K8,855-856). They use their knowledge to "bring in the interests of people affected by poverty" (P1_3,311–312), to highlight their living conditions and the impact of political decisions on specific population groups. They try to encourage other politicians to change their perspective and raise awareness for certain issues: "[…] then we're back to the thing, well, how do I look at it? Just at numbers [laughs] or can I also take a different standpoint and look at things and see what else this place could mean?" (K4,366-369). This action is also described as "educational work" (L1,152) that social workers must perform in committees. Since parliaments usually bring together MPs with diverse professional backgrounds , respondents often report they first have to create awareness for certain problems: "[…] I first have to explain to colleagues working on public finance and the government budget why certain things are even necessary […] the more I invest money in the system in certain areas, especially in children and youth work, the fewer problems I will have later if we do it properly. And that you can save money again." (P1_1,384–389).

In the online survey, I asked social workers to indicate their agreement with the statement that "Politicians who have studied social work can advocate for the interests of (former) recipients in political decision-making processes." Respondents at all three levels of government only partially agreed with this statement (tending to "somewhat agree"). Similar results were found for the perceived chances to bring knowledge from their (former) professional experience into their work in political committees: Overall, social workers indicated that they only partially succeeded in the knowledge transfer. The comparison of mean values by jurisdictions suggests that social workers at the federal and state levels are more likely to feel that they are able to transfer their knowledge. The respondents also stated that they only partially succeed in representing the interests of (former) recipient groups.

So there appears a discrepancy between the perceived importance of incorporating professional knowledge into political processes and the actual opportunities to do so: "Yes, I also think it's important that we […] as social workers bring certain aspects into politics, especially based on our own experiences in the job, and of course from the clients." (P1_1,373–376) This highlighted discrepancy leads to two questions I will further discuss based on the material: What formats and occasions do social workers use to bring mandated knowledge into political decision-making processes? What limitations and obstacles do social workers experience when transferring social work knowledge into political processes?

Formats and occasions for knowledge transfer

One participant underlines that **winning the mandate** is the most important requirement for successful knowledge transfer. Because: "[...] if someone has a mandate, [...] then they also have the right to speak in parliament and initiate proposals and amendments. It's worth something. I can open my mouth anywhere, have my say anywhere and add my two cents." (P2_3,335-339).

For social workers with mandates in federal, state and local politics, there are then various formats and reasons to contribute their knowledge:

Parliamentary committees. – **Participation in committees** that discuss social work topics: "Now I tell myself [...] I can imagine joining a committee dealing with social work, i.e., children and school. That is what I always had in my everyday professional life, I am interested in that, I could join a committee." (K5,174-178) The social workers describe how they specifically try to become members of the committees in which they can contribute their job-specific knowledge: "[...] For now, we were allowed to indicate in which fields or committees we want to work. And then it was clear to me that I just wanted to take care of children, youth and family issues" (L1,1018-1020). While some social workers report about internal competition: "Then there were a few negotiations and then we had a vote and then I got the position" (L1,102—1024), others report that colleagues are happy whenever someone volunteers to join one of the respective committees.

The analysis of the quantitative data shows that the majority of the social workers surveyed are members of the social committee (also committee for social affairs or similar) and/or youth welfare committee at all three political levels, i.e., they are active in the committees relevant to the topics of social work. At the municipal or county level, social workers are often members of not just one, but several committees. 90% of all respondents also stated that they can deal with other topics and policy areas besides the substantive work in the thematic committees. In particular, social workers with mandates in smaller municipalities emphasized that elected council members are always "local political generalists".

In the committees, the social workers then use the opportunity to contribute their knowledge to discussions: "[...] of course I went to the social committee. So that was my concern, to bring in professional input and also to shed light on the professional side [...] I missed the professionalism in that." (K2,27-33). They therefore bring knowledge to the committees that, in their opinion, the other members lack: "A committee like this is made up of a wide variety of people - lawyers, motor vehicle mechatronics engineers, some kind of entrepreneur [...] and there's a social pedagogue

sitting in between, who also works as a daycare centre manager, and then they discuss daycare centres" (K6,135-138), and "the committee doesn't know that, they just don't know anything about it" (K6,175). Some interviewees report their perception that "the others simply attribute a certain competence to me due to my training, right?" (K1,809-810). They are then responsible for the social issues, their assessment and evaluation: "within [...] this committee is discussed and then they look in my direction and then they say, what does the social worker say about it?" (K6,269-272).

The social workers use their specific knowledge to provide professional input and to "always substantiate and justify everything. Of course, it always has to be clear. It's not that easy, but of course there have to be clear arguments." (K6,314-316). They emphasise that they "argue much better with this knowledge" (K5,263) and can convince with their arguments: I "can always give input there, of course. And then, oh, okay, if that's the case, yes, then we'll have to see. That might be a good fit." (K6,178-180). They use case studies from their professional practice to "underpin problem descriptions" and thus increase understanding of the problem situations of and solidarity with the addressee groups. However, they also use their knowledge to submit motions and requests: "We receive submissions in the committees, which we also use to discuss, but we can of course submit motions ourselves" (K3,405-406). The social workers use very different sources of knowledge[4] to formulate their motions: "Well, I wrote a motion once, sent it on [...] I [then] kind of really looked into it beforehand [...] and spoke to experts on the phone" (K3,420-424).

Assuming positions within a party. – One interviewee described that, in addition to the social work-related committees, participation in the Petitions Committee is a format that enables social work knowledge to be incorporated into political processes: "[...] I have done social work as a parliamentarian in my role as a member of the Petitions Committee. Very few social workers probably know that the right to petition exists. According to Article 17, everyone in Germany has the right to go before parliament with any matter. And this person also receives [...] unrestricted attention. As a member of parliament, I have a case-related role. In other words, I deal with this right to petition as if I were acting as a lawyer for this petitioner and also take care of it, and almost 80 per cent of requests to parliaments concern petitions on social issues." (P2_3,393-403).

Another format that social workers can use to contribute their professional knowledge to political decision-making processes are **intra-party processes and positions**: "[...] as a social worker, as a youth politician, I have achieved the greatest impact by getting involved, by being a member of the state executive board and negotiating three coalition agreements." (P2_3,577-580).

Being spokesperson for a topic. Also, the function of the parliamentary group manager is a good format for knowledge transfer, because here one even has the "task of also setting topics" (K3,431-434). However, one must ensure "that one does not give too much weighting to one's own topics" (K3,443). In addition, **spokesperson positions** for specific fields and topics are described as occasions for the transfer of professional knowledge: Because "we work as a parliamentary group in a division of labour [...] not everyone is an expert in everything, but we have people responsible for each topic [...] it is true that the spokesperson sets the direction and can emphasize certain aspects [...] And I am allowed to do that for my group in the area of children and families, which I think is great because I have a background in that [...] in child, youth, and family support. [...] And now I can do exactly what I did professionally, politically as well [...] And I'm really excited [...] I ran for office with the slogan "Giving families a voice," and now I can do that, right? So I can work on family policy as a representative for [PARTY]." (L1,992–1014). Social workers also describe that they have the impression that they are even expected to "incorporate social issues

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[4] Five sources of knowledge were identified from the material: (1) knowledge from studies, (2) practical experience in social work, (3) contacts in professional social work practice, (4) contacts with citizens and (5) social workers in the team. The detailed reconstruction of these sources of knowledge must be done in a separate article.

[...] especially that they expect, okay, we have a // so a trained social worker, then we also expect that she has the know-how and can draw on it a lot [...] So many people ask me, [...] what could be done here and there, right?" (K8,793-815). They are then requested as experts in specific topics, using their professional knowledge.

Topic-specific working groups. – Another format for the use of knowledge, both within and across parties, is participation in **working groups** (on the subjects of social work): "I then got involved in a working group... I became the spokesperson with this guy, and the working group on social issues, because I also saw myself there as a social worker and somehow questioned these topics and so on..." (L1,723–727).

While in the social work-related committees and bodies, actual knowledge is brought in, social workers in the non-specialized ones rather use their specific perspective to question, criticize, and encourage other members to consider the "human" factor or social aspects in all decisions: "[…] what impact that can have on families. We completely revamped our playground here, well, in the last legislative term. After all, it's a […] luxury item […] takes up a lot of space and incurs regular costs. So you can look at it and ask yourself, do we want to continue to afford this? Or also to look at it, well, what does a playground achieve? So that it promotes children, yes, in their development, in their detachment - it's called a children's playground and not a parents' playground. And to incorporate all these aspects and to say // and there // that's why we change it." (K4,329–337).

Finding majorities. – However, neither the direct use of knowledge in the specialist committees nor the expansion of discussions about the human factor automatically changes social workers' sense. It is always important to "find majorities" (P2_3,620), not only in the committees and working groups, but also within one's own party. Because "alone you can bring in the framework, but you also have to let an idea grow and first inspire people. ... I also have to sometimes inspire my own group with certain topics" (K3,261-264). To gain majorities for social-worker issues, "I naturally use contacts that can advance this topic, right?" (K8,709-710). So they try to gain majorities for upcoming decisions by "networking" and searching for "alliance partners" across party lines: "[...] I am trying to create a non-partisan network, which is not bad because you always have to look for allies there" (K8,674-675). However, in the negotiation processes, one not only needs allies and majorities. They emphasize that one also needs to "stay on it" and speak up repeatedly and not allow oneself to be dismissed with the concerns: "It's tough sometimes, I'm being honest [...] It's tough how sometimes [...] you get brushed off or // so you really have to fight for your standing there." (K6,320-328).

Personal contact. – One last success factor is the use of direct contacts with other politicians: "[...] for example, I get along very well with our members of the social committee from the state parliament, you know, so that I have contacts whom I can write to, hey you, something is going wrong here, can't we do something about it?" (K8,308-317). The social workers describe how they also use the contacts that have arisen through their political activities in a more informal way to draw attention to certain issues and also act as advocates for social issues: "sometimes a point about the topic, how much influence do I actually have? This question [...] will [SOCIAL PROJECT] be extended until 2024? That was uncertain [...] then I wrote a letter to the Minister of Finance and said, I would like to share with you from my practical experience [...] and that was a concern of mine, to communicate it again [...] And to be a mediator between social work and politics." (L1,841–862).

Limits to Knowledge Transfer

As shown above, social workers with political mandates use various forms and occasions to bring their diverse knowledge into political decision-making processes. In doing so, they experience various hurdles and constraints. Like the working alliance with addressees and users and multi-professional cooperation in professional social work practice, cooperation in political bodies is also based on handing out processes: "[...] in the state parliaments naturally clash//or in the district council in general, of course, completely different groups still clash, which are then farmers,

politicians in the budget committee [...] with whom you then deal, and in which you also have to make a certain point of view of social work//yes, clear and must make this clear. I first have to explain to the budget guy in my group why certain things are necessary in the first place." (P1_1,378-385). If they want to assert themselves in these processes with their knowledge, they must **win majorities**, because "it only works that way here with majorities [...] everyone is actually aware of it. If there is no majority for something, yes, then it can be unpleasant for you yourself, but this is simply how things work" (K4,84-86). In order to first gain understanding and then majorities for their specific perspective, social workers are faced with the challenge of making themselves heard again and again: "[...] I've heard before [...] that I wanted to get involved and spoke a perspective or an argument or something that I didn't feel understood, continued to be said" (K7,817-820).

Several respondents described that knowledge is not always the focus of political negotiations. Because, "if you have someone who has a background in the subject, who knows what they are doing, who puts in a bit of effort, who has also studied it, I would be more open to that and not say, no, she's young, she could maybe get in my way come, I'll push those back" (K8,90-93). **Personal interests**, likes and/or dislikes, but also fears and power struggles often play a role: "So I get into the political processes and realize that this is about something completely different and has nothing to do with my social work and nothing [...] with my profession, namely power struggles, majority behavior based on old controversial issues and political // and political agendas of the parties, which completely ignore // my social mission, so to speak." (K9,345-351).

As a further limit to the use of knowledge, **the available budget** is mentioned at all political levels. Respondents also first have to develop an understanding for the logic of budget planning: "[…] that many projects in social work are only there for a year, where you could think, what is that? So what is "a year"? That's nothing. That's just crap for everyone. And the answer is, it's because budgets are set annually. And it's super difficult to allocate money beyond a budget over longer periods of time. And yes, that's the answer. So and I can't break through that, right?" (L1,806–812). This logic of budget planning cannot simply be broken or changed, it is a long process. In addition, "much in the social sector are voluntary services […] And we had the problem that here in [PLACE] we simply had a budget freeze from the municipal oversight […] when it comes to having a balanced budget, it starts, where can we cut? And the first thing that gets cut is always the social sector." (K2,55-73). The interviewees emphasize that budget problems should not serve as a fundamental argument for cuts in the social sector: "even though I am in the [OWN PARTY], I don't have rose-colored glasses. Of course, you have to look at where the money comes from […] how certain things can maybe be refinanced or other funding streams may be used, but always saying, this is a voluntary service, it will now be cut, doesn't fit in, can't be done, but I also think there is a common welfare task, and you have to reserve budgets for that too." (K2,76-82). Here, social workers struggle with the existing, long-standing structures and procedures. Because "no one would go and say, so children and family are not important to us […] that's bottom priority. But when it comes to saying okay, it's so important to us that we're all willing […] I don't know, to give up 10 percent of my committee's budget, of my own budget plan and transfer it to the social domain, well then there is little enthusiasm." (L1,815–820). Whereas they can successfully transfer their knowledge to political bodies and also experience sympathy for social issues, ultimately this often does not result in political majorities for their demands and proposals.

Another limit described by social workers from smaller communities is: "[…] exactly, that would be [the social committee] // yes, with the profession "a // yes, a nice field of activity, but that doesn't exist here in the structures" (K4,867-868). They do mention the social work-related committees as relevant formats for transferring their professional knowledge into political decisions, but such structure does not exist at all in small jurisdictions.

The (lack of) **legislative competence** also sets limits to the political impact of social workers: "Local parliaments in Germany mostly debate federal policy when they talk about social policy.

They get upset about existing structures and so on. And it's similar in state parliaments, state politicians get worked up about federal policy, have lengthy debates, about care and so on, but can do little because the first 12 chapters of the social policy regulations are essentially federal legislation." (P2_3,386-391). Another interviewed person active in local politics emphasizes that "generally the areas that really deal with decisive structures are not decided at the local level." (K1,551-553). At the time of their election, several social workers had only limited understanding that politics is not only about knowledge but also about practical implementation: "[I] perceive that we work in a totally motivated team and our minister for example would really like to do a lot, but implementation is incredibly complicated. And that's something I // well, I was already aware that it's not all that simple because otherwise it would be done, right, but I didn't expect it to be so incredibly complicated. And that often it's not just a matter of political will failing, but rather implementation issues […]." (L1,778-784).

Further limits and hurdles mainly concern the municipal level: Since most social workers engage in political activities at the municipal level voluntarily and in addition to their regular professional work in social work, the extent of their engagement is always a question of their own **resources**: "[…] it's all volunteer work in the end, so I think it's important to manage your resources there as well" (K3,195-197). One must constantly weigh the desire and will to transfer knowledge into political processes against managing one's own resources: "[…] if you're really good, you also go there in person and take a look or ask the people there […], if you have the time, but that's really a matter of time." (K1,331-333). Here, social workers draw parallels to other voluntary activities. A general problem of volunteering and also of voluntary politics is: "[T]here are too few people with too many tasks. And then I can understand when someone says, okay, what's currently there is enough for now because I // I do this voluntarily, so I // sit down in the evening until 10 pm and give up meeting friends and maybe going out for that. […] maybe I'm someone who sits down for an hour longer and brings up another topic and then sometimes gets frustrated when the topic isn't heard […] I once wrote a proposal, sent it on, and nothing was done about it […] like, oh sorry, I overlooked it." (K3,411-423). Another challenge arises when social workers find themselves in a "**dual role**" (K3,91), where the fields of action in their professional and political work overlap: "and now I work here at a county-wide, so the County Youth Council, which also receives funding from the county. So, for me it was clear, I cannot be active in the Youth Welfare Committee" (K3,98-100). In order to avoid conflicts of interest arising from this dual role, the social worker decides to reject the opportunity to use the Youth Welfare Committee as a format for knowledge transfer. It is often necessary to separate the two activities: "[…] at work, my colleague is responsible for youth democracy education, and she has been doing a lot of political things for the election and I said, please keep me out of it because I'm currently running the local party's election campaign and yes, at the same time there are also situations where I refrain from being involved as a party member and then support them in their work." (K3,566-571).

At the same time, the overlap between professional and voluntary work may also prove beneficial. However, municipal political engagement is usually carried out at the social workers' place of residence/living, which need not overlap with their workplace: problems experienced by social workers in their professional practice may thus not be negotiable within the scope of their political engagement - an advocacy representation of the interests of the target groups within their political engagement may not be possible. In these cases, the knowledge gained in practice could be used more indirectly for political decisions or brought in as an additional perspective. This is also viewed critically in the interviews: "No, not really because ultimately the social environment for which I [as a social worker] am responsible is somehow not comparable to [PLACE OF RESIDENCE]. And therefore, those issues [the problems of the target groups] are rarely addressed here. And also // well, the village population here is sometimes composed differently than // yes, the social environment for which I am responsible at work." (K4,291-294) In another interview, the separation between private individual and professional person is also discussed: "[I]

t's really interesting that it's always assumed that social workers are also social workers in their personal lives, so […] not separating their professional life from their private life." (K3,941-943). Because strictly speaking, they are first and foremost private individuals who engage in municipal politics in their free time.

SOCIAL WORK IMPLICATIONS

Building upon the presented findings, we can critically discuss the extent to which social workers who take on political roles are expected to apply their professional knowledge to political decision-making processes. The material has revealed different perspectives on municipal engagement, including the importance of matching the place of residence and place of work. However, it should be noted that engagement in politics is a voluntary activity during their free time. Therefore, it is questionable whether they can be expected to represent the interests of their clients in their professional work.

Despite this overarching question, the article demonstrates that social workers do contribute their knowledge to political processes, thereby influencing the political framework. Throughout the material, it is evident that social workers utilize their diverse knowledge in political processes. It is already apparent that social workers employ various forms of knowledge. Further research can explore the specific knowledge they use in political bodies, the competencies they employ, and the particular perspective they provide. However, this contribution has identified various formats and opportunities for knowledge transfer by social workers.

The article also highlights that the success of knowledge transfer depends not only on the knowledge itself, but also on other factors that shape the negotiation processes. The results align with previous research on the negotiation of knowledge in multi-professional contexts (e.g., Löffler, Sommer, Pigorsch, 2023; Löffler, 2022). They also emphasize the importance of securing majorities in order to effectively contribute professional knowledge and advocate for the interests of service users and the profession (Leitner, Stolz, 2023). In this sense, a stronger political commitment by social workers remains highly desirable and, above all, relevant for shaping social change.

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Professional Development in Social Work

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Abstract
OBJECTIVES: This research explores the perceived disparity between academic training and professional practice in social work, focusing on competencies. THEORETICAL BASE: Several studies indicate a disparity between social work education and graduates' readiness for practical applications despite the fact that the respective competencies are outlined in academic frameworks for social work. METHOD: The study comprises two surveys: one targets graduates of a bachelor's programme in social work at the Technical University of Applied Sciences Würzburg-Schweinfurt, examining their daily activities and essential competencies. The second survey targets professionals in child, youth, and family welfare services in Northern Germany. OUTCOMES: Results show professionals mainly engage in analysing social issues, coordinating assistance, conducting help discussions, and collaborating in teams. Legal, theoretical, analytical, and communicative competencies are crucial, along with self-care skills. Although there are differences in emphasized activities between the two samples, there is agreement on necessary competencies. SOCIAL WORK IMPLICATIONS: The findings contribute to ongoing discussions on the integration of theory and practice in social work education and highlight the importance of addressing self-care competencies in future curriculum development. The study suggests that aligning social work programmes with qualification frameworks such as the German Qualification Framework for Social Work 6.0 effectively conveys essential competencies for practice.

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social work competencies, social work programmes, academic-practice gap

INTRODUCTION

The complexity of individual life situations and societal contexts requires a multitude of knowledge and skills in the professional practice of social work. The training for social pedagogical professionals is closely linked to the development of competencies necessary for successful and sustainable support of clients in various life situations.

Given this challenge, there are longstanding efforts of the discipline to discuss the competencies necessary for social workers and establish them in the training of future social workers: The German Society for Social Work (DGSA) developed a core curriculum for social work, covering seven study areas: 1) Fundamental Scientific Principles of Social Work, 2) Expanded Subject Matter and Explanation Knowledge of Social Work, 3) Normative Foundations of Social Work, 4) Societal and Institutional Frameworks of Social Work, 5) General Action Theory and Special Action Theories/Methods of Social Work, 6) Fields of Action, and Target Groups of Social Work, as well as 7) Research in Social Work (Deutsche Gesellschaft für Soziale Arbeit, 2016).

The Qualification Framework Social Work 6.0 (QR SozArb 6.0) was developed at the German Social Work Department Conference (FBTS), specifying guidelines for the discipline and profession of social work, aligning with the revised Qualification Framework for German Higher Education Degrees (HQR) (Schäfer, Bartosch, 2016; Kultusministerkonferenz, 2017). The QR SozArb 6.0 focuses on how students develop competencies and how competency development can be supported and assessed through didactics (Schäfer, Bartosch, 2016). It emphasizes knowledge and comprehension, description and analysis, planning and conceptualisation, organisation, research and evaluation, as well as personal and professional skills and attitudes as the foundation for innovation in specific contexts of social work as both a science and practice (Schäfer, Bartosch, 2016).

Mühlum (2001), in a literature review comparing social work and social pedagogy, identified key features of social work, including supporting, informing, empowering, mobilizing, counselling, organizing, providing material and financial aid, changing, and controlling.

Similar requirements for social workers are outlined in the National Occupational Standards for Social Work in the UK. They include preparing for and working with individuals, families, carers, groups, and communities to assess their needs and circumstances; planning, carrying out, reviewing, and evaluating social work practice; supporting individuals to represent their needs, views, and circumstances; advocating for individuals, families, carers, groups, and communities; managing risk; being accountable for social work practice; and demonstrating professional competence (Department of Health, 2002).

Activities a social worker should be able to perform require specific competencies. Competencies enable individuals to handle new situations adequately, find solutions to problems independently, and involve the integration of various knowledge bases and theories. The QR SozArb 6.0 connects these aspects and asserts that competencies in social work are developed through a constructive interaction between theory and practice, leading to a concrete differentiation between theoretical knowledge and its practical application (Schäfer, Bartosch, 2016).

The "Key Competencies of Social Work" published by the German Professional Association for Social Work (DBSH) in 2013 include strategic, methodological, social-pedagogical, social-legal, social-administrative, personal and communicative, professional ethical competence, social professional counselling, and competence for practice research/evaluation (Maus, Nodes, Röh, 2013). This competency catalogue is primarily based on the professional theoretical concept of the

Triple Mandate of Social Work (Staub-Bernasconi, 2018) and recent discourses on social work as a profession in uncertainty or acting in uncertainty (Effinger, 2021).

In summary, well-defined content areas of social work exist with the Core Curriculum of Social Work and the QR SozArb 6.0. Mühlum's compilation, and the British National Occupational Standards for Social Work provide a specification of activities, especially in the field of social work methods and the concrete implementation of assistance, considering institutional frameworks and target groups. The competencies defined by DBSH mostly represent cross-cutting competencies needed for various substantive areas of the QR SozArb 6.0. For instance, strategic competencies are necessary both in the targeted use of social work methods in individual cases and in the field of research.

Therefore, it appears that the question of the relevant work areas for social work and the competencies required for them has been sufficiently answered on a theoretical level.

As empirical evidence is concerned, there are some studies available addressing the issue which professional competencies practitioners of social work consider important. In a survey conducted at the Alice Salomon University in Berlin (Kolleck, Mantey, 2005), graduates were asked about their current professional situation and how well the study prepares for various aspects of the profession. A total of 143 alumni participated in the survey, resulting in a response rate of 57 percent. On average, graduation occurred five years ago. On a four-point rating scale (1=very good; 4=bad), alumni rated soft skills such as communication skills, conflict resolution, and empathy as particularly important for professional life as well as practical experience (mean scores ranging from 1.0 to 1.3). Expertise was significantly lower in importance (mean scores ranging from 1.5 to 1.7). Subsequently, alumni were asked to rate how well these same competencies were addressed in their studies on the same rating scale. They believed that almost all competencies required in practice, except for legal skills and scientific research skills, were inadequately taught in their study programme, as ratings were 1.0 to 1.5 units higher on the rating scale. In 2018, an extensive graduate survey was conducted again at Alice Salomon University (Lorenz, Vorwerg, Uhl, 2019). The aim was to document how the bachelor's programme affects professional development and employment opportunities. The target population included all graduates from the academic years of summer semester 2012 to winter semester 2016/17. A total of 310 graduates participated in that online survey (response rate 31%). Among other things, they were asked to indicate which competencies they would need in their current work. 63% indicated the need for counselling and communication skills. Reflective ability (38%) as well as professional and methodological competence (31%) are described by about a third of the graduates as essential components of their work. There was little demand for autonomy/self-organization (15%), critical thinking and problem-solving skills (13%), teamwork, and scientific work (7%).

In a study by Moch, Bense, and Meyer (2014), 201 practitioners who graduated at Baden-Wuerttemberg Cooperative State University (DHBW) Stuttgart in the years 2009 to 2011 estimated the importance of certain competencies through an online survey (response rate 32%). The survey used a 5-point rating scale based on a former version of the QR SozArb from 2008. To operationalize each qualification area, three questions were formulated, incorporating the terminologies used in the QR SozArb and rated on 5-point rating scales from 1=very important to 5=not important at all. The sum scores per qualification area were evaluated so that the minimum of 3 points indicated very high importance of the qualification area and the maximum of 15 points indicated very little importance. Graduates in the profession rated personal competencies, such as resilience and independence, as the most important prerequisites for successful professional practice (4.6 points). Similarly, professional attitudes (ability to work proactively, responsibility, awareness of the risks of action, and willingness for continuous further education and updating of professional knowledge) were seen as important skills (5.9 points). In the middle range were competencies related to planning and conceptualisation (7.2 points). Descriptive and analytic competences were also rated as moderately important (8.3 points) as were knowledge and

comprehension (8.8 points) and organisational skills (9,5 points). Practical research competences (10.3 points) played a subordinate role.

Overall, it can be noted that there are relatively few empirical studies on the competencies required in the field of social work to date. These typically involve online surveys of alumni. Some questionnaires are based on existing qualification frameworks (Moch et al.), while in other cases, theoretical background is not evident from the respective publications (Kolleck, Mantey, 2005; Lorenz et al., 2019). Response rates vary between 31% and 57%. In the existing studies, it becomes consistently clear that the priorities set in the curriculum do not necessarily align with the importance attributed to individual competency areas in practice by graduates (Kolleck, Mantey, 2005; Moch et al., 2014). Also, depending on the sample, different competencies are considered most important: soft skills such as resilience and reflective ability (Kolleck, Mantey 2005; Moch et al., 2014) or counseling and communication skills (Lorenz et al., 2019). However, there is quite consistent agreement that competencies related to academic work are considered less important in practice (Moch et al., 2014; Lorenz et al., 2019). Subject matter expertise and methodological knowledge are considered of moderate importance.

STUDY 1

Methodological Aspects

Our research aimed to contribute to the available evidence on the competencies needed in social work practice, therefore, the subject of our research was the competences required by social work professionals. We defined competences as a pattern of knowledge, attitude, skills, abilities, and experiences that enable a social worker to perform relevant tasks in the field of social work (cf. Triebel, Lang von Wins, 2007). A list of such relevant tasks was provided by Mühlum (2001) and the Department of Health of the UK (2002).

The main goal of our research was to determine which competences practitioners themselves consider important. Our detailed objectives were twofold, to verify that a certain theoretically defined canon of activities actually constitutes a substantial part of practical work, and second, to ascertain social workers' assessments of which competences they consider necessary for their work. The research issue to which we hoped to contribute was whether the competencies as stated by practitioners resemble those defined by the respective qualification standards for study programmes.

To achieve this, we conducted a survey of social work practitioners to identify the necessary competencies for daily work from their perspective. The research method employed was an online survey, and the research tool was a questionnaire consisting predominantly of closed questions. We chose this research method because we needed to process a large amount of data, and also because we wanted to compare our data with previous studies that had also used online surveys and closed questions. The questionnaire covered socio-demographic characteristics, relevant tasks of social work practice and competences needed for practical social work.

Items were drawn from several sources described above and indicated in Table 1. Items were also based on the work of an expert committee at our university. This committee consisted of the dean, the study dean and programme directors. The expert panel proceeded through three workshops: In the first workshop, key competencies in social work were identified. Participants engaged with the QR SozArb 6.0 and the programme's module handbook, guided by the following prompt questions: "When our students graduate from our programme, they will know…"; "…they will act with this attitude…"; "they will be able to…"; "they can…". In the second workshop, the experts identified the key essential activities of social workers based on the answers from the first workshop. They also described the corresponding individual knowledge, attitudes, skills, and competencies necessary to fulfil these tasks. In the third workshop, the results were discussed and modified until a consensus was achieved within the group. Tasks and competencies developed by

the expert panel were added to the content covered already by the respective publications in cases they were not yet mentioned, such as working in projects. However, it should be noted that the different sources mentioned in table 1 did not contain specific item formulations, therefore, the wording of the individual questions was developed by the authors.

The first part of the questionnaire addressed the tasks professionals perform every day, whereas the second part addressed the competencies needed for those tasks. The frequency of various daily work activities was assessed with 12 items, and an open question aimed to identify additional activities. Participants rated activities on a five-point scale ranging from "every working day" to "seldom or never." The focus on specific activities was preferred above a query of the areas outlined in the QR SozArb 6.0 to ensure more straightforward and potentially more valid responses.

Table 1: Overview of the items of the questionnaire

How often in your everyday work …	Source
(every workday/several times a week/several times a month/several times a year/rarely or never)	
… do you analyse clients' social problems?	Department of Health[3]
… do you intervene in clients' social problems?	Mühlum[4]
… do you evaluate your interventions?	Department of Health
… do you talk to clients for help?	Mühlum
… do you moderate and present to groups, e.g., financial service providers, other organisations?	Mühlum
… do you moderate and resolve conflicts with clients or between clients?	Mühlum
… do you cooperate in networks, e.g., with other organisations?	Department of Health
… do you work in a team with other social workers?	Department of Health
… do you work together in multi-professional teams?	Department of Health
… do you write documents such as assistance plans, statements, etc.?	Maus et al.[5]
… do you coordinate and organise workflows and processes?	Mühlum
… are you involved in the realisation of a project?	Expert committee[6]
Are there other areas of work that make up your day-to-day work? What are they?	Expert committee
Which competences do you need for your professional activity as a social worker?	Expert committee
Legal Competencies	
☐ Legal framework conditions of the respective field of activity in social work	Maus et al.
☐ Knowledge of relevant legal norms for the application area and their interpretation	Maus et al.
☐ Procedural processes (e.g., deadlines, objections)	Maus et al.
Theoretical Competencies	
☐ Theories and empirical findings of the reference sciences of social work	Maus et al.
☐ Relevant technical terms	Expert committee

[3] Items based on the National Occupation Standards for Social Work of the UK (Department of Health, 2002)

[4] Items covering the categories identified by Mühlum (2001) in a comparative literature review

[5] Items based on the key competencies defined by the German Professional Association for Social Work (Maus, Nodes, Röh, 2013)

[6] Items added based on the work of expert panel

Research Methodological Competencies	
☐ Search for professional literature in databases	Maus et al.
☐ Extraction of information from texts, tables, figures, and statistics	Expert committee
☐ Conducting and evaluating simple evaluation studies	Maus et al.
☐ Knowledge of the steps of evidence-based practice	Expert committee
Action Methodological Competencies	
☐ Determination of the causes of social problems	Maus et al.
☐ Setting goals for interventions	Maus et al.
☐ Justification of interventions based on previous analysis	Maus et al.
☐ Methods of behaviour change and how to guide them**	Maus et al.
☐ Verbal and non-verbal evidence-based intervention possibilities	Expert committee
☐ Artistic-aesthetic, musical, and movement-oriented non-verbal forms of expression	Maus et al.
☐ Social aids (e.g., school support, family assistance, etc.)	Maus et al.
Competencies in Communication	
☐ Preparation of client interviews	Maus et al.
☐ Establishment of a professional working relationship through communication	Maus et al.
☐ Various forms of communication and communication skills	Maus et al.
☐ Intercultural communication	Expert committee
☐ Fundamentals of conflict management	Maus et al.
☐ Digital communication	Expert committee
Competencies for the Use of Specific Communication Tools	
☐ Moderation tools and moderation techniques (card query, visualization, etc.)**	Maus et al.
☐ Digital tools and software for moderation and presentation	Expert committee
Competencies in Collaboration and Cooperation	
☐ Identification of potentials for collaborations and their utilization	Maus et al.
☐ Knowledge about the benefits, structure, functioning, and issues of networks	Expert committee
☐ Knowledge of the structure and functioning of teams, structures, and hierarchies	Maus et al.
☐ Collaboration in multiprofessional teams	Maus et al.
Competencies in Drafting Typical Documents	
☐ The typical structure of these documents	Maus et al.
☐ Writing adequate, comprehensible texts with the necessary information and correct terminology	Maus et al.
Competencies Regarding Knowledge of Framework Conditions of Social Institutions	
☐ Resources typically available to social institutions	Expert committee
☐ Ways to systematically use and develop these resources	Expert committee
Competencies in Project Work	
☐ Knowledge of the structure, organization, financing, and success factors of projects	Expert committee
☐ Systematic initiation, support, and completion of projects	Expert committee
☐ Systematic structuring of work processes	Expert committee
Which skills that are important for your work as a social worker were not taught to you during your studies?	Expert committee

The second part of the questionnaire identified competences for the mentioned activities. The term "competence" is defined by the Commission of the European Communities (2005) as a "combination of knowledge, skills, and attitudes appropriate to a particular situation." Competencies are meant to enable us to adequately and successfully handle new situations and to independently find solutions to problems. The crucial point here is: knowledge alone is not enough. Competencies reveal themselves in action. A combination of several factors make up competence as it is described by Triebel and Lang von Wins (2007) in the so-called "the KEFFE model". These factors are: knowledge, attitudes, skills, abilities, and experience. Only when all factors are met do Triebel and Lang von Wins speak of the presence of a competence.

In constructing the items for the questionnaire multiple mentions of competences for different tasks were eliminated. There remained a list of 35 dichotomous items on the competencies required in the professional role of a social worker. To make this long list more manageable for the survey participants, subheadings were inserted into the questionnaire by grouping the items inductively by content (see table 3). These subheadings were "Law," "Theories/Research Status," "Research Methods," "Action Methods," "Communication," "Use of Specific Communication Tools," "Collaboration and Cooperation," "Writing Typical Documents," "Knowledge of Social Institutions' Frameworks," and "Project Work." The overarching question was, "What competencies do you need for your work as a social worker?" An additional open question inquired about relevant content not covered in their studies at university.

Socio-demographic data included age, gender, professional experience, and the field of work, allowing multiple entries due to potential overlaps in practical settings. The questionnaire was intentionally brief (10 minutes), accommodating busy professionals.

The basic population consisted of graduates of the bachelor's programme in Social Work at the Faculty of Applied Social Sciences, Technical University of Applied Sciences Würzburg-Schweinfurt (BSA), who completed their studies from 2007 to 2020 (N=2,666). Participants were invited through the semi-annual alumni newsletters to participate in an online survey.

Descriptive data analysis involved presenting distributions as percentages for activity and competency categories. Competencies were classified into terciles based on the proportion of respondents requiring them. Correlation measures with age and professional experience were calculated according to the scale of each variable. Open-ended question themes were considered in results if mentioned by at least five percent of respondents.

Results

A total of 284 individuals participated in the survey (response rate 10.7%). Participants, with an average age of 32.0 years (sd=9.9 years), were predominantly female (over 80%). Only 7.4% held a master's degree in addition to a bachelor's in Social Work. Most respondents had 6 to 10 years of professional experience (40.0%), followed by about one-third with 3 to 5 years (30.3%) and a small fraction with 1 to 3 years (18.7%).

Regarding professional fields, the majority identified with Child, Youth, and Family Support (40.5%). Respondents frequently worked with mentally ill individuals (31.7%) or people with disabilities (20.1%). Between 10% and 20% of participants indicated involvement in fields such as Youth and Adult Education (18.3%), Addiction Support (17.3%), Work with Migrants, Repatriates, and Refugees (16.5%), or Health Support (10.2%). Fields with less than 10% representation included School Social Work (9.2%), Social Work in Early Childhood Education (8.5%), Rehabilitation (7.7%), Social Work with Seniors (7.0%), Homelessness Support (6.0%), or Social Work with Women, Men, and LGBTQ+ Individuals (4.9%).

Table 2: Sample Characteristics in Study 1 and 2

Variable	Study 1 (n=284[a])		Study 2 (n=40[a])	
Mean age of participants**	32.0	(SD=9.9)	38.7	(SD=11.3)
Sex*				
Male	40	(14.1%)	14	(35.0%)
Female	238	(83.8%)	24	(63.2%)
Diverse	1	(0.5%)	0	(0.0%)
Degree*				
Bachelor of Social Work	284	(100.0%)	15	(40.5%)
Master of Social Work or Diploma in social pedagogy **	19	(6.7%)	10	(27.0%)
Other	0	(0.0%)	10	(27.0%)
Professional experience*				
Less than 1 year	13	(4.6%)	2	(5.1%)
1-3 years	53	(18.7%)	5	(12.8%
3-5 years	86	(30.3%)	7	(17.95%)
6-10 years	115	(40.0%)	6	(15.4%)
11-20 years	17	(6.0%)	14	(35.9%)
21 years and more	0	(0.0%)	5	(12.8%)
Field of action (multiple answers possible)				
Child, Youth, and Family Support**	115	(40.5%)	38	(95.0%)
Work with mentally ill individuals**	90	(31.7%)	23	(52.5%)
Work with people with disabilities	57	(20.1%)	13	(32.5%)
Youth and Adult Education	52	(18.3%)	8	(20.0%)
Addiction Support**	49	(17.3%)	17	(42.5%)
Work with migrants, repatriates, and refugees**	47	(16.5%)	19	(47.5%)
Health Support *	29	(10.2%)	0	(0.0%)
School Social Work	26	(9.2%)	5	(12.5%)
Social Work in Early Childhood Education **	24	(8.5%)	13	(32.5%)
Rehabilitation	22	(7.7%)	2	(5.0%)
Social Work with the elderly	20	(7.0%)	2	(5.0%)
Homelessness Support	17	(6.0%)	1	(2.5%)
Social Work with Women, Men, and LGBTQ+ Individuals **	14	(4.9%)	8	(20.0%)

[a]Not all questions were answered by every participant, which is why the sum of the counts in each category for multiple variables may slightly differ from the total sample.
*p < .05; ** p < .01

Table 3 illustrates how often the corresponding activities were performed in practice. It was observed that "Analysing social problem situations," "Intervening in social problem situations," "Conducting help and organizational context conversations," "Resolving conflicts," "Working in networks," "Working in teams," "Working in multiprofessional teams," and "Coordinating and

organizing" were used daily or several times a week by more than 50% of respondents. On the other hand, "Evaluating interventions to help with social problem situations" and "Drafting typical documents" were performed only monthly or several times a year by half of the respondents. This is not surprising, as evaluations typically occur at certain intervals, and expert reports, assistant plans etc., are created for a specific period at a given point in time. The requirements for "Moderating and presenting" as well as "Developing and implementing projects" were also encountered only several times a year by one-third of the respondents. However, a weak correlation was found between project work and professional experience: the longer the respondents had been in the workforce, the more likely they were to also lead projects (Kendall's tau_b = .18).

Table 3: Frequency of Various Activities in Social Pedagogical Practice

Activity		Every workday	Several times a week	Several times a month	Several times a year	Rarely or never
Analysing social problem situations	Study 1	47.7	33.6	10.6	2.8	5.3
	Study 2	57.5	25.0	15.0	2.5	0.0
Collaborating in teams	Study 1	47.5	26.3	14.0	5.0	7.2
	Study 2	52.5	35.0	5.0	.5	5.0
Collaborating in multiprofessional	Study 1	40.1	18.3	20.4	10.8	10.4
Teams	Study 2	30.8	25.6	17.9	10.3	15.4
Conducting help conversations*	Study 1	36.7	30.2	13.9	10.7	8.5
	Study 2	20.0	40.0	12.5	22.5	5.0
Intervening in social problem	Study 1	33.5	38.1	16.4	6.0	6.0
situations	Study 2	45.0	42.5	12.5	0.0	0.0
Coordinating and organizing *	Study 1	28.6	22.5	21.4	12.0	15.6
	Study 2	47.2	19.4	13.9	8.3	11.1
Resolving conflicts**	Study 1	25.0	35.1	21.0	12.3	6.5
	Study 2	47.5	25.0	22.5	2.5	2.5
Collaborating in networks	Study 1	19.6	32.5	29.3	12.5	6.1
	Study 2	17.9	35.9	38.5	7.7	0.0
Drafting typical documents	Study 1	9.6	18.2	28.2	29.6	14.3
	Study 2	12.5	17.5	42.5	25.0	2.5
Evaluating interventions**	Study 1	8.0	16.7	33.0	18.8	23.6
	Study 2	11.8	47.1	35.3	0.0	5.9
Implementing projects	Study 1	7.7	7.0	19.4	29.3	36.6
	Study 2	16.7	5.6	13.9	47.2	16.7
Moderating and presenting	Study 1	4.3	14.4	18.2	31.1	31.8
	Study 2	2.6	23.1	17.9	15.4	41.0

In cells percentage of mentions are indicated.
Differences between study 1 and study 2: * p<.05; ** p<.000

Furthermore, the survey revealed that professionals working in specific fields of practice tend to engage in certain activities more frequently in their daily work compared to those in different fields. For example, 66.7% of professionals in youth and adult education engaged in "Moderating and Presenting" daily, while only 33.3% of other respondents did. In the field of health care, "Working in multiprofessional teams" was particularly common, with 69.0% of those employed in this area working in such teams every workday, compared to 36.8% of those not working in health care (Chi2=11.54, p=.021). This supports the content validity of the questionnaire. In the additional open question about other areas that constitute their daily work, there were 112 mentions, mostly providing further details on previously mentioned areas.

Regarding the competencies required in practice, the following picture emerged: Table 4 shows the percentage of respondents indicating the need for specific competencies in their daily work. More than two-thirds of the respondents stated a need for conversation skills. Legal competencies, as well as competencies in drafting typical documents, were also required by a large portion of the respondents. Additionally, more than two-thirds of the respondents reported a need for competencies in understanding the framework conditions of social institutions and theoretical competencies.

One to two-thirds of the respondents indicated a need for competencies in collaboration and cooperation, competencies for using specific communication tools, and competencies in project work. Less than one-third of the respondents needed research methodological competencies in practice (except for extracting information from texts, tables, figures, and statistics).

A mixed picture emerged in the field of action methods: While determining the causes of social problems, setting intervention goals, and competencies related to social aid were needed by many respondents, almost half of the respondents needed competencies in justifying interventions based on previous analysis, methods of behaviour change, as well as verbal and non-verbal evidence-based intervention methods. Competencies in the area of artistic-aesthetic, musical, and movement-oriented non-verbal expression forms were comparatively rarely needed. A mixed picture also emerged for competencies in collaboration and cooperation: While more than two-thirds of the respondents needed knowledge of teamwork, knowledge about the potentials of collaborations and the structures of networks were needed by only about half of the respondents.

In response to the open question about which practical relevant contents respondents believed were not conveyed in their studies, 165 individuals provided answers. In this regard, 31 mentions (18.7%) were related to the area of self-care, while other responses remained below 5% of mentions.

Table 4: Competencies Required in Practice

Competency	Study 1	Study 2
Legal Competencies		
Legal framework conditions of the respective field of activity in social work	90.8	100.0
Knowledge of relevant legal norms for the application area and their interpretation	73.6	75.0
Procedural processes	66.5	67.5
Theoretical Competencies		
Theories and empirical findings of the reference sciences of social work	66.2	70.0
Relevant technical terms	78.5	75.0
Research Methodological Competencies		
Search for professional literature in databases	23.9	22.5
Extraction of information from texts, tables, figures, and statistics	50.4	47.5
Conducting and evaluating simple evaluation studies	21.5	22.5
Knowledge of the steps of evidence-based practice	30.6	40.0
Action Methodological Competencies		
Determination of the causes of social problems	78.2	90.0
Setting goals for interventions	83.5	95.0
Justification of interventions based on previous analysis	52.8	62.5
Methods of behaviour change and how to guide them**	58.2	85.0
Verbal and non-verbal evidence-based intervention possibilities	53.9	70.0
Artistic-aesthetic, musical, and movement-oriented non-verbal forms of expression	28.5	30.0
Social aids	70.1	75.0
Competencies in Communication		
Preparation of client interviews	93.0	90.0
Establishment of a professional working relationship through communication	87.7	80.0
Various forms of communication and communication skills	88.4	77.5
Intercultural communication	66.5	67.5
Fundamentals of conflict management	90.1	85.0
Digital communication	63.4	75.0
Competencies for the Use of Specific Communication Tools		
Moderation tools and moderation techniques**	52.5	27.5
Digital tools and software for moderation and presentation	43.7	32.5
Competencies in Collaboration and Cooperation		
Identification of potentials for collaborations and their utilization	54.6	55.0
Knowledge about the benefits, structure, functioning, and issues of networks	51.1	52.5
Knowledge of the structure and functioning of teams, structures, and hierarchies	65.5	60.0
Collaboration in multiprofessional teams	82.0	90.0
Competencies in Drafting Typical Documents		
The typical structure of these documents	72.2	82.5

Writing adequate, comprehensible texts with the necessary information and correct terminology	86.6	95.0
Competencies Regarding Knowledge of Framework Conditions of Social Institutions		
Resources typically available to social institutions	77.1	77.5
Ways to systematically use and develop these resources	64.8	75.0
Competencies in Project Work		
Knowledge of the structure, organization, financing, success factors of projects in social work	39.1	55.0
Systematic initiation, support, and completion of projects	40.1	45.0
Systematic structuring of work processes	59.2	65.0

Percentage Agreement
Bold: Top Terzile, Regular: Middle Terzile, Italic: Bottom Terzile
Differences between Study 1 and Study 2: * p<.05; ** p<.000

Interim Conclusion
The frequently performed activities by the respondents and the competencies they consider necessary in their professional daily life combine to form a coherent overall impression: The professional routine is shaped by the analysis of social problems and the corresponding coordination and organization of relevant assistance. This requires knowledge of the conditions of social institutions, as well as theoretical competencies regarding relevant theories and empirical findings. In this context, professional communication with clients takes place, team coordination occurs as well as networking with other institutions and professional groups. Therefore, it is not surprising that many respondents indicated the need for communication competencies in practice. Additionally, documentation of activities and the drafting of written reports are carried out. Legal competencies are required for this, as well as competencies related to drafting corresponding typical documents. With increasing professional experience, projects are also conducted more frequently, which could be an indication that these tasks are more associated with managerial activities. Several respondents consider the provision of competencies in the area of self-care missing during their studies.

STUDY 2

Methodological Aspects
Despite overall academic frameworks, specific Social Work programmes at various universities emphasize different aspects. For example, the bachelor's programme in social work at the University of Applied Sciences Würzburg-Schweinfurt places great importance on the evidence-based nature of interventions. The spectrum of different fields of action in Social Work is also very broad. Therefore, the research problem emerges that such factors could influence to which competencies practitioners attach more or less weight. To address this issue, the first survey was replicated with a significantly different second sample. The purpose of this research was to validate the results of the first survey.
Employees of FLOW gGmbH, a private, independent, and non-denominational provider of child and youth welfare services in the northern Ruhr area, participated in the second study. FLOW provides flexible, individual day care, organized family training, socially pedagogical supervised living, family support, and violence prevention programmes, among other services. The request for participation in the online survey was forwarded by the facility management to the department heads, who, in turn, relayed the information to their employees in social work. Employees received

the same standardized questionnaires as the participants in study 1. At the time of the survey, there were 145 individuals in this group.

Results

A total of 40 people participated in the survey, representing a response rate of 27.6%. A total of 35.0% of respondents identified as male, and 63.2% identified as female. The category "diverse" was not chosen. The average age was 38.9 years. 40.5% of respondents had a bachelor's degree in social work, 27% were diploma social pedagogues, which had been the regular degree before bachelor's and master's degrees were introduced in Germany. The remaining participants mentioned degrees in fields such as education, psychology, or diploma pedagogy (27%). None of the respondents had a master's degree in social work. A good third of the respondents (35.9%) had professional experience between 11 and 20 years. 12.8% had been in the profession even longer, while only 5.1% were beginners. As expected, almost all respondents (95.0%) stated that they work in child, youth, and family welfare. However, there were overlaps with the fields of working with mentally and substance-abuse-affected individuals and working with refugees: about half of the respondents also dealt with these target groups in the context of child, youth, and family welfare. More than half of the respondents did the following every working day or multiple times a week: analysing social problems, intervening in social problems, collaborating with other social workers in teams, collaborating in multiprofessional teams, conducting help discussions, coordinating and organizing, resolving conflicts, collaborating in networks, and evaluating interventions. Less frequently (several times a month or multiple times a year), the majority of respondents needed to write typical documents and perform projects or moderate and present (see table 3). Regarding competencies, more than two-thirds of respondents in practice needed primarily legal competencies and had to be able to write typical documents (care plans, expert opinions, etc.). Also, communication competencies, theoretical competencies regarding relevant theories and research findings of the reference sciences of social work, as well as knowledge of the available resources of the respective social institutions were considered necessary by over two-thirds of respondents. This also applied to action-methodical competencies, with the exception of artistic-aesthetic, musical, and movement-oriented non-verbal forms of expression. More than half of the respondents considered competencies in project work necessary. On the contrary, participants saw competencies for the use of specific communication tools as less necessary (cf. table 4).

A mixed picture emerged in the area of research methodological competencies: more people considered the extraction of information from texts, tables, figures, and statistics, as well as knowledge of the steps of evidence-based practice, necessary than the competencies for literature research and for the independent conduct and evaluation of simple evaluation studies. Likewise, in the area of collaboration and cooperation, more respondents considered knowledge and skills in teamwork necessary than the identification of cooperation potentials and knowledge about network structures. In response to the open question about which competencies should have been additionally conveyed in their study programme, three participants (7.5%) stated that acquiring competencies for recognizing child endangerment is necessary. These responses are not surprising due to the respondents' work in child and youth welfare. Furthermore, three participants (7.5%) also responded that self-care should be taught during the study.

Interim Conclusion

Almost all of the queried activities are performed daily or at least several times a week. In particular, analysing social problems, the corresponding interventions, as well as their coordination, organization, and evaluation take up a significant space. Teams are often worked in, and collaboration in networks is common. Help discussions and conflict resolution are also among the frequently performed activities. Only writing typical documents, project work, and moderation and presentation are performed less frequently. However, with increasing professional experience,

moderation and presentation were more common (Kendall's tau-b = .22). For the field of child, youth, and family welfare, a broad spectrum of legal, theoretical, analytical, and communicative competencies is required. In addition, corresponding typical documents must be written, resources of the institution must be used sensibly, and work must be done in multiprofessional teams. A competence that, according to some respondents, should be more strongly conveyed during the study is the competence for self-care.

COMPARISON OF RESULTS FROM BOTH STUDIES

In conclusion, responses from both surveys were compared to test if the competences required for social work practice were assessed as equally important in both samples. Interval-scaled responses were compared using t-tests, while ordinal-scaled variables were subjected to the median test due to unequal sample sizes. Dichotomous variables were compared using chi-square tests. In cases where cell frequencies were below five, Fisher's exact test was calculated as an alternative.

A glance at Table 1 reveals a significant difference between the samples of the two studies. Firstly, the second study deliberately targeted employees from child, youth, and family welfare in North Rhine-Westphalia, whereas the first study surveyed graduates who could work in various fields, and for whom no information about their region in Germany was available. Respondents in the second study were also significantly older (m_1=32.0 years, m_2=38.7 years; t=-3.51; p=.001). Accordingly, 27% still held a diploma and not a bachelor's degree, and 48.7% had work experience of over 10 years (Chi^2=4.26; p=.039). Moreover, the proportion of men in the second sample at 35.05% was higher than in the first sample at 14.1% (Chi^2=11.90; p=.001).

Of the 12 recorded activities, eight were performed equally in both samples. Significant differences emerged in communicating with clients, coordinating and organizing, conflict resolution, and evaluating interventions. While communicating with clients occurred every working day for 36% of respondents in the first study, it was only 20.0% in the second study (Chi^2=4.29; p<.038). Conversely, participants in the second sample engaged in coordinating and organizing, and conflict resolution every working day at 47%, while only 28.6% and 25.0% of the first sample did this daily (Chi^2=5.17; p<.023 and Chi^2=8.80; p<.003, respectively). Finally, 47.1% of respondents in the second study were involved in evaluating interventions several times a week, whereas only 16.7% of participants in the first study did this multiple times a week (Chi^2=17.40; p<.000).

Concerning the competencies respondents needed for their work, only two out of 35 competencies showed significant differences: 85.0% of respondents in the second study, but only 58.2% of participants in the first study, considered competencies related to methods of behavioural change and their instruction as necessary (Chi^2=10.46; p=.001). On the other hand, 52.5% of respondents in the first study, but only 27.5% in the second study, believed that being able to use moderation tools and techniques was a necessary competency in their professional life (Chi^2=8.74; p=.003). Several respondents from both samples expressed the opinion that self-care is an important competency that is not adequately taught in their studies in response to the corresponding open question.

DISCUSSION

Professionals in social work were surveyed using a standardized online questionnaire to determine the competencies they require for their daily work as derived from the activities they most frequently engage in. It was found that the core activities in practice involve analysing social issues and coordinating, organizing, and implementing corresponding assistance. This requires both professional communication with clients and coordination within (multiprofessional) teams. Additionally, periodic reports or statements must be prepared. Participants in our two studies did not mention additional tasks in the respective open question. So, from these data it seems that the list of tasks we provided cover practical work quite well.

To carry out these activities, practitioners state that a broad spectrum of competencies would be necessary. These include in their view not only practical knowledge and skills such as legal knowledge, understanding available resources, communication skills, or the ability to draft documents such as action plans and expert opinions but also theoretical competencies regarding relevant theories and research findings from the disciplines related to social work.

There were almost no differences in the opinions of the participants in both studies regarding the competencies needed in practice.

However, compared to the study by Lorenz et al. (2019) participants of the present two studies work more often in teams. Compared to the graduates in the study by Kolleck and Mantey (2005), they seem to value theoretical competences higher. Practitioners in the present studies, therefore, consider a connection between science and practice necessary, as also advocated by Staub-Bernasconi, emphasizing knowledge organization through cognitive, intrapsychic operations and the interaction, relationship, and dialogue design as a social process between individuals, family, community, and organizational members (Staub-Bernasconi, 2012). However, a qualitative Norwegian study revealed that Norwegian social workers value work experience, colleagues, supervisors, and clients as their main sources of knowledge, but time constraints hinder research engagement (Finne, Ekeland, Malmberg-Heimonen, 2020). This aligns with the results of this study, as only a relatively small number of respondents considered literature research a necessary competence – a finding that is also in agreement with Moch and colleagues (2014).

Still, the present study also has some limitations: Firstly, only a limited number of activities and competences could be covered by the questionnaire. This was mainly due to the necessity of a short questionnaire to ensure practitioners could find time to participate in the study. However, it meant a shortening and reduction of competencies as compared to collecting in depth-answers on a qualitative level. Moreover and despite the endeavours to provide practitioners with a very short questionnaire, response rate was still low compared with other surveys. Also, the subheadings grouping the list of competences could have influenced participants perhaps signalling that categories with more competences listed below would be more important. Finally, it should be noted that competencies required for Social Work may change over time—for example intercultural competences or digital competences—so that the results of this study can only provide a snapshot in time.

The question remains whether the important competencies as stated by practitioners resemble those defined by the respective qualification standards for study programmes. Overall, the competencies considered important by practitioners correspond to those found in the core curriculum of the DGSA and the Qualification Framework for Social Work. However, there are three exceptions: First, research competencies are seen as an important component of social work programmes, but practitioners consider them less necessary for their work. This may be because research demands are rarely encountered in practice. Nevertheless, we believe that social science research methods are an essential part of social work education, as they underpin its status as a science and are important for practitioners to understand and utilize empirical research in their field, even if they do not conduct research themselves.

Second, both the core curriculum of the DGSA and the Qualification Framework define ethical aspects and personal skills as important areas of study. However, we did not include these in our questionnaire, which is certainly a shortcoming. It remains unclear why the participants surprisingly did not mention ethical attitudes and personal skills as important competencies in the open-ended questions of the questionnaire. After all, in the study of social work, it is explicitly taught that social work is a human rights profession. Furthermore, in other graduate surveys, certain personality traits such as empathy, resilience, and independence are mentioned as important prerequisites for the profession of social work (see Kolleck, Mantey, 2005; Moch, Bense, Meyer, 2014). Additionally, empathic behaviour is specifically taught in most curricula, for example, in courses on communication skills. Therefore, it is possible that the respondents in this survey may

have viewed these competencies as implicit prerequisites for the profession of social work and thus did not mention them separately.

Third, practitioners in both studies mentioned that the topic of self-care is inadequately taught in their education. The DGSA core curriculum does not mention this point at all. The Qualification Framework for Social Work addresses this area only indirectly stating that social workers autonomously define limits and possibilities of their actions (Schäfer, Bartosch, 2016:54), so this point should be further differentiated in the future development of the Qualification Framework. The question remains why self-care is considered so important and yet not adequately taught in the curriculum. Firstly, in many curricula of social work programmes, there is no module explicitly teaching self-care (cf. Borrmann, 2016). Instead, the academic content of the programme tends to be outward-focused. It focuses for example on helping the client, or establishing the identity of social work as a discipline within the social sciences, or on the structure and organization of social institutions. It does this rather than focusing on oneself as a possibly burdened individual, or on self-organizing one's own work-life balance.

For further research, it is therefore necessary to include ethical beliefs and personal skills in future surveys on the competency profile of social workers, as well as competencies related to self-care. It would be particularly interesting to investigate how often self-care is necessary in everyday professional life and how it develops over the course of one's career.

In conclusion, empirical research on the competencies necessary for social work practitioners should be continued, so that in the long term, further refinement and adaptation of academic programmes can take place.

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Education for Sustainable Development Opportunities, Challenges, Implications for Residential Child and Youth Services

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Abstract
OBJECTIVES: The article addresses the increasingly present concept of education for sustainable development and outlines its relevance as well as possible implementation scenarios in the context of residential educational support. THEORETICAL BASE: These are based on the concept of "design competence" according to de Haan as well as studies on participation in the context of residential groups of inpatient educational support. METHODS: This article is a discourse analysis based on previous studies on the topic of education for sustainable development and participation. The considerations are primarily based on the results of qualitative interviews with the recipients as well as with professionals from inpatient educational support services. OUTCOMES: There is a need for development both at the institutional, structural level and at the level of professionals in order to meet the requirements of adequate participation. The implementation of the concept of Education for Sustainable Development can act as a resourceful and democracy-promoting instrument to support the development of adolescents. SOCIAL WORK IMPLICATIONS: Social workers represent an important profession that contributes to providing participatory spaces in which education for sustainable development can take place. The concept is cost-effective, easy to implement and offers the opportunity for sustainable personal development in the sense of a better world and environment.

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INTRODUCTION

The concept of education for sustainable development (ESD) now seems to be omnipresent in the school and university context. It is increasingly firmly anchored in curricula, and numerous projects can now be found in the extracurricular, non-formal education sector as well. One gap that has hardly been researched up until today, concerns the relevance of ESD in the non-formal education sector, e.g., in residential educational support, exemplified by the "classic" residential group setting[3].

According to the Federal Statistical Office, almost 126,900 young people were living in a residential group or other form of assisted living at the end of 2020 (Destatis, 2022; +33% in the last 10 years), so it is worth taking a closer look at this place of living and education from a socio-pedagogical perspective. The following article begins with a brief outline of ESD and a description of the field of residential educational support. It also presents ideas on how socio-educational professionals can implement approaches of the concept in their facilities in the setting of residential groups in accordance with SGB VIII. The impression that the concept of ESD focuses exclusively on ecological sustainability aspects and is only applied in a school or school-related context should be qualified by looking at possible applications in residential child and youth welfare.

HISTORY IN BRIEF: TO A GLOBAL EDUCATION PROGRAMME

The origins of the concept of ESD, which is generally known today in common educational contexts, can be traced back to environmental education in the 1970's (see also Rost, 2002). At the latest since the Club of Rome report (Meadows et al., 1972) on the criticism of global economic growth, which also drew attention for the first time to the anthropogenic dangers to the climate, nature and livelihoods of future generations, the human-environment relationship, including its inevitable transformation processes, has increasingly become the focus of national and international education and development programmes. With the *Agenda 21,* adopted in Rio de Janeiro in 1992, the UN presented ESD on the global stage for the first time and declared *education* to be a central field of action for future education and development policy actors. This was reaffirmed in 2002 at the Johannesburg Summit for Sustainable Development with the help of an action plan and was in turn reaffirmed in 2005 by the UN General Assembly with the proclamation of a "World Decade of Education for Sustainable Development". ESD as an elementary component of national education systems is to be regarded as a "key catalyst for change" (Michelsen, Fischer, 2019:9). Due to the success of the corresponding *World Decade,* UNESCO has initiated the Global Action Programme "Education for Sustainable Development" (2015–2019) "to accelerate the process towards sustainable development" (Michelsen, Fischer, 2019:10; see also UNESCO, 2014). With the *ESD for 2030* programme, it has also secured the follow-up programme to continuously strengthen ESD (see Barth, 2021). As clear as the relevance of the topic is for global society and as successful as past educational projects have been, the UNESCO quote shows what could possibly still be seen as an obstacle today: the speed of implementation. By introducing the *17 Sustainable*

[3] The term "residential care" is used in §34 SGB VIII. In the following, we will use the term "esidential group setting", as we believe that the term "residential care" is closely associated with the stigmatization of children and young people

Development Goals (SDGs) as part of its *2030 Agenda, UNESCO has succeeded* in giving the concept of ESD (SDG 4) a prominent and global critics may claim an inflationary label that focuses on ecological, social, political and economic dimensions. It encourages the international community of states to cooperate on education policy in order to strengthen inter- and intragenerational justice and reduce inequalities
(Michelsen, Fischer, 2019). For example, by 2030, UNESCO is promoting the goal of promoting, acquiring and imparting skills[4] and knowledge "including through education for sustainable development and sustainable lifestyles, human rights, gender equality, a culture of peace and non-violence, global citizenship and the appreciation of cultural diversity and the contribution of culture to sustainable development" (UN, 2015:18; see also Michelsen, Fischer, 2019).
Social work as a profession has also engaged with this discourse through its international social work associations, which support the SDGs and UN documents through the Global Agenda. The origins of this agenda can be traced back to 2004 (Stamm, 2021). The current Global Agenda 2020 to 2030 was published by the International Association of Schools of Social Work (IASSW), the International Council on Social Welfare (ICSW) and the International Federation of Social Workers (IFSW) at the beginning of 2020. The document's focus is on the concept of 'co-building inclusive social transformation' (IASSW et al., 2020). In this document, they assert that their active role in shaping and promoting sustainable development between people and the environment in a reciprocal relationship is fundamental. The human right to participation is central to this, which includes the creation of new participation-oriented spaces for all people for sustainable education. (ibid.). Furthermore, the formulated theme 'Ubuntu: The theme of 'Strengthening Social Solidarity and Global Connectedness' emphasises the global interdependencies in social and ecological terms, which present challenges that must be considered in the long term (ibid.).
In total, ESD should serve as the central and universally valid educational concept and guiding principle to enable current and future generations to shape a *better*, fairer, and more peaceful world. Looking at the global trouble spots in 2023, we can only hope that efforts to implement ESD in schools, higher education and extracurricular curricula and organizational guidelines will be stepped up. Rising right-wing populism and political oppression and persecution in many parts of the world, the crippling ecological transformation, military conflicts such as in Ukraine and the Middle East with parallel sabre-rattling between major military powers, the return of anti-Semitic sentiment and interreligious tensions, gender inequality, desolate working conditions[5], the undermining of global ecological equality and justice through overconsumption and overproduction, massive famine and massive poverty... the list would go beyond the scope of this chapter. Accordingly, criticism can and must be voiced, and at the same time it must be questioned what effect the concept of ESD has *actually* had since *Agenda 21* a "groundbreaking document for the 21st century" (de Haan, 2008:24) signed by almost 180 countries in Rio de Janeiro in 1992 and will continue to have in the long term. In order to even come close to achieving these ambitious goals, a change in mentality and targeted awareness raising for current and future challenges are required, which can only be achieved through appropriate educational programmes and initiatives (de Haan, 2008). This is a task that not only affects teachers in formal educational institutions, but also socio-pedagogical professionals who interact with children and young people in their day-to-day informal educational work in residential childcare facilities.

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[4] In our article, we deliberately refrain from discussing the terms "competence" and "education" and from describing their relationship. However, it is important to note that, in our understanding, competence encompasses more facets than the mere acquisition of knowledge. For a more detailed explanation, we recommend de Haan (2008).

[5] A current look at the current labor disputes in Bangladesh, for example, or the lack of safety precautions in African mines, which repeatedly lead to disasters.

EDUCATION FOR SUSTAINABLE DEVELOPMENT

Outlining the concept of ESD in brief is fundamentally a great challenge, as is the attempt to provide a clear definition. Even the undertaking of defining *education* and *sustainable development* in isolation from one another is a complex undertaking, and a mere combination of the two terms is therefore problematic (de Haan, 2002). Moreover, it sometimes appears that definitional approaches have been expanded by essential parameters in recent decades. A first and still generally valid definition based on consensus can be found in the Brundtland Report, in which *sustainable development is* described as a concept that "meets the needs of the present without compromising the ability of future generations to meet their own needs" (Hauff, 1987:46) and "to choose their [individually designed; author's addition] lifestyles" (ibid.:XV). At the national level, the Federal Government/State Commission published an ESD mission statement in 1998, which is based on securing and improving the living conditions of current and future generations "without endangering the natural foundations of life" (Bund-Länder Commission for Educational Planning and Research Promotion (BLK), 1998:22). This requires innovative transformations in all socially relevant fields of action as well as the development of elementary "human resources such as creativity and imagination, intelligence and critical thinking, and the ability to communicate and cooperate, the ability to make decisions in complex and risky situations" (ibid.:25). As Barth (2021) succinctly describes it, these resources enable the individual to "contribute creatively and responsibly to shaping the present and future [...] on the basis of sound knowledge about complex future issues". This primarily anthropocentric perspective implies not only ecological (conservation of resources, preservation of ecosystems and biodiversity) but also social and political sub-goals (political stability, social justice, and peace), which should ultimately lead to a "future worth living in" (Holzbaur, 2020:51).

Social work also addresses this significant topic through disciplinary and professional discourses. While the focus of the theories and concepts of this science in the past was on the human individual and only indirectly on the natural environment (Stamm, 2021), the reciprocal relationship between humans and nature is now becoming the focus of newer theories and approaches. A paradigm shift is also taking place in terms of ontology, epistemology, and methodology. The concepts encompass green social work, ecological social work, environmental social work, deep ecology social work, and ecosocial work (ibid.; Schmelz, Schmitt, 2023). The 'Green Social Work' approach, as outlined by Lena Dominelli in 2012, places emphasis on the interconnectivity between equality, the well-being of people, animals and plants, and the protection of their physical, built and natural environment. The incorporation of social and ecological justice dimensions results in the centrality of issues such as marginalisation, structural inequalities, human rights, and active, participatory citizenship (Dominelli, 2012). In his publications, Jef Peeters addresses the topic of economic sustainability, examining the concepts of the commons, the social economy, and social capital in relation to ecologically oriented social work, which prioritizes economic sustainability (Peeters, 2016a; 2016b). This criticism of the global economy is based on the premise that it is driven by constant pressures for growth (ibid.). Matthies and Närhi make it clear that social inequality is further exacerbated by environmental crises, which can also be described as social crises. As a result, there is a further need for the development of ecological and environmental social work in international debates (Matthies, Närhi, 2017). One approach from the English-speaking world that addresses sustainable action within ecological and environmental social work is "transformative social work", as outlined by Heather Boetto in 2017. The primary objective is to transform social work by advocating for a shift towards a holistic worldview and the promotion of fundamental ecological values, including sustainability and growth prevention (Boetto, 2017). In order to facilitate practical implementation, the 'transformative eco-social model' was developed, in which the three levels of ontology (being), epistemology (thinking) and methodology (doing) are intended to make the eco-social approach of the theory a tangible reality (ibid.). In German-speaking

countries, Susanne Elsen also describes the fundamental challenge of the economic system becoming detached from its social and ecological ties and completely subordinating nature and society to its logic of utilisation (Elsen, 2018). The reduction of economic growth and the creation of a fair distribution and efficient use of resources should serve as objectives here (ibid.). Overall, this selection of existing approaches and theories demonstrates that discourse on this range of topics has increased significantly within social work (Stamm, 2021), which is also reflected in the activities of international social work associations. Concurrently, it is evident that further discursive efforts are required to establish a globally standardised definition of what is meant by ecosocially oriented social work. Only in this way can social work as a profession succeed in positioning itself as a (global and national) actor and realise its potential (ibid.). In order to achieve these ambitious goals with the prospect of a 'future worth living' (Holzbaur, 2020:51), it is necessary to create structures based on these discursive endeavours that enable children and young people to acquire creative skills.

In his article, Gerhard de Haan (2002) outlined creative competence as the skills that "make changes possible in the area of economic, ecological and social action, *without these changes always only being a reaction to previously created problems*" (2002:15; emphasis added by the author). Accordingly, children and young people should be enabled to counteract potential problems proactively, preventively and responsibly in the sense of a sustainable improvement in their lives through precisely this creative competence. For de Haan (2008; see also Michelsen, Fischer, 2019), the overall construct of Gestaltungskompetenz (creative competence) is divided into ten sub-competencies[6]; the overarching categories are based on Holzbaur's classification (2020):

Technical and methodological competence
- Being open-minded and integrating new perspectives building knowledge
- Thinking and acting with foresight
- Gaining and acting on interdisciplinary findings

Social competence
- Being able to plan and act together with others
- Being able to participate in decision-making processes
- Being able to motivate others to become active

Self-competence
- Being able to reflect on your own guiding principles and those of others
- Being able to plan and act independently
- Being able to show empathy and solidarity for the disadvantaged
- Being able to motivate yourself to become active

The conglomerate "Gestaltungskompetenz" should therefore actively enable the shaping of a better future, but the sub-competencies also focus on *action*. In relation to the overall ESD construct, this means that children and young people should be able to acquire and reflect on (also historical) knowledge and values, as well as critically assess global development processes in terms of their goals, impact and implementation. These qualities form the basis for being able to act in the interests of sustainable development. However, it will be important for them to learn how to participate in decision-making processes (Holzbaur, 2020). For socio-pedagogical

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[6] Some of the sub-competencies presented here were described by de Haan (2002) in another article. For a detailed description of the theoretical ideas on which the individual sub-competences are based, we recommend the corresponding section of the literature from de Haan 2008, p. 32–36. A first draft of the design competence can already be found in de Haan and Harenberg 1999.

professionals, in addition to the equally essential acquisition of the same skills, there is the parallel task of motivating children and young people and equally encouraging their willingness to act. This is done, for example, by creating incentives that allow adolescents in a pluralistic society to become familiar with different perspectives on social and sustainability-related discourses, in which they can critically examine the arguments based on scientific knowledge and empirical data and develop ideas for a better world in accordance with democratic and conflict-free virtues. These could solve problems in the sense of improving the quality of life accordingly, ESD in use always resembles political education. Although this seems to pose an enormous challenge for the non-formal education sector of the traditional residential group in relation to everyday structural and financial challenges, it also has the potential to promote ESD in the context of residential educational support if "real-world learning arrangements" (Barth, 2021:40) are designed correctly (see Chapter 4).

PARTICIPATION OPPORTUNITIES AS EDUCATION FOR SUSTAINABLE DEVELOPMENT

Within the residential groups of inpatient educational assistance as an inpatient form of educational assistance (§34 SGB VIII), children and young people are to be supported through an everyday life prepared and accompanied by social education specialists in accordance with their age and stage of development. For example, to enable them to return to their family of origin or to offer a "longer-term form of living and prepare them for an independent life" (ibid.). The forms of assistance are now very diverse and can meet different needs, e.g., (external) residential groups or assisted living and also so-called intensive socio-pedagogical individual case support (Haul, 2012). Many recipients of this form of assistance have generally experienced poverty, violence, neglect, deviance or delinquency in their home environments, for example, which means that this target group is disadvantaged in many respects (BMFSFJ, 2015; Hajok, 2019). With regard to their origin, it is precisely these children and young people who are at an additional disadvantage due to their frequent lack of experience with participation (Wolff, 2010). Residents of this form of assistance have rights, especially participation rights, as enshrined in both the UN Convention on the Rights of the Child and in Book VIII of the Social Code. Participation is one of the central principles of child and youth welfare.

The word participation can be derived from the Latin word "participare" and means "to involve someone", "to share", "to participate in something" or "to share something with someone" or simply with "participate", so that in addition to participation, terms such as involvement, cooperation or attendance are used (see Haul, 2012:27). Participation, as understood in this article and based on Pluto (2018), means that children and young people are involved in the decisions that affect their own lives and how these are shaped. This includes active participation in their immediate living environment and thus participation in shaping the structures and everyday services of child and youth welfare (ibid.). Against this backdrop, children and young people need spaces in which they can have participatory, self-actualizing experiences so that they can acquire creative competence and problem-solving skills in democratic negotiation processes (Haul, 2012). In principle, residential educational support facilities are primarily "institutions of the public educational system that are integrated into organizational contexts" (Witzel, 2015:116), meaning that residential educational support must be guided by the democratic values of the constitution of the Federal Republic of Germany (Art. 20 GG). Consequently, the mandate of inpatient educational support is derived from this, that the addressees can learn about and practise democratic principles such as freedom of expression or equality through participatory spaces, so that the addressees can move autonomously and socially in our democracy in the long term. This mission seems more necessary than ever, given society's increasing disenchantment with politics and democracy, which can even extend to anti-democratic attitudes (Gille, 2018). Large representative youth studies show that trust in politics is also suffering, especially among young people (Schneekloth, 2015; Gille, 2018). It becomes

clear how immensely important participation and the resulting promotion of democracy should be, especially for young people as a whole and of course also for the target group mentioned here. In order to counteract these partially exclusionary and anti-democratic tendencies, institutions and the socio-pedagogical professionals working there must (further) develop an attitude that considers participation and the development of democratic skills to be elementary in their work with their addressees. The fact that these democratic skills demand a great deal from the individual becomes clear when one considers the various levels that go hand in hand with these skills: By democratic skills as understood in this article, it is meant that the acting subject can engage with the perspectives of other people at the personality level by reflecting on the arguments of others and recognizing and empathizing with the feelings of others, while taking their own perspectives into account (Drerup, 2021; Siegel, 2022). At the level of communication skills, the acting subject should let others finish speaking, actively listen and maintain eye contact. In times of digitalization, in which disinformation in the digital space can pose a particularly great threat to democracy, media literacy is also necessary, which enables people to reflect on their own sources of knowledge and acquire evidence-based knowledge (ibid.). These different levels of democratic skills make it clear that this appropriation requires an ongoing process in order to be able to move adequately in a democratic society with their help. Accordingly, young people need support services in the form of participation-oriented spaces in which these skills can be learned and consolidated as they grow up.

A participatory attitude can then lead to the development of knowledge and (methodological) skills on the part of professionals in order to be able to initiate spaces for democratic negotiation processes. In principle, it can be stated that "residential facilities […] actually have particularly good prerequisites for creating opportunities for participation, as they are a second central place of life for children and young people […]" (Gadow et al., 2013:263) and can provide spaces for sustainable education. However, as several studies have shown, there still appears to be a need for improvement with regard to the implementation of participation overall (Behnisch, Henseler, 2012; Müller et al., 2016; Ackermann, Robin, 2017; Schmolke, Stengel, 2018; Pluto, 2021). It is precisely the participation-oriented attitude, which genuinely includes participation in pedagogical work and can be regarded as a fundamental prerequisite for the implementation and realization of structural participation opportunities, that was identified as insufficient in the above-mentioned studies. With regard to the current participation situation in the residential groups, it is clear that children and young people are unable to participate sufficiently. In this context, Liane Pluto (2022) makes it clear that very few facilities (only one in five) give the children and young people accommodated the opportunity to participate in the creation of group rules. Michael Macsenaere and Klaus Esser have derived the demands for greater participation from a meta-study that analysed numerous studies on the topic of participation and summarized the results. These were able to show that 20% of the children and young people surveyed stated that their privacy was violated by actions such as opening the letters (2015). In the same way, only every second young person has the option to withdraw to private premises (Redmann, 2017).

Furthermore, only 50% of the addressees were involved in the co-determination of basic needs, such as the choice of food or pocket money (ibid.). In his study on participation concerning food, Michael Behnisch (2018) makes it clear that rigid rules and specifications are often applied in this context. The terms of the way how food is eaten or behaviour at the table still remain unquestioned, while at the same time, the opportunities for children and young people to participate are still limited in this important part of their everyday lives. Furthermore, within the 11th Children and Youth Report, only 23% of the addressees surveyed stated that they were granted methodically thought-out procedures for participation in their facilities, while the remainder stated that they had certain, but not fundamental, opportunities for co-determination (von Schwanenflügel, 2015). The majority of the children and young people surveyed described their participation in decision-making processes as rather low. In this context, the implementation of help plan procedures

should be mentioned in particular, since qualitative case studies have shown that the recipients are not involved enough in important decisions (ibid.). In the aforementioned help plan processes, the recipients "[...] felt deceived by the professionals rather than recognized and taken seriously [...]" (ibid.:42). This brief excerpt makes it clear that great efforts are still required to ensure that children and young people in residential groups of residential educational support participate in decisions affecting their lives.

At the same time, various training and further education concepts were developed (e.g. "Democracy in Home Education"; MSGJFS, 2014), and conferences or congresses on the topic of participation were held with various experts in order to raise awareness of this children's right (MSGJFS, 2014). At the legal level, Germany has made efforts to anchor children's rights and participation rights even more firmly in public institutions. Both the Federal Child Protection Act (BMFSFJ, 2012) and the Act to Strengthen Children and Adolescents (BMFSFJ, 2021) underline these efforts at the legal level. However, a global comparative study by UNICEF makes it clear that Germany currently does not have a "complaints procedure comparable to the individual complaints procedure at the national level, in which children are also entitled to complain regardless of their age [or their living situation; addition by author]" (DIMR, 2023:n.p.). At the same time, the failure of the negotiations on the inclusion of children's rights in the Basic Law shows that children's participation rights are being ignored and, in cases of doubt, decisions are made exclusively at the adult level. The current global and national crises in particular show that democracy is faltering or cannot be taken for granted (Roth, 2018). Contrary to the above-mentioned study results on the everyday participation of children and young people, residential inpatient educational support in particular can exemplify democratic principles to children and young people with the help of a sustainable culture of participation so that the recipients can get to know, learn and consolidate democratic skills through the participatory spaces of opportunity. Accordingly, it is necessary for residential child and youth welfare services to once again more clearly perceive their mission and understand participation as education for sustainable development. This is because democracy, understood as a social construct (ibid.), cannot be taken for granted and requires participatory education that strengthens and maintains it in the long term.

A ROUGH COLLECTION OF IMPLEMENTATION IDEAS

Generally speaking, residential groups in residential child and youth care like social work as such are constantly confronted with challenges that can make the day-to-day work of social education professionals more difficult. For example, many social institutions have to contend with limited resources, which can manifest themselves in the form of tight funding or the current industry-wide staff shortage. As a result, the ability to provide effective support and assistance to clients may be compromised. At the same time, the needs of recipients facing multi-layered problems are complex and require intensive casework. Accordingly, a wide range of skills and resources are required to provide appropriate support.

Despite taking these challenges into account, it is possible to promote certain skills and the specific design of informal learning settings that can meet the requirements of the ESD concept despite the sometimes difficult framework conditions of residential child and youth care. At this point, various possibilities will be outlined that require few resources yet can open up multilayered participation and educational processes. The question will be how socio-pedagogical professionals can succeed in creating informal educational situations and offering children and young people the "opportunity to acquire creative competence" (de Haan, 2002:15) without the special use of financial and additional time resources. The following presents ideas, some of which are used in everyday social work practice. The actual design can, of course, vary depending on the individual framework conditions.

Digitalization/fake news

In the context of the digital transformation with regard to information and communication technologies, residential child and youth welfare services are also confronted with challenges that professionals must overcome in cooperation with their clients. This is no longer just a matter of agreeing on adequate rules with the recipients regarding the use of digital media. Instead, it is about being able to move in the digital space in a reflective manner. In this context, for example, we need to look at so-called *fake news*, which society increasingly must deal with. The ability to differentiate content and check its veracity is a major challenge for children and young people (Kraus, 2020). Accordingly, professionals are also required to address this topic in their day-to-day work. In this context, the Mekis Media Competence in Social Work project, which provides comprehensible material, is both inexpensive and easy to implement by supposed "digital laypersons" (Mekis, 2023). With reference to ESD, this topic should take place in a participatory manner in order to activate the addressees with their experiences and knowledge on this topic, which directly affects their everyday world. At this point, it should be noted that these children and young people, as well as society in general, cannot take on this responsibility alone. At the EU political level, for example, the Social Observatory for Disinformation and Analysis of Social Media (SOMA) and other EU-funded projects (e.g., FARE and COMPROP) were set up to combat disinformation online (see European Commission, 2023). However, it can be noted that politicians are holding social media companies, which are primarily commercial enterprises and want to generate capital, more accountable for their social responsibility.

Consumption and nutrition

From an ecological perspective, reflecting on one's own consumerist behaviour can make an initial contribution to a change in awareness. At the micro level, every professional and every addressee can ensure a more positive future in terms of ESD. This is not just about the question of where the food for the facility is sourced from. How is food waste dealt with? How much meat do we consume? Do we consume too much energy and water as a facility? Do we use heating sparingly and ventilate properly? Where do the children and young people get their everyday clothes from? Are damaged electronic devices replaced or repaired? What about waste separation and avoiding plastic? How can the principle of upcycling be used in the facility with regard to everyday objects or furniture? For example, cooking together can promote many elements of creative competence (preparation and follow-up, shopping, handling tools, depending on the dish, the (inter)cultural background of the food, social competence) (Holzbaur, 2020). Raising children and young people's awareness of sustainable consumption requires neither financial investment in any projects nor any special expertise. All they need is education and time. Both can be integrated into everyday structures. However, a fundamental prerequisite is the appropriate attitude and the *example set* by educational professionals.

Attitude of the institution's management and its employees

The effectiveness and success of the implementation of sustainable change processes are based on the willingness and conviction of *all* employees that the concept of ESD also leads to real sustainable change. With regard to the various dimensions on which ESD is based, this could be financial savings in the energy budget, raising awareness among children and young people about the correct handling of food, and fewer conflicts in the group structure through the sharing of common interests. If the employees are not convinced of the success of the concept or if it is a one-off, experience-oriented event rather than a long-term implementation in everyday life, the motivation for participation among the children and young people is at risk. Existing, possibly outdated attitudes must be reconsidered and, if necessary, revised in order to develop an appropriate professional habitus (see Becker-Lenz, Müller, 2009). This development takes place, among other things, through an active examination of one's own actions under consideration of one's own

defensive patterns towards sustainability-oriented aspects such as participation and consumerist behaviour, which in turn represents the starting point for the formation of a professional attitude. However, it is important to recognize children and young people as independent subjects. If the professionals see themselves as experts who exclusively claim to know what is best for the children and young people, this indicates an attitude that views the addressees as passive objects and thus hinders possible participation processes (Haul, 2012). The active involvement of children and young people is therefore essential in order to integrate ESD into the structures of the residential group in the long term.

Participation and children's rights

In principle, it can be pointed out regarding the area of residential care groups that the mere existence of rights with regard to the participation of children and adolescents does not mean that the implementation and realization of children's rights and consequently participation is a matter of course. In this context, Wigger and Stanic (2012) point out that rights do not simply become effective automatically. The German Children's Fund (Deutsches Kinderhilfswerk e.V.) makes it clear in its study "Kinderreport Deutschland 2018, Rechte von Kindern in Deutschland" that neither children and young people themselves nor adults are sufficiently aware of children's rights (DKHW, 2018). However, many addressees need the information that they have rights in order to be able to exercise them at all. It is important that children and young people are informed in such a way that "they are understood, that they are heard, and [accordingly] can make a meaningful contribution" (Gabriel, Tausendfreund, 2019:232). Socio-pedagogical professionals also need knowledge about participation (rights) in order to be able to pass this on to the addressees. In their studies on participation, Remi Stork as well as Timo Ackermann and Pierrine Robin suggest that many professionals see participation as a socio-pedagogical method rather than a fundamental right that all children and young people are entitled to (Stork, 2007; Ackermann, Robin, 2017). Accordingly, they must be informed about their rights in a participatory manner so that they can experience themselves as human rights holders in the sense of ESD. At the same time, these rights and the status of human rights holders must be discussed and jointly reflected upon in everyday life so that they can be implemented with the help of a reflective understanding. This implementation must also be continuously reflected upon so that this endeavour as a whole can be understood as a continuous process.

There are justified objections that the above-mentioned points have recently found their way into the day-to-day work, possibly even into the mission statements of the institutions. It is important for us to emphasize that successful implementation of the ESD concept can only work with the active participation of the children and young people at the institution. In a children's parliament[7], children and young people have the opportunity to determine and prioritize topics and discuss how creative competence can be promoted in the institution. Ideas here range from common methods such as a world café, a topic-specific group afternoon, a discussion round over dinner, and project-like (also external) workshops on the weekend. The contents of this outlined, fictitious method box are well filled and can be used in a way that is specific to the institution. Cooperation-based learning arrangements on the topic of ESD have the potential to promote the social competence of children and young people, as well as improve the group climate and sustainably improve the relationship between employees and addressees (as hierarchization is not recommended in this context). The management level will welcome the fact that less waste is produced, as it is better separated. Children, young people and employees learn a more conscious approach to food and other consumer goods, and at the same time, costs for energy, water, food, packaging, etc. can be saved. All of this can be done without investing financial resources and can be integrated into

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[7] There are similar names for these democratic bodies, such as children's council/residential group council/home council etc.

the day-to-day structures of the facility. A stronger focus on this topic, especially in non-formal educational environments such as "traditional" residential groups, has huge potential for improving society, culture and the environment.

CONCLUSION

The topic of *education for sustainable development* has become an integral part of the curricula of formal educational institutions. In the non-formal education sector, an increasing number of primarily project-like programmes are being developed to promote the awareness of children and young people in terms of a sustainable improvement of the environment and society in the best possible way. Analyses and programmes on whether and how ESD is practised in residential educational assistance, especially in traditional residential group settings, and if so, how effective this is, are largely unexplored and sometimes severely underrepresented. The ideas presented in Chapter 4 not intended to represent a fundamental reform of current residential group concepts, but rather to suggest how children and young people can acquire participatory *creative skills* without financial investment in materials, external projects, or fees for experts. Creative competence should enable young people to "actively participate in modifying and modelling the future of the societies in which they live in terms of sustainable development" (de Haan, Harenberg, 1999:62). However, ESD is no less synonymous with political education. Children and young people must learn what political and social effects their actions have and can have, how they can constructively participate in decision-making processes, and how they can represent their interests.

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How Effective Is Service User Participation in Social Work in England, and with Particular Regard to Marginalized and Excluded Groups?

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Abstract

OBJECTIVES: This article examines how social work values and knowledge can enhance empowerment of service users in coproduction decision-making within social work policies and procedures. It will examine some of the barriers to such developments in our work, with a particular focus on work with people with mental health challenges. THEORETICAL BASE: Social workers advocate for some of the most excluded and oppressed groups in our societies, and the article examines how we can best uphold our values of equality and inclusion within our services. METHODS: The basis for this article is a literature review of relevant policy, theoretical approaches and research which sets out to identify key issues for work in this field. OUTCOMES: The article examines how we can move towards a greater understanding about how we might include such groups more fully in processes of coproduction. SOCIAL WORK IMPLICATIONS: This article provides a particular focus on the evidence we have that helps us understand possible mistrust of social work services in areas of intersectionality between experiences of mental health service users and experiences of black and ethnic minority groups in order to work towards greater inclusion of such groups.

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INTRODUCTION

This article addresses how social workers knowledge can be enhanced in order to achieve empowerment of service users in decisions and decision-making processes in relation to policy development within organizations. In addition, it will address how social work values relate to anti-discriminatory and anti-oppressive practice and examine some of the barriers to application of these values in our work with some of the most disadvantaged and oppressed groups in our societies, to uphold our values of equality and inclusion within our services.

It will address ideas as to what the barriers might be to fully inclusive coproduction with users, and how the social work profession might best respond to ensure the rights of service user groups to participate more fully in the development and review of agency procedures, methods and policies. Such inclusive and collaborative approaches address a number of relevant key principles from the International Federation of Social Workers (IFSW) *Definition of Social Work* 2014 Global Definition of Social Work – International Federation of Social Workers (ifsw.org) such as: *"Respecting the right to self-determination*'; and '*Promoting the right to participation (for) the full involvement and participation of people using their services in ways that enable them to be empowered in all aspects of decisions and actions affecting their lives."*

This definition also acknowledges that:

"Structural barriers contribute to the perpetuation of inequalities, discrimination, exploitation and oppression. … reflecting on structural sources of oppression and/or privilege, on the basis of criteria such as race, class, language, religion, gender, disability, culture and sexual orientation, and developing action strategies towards addressing structural and personal barriers are central to emancipatory practice where the goals are the empowerment and liberation of people…".

This addresses the fact that social workers work with, and should advocate for, some of the most excluded and oppressed groups in our societies (Parker, Ashencaen-Crabtree, 2018). The current article examines how we can move towards a greater understanding about how we might more fully include such service user groups in social work policy and practice, within the evidence that we have about how social work services themselves can disadvantage some groups, and thus those groups feeling less trusting of social workers' motivations. This may in turn may lead to reticence to engage with coproduction services from service users. A particular focus in this article is on the knowledge we have that might help us understand potential mistrust of social work services in our mental health services for black and ethnic minority groups.

This then leads to consideration of how an empowering, strength-based approach, as opposed to a deficit based approach (Caiels et al., 2021; Moore, 2022; Sakellari et al., 2022), can enable social workers to tackle:

- labelling and oppressive attitudes in service delivery (Perry, 2011; Pullen et al., 2022)
- 'othering' (Beresford, 2013; Littlechild et al., 2020; Shwartz-Ziv et al., 2022; Timor-Shlevin, 2022;)
- distancing and disempowering reactions and approaches to disadvantaged groups in our society (and for our purposes here) within social work practice.

This is necessary because of the evidence we have of how negatively people with labels of mental health problems are often viewed. Foucault in *Madness and Civilization* sets out how over recent centuries discourses and ideas about "madness" have left powerful images that people with such problems are full of "unreason", lack morals, and have increased propensity to violence- which is not supported by the evidence (Foucault, 1971; Perry, 2011; NICE, 2015; Pullen et al., 2022), although it needs to be noted that when someone is in a florid and psychotic state this is very frightening for the person suffering it and may be a risk factor for violence. The same issues of labelling and othering are also true for certain ethnic and cultural groups (Sims-Schouten, Gilbert, 2022; Anjorin, Busari, 2023). This relates to how in England the mental health care system is distinct from other health and social care systems, as it historically- and currently- features containment

and compulsion, with social workers in England being key players in decisions to hospitalize people against their will (Tew, 2006; Abbott, 2022), leading to stigmatisation and feelings of and experiences about oppression amongst mental health service users about their treatment as service users (Thornicroft, 2008).

WHY MIGHT WE SEE COPRODUCTION AS IMPORTANT?

Several policy reports set out the importance of coproduction work. In a report commissioned by MIND- a major English mental health charity- for the New Economics Foundation, Slay and Stephens (2013:3) defined coproduction as:

"A relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities".

In addition, in its publication on coproduction in social services, the UK government backed body that has the remit to encourage evidence-based practice and policy, the Social Care Institute for Excellence (SCIE), quotes a service user in its research: *"Coproduction is about working together with people that have lived experience at the centre. It's important to me, as someone with lived experience because I am the one that knows what I need to live my life. I should get to influence, shape, and decide on how MY care is delivered, when and how and by whom"* (SCIE, 2023).

SCIE's document entitled *Coproduction: what it is and how to do it* (SCIE, 2022*)* sets out how the UK's Care Act 2014 specifically includes the concept of coproduction in its statutory guidance, defining key features of coproduction as:

- fully accepting those who access care and support as people with skills and knowledge
- breaking down the barriers between people who draw on care and support and professionals
- building on people's existing capabilities
- reciprocity (where people get something back for putting something in)
- mutuality (people working together to achieve shared objectives).

It determines that these principles need to be part of facilitating services by helping organisations to become agents for change rather than just being service providers, and thus how it should be a key part of implementing the Care Act, and in *"…particular, coproduction should be used to develop preventative, strength-based services, support assessment, shape the local care market, and plan information and advice services"* (SCIE, 2022:4).

In relation to the policy incentives for developing effective coproduction, Ross and Naylor (2017:5) state that *"All health care organisations in the NHS are required to improve their quality of care. For example, one of the key lines of enquiry used by the Care Quality Commission (CQC) to establish if an organisation is well- led is whether robust processes are in place to support learning, continuous improvement and innovation"*, and note how a strong emphasis on coproduction with service user involvement in mental health can be a powerful asset in quality improvement work, *"where there is considerable potential for mental health providers to innovate and to share learning with others across the health system"* (Ross, Naylor, 2017:3). They consider how *"quality improvement"* in services requires leaders to engage directly and regularly with staff and, critically, to empower frontline teams to develop solutions rather than imposing them from the top. Crucially, they note that quality improvement requires an understanding that those involved in delivering and in receipt of the service are those best placed to improve it, if they are given a license to, and empowered to, do so.

NHS England, the main government body for setting National Health Service policy, sets out how they see coproduction as key for mental health agencies: *"Services must be designed in partnership with people who have mental health problems and with carers"* (NHS England, 2016:20).

Thus, from this review of key policy documents, we can see that coproduction is meant to have a key place in terms of delivery and development of services.

In terms of application of this aim in social work, the values set out by the IFSW would encourage effective forms of such coproduction, with shared policy and practice development for improved assessments and interventions (and service users experiences of them) with service users, and shared decision making in personal receipt of services for them (Ramon et al., 2017).

EVIDENCE OF IMPLEMENTATION

Whilst there is, as demonstrated above, policy encouragement for organisations and practitioners to make use of coproduction approaches, the evidence of it not being fully put into practice is strong. Peer-reviewed literature relating to coproduction linked to mental health service provision and development is sparse (Norton, 2022; Sakelarri et al., 2022). Despite all the above policy intentions and evidence of its value, the evidence is that the extent and depth of coproduction is limited, with scant attention paid to examining the effectiveness overall of coproduction processes with service users from their perspectives, with very few exceptions (e.g., Burns, 2023; SCIE, 2023), and particularly in relation to mental health and black and minority groups experiences of service delivery (Hui et al., 2021).

Batalden et al. (2015) discuss how engaging professionals and service users as coproduction partners can be difficult and time-consuming. This principle of high levels of coproduction (see section on Arnstein's ladder on this below), they contend, are too rarely employed at higher levels of coproduction in encounters between service users and clinicians in the health sector. Further queries about the reality of the application in practice of such collaborative work, in particular in relation to individual clinical work with service users of mental health services, are raised by Ramon et al. (2017). They conclude that from their review of internationally existing publications in the English language on shared decision-making in mental health work (health and social care), that whilst this approach is viewed favourably in mental health policy and settings, its routine use in everyday practice is rare- *"Years after introducing the construct of shared decision making, principles are rarely employed in patient–clinician encounters"* (Ramon et al., 2017:7), supporting Batalden et al.'s observations on the extent to which coproduction is employed across the different health provision areas.

Arnstein's ladder of citizen participation

In a similar vein, Ocloo and Matthews (2016) utilise Arnstein's (Arnstein, 1969) ladder of citizen participation as a basis for the model of coproduction, and state that despite a supportive policy context for increasing levels of coproduction in health settings, progress to achieve greater service user involvement is patchy, slow, and often concentrated at the lowest levels of coproduction involvement, with consultation more often the norm, rather than collaboration- so even when it is used, it ends to be a the lower ends levels of participation. Ocloo and Matthews determine that some healthcare (and social care professionals) and organisations have not embraced the idea of partnership with patients and can feel threatened by the notion of active involvement, an issue also recognised by Ramon et al. (2017).

At the top of Arnstein's ladder is the most effective means of involvement- experts prior experience leading from the outset, whereas down at the bottom rung of the ladder experts by experience may be manipulated within such processes.

Figure 1: Arnstein's ladder of citizen participation
The seven steps on the ladder are:
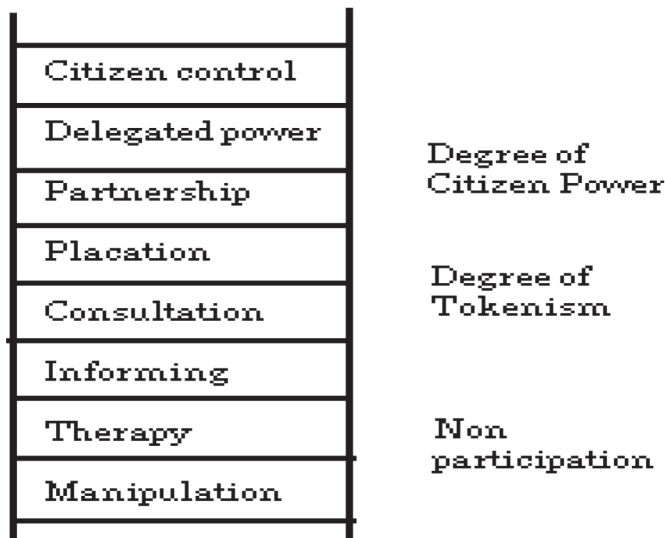
Source: Arnstein (1969)

So, from top to bottom of that ladder, these steps on the ladder can be expanded upon as:
- experts by experience lead from the outset
- equal partners between staff and experts by experience from the outset
- experts by experience included once main area of the policy practice is determined
- experts by experience are consulted about the main areas of work, but not included in key decision-making discussions or reviews
- "lip service" is given to the inclusion of experts by experience and are only informed of key decisions
- manipulation of experts by experience solely to give the impression that coproduction with experts by experience has taken place.

At the bottom of this ladder, manipulation is taking place where an organisation is attempting to show that they are complying with policy and regulatory requirements (as set out above), but this is merely cosmetic, with no substance.

One example in practice of manipulation on the ladder are of organizations doing what is often referred to as a "tick box" exercise (SCIE, 2023), where on the surface it seems that coproduction is in place, but in actuality it is not. Whilst many service users are very keen, if not desperate at times to have their views fully listened, they can often be very frustrated by manipulation, where the service users taking part in coproduction processes are not prepared sufficiently on the key background issues from within the organisation in relation to the issue at hand, and not being helped to be prepared to contribute fully. This can mean that they may be unconfident to contribute verbally or in writing in meetings or other processes, e.g., reviewing large complex documents, which often contain technical language and/or acronyms and other taken for granted assumptions. One example from my experience relates to my participation in a UK government body policy development group on dealing with violence in mental health work, with meetings held in a large room, with some 40 professional, academic, managerial staff, and only 3 service users. The service users shared with me informally that they had not felt that they had been properly fully briefed or made to feel confident to contribute, whereas the other members as

professionals had long experience of contributing to such formal meetings. Yet the organization could say when they are monitored on their performance (which they are), they included service users as part of the group, so could "tick off" that requirement, whereas in reality, this could be seen as manipulation, as they were not effectively empowered to contribute to or have real influence on the findings or the outcomes.

Experiences of service users

In their research with service users and social workers, Burns et al.'s (2023:1) findings suggest that *"service users are motivated to participate in coproduction and can feel valued in these roles, but meaningful coproduction is a challenge in the current practise environment"*, but at the same time how difficult it is to create and maintain commitment to these processes due to bureaucratic organisational cultures. Particular issues for black and ethnic minority groups inclusion in coproduction processes are raised by them, noting how service user involvement in the delivery of health and social care is a key focal point in social policy discourse and should be *"synonymous with anti-oppressive practice and service user involvement"* (Burns et al., 2023:1).

Through its online survey, SCIE's research (2023) captured insights and experiences across various roles and levels of responsibility, to explore the realities of coproduction in adult social care from both service users and staff, with 640 working in adult social care, and 195 with lived experience of adult social care. 72% of staff working in adult social care reported previous familiarity with the term "coproduction"- but only 56% of those with lived experience said this. *"Many respondents spoke of a sense of distrust and disillusionment with coproduction, and due to the incorrect use of the term it had become diluted and had lost meaning to some".* Some stated that agencies see it as *"coproduction for the sake of coproduction"*, viewing it as a *"box-ticking exercise"* with staff paying *"lip service"* to the approach. In addition, they had concerns about the inclusiveness and representativeness of coproduction, describing instances where we are not reaching out to all, and extending participation beyond the *"familiar voices"*, with this latter point relating to a focus of this article on often-excluded groups, e.g., black and minority ethnic groups, mental health service users.

In a literature search including terms such as coproduction, health and social care, service evaluation, and mental health services, peer-reviewed literature relating to coproduction linked to mental health service user involvement in coproduction in mental health areas produces few results, as found by others who have undertaken a similar exercise (e.g., Norton, 2022; Sakelarri et al., 2022); there are many ideas about good practice and policy, but little on the reality of this from service users perspectives.

The results of Norton's (2022) review of evidence found the strength of coproduction within mental health settings is its ability to create organizational change. They suggested change is enacted by shifting the view that service users are passive recipients towards being seen as active participants and as assets.

Repper and Eve (2022) found that there are barriers to such coproduction, including, as set out by Pilgrim (Pilgrim, in Raffay et al., 2022), that professional-led interventions are often viewed as more valid than coproduced ones, and service users as a group have varying ideas on coproduction.

Ways forward to greater inclusion of marginalized and oppressed groups

The UK government backed body the Social Care Institute for Excellence (SCIE), sets out *"to improve the lives of people of all ages by coproducing, sharing, and supporting the use of the best available knowledge and evidence about what works in social care and social work"* (Social Care Institute for Excellence (SCIE). Whilst there is encouragement for organisations and practitioners to make use of coproduction approaches, as set out above, and for example within its practice guidance (SCIE, 2022), we have noted the less than enthusiastic research findings about its application in practice. Adding to Arnstein's model, Roper et al. (2018) propose a resource to support and guide mental health service provision coproduction. They propose three principles to support coproduction with

service users within mental health services. Firstly, they suggest that service users should be partners within coproduction from the outset, where everyone makes choices, sets the agenda, and has a shared vision of aims of the work. Secondly, power differentials should be recognised, investigated, and addressed. Finally, they discuss that service user leadership and skills should be developed.

Fook (2005) highlights a dilemma at the heart of social work, in how we can categorise people into a binary divide—those with power and those without—ossifying and possibly amplifying these positions, relating to the issues of labelling, othering, and empowerment of disadvantaged and oppressed groups as explored earlier in this article. If the people with power in mental health, including social workers, give a little of that power to the service users—the less powerful—the question can then be asked: are the latter then now empowered, or are they to be indebted to the powerful for that approach? Tew (2006), with a particular focus on mental health work, makes the case for an emancipatory social work practice, identifying how empowerment could be seen as collective action by disadvantaged groups to address their disadvantage and challenge their exclusion as well as a more individualised approach to empowerment *"to describe the trajectory of people who manage to rise out of positions of helplessness and confusion to (re)claim control over their lives and discover their own 'inner strengths'"* (Tew, 2006:34). For Tew, social workers exercise power in two distinct ways: power in doing to, and power in doing with, in the social work "dual role" of care, but also at times, control, which might involve removing a child from a family in which they are neglected or abused or detain someone who is seriously unwell with a mental health condition, as mentioned above (Abbott, 2022).

There are extra layers of intersectionality in the crossover points of labelling, oppression, and othering of those who receive mental health services, where those people are also service users from black and minority ethnic groups. The evidence of over-representation of mental health service users from black and minority ethnic groups in the more coercive elements of mental health service provision can be argued to be confounding this ideal. The Lankelly Chase Foundation (2014) aimed to develop a programme of work with the aim of promoting lasting positive change in the field of ethnic inequality and mental health, *Ethnic Inequalities in Mental Health: Promoting Lasting Positive Change. Report of Findings to Lankelly Chase Foundation, Mind, The Afiya Trust and Centre for Mental Health*. They found in their review of evidence that that people of African Caribbean origin living in the UK have lower reported rates of common mental illness than other ethnic groups but are more likely to be diagnosed with severe mental illness and are three to five times more likely than any other group to be diagnosed and admitted to hospital for schizophrenia. In over 50% of studies exploring the reasons for disparity between ethnic groups in relation to mental health outcomes, *"race-based"* explanations (including negative stereotyping) are cited. African Caribbean people are also prescribed higher doses of medication, even though African Caribbean, West African and Bangladeshi patients cite biological causes for their schizophrenia far less often than white patients. 23% of inpatients on mental health hospital wards or as outpatients on Community Treatment Orders on the national survey day were from black and minority ethnic groups, whilst constituting 11% of the general population. Length of hospitalisation was longest for patients from the Black Caribbean and White/Black Caribbean/ Mixed groups. Black Caribbean young men are three times more likely to have been in contact with mental health services in the year before they committed suicide than their white counterparts, and their suicides were more likely to be considered preventable.

So, we know that those from black and minority ethnic groups can be, and feel, alienated and excluded from supportive mental health services, and over-controlled within the coercive elements of them (Lwembe at al., 2017; Parker, Ashencaen-Crabtree, 2018; Jupp, 2019).

So how can we be confident of inclusive processes for such groups as desired in coproduction? Why if I were a person from a black and minority ethnic group and or a mental health service user would I trust those agencies and professionals, when that community might experience us as social workers as part of that system are coercive and oppressive?

Part of responding to these concerns is for us to understand how for all, with our attitudes and prejudices. may be part of labelling and *"othering"* (Littlechild et al., 2020). Ben-Ari and Strier (2010) argue that the French philosopher Emanuel Levinas' conceptualisation of the "Other" challenges prevalent conceptions of cultural competence and that we need to examine the relationship between cultural competence and the *"Other"*. One means of combatting this is by the development of "cultural competence" where social workers understand and positively respond to *"problematic"* areas in cultural differences. Having cultural competence means having the ability to appreciate the experiences of, communicate and work effectively with people from different cultures. (Littlechild, 2012). In order to do this, a very particular form of empathy and understanding of others' habitus is needed, within an understanding of the relationship between *"Self"* and the *"Other"* (Ben-Ari, Strier, 2010). Such *"Othering"* may be prevented through coproduction. *"Othering"* may be prevented through coproduction; "Exercising agency renders invisible groups visible and facilitates their involvement in collective expressions of solidarity" (Dominelli, 2016:387).

This is where Arnstein's ladder of participation may aid us, along with the application of *"projective understanding"*. Projective understanding is a way of approaching how we can best have empathy for, and enter as far as we can, into an understanding of service users' experiences, thinking, attributions, and actions, within an understanding of how this is one part of increasing our *"emotional intelligence"* (Howe, 2008; Littlechild et al., 2020; Stanley, Mettilda, 2021). Such *"projective understanding"* is a key element of empathy for others' positions from social workers attempting to understand another person's experiences and relating this particularly to any form of difference and diversity, such as in terms of gender, ethnicity, culture, faith, and sexual orientation/ gender identity, in developing an understanding of feelings, attributions and motivations of service users (Littlechild et al., 2020).

APPLICATION IN PRACTICE

This article has set out to examine the purposes of coproduction with service users in social work services, with a particular focus on mental health settings. After consideration of the policy approaches to such coproduction and collaboration from official government bodies in England, the article has examined some of the barriers to such coproduction and collaboration from relevant research and literature in this area, and some of the strategies which could lead to greater satisfaction for service users in such coproduction processes. This could then be of benefit to front line practice with service users, but also for the ways in which agencies and organisations can plan for the most effective ways to get to the greatest level of satisfaction and effectiveness from coproduction policies and procedures for service users.

Within our practice, we can then consider points from this examination of these issues. Applying the principles from the IFSW (2014), we can set out to ensure in our own practice and agency policies and procedures:

- Experts by experience are part of planning and leading from the outset, with them having feelings of equal partnerships between staff and experts by experience from the outset and feel included in key decision-making discussions or reviews.
- "Lip service" (where experts by experience are only informed of key decisions) is avoided
- Manipulation of experts by experience solely to give the impression that experts by experience coproduction has taken place is actively avoided. Shared decision in making of care plans (see e.g., Ramon et al., 2017).

In addition, in order to achieve this, cultural competence can be seen as key to social workers' approaches, where social workers need to understand and positively respond to matters of cultural differences. It means having the ability to appreciate the experiences of, communicate and work effectively with, people from different cultures and backgrounds (Robinson et al., 2016; Yochay,

2017), within an ability to be able to apply empathy and projective understanding to those feelings and experiences of others, particularly in disadvantages and oppressed groups, to be able to work effectively with them. In relation to students in England on social work qualifying courses, for example, cultural competence is to some extent included on such programmes, within a wider approach containing ideas of anti-oppressive practise and diversity.

In summary, coproduction provides a means to overcome the 'othering' involved in much service delivery, allowing service users to (re)discover a sense of agency and opportunity to act on and change their world (Slay, Stephens, 2013). Coproduction requires a culture that values all service users, of all backgrounds, regardless of faith, immigration status, gender identity, sexuality, culture, and an appreciation that this may be partly achieved through a broader adoption of relationship-centred approaches. We can overall take account of the importance of service users being made to feel they have a place of "agency", as key to reinstating marginalised people as citizens (Frost, Hoggett, 2008).

OVERARCHING PRINCIPLES OF SERVICE USER PARTICIPATION AND COPRODUCTION

The overarching principles of service user participation and coproduction can be seen to be:
- The service user experiences feelings of respect from the services agency statements and procedures, and the staff's attitudes, for their knowledge and skills.
- The person experiences that they are listened to, and valued for themselves, not because they are participating to meet agency or individual worker performance indicators.
- That the preparation for, physical settings, and timings of meetings or consultations are appropriate for them.
- Social workers ensuring that processes feel inclusive, welcoming and valuing of all service users, including ensuring that people from diverse backgrounds, for example from ethnic minority groups, feel included in, and not excluded from, social work practices and procedures, enabled structurally partly through social work education and training.
- The person has feedback on how participation results are used or may affect their future.
- Groups of service users have feedback on how participation results are used.
- Access to trusted supporters and have careful and sensitive preparation for the whole participation process.
- Staff are able to think themselves into the position of the person to appreciate their concerns and anxieties about the process and possible outcomes and demonstrate this to them.
- Social work practitioners need to have a good knowledge about and then respect diversity as an essential feature of effective interventions. Knowledge about how agencies and individuals frame and then treat the "Other" is a precondition for cultural competence that it is possible to learn.

One key response to this knowledge is to develop more emphasis in training, education, and supervision on these matters that addresses both the structural and personal effects of possible prejudices or unfair stereotypes towards oppressed and disadvantaged groups. If social work does not address these issues, social workers can find themselves reinforcing oppression of such groups through lack of theoretical perspective, research knowledge and the committed application of key social work values.

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Professional Conflicts of Social Workers in Hospitals. Results from a German Participatory Research Project post Covid-19

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Abstract

OBJECTIVES: Aim of this article is to highlight results of the German postCOVID@owl project and answer the questions: how professionals acting in and post pandemic were perceived by social workers and to what extent participatory approaches contribute to their professionalization. THEORETICAL BASE: Social work in hospitals characterize an overall responsibility for complex problems and representing their 'diffuse' role and tasks in interdisciplinarity. Covid-19 offers a blueprint to generate knowledge about social work and its profession in hospitals, and identify practices and framework conditions in "crisis learning". METHODS: Data collection and analysis by participatory and qualitative mixed methods, based on transformative research. This article presents results from the ongoing process: interviews and participatory developed recommendations for action in a vision workshop. OUTCOMES: Hospital social workers perceive themselves as conflicted actors between case complexity, pandemic consequences, and the hospital. They are confronted with balancing economics, casework in time pressure and own ethical values. Professionalization runs the risk of taking a backseat. Recommendations address policy, hospital management, social service leaders, and hospital social workers. SOCIAL WORK IMPLICATIONS: Hospital social work is an important profession in overcoming challenges in healthcare. A clear framework is needed. Otherwise, hospital social workers run the risk to be ground between management and ethical values.

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INTRODUCTION

Hospital social work in Germany has a long-standing tradition. An activity that originally arose from the voluntary care for people suffering from tuberculosis was transferred to professional practice by female social workers in Germany at the end of the 19th century with the establishment of welfare centres and the establishment of municipal support centres (Reinicke, 2008). Healthcare should not only be understood as a medical and nursing care task, but also as psychosocial help. In the USA, hospital social work started to become professionalized around 1905. The first US "doctors who wanted to improve the professional practice in hospitals identified social work as an important partner for more precise diagnosis and more effective treatment." (Cannon, 2018:49). In Germany, parallel to the establishment of the first hospital social services in Berlin around 1914, hospital social services were also established in other cities in Germany (Reinicke, 2008). In 1926, the then German Association for Welfare Services in Hospitals was founded, which continues to exist today as the German Association for Social Work in the Healthcare (DVSG) (see dvsg.org). Even after almost 100 years of professional association organization, social work in hospitals, as a 'foreign' profession among healthcare professionals in the "host setting" hospital (Sjöström 2013; Strom-Gottfried 2019), still suffers from a diffuse professional understanding. In the area of tension between social and healthcare professionals, it is required to maintain its professional perspective, theoretical positioning, concepts and methods in the multi- and interdisciplinary team, and to continually bring forward social workers role and task in patient care under institutionally given and legal framework conditions. As a profession among healthcare professionals, social workers in hospitals are faced with the challenge of confidently representing their role and tasks in interdisciplinarity. The development of professional autonomy under conditions of implicit professionalism within the context of the hospital conditions was not crisis-free even before the pandemic. Social work in the healthcare system is "misunderstood, undervalued, or not known" (Davis, Baldry, Milosevic, Walsh, 2004), as there is no unique understanding of what the role and tasks in the hospital are and how they carry out their professional actions, even in contrast to healthcare and medical staff (Hanses, 2011; Sjöström, 2013; Cleak, Turczynski, 2014; Findley, 2014). The DVSG provides professional recommendations for workplace descriptions, social workers tasks, and affordable working conditions in hospital social work. However, the extent to which these are to be applied is not regulated by law. The responsibility therefore remains with the 'good will' of the hospital management and to what extent the leaders of social services succeed in representing their interests. The well-known "diffuse overall responsibility" for complex problems of social work practitioners in professional situations are potentially very complex to communicate and often diffuse to understand in interdisciplinary teams (Hochuli Freund, Stotz, 2021:48). This challenges social worker to continually position their perspective and to be able to confidently represent their tasks, role, concepts and methods in the hospital care team. With the outbreak of the corona pandemic in 2020, there were disruptions in the healthcare system. The social determinants of health were suddenly in the public eye. Previously (unquestioned) processes and everyday routines were interrupted, care systems were put to the test and specialists in outpatient and inpatient healthcare were pushed to their limits to deal with the then still unknown extent of the pandemic crisis. This offered the opportunity to use the Covid-19 pandemic as a blueprint not only to generate knowledge about social work and its profession in hospitals, but also to identify practices and framework conditions in the sense of 'crisis learning' that support action, uncover the possibilities of social workers in hospitals and thus obtain indications about their professionalization.

The aim of the postCOVID@owl-study was to generate knowledge about the professional practice of social workers in hospital social services, as well as to use the participatory design to enter into a transformative process with actors from local hospital practice, which, among other things, makes it possible to initiate changes in the research process (Jahn, Bergmann, Keil, 2012; Defila, Giulio, 2018; Hartung, Wihofszky, Wright, 2020). The ongoing research project "The hospital social service

in crisis - insights for future-oriented care by social work in the interdisciplinary team in OWL post COVID-19 (postCOVID@owl)" has been funded by HSBI's research fund HIF since 1 October 2021. The project ends in September 2025. A positive ethics vote from the Research Ethics Committee of the German Association of Social Work (DGSA) has been received. In the ongoing project, expert interviews were conducted, and results discussed in workshops with hospital social workers. Moreover, social workers were trained to record ethnographic protocols about 'typical cases' with patients, relatives and the multiprofessional[2] team members (doctors, nurses, therapists, etc.) in their daily practice. These protocols were still analysed by researchers and in a teaching research seminar, aiming at visualizing those into graphic novels together with students. The article presents initial findings from expert interviews and one of the workshops with social work practitioners.

STUDY DESIGN

The postCOVID@owl project consists of a mixed methods design carried out in a participatory process. At the beginning of the project in 2021, twenty expert interviews were carried out with social workers from social services in eleven different hospitals in five Ostwestfalen-Lippe (OWL) districts in North Rhine-Westphalia (Germany) (see Table 1). Following a participatory approach, in November 2022 ten social worker were taught in a first reflection workshop in the method of writing ethnographic case protocols to document "typical cases" of their professional daily practice. Thirteen protocols have been written and reflected with the case providing social workers in a follow-up workshop. After the follow-up workshop, the social worker could decide whether they consent to hand out the protocols to the researcher for hermeneutic structural data analysis. A vision workshop followed in November 2023 with nine social workers from the OWL region to develop participatory recommendations for action based on the interview results.

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[2] In this article the term of multiprofessional practice is used to consider different professions work with the same client or case (at the same time). The term interprofessional practice highlights that different professional sub-groups work together (collaboratively) as a team to achieve the best possible care for the client's different needs.

Table 1: Steps of the ongoing research project, methods, sample and status of data collection and analysis (May 2024)

date	method and data³	sampLE	status
11/ 2021 – 05/ 2022 completed	expert interviews • social workers were interviewed by researchers and trained social work students • qualitative content analysis	• twenty hospital social workers from eleven hospitals in five OWL districts	• completed
11/ 2022 ongoing	reflection workshop • firstly, social workers were trained in writing ethnographic protocols about "typical cases" of their daily practice • secondly, social workers protocoled cases (four weeks) • thirdly, cases were analysed and reflected in a follow-up workshop together with the case providing social workers • finally, social worker could decide whether they consent to hand out the protocols to the researcher • hermeneutic structural analysis by researchers • teaching research seminar with the aim of visualizing linguistic figures from the case protocols in graphic novels with students	• thirteen ethnographic protocols written by ten hospital social workers from nine hospitals in four OWL districts	• still ongoing
11/ 2023 completed	vision workshop • presentation and discussion about interview results • world café about four centre topics identified in the interviews • participatory development of recommendations for action • documentation was carried out using flipcharts and cards, and workshop was recorded using photo documentation • descriptive workshop evaluation based on the documented artifacts	• nine hospital social workers from seven hospitals in four OWL districts	• completed
10/ 2024 planned	HCD workshop • social workers develop "patient care cycles" based on "typically" reconstructed prototypes from ethnographic protocols • determine the "complexity" of casework by social workers in hospitals in a participatory manner • gain insights into time required and steps that must be carried out by professionals • documentation will be carried out using group work records and photo documentation • descriptive usability evaluation	• X hospital social workers from Y hospitals in Z OWL districts4	• planned

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³ All the data were anonymized and coded. Code protocols and declaration of consent were store safely separate from the data.

⁴ 122 social workers from 35 hospitals in NRW and representatives from 3 local networks will be invited. The excepted sample is ten to twelve social workers, again.

09/ 2025 planned	final conference • presentation and discussion on the synthesis of all results • workshops with practitioners • exhibition of student's graphic novels	• social workers, students, scientists, members of professional associations and different specialist networks • planned with 100 participants	• planned

A Human-Centred Design (HCD)[5] workshop is planned for October 2024. In this workshop, social workers will develop "patient care cycles" based on "typically" reconstructed prototypes from ethnographic protocols. The aim is to determine the 'complexity' of casework by social workers in hospitals in a participatory manner and to gain insights into the actual time required and the steps that must be carried out by the professionals. Finally, in September 2025, the synthesis of all research steps will be presented and discussed to a broader audience from all over Germany at a conference at the HSBI. The celebratory setting is an exhibition of students' graphic novels. This article presents the interview results and results of the vision workshop in November 2023.

Expert Interviews
Expert interviews served to identify a.) structural conditions of collaboration in the interdisciplinary team before, during and after the pandemic and b.) subjective assessments of the implementation of pandemic crisis intervention measures with their effects on the work in social services and the quality of care for patients (Meuser, Nagel, 2009). The interviews were transcribed, and the text material was coded using the MaxQDA software, taking qualitative content analysis into account (Schreier 2012). In addition, memos and initial "global analyses" were recorded. The comparative analysis of all interviews revealed eight main categories (see Figure 1). In these, a core category (phenomenon) was then identified and transferred into a coding paradigm (see Figure 2) in terms of context, causal condition, intervening conditions, strategies and consequences (Strauss, Corbin, 1996).

Vision Workshop
The specialists' vision workshop (Alcántara et al., 2018) with seven social workers from hospitals and two from rehabilitation in the OWL region took place at HSBI, November 2023. At the beginning the results of the interviews were presented. This was followed by a group work, in which participants were asked to discuss and assess the results against the background of their own professional practice regarding the relevance of the findings. The results were presented to the group. Afterwards there was a world café with four questions at four tables. Participants had 15 minutes to discuss the questions at the respective tables in groups. The four questions were identified in the interview analysis. After the world café, results were presented to the whole group and discussed. Subsequently, participants scored the different aspects' relevance, using red glue dots. At the end a discussion among the whole group started on recommended actions for social work in hospitals along the questions, which specific topics must be dealt with by (1.) policies, (2.) management of the hospitals in OWL, (3.) leaders of social services in the hospital and (4.) hospital social workers themselves.
The documentation was carried out using flipcharts and cards and was recorded photographically. The evaluation is descriptive based on the documented artifacts.

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[5] When designing the workshop, methods are used that are based on the CPUX-F curriculum of the German Association for User Experience and Usability Professionals (UPA) (www.germanupa.de).

RESULTS OF THE STUDY: PROFESSIONAL PRACTICE UNDER CRISIS CONDITIONS

To summarize, eight categories[6] were identified through qualitative content analysis. Based on their frequency distribution determined in the interviews, they are divided as follows (see Figure 2):
- 256 codes[7] could be allocated to casework in hospitals' social services.
- After casework, 108 codes were allocated to working with relatives.
- 93 codes were assigned to the category of dealing with and overcoming the consequences of the pandemic.
- 89 codes represent the importance of digital media and telephone consultation.
- 84 codes were allocated to the category of changes to work since the pandemic.
- 71 codes were assigned to statements on the profession of social work in hospitals' social services.
- 55 codes represent the category of burdens during and after the pandemic.
- And 32 codes were assigned to consequences of the pandemic.

Figure 1: Categories identified through qualitative content analysis. N is the number of codes identified in sequences in the interview material.

Categories identified through content analysis (N=788)

- casework in hospitals' social services (N=256)
- working with relatives (N=108)
- dealing with the consequences of the pandemic (N=93)
- digital media and telephone consultation (N=89)
- changes to work since pandemic (N=84)
- profession of social work in hospitals' social services (N=71)
- burdens during and after the pandemic (N=55)
- consequences of the pandemic (N=32)
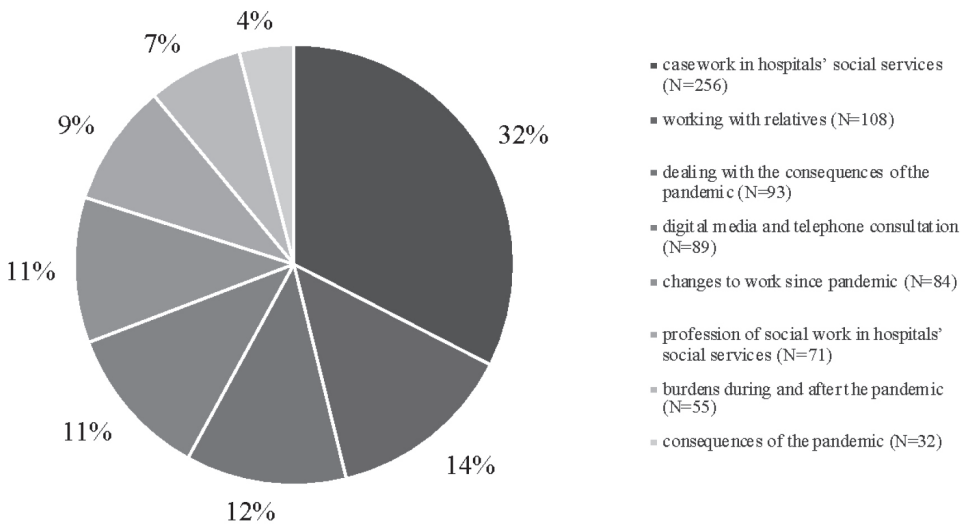
Description of the Categories
Casework in hospitals' social services
In total, data show that casework is, with 788 codings, of high significance for the interviewed social workers. This category can be divided in (a.) casework in multiprofessional teams, (b.) transition to in- and outpatient services and (c.) patient consultation. Throughout all interviews, it becomes clear that the social workers are confronted with complex demands and an increased

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[6] Categories represent the main identified topics, explained by coded sequences in the interview material. Coding is the first step between data collection and category identification. A code is a keyword or label describing the contents of a data sequence.

[7] Data segments were coded by more than one label (code).

number of needs: "PATIENTS who SLIP THROUGH, slip even MORE or even FASTER" (FK06_b, item 68[8]), which is presented in detail in the following aspects.

Especially for patients with complex care needs, organising follow-up treatment has become more difficult during the pandemic. Interviewees emphasised the extensive shortages of specialists and places in treatment. A social worker puts it specifically to the point that they need a "COMPACT PACKAGE" that they must organize from the hospital "within a very short time" (FK07_a, item 38). On top of that, psychosocial and social counselling required social workers to invest more time and flexibility during the pandemic, particularly due to fewer face-to-face contacts. There was an overall lack of methods for digital and telephone consultation, software and material resources. In addition, personal contact was made more difficult, as interaction processes can hardly be established in the digital sphere. It turns out that personal contact and interaction with one another is perceived as important and helpful for social diagnosis and needs-oriented consulting. Smaller indicators such as biographical experiences with health and support systems could hardly be identified, which can prove to be important during treatment, for example for the acceptance and use of follow-up outpatient rehabilitation. In addition, "communication with PATIENTS and RELATIVES has completely changed" so that "VERY OFTEN we talk to relatives ABOUT the patients […] and not with relatives and patients TOGETHER" (FK08_c, item 40). This influences the patients' opportunities to participate and at the same time be able to meet their wishes and needs. Overall, compared to the pre-pandemic situation, social workers complain that "the PATHS have now simply […] become much, much LONGER and MORE COMPLICATED" (FK04_b, item 46). Important information, e.g., about gestures and facial expressions or wishes and decisions, is not conveyed (FK02_b, item 26; FK04_b, item 76). Consequently, the interviewees stated that the opportunities for participation were lacking for patients and their relatives.

They also said that consultations in the multiprofessional team had been impacted by the pandemic. In some hospitals, meetings were cancelled, others maintained them (partly online). These differences were explained by institutional options and guidelines. At the same time, it is also stated that the loss of regular meetings contributed to time resources: "There is no longer quite as much TIME for these regular meetings, um (1) ON IT, as if you simply have a structure like that, you just meet once a week in THAT group and then again in THAT group, so it is, it's also become a bit MORE FLEXIBLE, that's not JUST a bad thing, no" (FK05_c, item 50). It was also reported that informal contacts within team members were limited, e.g., by prohibiting them to use "social rooms" together for lunch. Overall, the picture is split. On the one hand, interviewees felt it was a relief that the number of time-consuming meetings was reduced. On the other hand, meetings were described as helpful and important in multiprofessional team work and their cancellation were criticised.

Working with relatives

Social workers reported that there were fewer personal contacts with relatives, but more on the telephone at the same time. In times of limited opportunities for visits, relatives used the social services for access to the patients and information about their situation. "And if the relatives also called me, then of course I could pass on BETTER information or something like that. Or CONVEY if - if you haven't spoken to the doctors for a long time, then I connected and then said to the doctor, man, she's SO worried, so please talk to her. And that worked well." (FK10_c, item 39). Some of the interviewees mentioned that this was positive, as it gave them access to relatives where it would otherwise not have happened.

However, it was also reported that relatives took out their pandemic-related uncertainty and

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[8] Interviewees were assigned an anonymization code that does not allow any conclusions to be drawn about the person or institution in which the social worker works.

anger on social services, e.g., when it came to the use of masks, compulsory vaccination, or the organization of aftercare. In addition, there were higher demands on the patients and more personal initiative to organise their own discharge or follow-up treatment.

Dealing with the consequences of the pandemic

In dealing with the consequences of the pandemic, the hospitals' crisis management were deemed vague and unclear. The interviewed social workers felt that they were hardly included, and that information did not always reach social services. In addition, it is mentioned that challenges concerning social workers professional practice during pandemics were not handled very systematically by the hospitals' management—challenges were even not realized by the management—and that social services relied more on individual solutions on a "small scale", like social workers' practical experiences. "In order to reach an agreement within the team, OK, how does one deal with it, how does the OTHER deal with it, as soon as you have found ONE care service that has said OK, we will then take over the care of a covid patient, of course we have each other also informed directly in the team" (FK04_b, item 42). Collegial or regional working groups for hospital social workers played an important role in sharing knowledge about others' good practices.

Overall, interviewees felt being a link between the different actors: patients, their relatives, colleagues in the multiprofessional team, hospital management and follow-up treatment services. This became one of the most intense areas of tension cited by respondents.

Digital media and telephone consultation

During the pandemic, social workers noted increased demands on the use of digital media in patient care and telephone consultation. On the one hand, this led to improved use of digital documentation software such as hospital information systems. On the other hand, social workers also reported that the varying use of different hospital documentation systems made it difficult to obtain relevant information about patients and care. There was hardly any standardized usage practice for digital documentation in the multiprofessional team. Additionally, outdated hardware and software equipment, long wait times, limitations in submitting medical requests, and more made work difficult. On the other hand, some interviewees reported that Covid-19 caused a digitalization 'boost' in hospitals it-infrastructure. In some hospitals due to the pandemic digital change processes were developed a little faster. Although it was emphasized that this was "more like CRYING" compared to other sectors (FK08_c, item 83). However, interviewed social workers described digitalisation in the hospitals as "FAR from GOOD" (FK08_c, item 96) compared to other institutions. They wish they had "a single" adequate software to facilitate their job and not cause extra (paper) work.

Consultation was primarily done by telephone. While some social workers also realised digital consultation through video conferencing software, they mostly did so with private hard- and software. Training courses organized by the hospital management to expand skills in using digital technologies in psychosocial counselling were not reported in the interviews. Moreover, the social workers voiced their reservations against digital or telephone consultation of "hard-to-reach" target groups, like elderly, migrants, socially excluded or patients with multicomplex psychosocial needs, like in oncology or hospice. They said that they still needed non-verbal communication for a real patient-oriented social diagnosis, discharge management and provision of appropriate follow-up care arrangements.

Changes to work since the pandemic

What was most clearly noticed by social workers was the increasing orientation towards the economic interests of hospitals and discharge management during pandemics. In addition, interviewees said that the number of patients with complex care needs had increased, while the

support from relatives during hospitalisation and follow-up treatment had decreased. This all happened during times of fewer personal contacts and more social isolation in the hospital teams and with patients and their relatives. This made psychosocial care and patient orientation more difficult. Social workers were challenged to manage the needs and different interests of involved actors in times of uncertainty. At the same time, they emphasized that the effort required to accept digital media for the transition to aftercare had increased. Workflows had become more complicated and the orientation towards cost efficiency and discharge management, to get patients beds free again quickly, move through all work areas.

Profession of social work in hospitals' social services
Social workers interviewed emphasize that they find themselves in an internal conflict between their professional attitudes and the institutional conditions. They said they had to balance the psychosocial counselling effort and patient orientation with the available options in the hospital environment and outpatient care system, the interests of management and the increasing complexity of care in times of crisis. Social workers feel that economic pressure in the hospitals increased and much more impacts casework: "we had a COVID unit, too, which means that the hospital could not be used to CAPACITY, leading to a LOWER bed occupancy [...] YES and then the bed occupancy is included in calculations [...] so that everything WORKS OUT (...) sounds STUPID, but that was the FINANCIAL aspect, that as many patients as possible were PASSED THROUGH, so that the hospital has the income" (FK19_a, item 48).

In addition, social workers in the hospital team feel little recognized, noticed or valued; they feel ignored and overlooked, as they say to be the "REAREST part of the TEAM, where no one KNOWS, uhm, what they actually do" (FK07_a, item 136, FK09_c, item 116). In addition, relatives and patients often know nothing about social services.
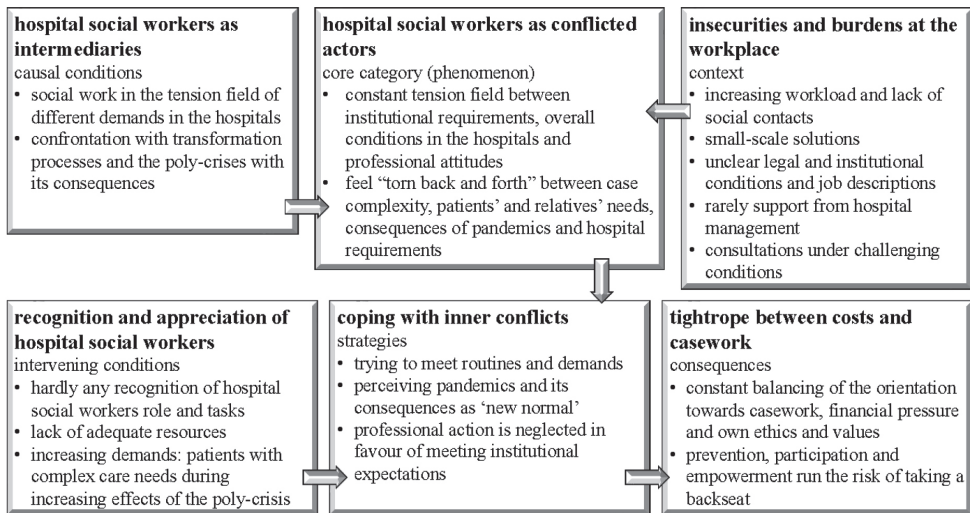
Regarding resources, social workers point out that social services do not always have sufficient human and material resources to meet daily professional demands. For example, social workers must share their office with colleagues during psychosocial telephone consultations, which leads to professional distress and moral concerns. Even technical device is lacking or outdated. The general conditions in the hospitals lead to the concern that things are being handled "unethically" (FK06_b, item 52, 54, FK04_b, item 170) and bureaucratically, instead of recognizing people as human beings and their needs. This puts them in a huge tension with their professional attitude.

Relating the categories to each other
If one relates the categories to one another, the core category becomes that the hospital social workers perceive themselves as actors in the conflict. This will be presented as a core phenomenon (see Figure 2). This kind of being "torn back and forth" describes the distress of the soul and the conflict of the subject between the demands and values of professional ethics and the given reality in which hospital social workers are conflicted (Rademaker, Schörmann, Quehl 2024). Social workers are in a constant tension field between institutional requirements, overall conditions in the hospital and their professional knowledge and self-image (attitudes). They feel "torn back and forth" between case complexity, patients' and relatives' needs, the consequences of the pandemic and the requirements of the hospital as the place of fulfil professional casework (Rademaker, Schörmann, Quehl 2024). Social workers describe themselves as being in a "SANDWICH position between DIFFERENT KINDS OF INTERESTS" (FK01_a, item 48). They feel an inner conflict between cost efficiency and being able to "devote time to someone who needs psychosocial SUPPORT and ATTENTION" (FK08_c, item 64).

Figure 2: Relation of the categories to each other using the grounded theory coding paradigm

hospital social workers as intermediaries	hospital social workers as conflicted actors	insecurities and burdens at the workplace
causal conditions	core category (phenomenon)	context
• social work in the tension field of different demands in the hospitals • confrontation with transformation processes and the poly-crises with its consequences	• constant tension field between institutional requirements, overall conditions in the hospitals and professional attitudes • feel "torn back and forth" between case complexity, patients' and relatives' needs, consequences of pandemics and hospital requirements	• increasing workload and lack of social contacts • small-scale solutions • unclear legal and institutional conditions and job descriptions • rarely support from hospital management • consultations under challenging conditions

recognition and appreciation of hospital social workers	coping with inner conflicts	tightrope between costs and casework
intervening conditions	strategies	consequences
• hardly any recognition of hospital social workers role and tasks • lack of adequate resources • increasing demands: patients with complex care needs during increasing effects of the poly-crisis	• trying to meet routines and demands • perceiving pandemics and its consequences as 'new normal' • professional action is neglected in favour of meeting institutional expectations	• constant balancing of the orientation towards casework, financial pressure and own ethics and values • prevention, participation and empowerment run the risk of taking a backseat

Source: (Strauss, Corbin, 1996)

Causal conditions - Not only during times of crisis does their role as intermediaries come to the fore as the underlying condition for the feeling of an inner conflict. Social work is in the tension field of different demands in the hospital team and mediates between them. In doing so, social workers are confronted with social transformation process, the poly-crises and their consequences for patients, e.g., rising poverty and patients without stable social networks, insurance or housing status, demographic change and patients with complex care needs as well as the effects of (the lack of) digitalisation in healthcare and social services.

Context - Insecurities and burdens in the case of an unclear scope of action at the workplace in hospitals can be identified as the context in which inner conflicts occurs. Increasing workloads in discharge management and insecurities regarding the fulfilment practice due to a lack of social contacts with patients, relatives and colleagues and high demands in digital communication go hand in hand. Solutions must be developed creatively and, in individual cases, newly again and again. Social services in hospitals in Germany are still struggling with unclear legal and institutional conditions—where is the social service located in hospital hierarchy, who is the leader of the social services team, with what kind of professional qualification, what kind of academic qualification is needed for employees—and with unclear or non-existent job descriptions[9]. Collegial solutions are often developed on a small scale. A precise example for this is the small-scale solutions of digital and telephone consultations, which rarely have been supported from the hospital management, in e.g., providing trainings, secure counselling spaces or adequate technologies. Used interventions were developed and expanded under the challenging conditions of the pandemic and in social isolation. Interviewees state that the "BURDEN" is "a permanent UNDERSTAFFING across DIFFERENT areas, which leads to (.) not being able to manage your STUFF in time" (FK01_a, item 78) and "having to attend to MUCH more stuff in MUCH less time" (FK07_a, item 52-54). During the pandemic, "PROCESSES have become much, much LONGER and MORE COMPLICATED" (FK04_b, item 46).

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[9] The specialist Association DVSG provides job descriptions and requirements for the hospital social workers working places. But to what extend these are used, depends on the leader of the hospital social service and recognition of the hospital management.

Intervening conditions - Intervening conditions, which have a beneficial or restrictive effect on action and interaction strategies of social workers, seem to be found in a lack of recognition and appreciation of social work in the hospital. There is hardly any recognition of what social services do, how employees manage doing their job under time pressure, with a lack of adequate resources, starting with time and space (offices), personnel, it hard- and software and much more. At the same social workers are confronted with time-increasing demands on coping with patients with complex care needs during the overall increasing effects of the poly-crisis.

Strategies - This results in a form of continuous coping requirements in everyday work beyond the pandemic as action and interaction strategies for dealing with perceived internal conflicts. Social workers continue to try to meet routines and demands, and the pandemic and its consequences are perceived and accepted as a "new normal" without systematically and critically questioning them. However, "business as usual" regularly reaches limits to manageability under the given conditions, not only because of the pandemic and its consequences. As a result, professional action is neglected in favour of meeting institutional expectations like a fast and cost-saving discharge management.

Consequences - For the practice of social work in hospitals, the consequence is that professionals are walking a constant tightrope between cost efficiency and professional casework. They are confronted with a constant balancing of the orientation towards the economic situation of the hospitals, casework under time and financial pressure and their own ethics and values in the professional practice. Prevention, participation, and empowerment, to name just a few of the aspects mentioned by the interviewees, run the risk of taking a backseat.

RESULTS OF THE VISION WORKSHOP FOR FUTURE-ORIENTED CARE

Discussion of the research results
Discussing the research results in the vision workshop, it became clear that a high relevance was attributed to the presented findings against the background of participating social workers own practical experiences. The discussion focused on the findings being scientifically sound evidence of what has been widely known and thus going beyond a mere "culture of complaining", as the participants said. They hope that the postCOVID@owl-study might raise awareness of the situation of social workers in the hospital and the tension field as conflicted actors, that they are faced within their daily work. Therefore, they consider the phenomenon of being torn between hospitals' demands and values of professional ethics of particularly high relevance to practice and its further development, especially regarding the conflict between professionalism and cost efficiency, as well as given resources and professional attitudes. They discussed that clearer guidelines and more visibility of the social services was needed in multiprofessional teams and on hospital management levels.

In addition, they considered the lack of recognition and appreciation highly relevant to their practice. Participating social workers discussed that social services had to be advertised more. Overall, they felt that visibility of the social work profession had to be strengthened and that they had to set boundaries in their daily work about tasks that do not fall under social workers role. Regarding the "new normal", participants stated that many colleagues had already accepted that casework became more time consuming and was more complex instead of critically questioning this. After the pandemic, they said, their work situation and the care of patients had by no means normalised but become even worse. However, they felt that social work itself did not systematically identify the problem of the workload/overburdening of social work in hospitals. Moreover, the social workers criticised that digitalisation did not consider the needs encountered in practice and, that it was not a universal remedy for all problems. They wish digital solutions would make their work easier and not more stressful.

As mentioned before, the participants discussed that scientific findings could strengthen the professional argumentation of social workers in hospitals. They would like to see more research

studies, for example on the relationship between patients' care in the hospital and the workload of social services' counselling, especially concerning patients with a multicomplex need of care. Among other things, the discussion focused on DVSG's staffing recommendations[10], which, on the one hand, not all attendees know, and, on the other hand, is considered outdated (published in 2013). They said that the actual time intensity, especially in the current situation of healthcare, was not represented by it.

About professionalization, the participants discussed being more creative in casework, e.g., in communication, and mentioned new methods of digital counselling offers. Overall, the discussion participants emphasised that social work in hospitals had become even more important and said that this was due to the poly-crisis and social transformation process. They said that poverty, health inequalities, migration, economic crises, personnel shortage and many other current developments collided in hospitals and had to be absorbed by a system and staff that was already overburdened.

Results of the world café

In the world café, the topics below (see Table 2) were discussed in small groups at four tables, then presented to the whole group and scored by participants with red glue dots according to their relevance. The social workers ratings are marked with an asterisk.

Table 2: Topics and results discussed in the world café at four tables and scored by participants (*)

Table 1: What requirements are there for professional casework in hospital social services?	Table 2: How can we improve networking and collaboration within hospitals and with outpatient care?
• cooperation and multiprofessional teamwork with a common goal** and language beyond team boundaries • a sense of sympathy for other professions and the competence to mediate between relatives, patients and colleagues • exchange with social workers in the hospital and regional networks • adequate provision of resources, like quiet consultation rooms and settings that ensure patients' integrity and data protection, work equipment* such as computers and software • quality management, time and money, strategic staffing, further training for employees, and transparency and clearly role and tasks for social workers • recognition of the social workers relevance in the hospital team, especially by waiting for results and taking them seriously when social services are requested • empathy*, heart, humour and nerves of steel, patience • psychosocial counselling competencies, like non-verbal communication, skills and professional attitudes*	• a promoting attitude of the hospitals' management****, • self-confidence in one's own role as a social worker, presence in the hospital, recognition of social work as an independent profession** • structural organized exchange within the hospitals' personnel, more direct communication and personal contacts • participation of social workers in regional specialists' working groups and their approval by the hospital management • sympathy, commitment, setting boundaries and clear directions to be taken seriously • maintain humanity despite stress in the multiprofessional care team**

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[10] The staffing recommendations say that 600 cases per full-time employee in acute hospital care are recommended for social work services. This means that each case is calculated with 160 minutes gross, including patient-related time (60%) and other tasks (40%) (as of 2013).

Table 3: What needs to be done to design digitalization in such a way that it makes work processes in hospitals easier?	Table 4: How can social workers in hospitals be professionalized? What are the requirements?
• software an digital device should be designed to make work easier and not more complicated**, hospitals' management needs to promote a 'critical openness' towards digitalisation, evaluation by employees is needed in the hospitals' digitalisation process • there is a need for reliable agreements on the use of digital tools and digital skills in healthcare teams • IT staff should listen to the social workers and the multiprofessional teams, recognize their needs and work with them to implement adequate solutions, the hospital management should provide the appropriate hard- and software as well as financial resources • digitalization in the hospitals should be further developed together with outpatient care digitalization must not replace personal relationships*	• there are obvious requirements for evidence-based improvement in the quantity and quality of social workers in hospital social services ***** • social workers should increase their organisation in professional associations and regional networks • social work in hospitals is professional, but lacks recognition and acceptance in multi-professional teams and in the public****, social workers should become an integral part of the multiprofessional team in hospitals and should be taken seriously • interprofessional practice and education within multiprofessional teams should be improved and more learned about and with each other* • promoting trust in one's own professionalism as well as the acceptance and trust of others in the professionalism of social work**

The results of the world café show that, social workers in all four areas of interest struggle with less recognition by hospitals' management, unclear tasks and role in the multiprofessional care team, lack of resources, and own uncertainties about their diffuse responsibility. As an actor, the hospital institution plays an important role in improving change and crisis learning on a comprehensive level. As mentioned in the world café, social workers in the hospital care team are professional. But the circumstances, limits and forms of (crisis) management push (not only) those who are not self-confident enough to take their position appropriately into the background.

Participatory development of recommendations for action
Using the results of the world café the participatory development of recommendations for actions took place in the whole group and was oriented towards the four levels of policy, hospital management, leaders of social services and the social workers themselves. The following results were recorded (see Figure 3).

Figure 3: Collected recommendations for action on four levels for social work in hospitals

Policy - At the policy level, a legal basis for the quality and quantity of staff in the social services of hospitals and for their leaders is required. In order to provide high-quality psychosocial and social/legal counselling and patient-oriented discharge management, social service employees need an academic qualification in social work, which must be anchored in the federal state hospital law. To date, further steps to legally anchor social work in the healthcare system and especially in hospitals in German social law are still pending. In addition, policymakers are encouraged to promote more research on social work in hospitals in collaboration with universities, particularly to improve evidence-based practice according to the quality of work and to determine its quantification in order to update staffing recommendations. There is also a requirement to determine the refinancing of social work inside and outside the hospital, including rehabilitation.

Hospital management - At the hospital management level, there is a need to raise awareness of the profession of social work and the teams and their leaders with their original tasks and roles. Therefore, professional social workers are needed as leaders of social service teams who are given the necessary time for management tasks, conceptual work, network and cooperation requirements, participation in research, and administration. This can improve the connection from the social service team to the hospital management in a professional and valuable way, improve a culture of critically questioning routines and care to provide sufficient resources needed by social services. However, to systematically ensure patient-oriented practice and high-quality discharge management, the legal basis is required. Moreover, hospital management should take more responsibility for organizing option spaces for multiprofessional exchange of all hospital employees and promote the (digital) transformation with all hospital employees involved.

Leaders of social services - Social service leaders must recognize their responsibilities to improve the quality of social services, organize strategic staffing, and provide job descriptions for greater transparency and clear roles and responsibilities for social workers in the social services team. They should promote staff training and the interprofessional practice and education of their team members. In addition, managers of social services are required to improve (digital) concepts and methods, to network and get involved in professional associations and regional working groups, and to participate in research projects.

Social workers - The social workers themselves must be able to position their professional attitude and their role in the multiprofessional hospital team. On the one hand, this includes setting boundaries and, at the same time, working on an equal footing with nurses, doctors, therapists and other professional groups. Social workers must be aware of their professional identity and therefore get involved in professional associations and regional networks as well as in further professional training to improve (digital) skills. This would enable them to contribute more confidently to multiprofessional settings in outpatient and inpatient care and to confidently get involved in further develop (new digital) concepts.

DISCUSSION

The professional conflicts of social workers in hospitals emerge in a tension between balancing professional attitudes and institutional requirements is not new yet. There is already evidence in the challenge of managing the constant tension field between the institution, overall conditions in the hospitals and professional attitudes (see for example Davis, Baldry, Milosevic, Walsh, 2004; Hanses, 2011; Sjöström, 2013; Cleak, Turczynski, 2014; Findley, 2014; Strom-Gottfried, 2019; Löffler, 2022). For the Australian perspective, for example, Findley assumes that a lack of recognition in care models complicates care processes when the role of the social worker is less clearly defined (Findley, 2014). The German research project postCOVID@owl has now shed light on how professional interactions during and after the pandemic were perceived by social workers themselves, with the aim of learning from crises while gaining a more precise picture of multiprofessional teamwork.

Comparing interview results with the results of the vision workshop in 2023, when the pandemic was almost no longer an issue in German society, the generally accepted assumption in the social sciences is confirmed that Covid-19 is less responsible for problems in the fields of work, but the pandemic has ensured that the already unacceptable situation has escalated. It appears that the ongoing problems with patient-centred care are increasingly putting the German healthcare system under pressure. Social work in hospitals had become even more important due to the poly-crisis and social transformation, when poverty, health inequalities, migration, economic crises, personnel shortage and many other current developments collided in hospitals and had to be absorbed by a system and staff that was already overburdened. In 2018, hospitals estimated the proportion of patients requiring comprehensive discharge management to be 20 percent (DKI, 2018). And the combination of social crises and pandemic-related consequences, inadequate aftercare arrangements and a lack of cross-sector networking of services means that hospitals and the hospital care team must compensate for deficiencies in care from other service areas (DKI, 2021). The consequences are unstable care arrangements that can lead to revolving door effects and non-utilization of necessary interventions for social inclusion and participation in working life after recovery (Braet, Weltens, Bruyneel, Sermeus, 2016). The additional lack of outpatient care promotes massive problems in discharge management, which, like many of the gaps in healthcare already outlined, already existed before the pandemic. Like in the beginning of social workers professionalization more than one hundred years ago the relationship of ill-health and social inequalities is omnipresent. And the results of the study show precisely that hospital social work is an important partner in overcoming increasing challenges in healthcare, especially regarding the group of patients with complex needs. But if there are hardly any recognition of hospital social workers role and tasks, lacking adequate resources, and at the same time increasing demands and effects of the poly-crisis, institutional barriers hinder professionalization. The practitioners find themselves as conflicted actors. Instead of doing their job, they must constantly rebalance casework, financial pressure and ethics and values. Which is on the one hand of course constitutive for the profession of social work. But as far as there is just a vague framework it is responsible on hospitals management will to protect the role and social workers task, hospital social workers run the risk to be grinded between managerial requirements and professional ethical attitudes.

CONCLUSIONS

As part of the participatory approach with the vision workshop, the findings were discussed together with practitioners to derive recommendations for action. On the one hand, the potential of this approach lies in the development of solution strategies that are closer to the everyday practice of those involved. The joint discourse can stimulate critical reflection on the existing structures and thus contribute to a change process 'on a small scale'. In addition, recommendations for action developed at the four levels of social work in the hospital must be transferred to politics, hospital management, social service managers, and the social workers themselves. Therefore, further steps are planned in the transformative research approach (see Table 1) to raise a voice for the situation of hospital social workers and to strengthen their work structures and recognition. This transdisciplinary approach "is a critical and self-reflexive research approach that relates societal with scientific problems; it produces new knowledge by integrating different scientific and extra-scientific insights; its aim is to contribute to both societal and scientific progress; integration is the cognitive operation of establishing a novel, hitherto non-existent connection between the distinct epistemic, social-organizational, and communicative entities that make up the given problem context." (Jahn, Bergmann, Keil, 2012:9). For example, the ethnographic protocols are analysed structurally by researchers and students in an ongoing teaching course in order to transfer the linguistic figures of the cases into graphic novels. These will be presented to a broader audience at the final conference in September 2025 and will be part of a public, local discussion of the research results for a year.

At the same time, the project lead, in collaboration with the DVSG, offers free online presentations of the results, workshops in local hospitals and training formats. As is known from real world lab research, these are factors that support the dissemination of innovation and know-how developed within the project: "transformative place-making, activating network partners, replication of lab structure, education and training, stimulating entrepreneurial growth and narratives of impact." (Wirth Von, Fuenfschilling, Frantzeskaki, Coenen, 2018:239). And in participatory health research it is said "the issue of impact needs to be conceptualized as multileveled, including the impact on the participants, the impact on the municipalities, the impact on the […] community, and the impact on the research community." (Wright, Hartung, Bach et al., 2018:7) The aim of the project was therefore to build relationships between hospital social workers in the OWL region and the University as part of the research project. In addition, results are published in scientific journals as well as practice-oriented networks and magazines. An essential requirement for transformative researchers is the use of different languages and logics of systems of science and practice. In addition, the project lead is in close cooperation with the DVSG on further policy steps and requirements as well as further research projects.

LIMITATIONS OF THE STUDY

Participatory research places requirements on a research process: existing scientific findings must be included, the research must be theory-driven and methodically controlled, and the steps that lead to results must be transparently documented and comprehensibly justified (Eßer et al., 2020). For the current project, this means that it must not fall behind the level of methodological reflection and the level of discussion about quality criteria for scientific research. It is an ongoing process in this study to pay attention to the appropriateness of the methods and design, to reflect on the context and transparency of data collection and analysis, and to draw conclusions to what extend participation is realized. For example, methods for participatory knowledge generation must be prepared and sometimes combined. Data documentation and preparation as well as the derivation of findings in the vision workshop also differ from the methodological approach of an interview and a qualitative content analysis (Defila, Di Giulio, 2018). In addition, actors in participatory and thus transdisciplinary research follow different logics. Scientists want to generate "truth" and knowledge. Practitioners want to solve practical problems. In postCOVID@owl, it is an ongoing process to carefully consider and evaluate both logics and perspectives. Those involved in the research process therefore enter relationships that must be supported by the researcher and provide space for critical reflection, for example about the level of involvement in the various steps of the research process. The level of participation varies in the interviews (consultation) and workshops (inclusion and shared decision-making). In this way, scientists participate and become part of social relationships and actors who in turn participate in the research process, enriching it, irritating and sometimes even disrupting the research (Eßer et al., 2020:14). For example, it is important to critically reflect on the extent to which the participants (scientists and practitioners) of the vision workshop were able to gain distance from their perspectives on solving practical problems or generating "truth". At the same time, it is important to question to what extent researchers and practitioners control the ongoing research process and why? But even if participatory research is complex to organize and places many demands on the researcher, in the PostCOVID@owl study it also leads to entering into a transformative process with actors from local hospital practice, which, among other things, enables changes "on a small scale" in the research process.

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Paul Michael Garrett: Social Work and Common Sense: A Critical Examination. Abingdon: Routledge, 2024

I was intrigued by the title of the book before reading it, as it reminded me of my undergraduate and graduate years when I was doing political philosophy and theories of social justice. At that time I was, of course, inexperienced, and common sense meant something I have to familiarise myself with to finish my studies. As time passed, I began to see that quite abstract concepts from political philosophy could be utilised in social science practice. For example, social justice theories can help interpret what values some actors have internalised and why they are acting in a specific way, especially in the field of social work and in connection with this field. In this regard, many scholars have published great studies on the interconnection of social justice and social work, resulting in adopting the pursuit of just societies as one of the core principles and values in social work. However, for me, the intersection of common sense and social work was never a relevant issue, since, under the weight of contemporary neoliberal destructive values, I saw it as an objectionable 'marriage', since it meant to me that social work should be done in accordance with common sense, which is not at all favourable towards social work in the Czech Republic. So, I was curious what alternative connection would be offered by Paul Michael Garrett.

In the introductory part, Garrett proposes that one of the main reasons why he would write the book is that the social work "profession is often marinated in a cocktail of ideas ideologies and doxic forms of reasoning", which makes it more difficult to adopt more progressive and critical positions. We simply regard some information or a way of doing things as granted and either impossible to change or beyond any imagination of changing it. Thus, in his book, Garrett offers several chapters aimed at deconstructing these taken for granted ways of thinking or *doxas*. In the contemporary neoliberal order, one of such *doxas* is individualisation of human life, which caused changes in the Irish social work code, where the principle of human right was abandoned and completely erased from the code, and social workers are responsibilised for their wellbeing and burnout prevention, effectively leaving work conditions and social context as nonimportant. The neoliberal common sense is then, not surprisingly, a thin red line that goes through all the chapters and keeps them together.

When characterising the concept of common sense, Garrett introduces and employs three stances. The first is Hannah Arendt's view of common sense as generally a good thing that must be nurtured to be socially useful. The second is Pierre Bourdieu's disregard of common sense as a set of uncritically accepted facts about the world and other people, which could even be harmful in some situations. The third is Antonio Gramsci's perspective, serving as a middle ground between the two, based on critique of common sense as a reflection of the ruling class ideology and defining "good sense" (*buon senso*) as a genuine expression of people's experiences and interests. Personally, Arendt's view reminded me that I had read her description of common sense in the past and, unfortunately, forgot about it. It occurred to me that this perspective has the potential to be a good guiding principle in, for example, regulation of social media, which in their deregulated form produce a sheer amount of toxicity and harmful common sense. Nurture of common sense in the form of a collaborative dialogue could produce some common grounds based on shared solidarity, non-harmful ways of communication, etc. On the other hand, resigning to sharing with,

inclusion of, and authentic helpful collaboration with marginalised populations leads to alienation, misrecognition, and hate. Garrett, however, uses mainly Gramsci's common-sense perspective, which emphasises that common sense is a battleground where there are discursive battles to shift uncritical common sense to more reflexive good sense. Resigning to fight on these battlegrounds then could lead to their conquering by racists and the neo-fascist. Therefore, Arendt's appeal to nurture common sense is also somehow contained in the perspective of Gramsci.

After the introductory and theoretical chapters, there are several that are focused on deconstructing various issues and (uncritical) common sense surrounding them and on offering alternative critical good sense. Among these issues, there is historical stigmatisation of unmarried women in Ireland, Bowlbyism and theory of attachment, self-growth and individual creativity, social work and anti-anger management, human rights in social work, colonial common sense in social work, and Latin American challenges to common sense. I will not go through all of them (and spoil the joy of reading), instead I will briefly offer my thoughts on three of them.

For me, the most interesting chapter was about John Bowlby and his attachment theory, which received wide recognition, although it was never grounded in any sound data. Bowlby managed to present his theory in a way that it was in accordance with strong conservative tendencies in the 1940's and, at the same time, the theory was believable without the proper evidence, so strongly that it became part of common sense. What is interesting is that this common sense was so strong that it survived criticism that emerged already by the time Bowlby published his work. And what is even more peculiar is that Bowlby then turned to animal-based research to support his attachment theory, where he stressed that human children imprint the image of their mother (and only mother) when they are born, so the mother then plays a life-time caring role. Fathers are present, but they are in the background, play the typical breadwinner role, and support mother (but not the children because it is pointless, as they accept care only from mothers). The attachment theory and its common sense then vitally contributed to strengthening the gender roles and effectively disqualified the father from caring duties. In a more general sense, Bowlby contributed to a breakage of care as a value and activity that co-created by all the members of society, instead, through the attachment theory, he divided society based on gender into a group that has an obligation to provide care and a group that is receiving care without taking role in it. Thus, the chapter nicely illustrates how unrivalled common sense can contribute to a structurally created oppression.

The second chapter that resonated with me explored common sense regarding anti-anger management that is often referred to as a golden rule in social work, that is, any kind of anger is inherently bad, and it needs to be extinguished to have a logical and rational discussion. However, as Garrett points out, although anger is not optimal, it is important to analyse its causes because they may be very relevant and understandable (for example, dehumanising a stigmatising communication of public institutions). If we look at anger in more reflexive way, we can discover that (contrary to the common sense) it can be used as a motivation for getting things done. Garrett mentions thoughts of Martha Nussbaum, who defined 'transitional anger', which serves as a motor to seek justice and long-term solutions to the problem in question, primarily in a form of compassionately hope, not for any form of retribution. Garrett then also offers a critique of the transitional anger, where the most pressing point about the transitionality itself, which is, for Nussbaum, mandatory, yet this can be insensitive towards those who suffered any kind injustice, injury, or oppression, and may remain angry, instead of transiting to a compassion, using the angry to strive for structural changes. Collective anger, according to Garrett, then help to unite oppressed actors and be the opposing force to dominant structures that produce the oppression. The key aspect here is the right aim of the anger on relevant actors, structures, and institutions responsible for the oppressive practices. There is a danger (which is, unfortunately, the case of the Czech Republic) that anger is spilled on marginalised persons and groups that are considered "living problems" responsible for the social issues.

The third chapter, which I will briefly refer to, is a challenge of common sense from Latin American thinkers. I was looking forward to this chapter, as my knowledge of scholars from Latin America is limited, but, in the end, it was the chapter that I liked the least. For my taste, there is a plethora of scholars and their ideas and concepts about myriad of topics, for example progressive teaching, colonial thinking, colonialism and gender, philosophy of liberation, postmodernism, decolonisation of mind, and Latin multiculturalism. I found it hard to gain some coherent impressions from this chapter and end up with some individual ideas that seemed interesting to me, but nothing more. It would have been more helpful if the concepts were more intertwined, which is, in my view, rather impossible. Alternatively, an issue that is highly relevant in Latin American social work and is plagued by common sense could have been chosen and deconstrued by a selection of ideas and concepts by Latin American scholars. That could have been inspiring and maybe even transferable to other contexts.

Overall, I enjoyed reading the book and I can recommend it to anyone interested in social work, political philosophy, and even sociology or social anthropology.

Jiří Mertl
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Tacit Knowledge in Learning Processes An Obstacle in Cross-disciplinary Degree Programmes using the Example of Social Work

Social Work and Higher Education

One of the strengths of Social Work is its ability to combine different disciplinary systems of thought in its courses. This is attributable to the fact that the degree programme is transfer-oriented in nature; as an applied science, Social Work is confronted with societal problems that are hardly neatly aligned with disciplinary boundaries. However, this approach can become confusing for students when the differences in disciplinary thinking are not even linguistically distinguishable (Schmitz et al., 2022:2). To illustrate this point, consider the following example: In the Bachelor's degree programme in Social Work at the Catholic University of Applied Sciences in Cologne, students are exposed to the disciplines of Medicine, Economics, Philosophy, Psychology, Politics, Law, Sociology, and Theology in addition to the already extensive core subject of Social Work and its different areas. However, does the term "evaluate" or "discuss" have the same meaning in medicine or psychology as it does in political science or philosophy? Consequently, the fields of teaching not only transcend disciplines, but also the division between the humanities, social sciences and natural sciences that is deeply inscribed in the academic system. These distinctions are not objectively and essentially given but are based on constantly discursively (re-)produced systems of power and knowledge in which lecturers form their self-image and their (disciplinary) identity (Huber, 2013:11 f.).

Theoretical Background: Decoding the Disciplines and the Modelling of Thought Processes

During their studies, students repeatedly find themselves in the role of novices, confronted with lecturers who look back on many years of training in their discipline and who are constantly expanding their knowledge advantage through research and teaching (Burkholder, 2011:94). Further, it is not uncommon for lecturers to have studied the subject whose way of thinking already suited them well: "Faculty generally chose to go into fields where they were successful at that kind of thinking and have been working within that disciplinary framework for years. Therefore, they may have leaped almost automatically over obstacles that can prove daunting for novices." (Middendorf, Pace, 2004:5).

Decoding studies focus on bottlenecks in student learning processes by emphasising the meaning of tacit knowledge (Middendorf, Pace, 2004; Pace, 2017; 2021). The approach is based on the following assumption: lecturers, as experts in their subjects, have internalized important steps in working on a task in such a way that they no longer make them explicit. As a result, this implicit knowledge remains hidden from students. As "shadow knowledge", it does not find its way into didactic concepts and is hardly tangible for students. This particularly affects students who have no prior training in the specific subject - for example through previous studies, professional training, or family biography (Middendorf, Pace, 2004:3; for habitus-sensitive teaching, see Stoll, Kiehne, 2022).

How can the obstacles be overcome? It is not only crucial that lecturers become aware of tacit knowledge, but also that they develop ways to make this knowledge accessible to students. In a multi-step process, decoding studies therefore aim to identify the mental steps that an expert

takes when he/she effortlessly overcomes the obstacle. For this purpose, an in-depth interview is conducted, which requires the experts to not only formulate their understanding but also to reflect on their concrete procedures when they themselves work on the task at hand. These insights are used to model the thought process, which enables students to understand and practice the individual steps in concrete terms. For example, lecturers can provide texts they have read and annotated with comments on why they have highlighted which passages or explain why they have skipped certain passages without giving them much thought.

As a first research result, this study modelled a thought process employing the Conceptboard tool. Conceptboard offers lecturers the opportunity to make the texts to be prepared for a class not only available but also to share the steps the lecturer has taken to understand and appropriate the text. These steps may include: 1) key points noted by lecturers themselves in the margin of the text; 2) notes to students to explain why particular passages are important, less important, or even dispensable. 3) Information on the time (even) experts need to read the text (students tend to underestimate the time required for reading), and 4) students are presented with concrete exercises that enable them to observe the thought process and apply it actively.

Methodology: A Comparative Perspective

Decoding studies generally focus on individual lecturers and the learning hurdles they have identified. This study, on the other hand, takes a comparative approach and aims to identify typical thought processes by conducting interviews with lecturers from different disciplines. The pilot study is based on six interviews with lecturers in the field of Social Work using the interview technique of the TEACH-model (Foltz, 2019). Like the classic decoding interview, it enables interviewees to perceive and reflect on their implicit knowledge. Additionally, it looks for first ideas to tackle the bottlenecks with didactic means. Consequently, the interview can alter not only the teaching strategies of the interviewee, but also their way of thinking (see Mooney, Miller-Young, 2021:227 f.; Miller-Young et al., 2015). The transcribed interviews are analysed in the form of a qualitative content analysis according to Udo Kuckartz using categories formed deductively and inductively from the material in MAXQDA (Kuckartz, Rädiker, 2022).

Research Aim: Applicable Results for the Design of Social Work Studies

The comparative approach addresses a gap in decoding studies which are often focused on interviews with individual lecturers. In interdisciplinary courses, however, students could benefit from the modelling of diverse ways of thinking from different disciplines. How do lecturers from different disciplines proceed when they themselves work on a task with the operator "evaluate" or "discuss"? Which thought processes—perhaps across disciplines—can be identified? Can types be formed? With the help of this exploratory study design, the questions will be investigated to make the results fruitful as a tool for university teaching with the help of modelling. The comparative approach promises new insights and can facilitate the advancement of an inclusive university, particularly in the context of interdisciplinary degree programmes such as Social Work.

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Public Commitment to the Journal

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

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

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

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

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

Notice to Contributors

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

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