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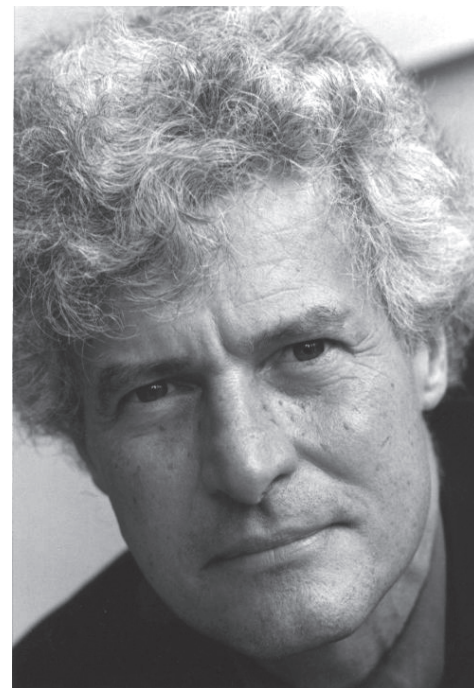
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Editorial

Social work is such a broad and rich field to work in and for. Supporting and empowering citizens, communities and contexts in their social and societal functioning can be characterized as work in complexity and ambiguity in unique situations. It makes social work challenging and often stressful for social workers. They have to deal with expectations, demands and claims from policymakers, managers, clients and colleague professionals from different disciplines in contexts where one-way solutions are lacking. Characteristic of our profession is that we are absolutely dependent on the person(s) we work for. Individuals, families, and communities are the only ones who can improve social relationships and social behaviour. A social worker cannot 'do it for them', nor do they have tools to change a person from the outside. Inside the person, family, workplace, community, and society something has to change. In that respect social workers can be seen as change agents, consultants and supporters in complex contexts. A social worker is confronted with intensive appeals from people in trouble, and social workers are highly sensitive for this appeal; they are social people.

In the first article of this issue *The Work-Related Well-Being of Social Workers in Relationship-Based Settings: A Literature-Based Exploration of the Importance of Impaired Work-Related Well-Being on Case Outcomes*, Andreas Baldschun starts from the observation of a decrease in social work related well-being, which is in line with international studies, due among other things to the emotionally demanding worker-client relationship. Social workers have to deal with very personal matters and individual tragedies every day, and perhaps in their own personal life as well. It asks for a strong personal



and professional identity, in my opinion. In youth care and child protection the challenge is maybe even more felt because of its 'dichotomy between care and control', and the overall hard-to-predict outcomes of an intervention. The authors pledge a multidimensional approach to support social workers asking for supervision, team support, dialoguing and for organisations who embed and strengthen social workers. I assume that many care and welfare organisations are too much focused on control, outcomes, evidence and answering all the claims from outside, and by that lacking room for dialogue, support and understanding social workers and social practice. Interesting is that in Finland they have set up a national occupational health service for social and health care employees for 'in-house support'. This 'house' has free access for all employees, and its goal is to support them in work related well-being.

The book review from Zuzana Poklembová dealing with a 'A-Z book on self-care of social workers and other helping professionals connects wonderfully to this article. The

book is full of ideas, strategies and tools for professionals.

In the Ostrava region of Czech Republic social workers engage in empowering multi-problem communities with patterns of social and ethnic exclusion, as Zuzana Stanková and Alice Gojová wonder in their article *Implementation of Community Work in a Socially Excluded Locality as Viewed by Its Participants* how the participants in the community development project perceive the method of community work. Actually, the article broadens its scope to estimating the added value of community development based on the perceptions and evaluations of residents, social workers and policy makers. Community development is seen as starting from the bottom up, and really doing it together in horizontal co-operation between all actors involved. It was felt by residents as being understandable and accepted, and it boosted their self esteem, at least in their opinions. Outcomes of the project were improvements of the physical environment, e.g. playgrounds; atmosphere and culture, e.g. more playing and doing together; civil dialogue in the meaning of discussing together feelings, observations, ideas and objectives to improve the community; and finally, in social competences.

In the third article *Self-Development Method in Social Work: Key Elements and Its Applied Aspects with Disadvantaged Youth* we shift the empowerment focus from community to the individual. Marija Wazi starts with analysis of the complexity that disadvantaged youth encounter in their daily lives. It is hard for them to choose, to resist, to understand and to find a path and identity to position themselves in their communities and society. We should strengthen, in my words, their self-management, and that asks for touching deeper layers in the human body and mind on the one hand, and on a focus on 'person-in-environment' on the other hand. As said in the introduction of the editorial 'we cannot do it for them' and it is not just teaching them a skill or giving some information. In the authors' perspective it comes down to self-development and self-actualisation. It is challenging and supporting

young people to develop the competence to an ongoing improvement and strengthening of their capacities and capabilities.

Social work has quite different starting points for contributing to social change and social support, as demonstrated in community development and self-development. Next to person and community, social work can start with contexts or systems as we can take from the article *To What Extent Are Social Services in the Ostrava Region Available to Senior Citizens?* The main question here for the researchers Miroslava Mošová, Martina Pulkertová and Oldřich Chytil is the availability of social services for older people. We are moving to the century of seniors, they argue. For the first time in history there will be more people over the age of 60 than those under 15. People live longer with more risks of physical impairment, mental problems and social problems in the sense of loneliness, poverty and exclusion. The seemingly simple questions of availability of services turns out to be very complicated and multi-dimensional. Availability is dependent on presence and accessibility. Accessibility has such different things as opening times, location, attitude, image, price and information. A step further, in the research care allowances, or personal budgets, are coming in that are not spent on care or social work, but on other domains of life: 'our seniors are "forced" to use this allowance for other purposes'.

In the last article *Intergenerational Solidarity from the Perspective of Different Generations* the scope is on strengthening intergenerational connections. The family as an important system, and the starting point of social work is well recognized. However, as the authors Nadežda Kovalčíková and Andrea Bánovčinová argue, the vertical line in families is often overlooked. A first observation is the gradual change of intergenerational solidarity by mobility, dual working parents, and moving from a three-generation model to a fourth generation one. For the middle generation it implies bringing up children and taking care of parents and often even grandparents. Many old people will not burden their children and grandchildren and 'choose' to live with their poverty and



growing isolation, as is often the case. The authors state that family identity is still essential, and intergenerational connections are enriching, and create a basis for social care and interdependence. Perhaps I can add that it creates feelings of adherence that are in my opinion an important value.

In *News from Research* Kateřina Glumbíková, Barbora Grundělová and Zuzana Stanková report on a research project 'Health and use of health care services by shelter users'. An important conclusion is that health should be perceived as a whole, with a special focus on the

interconnection of mental and physical health. It is truly interesting and challenging to see that in all contributions the interdependency and complexity is an issue, and how the richness in perspectives, target groups, and starting points social workers contribute to coping with daily (social) life on the level of the individual, contexts, communities and systems exists.

Prof. Dr. Hans van Ewijk

University for Humanistic Studies, Netherlands

Issue Editor



The Work-Related Well-Being of Social Workers in Relationship-Based Settings: A Literature-Based Exploration of the Importance of Impaired Work-Related Well-Being on Case Outcomes

Andreas Baldschun

Andreas Baldschun¹ is a licensed social worker and doctoral trainee at the Department of Social Sciences at the University of Eastern Finland. Having trained in social work and social pedagogy, he has worked within several contexts of child protection and adult social work in Germany and Finland. He also participated in the research project on social workers' well-being. His research interests are the structure of social workers' occupational well-being, the implementation of occupational well-being in social welfare organisations.

Abstract

OBJECTIVES: This paper provides a deeper understanding of the importance of the social workers' work-related well-being for successful case outcomes. **THEORETICAL BASE:** Recent studies on the work-related well-being of Finnish social workers discovered alarming numbers concerning the employees' decreasing work-related well-being. The reasons for that are located in the nature of social work and, particularly, in the emotionally demanding worker-client relationship in relationship-based settings. **METHODS:** The concepts of burnout, occupational stress, compassion fatigue, counter-transference, traumatisation, secondary traumatic stress and vicarious trauma are analysed with regard to the source of distress and preventing factors. The findings are linked with the characteristics of relationship-based settings and are exemplarily applied to the Finnish case. **OUTCOMES:** Work-related well-being is essential for building and maintaining an efficient and constructive worker-client relationship and as an important element in helping service users to find sustainable solutions for their problem. Supervision, specialized training, organizational support, leadership style and emotional strength are discovered as the main factors for preventing impaired work-related well-being. The impaired work-related well-being resulting from deficits in the organizational structure and lack of resources, however, cannot be compensated by the discovered factors. **SOCIAL WORK IMPLICATIONS:** This study suggests the adoption of a multidimensional approach to work-related well-being that takes into account the complex structure of work-related well-being.

Keywords

child protection, mental distress, relationship-based practice, social work, work-related well-being

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INTRODUCTION

The objective of this article is to explore the worker–client relationship as the interface between social workers and their clients and linking the finding with the key concepts used to describe social workers' mental distress. By this, the importance of the social work employee's work-related well-being with regard to work-related outcomes is illustrated. Additionally, the role of the organisation with regard to supporting the social workers within these settings is highlighted. This is realized by connecting the factors from several concepts describing social workers' work-related distress with the specific characteristics of the emotional demanding worker–client relationship.

Due to their demanding work conditions, social workers are vulnerable to various kinds of distresses (Borritz et al., 2006; Collins, 2008), such as the burnout syndrome, occupational stress, compassion fatigue (CF), countertransference (CT), traumatisation, secondary traumatic stress (STS) or vicarious trauma (VT). According to the findings of relevant studies, these distresses are caused by the special work conditions (Drake, Yadama, 1996; Coffey, Dugdill, Tattersall, 2004) and by the nature of social work with the mentally ill, traumatised and deprived clients (Maslach, Jackson, 1981; Maslach, Schaufeli, Leiter 2001; van Hook, Rothenberg, 2009). The nature of social work can be determined by the helping process as the basic framework, the face-to-face contact and the overall worker–client interaction. Another characteristic is dealing with the client's background and present situation, which may reveal traumatic experiences and maltreatment (Horwitz, 1998; Joseph, Murphy, 2014). Here, the social workers' conflicting role of control and help adds an additional challenge to the mission (Hasenfeld, 2010; Blomberg et al., 2015).

In the field of social work, working in relationship-based settings means working with emotions. Working with those emotions are on the one hand a key element for successful work with clients (Sudbery, 2002; Dill, 2007; Hasenfeld, 2010), and on the other hand a source of work-related distress (Nelson-Gardell, Harris, 2003; Sprang, Craig, Clark, 2011). Moreover, since the social worker often operates at the interface of traumatic circumstances, the traumatized clients and their environment, the development of mental distress is a natural consequence of their work (Sprang, Craig, Clark, 2011). Hence, dealing successfully with these challenges has been found as a necessary professional competence of social workers in helping clients to overcome their misery (Dill, 2007; Joseph, Murphy, 2014). The emotional connection between the social worker and the client was claimed as the most effective method of ensuring the overall protection of children and, therein, the social worker has a core responsibility for case outcomes (Sudbery, 2002; Dill, 2007; Ruch, Turney, Ward, 2010). This makes the topic particularly relevant for research on the underlying processes, because failure in the assessment can make the difference between life and death (Nelson-Gardell, Harris, 2003).

Not least because of this dynamic, the employing organisation plays a vital role in avoiding negative consequences for their employees. This indicates that one important task of organisations is to support the employees' work-related well-being, which strengthens their capability to be successful in their tasks and keeps them in their job. In addition to these general factors, the child welfare social work in Finland has its own challenges that have impact on employees' work-related well-being. These challenges are caused, on one hand, by the current and ongoing reorganisation of social service organisations in accordance with reorganisation on the administrative level of the service-providing municipalities (Sinko, Muuronen, 2013) and, on the other hand, by the implementation of a new child protection law that required, as a consequence of tightened standards, additional qualified staff that could not be found and led to the employment of underqualified social workers (Räty, 2010; Miettinen, Stenroos, 2011). Additional challenge to fulfil the standards is given by the implementation of the law for social welfare professionals (2016). The law strictly determines who may practice statutory social work and furthermore is restricting the access of under-qualified workers to social work positions.

Compared with the findings from international studies, the situation in Finland is quite similar. A Nordic comparative study revealed that Finnish social workers experience higher levels of



occupational stress than their colleagues in other Nordic countries (Saarinen, Blomberg, Kroll, 2012). In another study on the work-related well-being of Finnish social workers, up to 43 per cent of the respondents reported the worsening of their well-being (Mänttari-van der Kuip, 2014). Here, economic pressures and decreasing opportunities to carry out ethically responsible social work were identified as the main causes. Additionally, the work-related moral distress caused by insufficient resources was found as a significant predictor with regard to social workers' sick leave and turnover intentions (Mänttari-van der Kuip, 2016). The descriptions above emphasize the importance of the interrelation of relationship-based social work, the work-related well-being of employees, and the importance of a supportive work environment. Further, they illustrate that work-related well-being is a complex construct consisting of diverse factors, which may be either supportive or a hindrance, depending on the particular constellation of the organisational structure and the employees' individual vulnerability. This article seeks to contribute to the knowledge about the processes of developing mental distress among social workers and its relevance for the quality of the worker–client relationship.

EXPLORATION OF SOCIAL WORKERS' WORK-RELATED DISTRESS IN HUMAN SERVICE ORGANISATIONS

Selection of relevant publications

Determination of the sources of work-related mental distress, as well as the associated concepts, was followed by the identification of the literature explaining the phenomena, either theoretically or empirically. A social science database set containing the 10 preset databases Arts & Humanities Citation Index (ISI), Business Source Elite (EBSCO), EBSCOhost Academic Search Premier, Emerald Journals (Emerald), JSTOR Arts & Sciences I Collection, ScienceDirect (Elsevier), Social Sciences Citation Index (ISI), Social Services Abstracts (ProQuest), SocINDEX with Full Text (EBSCO), Sociological Abstracts (ProQuest), was used to search for publications contributing best to explain the concepts. As keywords, "child welfare", "child protection", "employee well-being", "mental distress", "occupational well-being", "social work" and the names of the concepts listed in Table 1 were used separately and in combination with each other for information retrieval. A certain timeframe was not set, as it was focused on publications contributing best to the purpose of this investigation. The criteria for selection were that, on the one hand, the publications were theoretical descriptions of one of the concepts or, on the other hand, that they were empirical studies on mental distress carried out in the field of social work and, particularly, in the field of child protection. Attention was paid to papers describing the specific characteristics of the respective phenomena and the outcomes for individuals and organisations. Further, it was important to reveal information about sources of work-related distress, as well as to identify the preventing and supporting factors. Papers reviewing the literature, focusing on measurement issues and studies undertaken in a special or regional context did not qualify for the analysis. Additional information was drawn from literature dealing with the aspects of relationship-based practice as a basic element of the nature of social work (e.g. Sudbery, 2002; Trevithick, 2003; Ruch, Turney, Ward, 2010).

Concepts describing social workers' work-related distress

Several key-concepts were identified that describe social workers' mental distress. As the scope of this paper has a different emphasis, they are described very briefly here. A structured overview of the concepts is provided in Table 1. The selected categories briefly present the characteristics and process of development of the respective distress, major causes of symptoms and their impact on individual and institutional level, as well as the specific protecting factors.

Burnout among social workers, caused by job-related factors, is probably the most noted issue and represents a serious concern for social work professionals (e.g. Gillespie, 1986; Söderfeld,



Söderfeld, Warg, 1995; Lizano, 2015). The burnout phenomenon in care-giving and service occupations, occurring as a response to chronic emotional and interpersonal stressors on the job, was mentioned first by Freudenberg (1974). This concept was further developed by Maslach and co-workers (e.g. Maslach, Jackson, 1981; Maslach, Schaufeli, Leiter, 2001), who defined the three dimensions (emotional exhaustion, depersonalization and personal accomplishment) on which the outcome of burnout appears. Decker, Bailey, and Westergaard (2002:63) formulated their definition of burnout as “*a physical, mental and emotional reaction to chronic, everyday stress that results from social interaction*”, which is a common phenomenon in the helping profession. Another concept that is used to explain absenteeism and high turnover rates among social workers is *occupational stress* (Coffey, Dugdill, Tattersall, 2004; Nissly, Mor Barak, Levin, 2005). However, the concepts of work-related stress are hard to distinguish from the burnout concept. Authors using stress concepts to explain burnout use the concepts synonymously or describe burnout as a negative response to stress (Bradley, Sutherland, 1995). The concept of occupational stress was defined by Farmer, Monahan and Hekeler (1984). The authors distinguished personal and occupational stress factors that, if chronic, can lead to negative physiological and emotional effects. Resulting from chronic personal and occupational stress factors, behavioural reactions such as argumentativeness and fighting, withdrawal and uncommunicativeness, refusal to socialize or overdependence were identified.

Further related concepts are *CF*, *STS*, *VT* and *CT*. *CF* is defined as “*the professional or caregiver’s reduced capacity or interest in being empathic to client situations*” (Dill, 2007:183) and has been said to be “*a direct result of exposure to client suffering*” (Radey, Figley, 2007:207). *CF* is an element of burnout, but it differs in that it can occur as the result of a single exposure to trauma (Conrad, Kellar-Guenther, 2006). Similar to burnout, the risk of developing *CF* is basically grounded in work-related emotional overload related to staff–client interaction (Dill, 2007; Sprang, Clark, Whitt-Woosley, 2007). In contrast to burnout, *CF* is associated with a sense of helplessness and confusion and has a faster development of symptoms (Figley, 2002). Conrad and Kellar-Guenther (2006:1073) mention the feeling of helplessness in *CF*, as in burnout. The process of *CF* development ranges from compassion satisfaction to compassion stress and ends with *CF* (Sprang, Clark, Whitt-Woosley, 2007). Whereas burnout is caused by staff–client interaction, *CF* specifically has its source in the chronic experience of clients’ miseries (Conrad, Kellar-Guenther, 2006). Kanter (2007) points out in his article the importance of self-care, particularly for those who focus daily on caring for others.

The concept of *CT* is defined as the emotional reaction to current work experiences, triggered by the social worker’s past life experiences (Kanter, 2007). *CT* differs from *CF* in its “*chronic attachment associated with family of origin relationships*” (Figley, 2002:1436) and is not related to the worker’s empathy toward the client’s trauma. Few studies deal with the concept of *VT* (which refers to the negative impact of work with traumatized clients) (Agass, 2002; Bride, Radey, Figley, 2007; Bride, Jones, MacMaster, 2007; Dill, 2007). Dill (2007) points out the interchangeability of *VT* with *CF* but distinguishes *VT* from *CF* as a cumulative form of trauma that can lead to changes in self and professional identity. Further, the conceptions of *trauma* and *STS* are mentioned in the literature to explain problems with social workers’ well-being. Using psychoanalytical trauma theory, Horwitz (1998:365) refers to social worker trauma that can occur “*when a caseload event or series of events is beyond the capacity of the social worker to manage*”. He distinguishes between direct and indirect trauma experienced by the social worker through work with clients. The concept of *STS* differs from the trauma conception in that the social worker does not experience the trauma himself or herself but is nevertheless closely touched by the client’s trauma (Figley, 2002; Bride, Radey, Figley, 2007; Kanter, 2007; Sprang, Clark, Whitt-Woosley, 2007; Dill, 2007). Distinguishing *STS* from other concepts is rare in the literature. Figley (2002), and Bride, Radey, and Figley (2007) say it is synonymous to *CF*, the latter mentioning that it is “*nearly identical to posttraumatic stress*” (Bride, Radey, Figley, 2007:155). All the above-mentioned authors refer to a personal trauma history as



a significant risk factor for developing STS syndrome and mention social support and positive coping strategies as important preventive interventions.

Any of the described concepts provide important information on the complex structure of social workers' work-related well-being. Each of the seven concepts refers to different sources of distress and outcomes with regard to the work-related functionality of social workers and their possible consequences on the organisational outcomes. However, it is also important to mention that some social workers gain power, engagement, and satisfaction from exactly the same settings in which others develop mental distress (Graham, Shier, 2010). For them, it is essential to be in a relationship with clients and to follow the process and development that lead to satisfying outcomes. Compassion satisfaction is the pleasure received from helping people and it is the opposite of CF (Conrad, Kellar-Guenther, 2006; van Hook, Rothenberg, 2009). The authors state that the basic requirements for CF are a workplace that offers the possibility to work with people, and the employees' ability to offer and create warm, caring, and trustworthy relationships with those people. For the social worker, the gratification from worker–client relationships represents the main benefit of the work. Radey and Figley (2007) developed a model for creating compassion satisfaction, pointing out the importance of affect, work resources and self-care for social workers' well-being. Social workers who obtain pleasure from helping clients and obtain good feelings from having the ability to help scored high on compassion satisfaction (Conrad, Kellar-Guenther, 2006; van Hook, Rothenberg, 2009). In the following section, the characteristics of relationship-based settings are explored and linked with the processes of developing mental distress as described above.

Table 1: Overview on Concepts Describing Social Workers' Work-Related Distresses

Concept	Definition and process	Major cause	Institutional outcomes	Individual outcomes	Preventive factors	Publication sources
Burnout Syndrome	<ul style="list-style-type: none"> - chronically ongoing three dimensions: - exhaustion - cynicism/ depersonalization - personal accomplishment/ professional efficiency 	<ul style="list-style-type: none"> - institutional, individual and social variables - client-worker interaction 	<ul style="list-style-type: none"> - turnover of staff - low morale - inhumane client treatment - reduced commitment - cynicism 	<ul style="list-style-type: none"> - emotional exhaustion - physical and psychological diseases - sense of helplessness and isolation - alcohol and drug use 	<ul style="list-style-type: none"> - social support from institution and peers - job-related training - work experience - age 	Freudenberger, 1974; Maslach, Jackson, 1981; Gillespie, 1986; Söderfeld et al., 1995; Maslach et al., 2001; Decker et al., 2002; McCarter, 2007; Lizano, 2015
Compassion Fatigue	<ul style="list-style-type: none"> - an element of burnout - fast development three stages: - compassion satisfaction - compassion stress - compassion fatigue 	<ul style="list-style-type: none"> - emotional overload - client-worker interaction - chronic experience of clients' misery 	<ul style="list-style-type: none"> - absenteeism - turnover of staff - reduced professional performance 	<ul style="list-style-type: none"> - depression - nightmares - functional impairment - emotional exhaustion 	<ul style="list-style-type: none"> - social support - supervision - positive coping strategies - education - decreased caseload size 	Figley, 2002; Nelson-Gardell, Harris, 2003; Conrad, Kellar-Guenther, 2006; Sprang et al., 2007; Dill, 2007; Radey, Figley, 2007; Kanter, 2007



Counter-transference	<ul style="list-style-type: none"> - psychodynamic process - process of seeing one's self in the client - the worker's reaction to the client 	<ul style="list-style-type: none"> - worker's family of origin relationships - client-worker interaction - over identification with the client and his/her needs 	<ul style="list-style-type: none"> - absenteeism - turnover of staff - limited professional outcomes - failure in assessment and intervention 	<ul style="list-style-type: none"> - distressing emotions - psychological stimulation - functional impairment 	<ul style="list-style-type: none"> - social support - supervision - education 	Agass, 2002; Figley, 2002; Kanter, 2007
Vicarious Trauma	<ul style="list-style-type: none"> - interchangeability with compassion fatigue - cumulative trauma 	<ul style="list-style-type: none"> - emotional overload - client-worker interaction - chronically experience of clients' misery - negative impact from clients 	<ul style="list-style-type: none"> - absenteeism - turnover of staff - reduced professional performance 	<ul style="list-style-type: none"> - depression - nightmares - functional impairment - emotional exhaustion 	<ul style="list-style-type: none"> - social support - supervision - positive coping strategies - education - decreased caseload size 	Sexton, 1999; Nelson-Gardell, Harris, 2003; Bride, Radey, Figley, 2007; Bride, Jones, McMaster, 2007; Dill, 2007; Knight, 2010
Trauma	a single and suddenly appearing event, which was unexpected to happen	overwhelming psychological and emotional response to clients' situations and behaviour	<ul style="list-style-type: none"> - absenteeism - reduced professional performance 	<ul style="list-style-type: none"> - shock behaviour - helplessness - numb feelings - hypervigilance 	<ul style="list-style-type: none"> - social support - supervision - resilience 	Horwitz, 1998; Figley, 2002; Nelson-Gardell, Harris, 2003; Bride, Radey, Figley, 2007; Kanter, 2007; Sprang et al., 2007; Dill, 2007; Knight, 2010
Secondary Traumatic Stress	<ul style="list-style-type: none"> - psychological effects - chronically progressive - knowledge about traumatic events experienced by others 	<ul style="list-style-type: none"> - personal history of trauma - client-worker interaction - empathic engagement with clients' traumatic experiences - caseload size 	<ul style="list-style-type: none"> - absenteeism - turnover of staff - reduced professional performance 	<ul style="list-style-type: none"> - avoidant responses - physiological stimulation - distressing emotions - functional impairment 	<ul style="list-style-type: none"> - social support - supervision - positive coping strategies - education - decreased caseload size 	Horwitz, 1998; Figley, 2002; Nelson-Gardell, Harris, 2003; Bride, Radey, Figley, 2007; Kanter, 2007; Sprang et al., 2007; Dill, 2007; Knight, 2010
Occupational Stress Syndrome	<ul style="list-style-type: none"> - chronically ongoing - institutional, situational and individual levels 	<ul style="list-style-type: none"> - job demands - job-related factors 	<ul style="list-style-type: none"> - absenteeism - turnover of staff - low morale - poor decision-making 	<ul style="list-style-type: none"> - chronic physical and psychological diseases - irritability - difficulty in concentrating 	<ul style="list-style-type: none"> - social support - job demand evaluation - reducing organisational constraints - relaxation 	Farmer et al., 1984; Bradley, Sutherland, 1995; Coffey et al., 2004; Nissly et al., 2005; Collins, 2008



THE IMPORTANCE OF THE IMPAIRED WORK-RELATED WELL-BEING OF SOCIAL WORKERS IN HUMAN SERVICE ORGANISATIONS

Social work in relationship-based settings

The central part of statutory social work takes place in face-to-face contact between the social worker and the service users. Since the nature of social work is to deal with very personal matters and individual tragedies, these meetings differ essentially from work with clients in other office settings. Harm, illnesses and tragic fates are the themes that clients drag around and bring along to their appointments, but the employees may also have their own worries and tragedies (Sudbery, 2002; Shier et al., 2012). Therefore, the helping process does not take place as a sterile public service procedure but between two individuals with their own biographical background and personal attributes. Even though social service localities are typical public facilities, the meeting at the office is often much more than a neutral talk about problems and solutions. The procedure usually takes place in a triangular system consisting of the service provider, the service employee and the service user. Together, they work to find solutions for the service user's misery (Hingley-Jones, Mandin, 2007). Leaving the contact with the social service successfully depends on a number of factors and on the cooperation of the involved systems. Particularly in the field of child protection, one dilemma is the dual role of social work. Balancing the dichotomy between care and control is a challenge for organisations and employees, and the handling of that dilemma is a tricky challenge for the management of social services as well as for the employees (Ruch, Turney, Ward, 2010; Hasenfeld, 2010; Zosky, 2010). By legislation (Räty, 2010) Finnish social workers, for instance, are provided with strong power and high responsibility in the decision-making process, which makes the dilemma even more challenging.

Besides these obstacles, these characteristics of social service work make the quality of the helping relationship one of the most important determinants for the client and case outcome (Trevithick, 2003). Accordingly, due to these work conditions of social work, developing and maintaining a good worker–client relationship is a great challenge for both parties. Researchers found that a good worker–client relationship is characterized by mutual respect, acceptance, trust, warmth, liking, understanding and collaboration (e.g. Ribner, Knei-Paz, 2002; de Boer, Coady, 2007). In a study on relationship competences, Drake (1994) identified some main characteristics that are needed to build a stable relationship. In his study professionals and clients agree on the importance of a good worker–client relationship for a successful helping process. They also agree on some key competences for both sides, such as respect, effective communication, participation in the process and avoiding prejudgment. The service users particularly mentioned the professionals' ability to listen, to show empathy and to spend time with them while assessing and solving their problems. Despite the great extent of agreement on the content of a good worker–client relationship, there are many serious obstacles in creating and maintaining the relationship.

For a better understanding of the process, it is necessary to look more closely at the actors. On one side, social work employees are professionals who are educated in helping people in need and have knowledge about legal frameworks and supporting capabilities. Previous research revealed that these professional skills depend on the educational institution attended, further training and professional experience (Hingley-Jones, Mandin, 2007; Mandell, 2008), and the employing organisation. Further, all professionals have their own personality, with a different background and biography. These range from self-experienced harm in childhood to an overly-protective childhood, and professionals are not free of unresolved problematic social experiences that can be triggered in contact with clients (Horwitz, 1998; Acquavita et al., 2009). Another important aspect is the professional's social class, which might differ from the service user's, leading to different attitudes (Sudbery, 2002; Mandell, 2008). Moreover, clients are service users who may be seeking help or may just want to get away from the service organisation as soon as possible (Ruch, Turney, Ward, 2010). Burdened by pathological psychic structures, caught in their own biographic



experiences and using mainly dysfunctional coping strategies, some clients found it impossible to develop compliance and find solutions for their problems (Agass, 2002; Trevithick, 2003). Moreover, clients often behave in unfriendly, hostile or even aggressive ways, instead (Turney, 2012). These findings indicate that working under those conditions require, on the one hand, well trained staff and the effective coping strategies of the social work employees and, on the other hand, a supportive work environment and a trustful interaction with the employing organisation.

Worker–client relationship and impaired work-related well-being

As a result, work-related distresses may lead to exhaustion, fatigue, depersonalization, reduced personal accomplishment, hopelessness, and a loss of morale and empathy, among other things (e.g. Maslach, Jackson, 1981; McCarter, 2007). These reactions have the consequence that the social worker will no longer be able to apply his or her knowledge and skills to steer the helping process and to help the client (Bride, Jones, MacMaster, 2007). By implication, work engagement and effectiveness may decrease and the esteem towards clients is lost. This may distance employees emotionally and cognitively from their work (Maslach, Schaufeli, Leiter, 2001) and may impair the social workers capability to act ethically and professionally (Mänttari-van der Kuip, 2016). As a consequence, clients are met with indifferent and cynical attitudes, and with the intention to get rid of them rather than helping them to solve their problems.

As described above, due to their burdening life situation service users may be the trigger for creating such a response in workers (Shier et al., 2012; Joseph, Murphy, 2014). Clients bring these issues into the relationship more or less willingly and consciously and rely on the professional's skills to deal with them (Mason, 2012). Nevertheless, clients might also suffer from a negatively developing worker–client relationship and its side effects on the institutional side (Decker et al., 2002). Even though it is clearly more a work relation than a private relation, the issues discussed are very private for the client. Stable, reliable relationships need time to be built up, particularly in a non-voluntary context with a person with whom the client did not choose to work. Previous research emphasized that social worker turnover or service provider change interrupts these relationships and, thereby, possibly the whole helping process, which may lead to personal disruption or a prolonged crisis for the client (McCarter, 2007). In some cases, it might even worsen the situation if the necessary support could not be granted because of breaks in helping processes. Other cases stay unresolved, inasmuch as the client has resigned and refuses further relationship offers from the employee's side (Trevithick, 2003). This may result in serious problems for the employees, the service users and the service providers.

Drawing on the explorations above, it can be suggested that the relationship between the social worker and the client can be seen as the interface of the helping process, and the underlying processes of the relationship are important with regard to several factors: client compliance, case outcomes, well-being of employees and clients, and overall mission of the service providing organisation. One more potential challenge in building the relationship is the power imbalance between the employee and the service user: this dilemma needs to be considered and acknowledged in the process and is not implicitly a hindering factor for a constructive worker–client relationship (Mandell, 2008; Ruch et al., 2010). Depending on the quality of the relationship, it can be experienced as either supportive or burdensome for the development of solutions. Thus, the process of building a relationship is very complex and to some degree subconscious, and the participating actors are often unaware of the factors that influence it. Consequently, the emotions experienced in the relationship may have negative effects on the individual well-being as well as on the worker–client relationship (Horwitz, 1998; Bride, Jones, MacMaster, 2007).

This implies that the social worker needs to be able to influence and steer the relationship as well as to handle the emerging emotions. Hence, it is the social worker's responsibility to form and maintain the relationship and use it as a tool for enabling the client's personal growth, and to change unconstructive behaviour (Sudbery, 2002; Mason, 2012). Overwhelming emotions and



unprofessional relationships sharply deteriorate the effective balance of social workers, putting them in danger of developing mental distress. Additionally, the client's situation may stagnate or even deteriorate within that setting. These illustrations call for additional attention to be paid to the importance of the worker–client relationship in order for there to be a successful helping process and to discern its impact on the well-being of employees and clients.

Worker–organisation interaction and impaired work-related well-being

As a basic principle, the helping process and the social worker's action is embedded in the organisational framework. For solutions to mitigate the negative consequences of the above-described outcomes of worker–client relationships, various interventions and support are required on the organisational and individual dimensions (e.g. Collins, 2008; Acquavita et al., 2009; Lizano, Mor Barak, 2012). On the organisational dimension, the basic framework for the service provided is given and the standards and demands for its employees are defined, including a range of possible actions and responsibilities on which to act (Ruch, 2012). On the individual dimension, private social support, effective self-care, work experience and training were found as effective resources for avoiding work-related distress (Coffey, Dugdill, Tattersall, 2004; Nissly, Mor Barak, Levin, 2005; Conrad, Kellar-Guenther, 2006; Dill, 2007). Service users, however, may also need additional support from services to address both the psychic harms that initially emerged, and new ones. Here, service users can learn to deal with harm and to process unresolved problematic experiences. Professional facilities should be at the forefront but also voluntarily organized groups, family and friends can help to deal with problematic situations. However, the clients in the most delicate situations are in the greatest need of stability in their caring workers (van Hook, Rothenberg, 2009). Here, self-care is the key word for both clients and employees, although the possibilities for that are different.

Also, the individual factors represent an important contribution for balancing a social worker's impaired work-related well-being, their benefit is limited with regard to distress that occurs in the context of the work. Here, the employing organisation has the liability to support the social workers adequately. With regard to the preventive factors found from the exploration of the concepts of work-related distress, social support, peer support and supervision were found to be effective interventions for dealing with harmful emotions and psychological distress, either as preventive factors or acute interventions (e.g. Dill, 2007; Bride, Jones, MacMaster, 2007; Kanter, 2007). With regard to supervision, one should distinguish between the supervision given by an expert and more informal peer support. Both aim to balance emotionally burdening situations and to maintain work-related well-being. Whereas supervision is a structured and time-limited resource used to solve complex situations, peer support is usually promptly available and used for short discussions. Therefore, for organisations it is worth investing in both supporting elements. Further, it can be suggested that effective job trainings provide tools for processing job-related harm and triggered burdening emotions (Sexton, 1999; Dill, 2007; Radey, Figley, 2007).

Further, organisational resources and support can be provided by arranging the work environment and the work operating processes in a way that it reduces the chances of developing work-related distresses (Collins, 2008). According to the findings the studies related to mental distress, organisational support is associated with sufficient time resources, leadership style, opportunities for peer support, a balanced caseload size, and an overall supportive work environment (e.g. Nelson-Gardell, Harris, 2003; Kanter, 2007; Sprang, Clark, Whitt-Woosley, 2007; Bride, Radey, Figley, 2007; Bride, Jones, MacMaster, 2007; Collins, 2008). The social worker has to perform reliably and professionally in a demanding field and need to recover from occurring stressful experiences. For this purpose, a supportive work environment and sufficient resources are indispensable. This is made difficult by the fact that working with deprived persons with destructive behavior patterns exposes professionals to the risk of transferring those patterns into their own work environments (Sexton, 1999; Agass, 2002). Especially, the stressful and demanding work in the field of child



protection requires an adequate and pleasant working atmosphere to enable the maintaining of a constant level of social well-being. Here, particularly, the ability to engage in authentic behavior at work supports the social workers' work-related well-being (Farmer, Monahan, Hekeler, 1984; Warr, Clapperton, 2009). Finally, this implies that efficient interaction and cooperation between the organisation and the social workers represent the key features in avoiding impaired work-related well-being.

DISCUSSION

The examinations undertaken in this study focus on the worker–client relationship as a central element in the overall social-work helping process in which the organisation, the employee and the service user are directly involved. As a result of these examinations, a number of factors supporting the work-related well-being of child welfare workers were discovered. Additionally, a theoretical link was made between work-related well-being and case outcome that suggested potential reciprocal effects of the worker–client relationship and employee well-being, which is in line with the findings of the recent study by Blomberg and colleagues (2015). These insights give reasons for concern and should be addressed in manifold ways. The outcomes of the theoretical examinations presented in this article, combined with the findings from empirical studies, allow inferences with regard to the factors necessary for avoiding impaired work-related well-being of social work employees. Social workers operate in a complex field that requires not only professional expertise but also extended communication skills, emotional strength and effective coping strategies for dealing with demanding job conditions. Another essential element in avoiding the negative outcomes is organisational support, which should be coordinated according to the employees' needs (Sprang, Clark, Whitt-Woosley, 2007; van Hook, Rothenberg, 2009).

When discussing the solutions for enhancing work-related well-being in child welfare social work, it is indicated that one should differentiate between the distress caused by the nature of child welfare social work and distress related to structural deficits in the organisation (Nissly, Mor Barak, Levin, 2005; Blomberg et al., 2015). The high emotional and professional demands in relationship-based social work settings and available organisational resources represent the key areas with the greatest importance for the social workers' work-related well-being. It can be assumed that a number of individual factors and personality traits influence employees' ability to build relationships and, therefore, influence their performance. However, the organisational structure and the provided resources also play a central role in these processes. A chronic lack of resources may lead to role conflicts and decreased opportunities to carry out ethically-responsible social work and may encourage the development of mental distress among employees (Mänttärivander Kuip, 2016). As illustrated above, the social workers' performance is embedded in the organisational framework, which is to say that both are important for each other's functioning: the better the organisational structure and resources are, the better the well-being of the employees', and conversely, the better the employees' well-being, the better the organisational functioning and the achievement of objectives.

In Finland, an occupational health service for social and health care employees was recently developed and implemented in order to provide additional help to the "in-house support" (Peurala, Kankaanpää, 2006). The service is based on the Occupational Health Care Act (2015) and provides free access to all employees during work time. This, generally, can be seen as a valuable action in supporting the employees' work-related well-being. However, the services and support can only provide help in handling the distress developed by the exposure to specific work conditions related to the nature of child protection work and cannot compensate for the structural deficits of the work environment or the organisational operating process. The results of the examinations present in this article indicate solutions addressing the nature of social work and case processing that are in line with the suggestions of Miettinen and Stenroos (2011), and Blomberg et al. (2015).



The structural deficits and reduced organisational resources were not explicitly discussed in this study. This, mainly can be justified by two reasons: At first, a sufficient discussion about that topic would be beyond the scope of this study. Secondly, there has been already published a number of scholar research texts about the changing conditions of social workers and the rigorous economic context in the Nordic countries, and particularly in Finland (e.g. Borritz et al., 2006; Saarinen, Blomberg, Kroll, 2012; Blomberg et al., 2015; Mänttari-van der Kuip, 2014, 2016), and it was not the objective of the present study to add further knowledge to this discussion.

However, the importance of insufficient resources and the ongoing structural changes in the field have not been ignored in this study, but were integrated as factors in the overall description of work-related well-being. Eventually, the intensity of these factors may vary a lot between the organisations according to their current organisational structures and the available budget. By describing all the factors as theoretically equal with the same relevance, the complex structure and the multidimensionality of social workers' work-related well-being is emphasized.

CONCLUSIONS

This article aimed at linking the factors related to social workers' mental distress with the working conditions of social workers in relationship-based settings, and to reveal the risks of developing mental distress. As a result, the article reveals the complexity of the underlying processes and demonstrates the impact of work-related distress on the client-worker relationship and on the quality of work outcomes.

The variety of mental distresses caused by the emotionally demanding worker-client relationship give reason for concern regarding the work-related well-being of social workers. The examination of the interdependency of relationship-based settings in social work and impaired work-related well-being of social workers, discovered the mutual benefit of a high level of work-related well-being of social workers. Hence, this indicates that the necessary investigations of developing and maintaining the work-related well-being of social workers are shared between the organisation and the employee. Both have their own responsibilities and tasks, and these need to be adjusted in cooperation of both. Although work-related well-being generally consists of the same elements, it needs to be adjusted to the individual requirements of the employee and the particular requirements of the work unit. The patterns of mental distress are as manifold as the solutions for them, which is an additional challenge in the very complex task of research on work-related well-being. This study suggests the adoption of a multidimensional approach to work-related well-being that takes into account the complex structure of work-related well-being. Being aware of the fact that sometimes structural deficiencies cannot be changed, one advantage of this approach is the identification of factors that can compensate for the deficiencies to some extent.

The findings presented in this paper point to the investigation of work-related well-being of social workers in further research, not only in Finland but also in an international context. Although the literature in this study is based on empirical research, further investigations are needed to confirm the suggestions presented in this paper. Thus, the potential theoretical relationships presented in this study raise a number of questions that also need to be answered empirically. Those are, for instance:

- Why are social work professionals particularly vulnerable to developing mental distress?
- What are the differences when compared to professionals from related professions, such as psychologists or psychiatrists?
- What is the structure of the work-related well-being of social workers?
- What are the factors contributing to work-related well-being?
- What is the impact of the organisational support of the employees' work-related well-being?
- How can the elements of the interaction of the organisation and the employee be determined?



Based on these research questions, the starting point and the focus of future investigations are the work conditions and the work-related well-being of social workers and their supporting network. These issues need to be addressed in order to obtain and maintain a retainable work force that is capable of facing the challenges specifically related to child protection social work. In addition to these work-related topics, further research should address the impact of both impaired structural work conditions and the chronic lack of resources on the worker–client relationship and case processing.

REFERENCES

- ACQUAVITA, S. P., PITTMAN, J., GIBBONS, M. et al. 2009. Personal and Organizational Diversity Factors' Impact on Social Workers' Job Satisfaction: Results from a National Internet-Based Survey. *Administration in Social Work*, 33(2), 151–166.
- Act No. 817/2015, *Law for Social Welfare Professionals* [online]. Finlex Data Bank. [20. 3. 2016]. Available at: <http://www.finlex.fi/fi/laki/alkup/2015/20150817>
- Act No. 1383/2001, *Occupational Health Care* [online]. Finlex Data Bank [12. 6. 2015]. Available at: <https://www.finlex.fi/en/laki/kaannokset/2001/en20011383>
- AGASS, D. 2002. Countertransference, Supervision and the Reflection Process. *Journal of Social Work Practice*, 16(2), 125–133.
- BLOMBERG, H., KALLIO, J., KROLL, C. et al. 2015. Job Stress among Social Workers: Determinants and Attitude Effects in The Nordic Countries. *British Journal of Social Work*, 45(7), 2089–2105.
- BORRITZ, M., RUGULIES, R., BJORNER, J. B. et al. 2006. Burnout among Employees in Human Service Work: Design and Baseline Findings of the PUMA Study. *Scandinavian Journal of Public Health*, 34(1), 49–58.
- BRADLEY, J., SUTHERLAND, V. 1995. Occupational Stress in Social Services: A Comparison of Social Workers and Home Help Staff. *British Journal of Social Work*, 25(3), 313–331.
- BRIDE, B. E., JONES, J. L., MACMASTER, S. A. 2007. Correlates of Secondary Traumatic Stress in Child Protective Service Workers. *The Journal of Evidence-Based Social Work*, 4(3/4), 69–80.
- BRIDE, B. E., RADEY, M., FIGLEY, C. R. 2007. Measuring Compassion Fatigue. *Clinical Social Work Journal*, 35(3), 155–163.
- COFFEY, M., DUGDILL, L., TATTERSALL, A. 2004. Stress in Social Services: Mental Well-Being, Constraints and Job Satisfaction. *British Journal of Social Work*, 34(5), 735–746.
- COLLINS, S. 2008. Statutory Social Workers: Stress, Job Satisfaction, Coping, Social Support and Individual Differences. *British Journal of Social Work*, 38(6), 1173–1193.
- CONRAD, D., KELLAR-GUENTHER, Y. 2006. Compassion Fatigue, Burnout and Compassion Satisfaction among Colorado Child Protection Workers. *Child Abuse & Neglect*, 30(10), 1071–1080.
- DE BOER, C., COADY, N. 2007. Good Helping Relationship in Child Welfare: Learning from Stories of Success. *Child and Family Social Work*, 12(1), 32–42.
- DECKER, J. T., BAILEY, T. L., WESTERGAARD, N. 2002. Burnout among Childcare Workers. *Residential Treatment for Children & Youth*, 19(4), 61–77.
- DILL, K. 2007. Impact of Stressors on Front-Line Child Welfare Supervisors. *The Clinical Supervisor*, 26(1/2), 177–193.
- DRAKE, B. 1994. Relationship Competences in Child Welfare Services. *Social Work*, 39(5), 595–602.
- DRAKE, B., YADAMA, G. N. 1996. A Structural Equation Model of Burnout and Job Exit among Child Protective Service Workers. *Social Work Research*, 20(3), 179–188.



- FARMER, R. E., MONAHAN, L. H., HEKELER, R. W. 1984. *Stress Management for Human Services*. London: Sage.
- FIGLEY, C. 2002. Compassion Fatigue: Psychotherapists' Chronic Lack of Self-Care. *Psychotherapy in Practice*, 58(11), 1433–1441.
- FREUDENBERGER, H. J. 1974. Staff burn-out. *Journal of Social Issues*, 30(1), 159–165.
- GILLESPIE, D. F. (Ed.). 1986. *Burnout among Social Workers*. New York: The Harworth Press.
- GRAHAM, J. R., SHIER, M. L. 2010. The Social Work Profession and Subjective Well-Being: The Impact of a Profession on Overall Subjective Well-Being. *British Journal of Social Work*, 40(5), 1553–1572.
- HASENFELD, Y. 2010. Organizational Responses to Social Policy: The Case of Welfare Reform. *Administration in Social Work*, 34(2), 148–167.
- HINGLEY-JONES, H., MANDIN, P. 2007. Getting to the Root of Problems: The Role of Systemic Ideas in Helping Social Work Students to Develop Relationship-Based Practice. *Journal of Social Work Practice*, 21(2), 177–191.
- HORWITZ, M. 1998. Social Worker Trauma: Building Resilience in Child Protection Social Workers. *Smith College Studies in Social Work*, 68(3), 363–377.
- JOSEPH, S., MURPHY, D. 2014. Trauma: A Unifying Concept for Social Work. *British Journal of Social Work*, 44(5), 1094–1109.
- KANTER, J. 2007. Compassion Fatigue and Secondary Traumatization: A Second Look. *Clinical Social Work Journal*, 35(4), 289–293.
- KNIGHT, C. 2010. Indirect Trauma in the Field Practicum: Secondary Traumatic Stress, Vicarious Trauma, and Compassion Fatigue among Social Work Students and Their Field Instructors. *Journal of Baccalaureate Social Work*, 15(1), 31–52.
- LIZANO, E. L. 2015. Examining the Impact of Job Burnout on the Health and Well-Being of Human Service Workers: A Systematic Review and Synthesis. *Human Service Organizations: Management Leadership & Governance*, 39(3), 167–181.
- LIZANO, E. L., MOR BARAK, M. E. 2012. Workplace Demands and Resources as Antecedent of Job Burnout among Public Child Welfare Workers: A Longitudinal Study. *Children and Youth Services Review*, 34(9), 1769–1776.
- MANDELL, D. 2008. Power, Care and Vulnerability: Considering Use of Self in Child Welfare Work. *Journal of Social Work Practice*, 22(2), 235–248.
- MÄNTTÄRI-VAN DER KUIP, M. 2016. Moral Distress among Social Workers: The Role of Insufficient Resources. *International Journal of Social Welfare*, 25(1), 86–97.
- MÄNTTÄRI-VAN DER KUIP, M. 2014. The Deteriorating Work-Related Well-Being among Statutory Social Workers in a Rigorous Economic Context. *European Journal of Social Work*, 17(5), 672–688.
- MASLACH, C., JACKSON S. E. 1981. The Measurement of Experienced Burnout. *Journal of Occupational Behaviour*, 2(2), 99–113.
- MASLACH, C., SCHAUFELI, W. B., LEITER, M. P. 2001. Job Burnout. *Annual Reviews Psychology*, 52, 397–422.
- MASON, C. 2012. Social Work the 'Art of Relationship': Parents' Perspectives on an Intensive Family Support Project. *Child & Family Social Work*, 17, 368–377.
- MCCARTER, A. K. 2007. The Impact of Hopelessness and Hope on the Social Work Profession. *Journal of Human Behaviour in the Social Environment*, 15(4), 107–124.
- MIETTINEN, M., STENROOS, M-L. 2011. *Lupaako laki liikaa? Selvitys lastensuojelulain asettamien määräaikaisten noudattamisesta Etelä-Suomen aluehallintoviraston toimialueen kunnissa*. Report 15/2011. Hämeenlinna: The Regional State Administrative Agency of Southern Finland.
- NELSON-GARDELL, D., HARRIS, D. 2003. Childhood Abuse History, Secondary Traumatic Stress, and Child Welfare Workers. *Child Welfare*, LXXXII(1), 5–26.
- NISSLY, J. A., MOR BARAK, M. E., LEVIN, A. 2005. Stress, Social Support, and Workers'



- Intentions to Leave Their Jobs in Public Child Welfare. *Administration in Social Work*, 29(1), 79–100.
- PEURALA, M., KANKAANPÄÄ, E. 2006. Developing Occupational Health Services for Social and Health Care Employees in Municipal Organizations. *International Congress Series*, 1294, 73–76.
- RADEY, M., FIGLEY, C. R. 2007. The Social Psychology of Compassion. *Clinical Social Work Journal*, 35, 207–214.
- RÄTTY, T. 2010. *Lastensuojelulaki*. Helsinki: Edita.
- RIBNER, D. S., KNEI-PAZ, C. 2002. Client's View of a Successful Helping Relationship. *Social Work*, 47(4), 379–387.
- RUCH, G. 2012. Where Have all the Feelings Gone? Developing Reflective and Relationship-Based Management in Child-Care Social Work. *British Journal of Social Work*, 42(7), 1315–1332.
- RUCH, G., TURNEY, D., WARD, A. (Eds.). 2010. *Relationship-Based Social Work*. London: Kingsley.
- SAARINEN, A., BLOMBERG, H., KROLL, C. 2012. Liikaa vaadittu? Sosiaalityöntekijöiden kokemukset työnsä kuormittavuudesta ja ristiriitaisuudesta Pohjoismaissa. *Yhteiskuntapolitiikka*, 77(4), 403–418.
- SEXTON, L. 1999. Vicarious Traumatization of Counsellors and Effects on their Workplaces. *British Journal of Guidance & Counselling*, 27(3), 393–403.
- SHIER, M. L., GRAHAM, J. R., FUKUDA, E. et al. 2012. Social Workers and Satisfaction with Child Welfare Work: Aspects of Work, Profession, and Personal Life that Contribute to Turnover. *Child Welfare*, 91(5), 117–138.
- SINKO, P., MUURONEN, K. 2013. *Olisiko jo tekojen aika?* Helsinki: Central Union for Child Welfare & Union of Professional Social Workers.
- SÖDERFELD, M., SÖDERFELD, B., WARG, L-E. 1995. Burnout in Social Work. *Social Work*, 40(5), 638–646.
- SPRANG, G., CLARK, J., WHITT-WOOSLEY, A. 2007. Compassion Fatigue, Compassion Satisfaction, and Burnout: Factors Impacting a Professional's Quality of Life. *Journal of Loss and Trauma*, 12(3), 259–280.
- SPRANG, G., CRAIG, C., CLARK, J. 2011. Secondary Traumatic Stress and Burnout in Child Welfare Workers: A Comparative Analysis of Occupational Distress across Professionals Groups. *Child Welfare*, 90(6), 149–168.
- SUDBERY, J. 2002. Key Features of Therapeutic Social Work: The use of Relationship. *Journal of Social Work Practice*, 16(2), 149–162.
- TREVITHICK, P. 2003. Effective Relationship-Based Practice: A Theoretical Exploration. *Journal of Social Work Practice*, 17(2), 163–176.
- TURNEY, D. 2012. A Relationship-Based Approach to Engaging Involuntary Clients: The Contribution of Recognition Theory. *Child & Family Social Work*, 17(2), 149–159.
- VAN HOOK, M. P., ROTHENBERG, M. 2009. Quality of Life and Compassion Satisfaction/Fatigue and Burnout in Child Welfare Workers: A Study of Child Welfare Workers in Community Based Care Organizations in Central Florida. *Social Work & Christianity*, 36(1), 36–54.
- WARR, P. B., CLAPPERTON, G. 2009. *The Joy of Work? Jobs, Happiness, and You*. New York: Routledge.
- ZOSKY, D. L. 2010. Wearing Your Heart on Your Sleeve: The Experience of Burnout among Child Welfare Workers Who are Cognitive Versus Emotional Personality Types. *Journal of Public Child Welfare*, 4(2), 117–131.



Implementation of Community Work in a Socially Excluded Locality as Viewed by Its Participants

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Abstract

OBJECTIVES: This paper deals with the problem of spatial exclusion and presents a community work as a method used in social work that increases participants' capacity to improve their lives and facilitate social change for the benefit of disadvantaged groups. The objective of the qualitative research was to understand how individual actors of community work interpret the implementation of method. **THEORETICAL BASE:** The theoretical basis for research is social constructivism and an interpretative paradigm. **METHODS:** A qualitative research strategy was chosen to answer the main research question. The research method used was a case study and used the following techniques to obtain data: focused interview, meetings from the discussions about community work, and a published article of community workers. Data analysis was performed by analytically open coding. **OUTCOMES:** The research has brought several themes to light that deserve more attention. One of them is the fact that community work clients are understood as empowered during the process which brings situations interpreted as risks. **SOCIAL WORK IMPLICATIONS:** Conclusion of the article brings contemporary discussion perspectives of actors, especially representatives of self-government and residents over the method of community work, which can serve as a preparation for further implication of this method in socially excluded localities.

Keywords

community work, socially excluded locality, case study

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INTRODUCTION

The principal topic of this article is the method of community work and the implementation of its model of community development in a socially excluded locality in the district of the town of Frýdek-Místek³. Despite the fact that community work in professional literature (Řezníček, 1994; Lynch, Forde, 2006; Stepney, Popple, 2008; Mendes, 2008; Barron, Taylor, 2010; Ingamells et al., 2010; Healy, 2012) is considered to be one of the relevant methods of social work when it comes to addressing the problem of spatial exclusion, there are only a few studies in the Czech Republic (Gojová et al., 2012; Havrdová et al., 2013) summarizing experience from its use. This fact was also a motivating factor in preparing a case study of its implementation within the project of the Moravian-Silesian Region entitled “Support of Social Services in Socially Excluded Localities in the Moravian-Silesian Region III” and also the “Program of Social Activation Activities with Community Elements”, which was based on testing the method of community work, especially the model of community development in socially excluded localities. One of the partial objectives of the project was to try to use an empowering approach to clients in practice, based purely on the needs of the population in choosing topics and ways of solving the situation of the community itself. The fact that the project implementer was not a non-profit organization, which has been the case with the described examples in the Czech Republic, but rather the Regional Authority itself, which greatly influences the city’s policies and is impartial in local politics, made this project quite exceptional and unique. For this reason, a case study method was used in the research, which allowed for a look at the case as seen by individual participants (not only by the residents of a socially excluded area). The implementation of community work in the socially excluded locality of Frýdek-Místek has become the case in this research. The aim of this case study, the results of which are presented in this paper, was to understand how actors of community work interpret the implementation of these methods.

RESEARCH ISSUE

The issue of socially excluded localities in the Moravian-Silesian region is significant, as evidenced by the nationwide surveys commissioned by the Ministry of Labour and Social Affairs, prepared by GAC spol. s r.o., when the number of socially excluded localities (SEL) in the region increased from 28 in 2006 to 78 as captured by field research in 2015. The analysis of socially excluded localities in the Czech Republic defines a SEL as a locality where more than 20 people living in unsatisfactory conditions are concentrated, while these conditions are indicated by the number of beneficiaries of the cost-of-living allowance. These persons then inhabit physically or symbolically a bordered space.⁴ The number of persons living in SEL in the second most populated region in the Czech Republic has also increased (it is now 19–23 thous. persons). Compared to 2006, when 10–10.5 thous. inhabitants were living in SEL, it is an increase of 105% (GAC, 2006, 2015).

The socially excluded localities are perceived as “Roma” populated, even in those cases where the Roma do not constitute a statistical majority in a given location. The boundaries of these locations can be symbolic, for example when the locality is perceived as a “bad address” or it is referred to as a “house of horror”, “ghetto”, the “Bronx”, etc. In these cases, there is a risk that such labels are given to all localities where the Roma live (GAC, 2015). It is clear that SELs point to extreme social differences and inequalities in society (Mareš, 2013).

³ With the consent of the research participants, anonymisation of the city was not required.

⁴ “SELs are explicitly or implicitly defined as the space (house, street, district) where persons, in whom we can identify the symptoms associated with social exclusion, are concentrated. Such places are negatively perceived by their neighbours” (GAC, 2015:11).



The Czech Republic proposes to address social exclusion and therefore the issue of socially excluded localities through the “Social Inclusion Strategy”, which has been prepared for the 2014–2020 period. As a basic tool for the social inclusion of socially excluded persons or persons at risk of social exclusion, the Strategy of the Czech Republic states about social work: *“In order to strengthen social work as an essential tool for social inclusion, it will be necessary to increase the number of social workers in municipalities. The current condition of the number of social workers is in some municipalities considerably inadequate. An increase in the current number of social workers by 50% would achieve the target state of 2,500 social workers in municipalities with extended powers”* (MLSA, 2014).

At the level of the Moravian-Silesian Region (hereinafter MSR), the Integration Strategy of the Roma Community 2015–2020 (MSR, 2015) which is in line with the national strategy of the Czech Republic, is being implemented. A key factor for a successful MSR strategy implementation is considered the cooperation of all participants involved in addressing the situation of socially excluded citizens at all levels, which are the levels of the community itself, of individual municipalities, of non-governmental organizations, schools, etc. Support for the implementation of community work can also be found in the Action Plan of the Strategy for Combating Social Exclusion 2016–2020, which in its measure 2.2.1.1 supports the implementation of community work, also in its measure 5.2.3.1 the participation of people with experience of social exclusion in social inclusion projects, and in its measure 5.2.3.2 implementation of community social work in socially excluded localities. This requirement fulfils community development as a model community work (Popple, 1996), which is based on the empowerment and participation of residents, and development of self-organization within the communities living in the SEL localities (Agency for Social Inclusion, 2016).

Based on national strategies for social inclusion, regional strategies as well as follow-up municipal strategies are elaborated. The town of Frýdek-Místek was one of the three cities involved in the MSR project; in its Strategy for Social Inclusion the town defines the implementation of community work to be one of its priorities.

From the text above it is clear that the need to implement community work appears at all levels of social inclusion strategies. The main research question aims to identify how the key participants interpret the implementation of community work. The view of all participants involved can then be very crucial and important in developing social inclusion strategies at local levels.

FOUNDATIONS OF COMMUNITY DEVELOPMENT

Mantle and Backwith (2010) mark social-oriented work as a local, collective and empowering approach to the fight against poverty. A community development approach is characterized by an organic “bottom-up” involvement in community, as opposed to a managerial approach and professionalisation in social work. Community development is in line with the basis of social work, and emphasizes social justice, community empowerment and the rights of socially excluded groups (Ife, 2008). Henderson and Thomas (2007) describes community work as a participatory approach to collective problems, which is based on models of civil society and participatory democracy. Duhnam (in Navrátil, 2001:131) then defined community work as *“a process of conscious social action that focuses on interweaving needs and existing resources in the community, supporting group solidarity and group co-operation in the community while supporting changes in the community”*.

Schuringa (2007) applies an empowering approach that she puts in contrast to the provider approach to be principal for the community development model. The difference between these approaches is reflected in different views of the inhabitants of socially excluded localities. The “bottom-up” approach to a subject is applied in an empowering approach, whereas a provider approach implies the “top-down” approach, and therefore it is geared towards a service and help oriented approach. An empowering approach is a process in which the community itself starts the process, contributes with thoughts and ideas, and decides what and who should do it. This



approach assumes that if the community identifies the problems on its own and implements its solutions, it will be much more motivated and will keep the achieved results.

Community development is both a method and a process. She sees the process as a change that is happening within communities and is aimed at creating better conditions for solving the problem. The method of community development is a way of stimulating and influencing change in a positive direction. The current definitions of community development are divided into two dimensions that is supporting local activities and influencing institutions. Or it can also be seen as a community work, representing a supportive profession defined as a set of methods and skills that are used to empower local communities, to initiate self-organization, and to bridge the gap between the excluded and the mainstream society (Schuringa, 2007). Roberts (in Popple, 1996) states that the knowledge and skills that are applied in the community development model can be used to give people the chance to grasp power and control over their own lives. Based on experience with projects geared to local development, Schuringa (2007) chose five key principles of community development:

1. Empowerment – means to realize one's qualities and strengths and to solve one's problems, or at least try to address them. What is essential is the awareness of the process that leads to solving problems and the need to change an individual's life. It is a change from a passive to a pro-active approach.
2. Multi-dimensional approach – Addressing social exclusion requires a comprehensive approach that must include solutions to its multiple causes at the same time. Combining activities in different areas (such as education, housing, employment, health, safety and leisure) and the use of accessible community resources is the best way to achieve sustainable results. Inclusion – Activities of community work also need to focus on community participation in society, since isolation is the main cause of deprivation. The principle of inclusion seeks to establish the contact of the community with the majority, local institutions and authorities, and to emphasize equality of interrelations, which is key to inclusion in society.
3. Sustainability – It is essential to seek a structural and ongoing solution. Schuringa (2007:29) gives an example: *"Humanitarian aid only keeps people in dependence and apathy; they only learn to ask for more. They are not stimulated to do something on their own, which also reduces their self-esteem and self-confidence"*. Schuringa (2007) considers an investment in people themselves to be a key element of the process; although it is a longer process, it gives impetus to and faith in achieving goals using people's own strengths and abilities. The goal is to create a mobilized community that solves its own problems independently.
4. Creating conditions for the development of the movement – The ultimate goal is not only to strengthen the local community but also to interconnect local organizations, because many problems cannot be solved solely at a local level.

During the process of community development, a minimum of four important lines appear. First, attention is focused on problem solving, especially at the beginning when it is necessary to achieve concrete successes that would stimulate community residents to leave their passive attitude and to create a sense of trust and self-confidence. In the second step, an organizational structure has to be built, which is gradually being established during all stages of community development and involves many people. The third line is educational. At the very least, the leaders and the participating community residents must acquire an array of new knowledge and develop new skills in the actual process of community work. The fourth line is represented by external relations, which are especially important for connecting the community with the outer world and for creating a so-called communication bridge. At the beginning of the process, community residents are mostly focused on problem solving; gradually, and with the assistance of a community worker who has been assigned to provide advice and support them in solving their problem, the inhabitants also start focussing on the other three lines (Schuringa, 2007).



From the aspect of individual phases of community work, it is important to move from the knowledge of the community and its problems, through the planning of intervention steps, the preparation of the support implementation plan, to the evaluation of the implemented action (Gojová, 2013). Schuringa (2007) divides the process of promotion of community development into three phases. The goal of community development is to achieve a “mobilized community” through work on addressing specific problems in the community (so-called “external strategies” – problem solving and so-called “internal strategies – reaching a mobilized community”). In seeking a solution to any problem, we must always take into account how our activities and work on solving the problem can contribute to an internal strategy, i.e. what people will learn during their work, how they will be involved, and how their self-organization and relationships with the environment will be strengthened (Schuringa, 2007).

CONTEXTUAL FRAMEWORK OF A CASE STUDY ON THE IMPLEMENTATION OF COMMUNITY WORK IN FRÝDEK-MÍSTEK

The case study deals with the implementation of community work in a socially excluded area in Frýdek-Místek. The situation analysis, elaborated by the Research Institute of Labour and Social Affairs (RILSA, 2013), defines this SEL in Frýdek-Místek (hereinafter F-M) by the following streets: Míru, Dlouhá, Sokolská, V. Vantucha, Křižíkova, Hutní and Skautská. The location is quite close to the city centre, from which it is separated by a busy road and an approx. 400-metre section of Míru Street, which is used mainly for business purposes (car repair, building supply store, fishing equipment). The border of the locality consists of a moderate forest cover, the Ostravice River, and a railway station, which divides the locality into two parts (a section of Míru, V. Vantucha, Sokolská streets and a section of Křižíkova Street). The locality thus represents two socially excluded localities adjacent to each other (RILSA, 2013). Part of the locality includes an outdated playground with four playing elements (a sandpit, two monkey-bars and a swing), a concrete playground and several fruit trees. The situation analysis (RILSA, 2013), in terms of the structure of the population in the whole socially excluded area, defined the number of children under 15 years old to be 36% of the total population. According to the population census data, a total of 686 persons are registered for permanent residence in the locality (i.e. on seven investigated streets), which represents 1.2% of the population of Frýdek-Místek. *“In estimating the total population of the Locality, however, we can deduce from the findings of a community social worker that approximately 450 Roma live in the locality, of which approx. 250–300 reside on Míru Street. However, it is not only the Roma who live in the locality. On the streets of Dlouhá, V. Vantucha and Sokolská, located near Míru Street, there are also some non-Roma households”* (RILSA, 2013:11).

The community work was primarily concentrated and carried out on the streets of Míru, V. Vantucha and Sokolská, primarily due to the nature of the Moravian-Silesian Region project, under which the community workers (project coordinators) worked and were funded. Community workers, Maiwaelderová and Žurovcová (2015:29), described the locality: *“The monitored locality in which we operate is situated on the outskirts of Frýdek-Místek, not far from the town centre. It includes four two-story apartment houses, a municipality-owned rooming house and private owners’ apartment buildings. In the centre of the locality there is a concrete football field with goals. There are mostly Roma families living in municipality apartment houses and the rooming house; private homes are owned by the majority population owners who rent the apartments. Approx. 350 inhabitants reside in the locality, but the municipality perceives only the section, with mostly Roma families, as being ‘problematic’”*.

An important contextual framework of the case study is the wording of the Moravian-Silesian Region project, especially key activity no. 6 (Program of Activation Activities with Community Elements), which the community workers followed in their activities in the locality. The project activity lasted from March 2014 to September 2015, focusing primarily on active involvement of residents of selected socially excluded localities located in the region in order to increase their



participation in improving coexistence in a given locality. The activity was based on the gradual empowerment of the inhabitants of the locality to assume responsibility for the current state of life in the locality and to increase the competence to make a positive change in the current state of the locality. Specifically, it was an active involvement of the inhabitants of the locality in the process of defining the most difficult problems, the planning of activities and the measures leading to their solution, and the subsequent implementation of these activities (MSR, 2014). The concept of community work was fully in line with the concept of the community development model as presented in the theoretical foundations of this paper.

Two coordinators implemented the above key activity in the F-M SEL, as well as in other localities involved in the project. The main task of all the coordinators was to accompany individual participants through a community development model process, to prepare and implement local meetings, and to coordinate planning processes. Another partial task of coordinators was to provide communication and communication bridges between residents, local self-government and social services, plus to be advisors in the communication, planning and cooperation matters at a local level. One of the project assignments was to build the so-called local group in the Localities (the locals elected a resident's council in Frýdek-Místek which they named the Válcovny plechu Housing Project Council⁵), represented by elected residents' representatives, which could be supplemented by other participants and an important condition of membership was willingness and motivation to change. The project assumed the activities of local groups in the planning of joint actions improving the living conditions of the population, completion of minor repairs, negotiations with local self-government, improvement of the environment for children, etc. An important condition of the project was not to specify the implementation of activities, but to implement such activities that the residents themselves, based on their own needs, will set up, because achieving factual, visible and easily measurable changes in the site's environment will strengthen the confidence of the target group in its own abilities and skills to act positively and effectively to change the environment of the locality in which they live (Moravian-Silesian Region, 2014). The aim of this key activity was to motivate the locals toward a more active approach, develop their abilities to solve their own problems, develop self-confidence, develop cooperation skills, to participate in planning processes, and to implement planned changes.

RESEARCH METHODOLOGY

The theoretical basis for research is social constructivism and an interpretative paradigm. Based on interactions with the social environment, social constructivism conveys social reality. They are the people themselves who attach things and reality to their own understanding (Denzin, Lincoln, 2005). The research carried out within this paradigm is strongly oriented towards the process of knowledge creation and the use of the most natural methods in their acquisition, such as interviewing and observation (Angen, 2000). An interpretative paradigm and research based on it relies on viewing the situation of the participants in the research. Research should use open, general questions to allow researchers to construct the meanings of the situation. The researcher openly discusses the values that make up the "story", including his own interpretation in conjunction with the interpretations of the research participants (Creswell, 2007). Interpreters want to understand macro-social phenomena, such as inequalities in society, through in-depth micro-level analysis

⁵ The council of Válcovny plechu housing project was elected by community residents in May 2014 in local elections. It consisted of 8 members – 6 women and 2 men, 6 Roma and 2 non-Roma. Already at the very foundation of the Council of Residents, the members were looking for a name that would not be associated with the designation of a "socially excluded locality" or Míru Street, since this name was associated in F-M with a "bad address". After a joint research into the history of the locality, the residents and members of the council agreed to the name of the Válcovny plechu Housing Project Council.



exploring social interactions. The socio-constructivist approach is important for answering our main research questions because it allows us to interpret the idea of actors on the community work done in Frýdek-Místek. The result of the research will not be the reconstruction of reality, but the understanding of the interpretations of actors who have embarked on community development in a socially excluded area.

In the framework of the research, we used qualitative research, which states that it is the basic method of understanding which is intended to uncover the importance attached to the information communicated; “The method of understanding requires insight into as many dimensions as possible of the problem”. Qualitative research provides us with detailed information about the phenomenon under consideration, but cannot be generalized to the population (Hendl, 2005). Denzin and Lincoln (2011) state that qualitative research in the social sciences is based on how different relationships and concepts are understood by actors of social reality. Actors are perceived as experts in the social situations they are experiencing. The goal of the researcher is to understand the situation as understood by the actors themselves (i.e. “get a perspective from the perspective of the subject”).

The research method used was a case study that examines current phenomena in depth in the current context, especially when the boundaries between the phenomenon and its context are not clear (Yin, 2009:18). Diving into the depth of one phenomenon will allow us to thoroughly understand the researched subject. A key research topic was a case study on the implementation of community work in a socially excluded area of F-M. The aim of qualitative research was to understand how individual participants of community work in Frýdek-Místek perceived the implementation method of community work (the Moravian-Silesian Region project).

The main research question (MRQ) of this qualitative research was: **“How is the implementation of the method of community work in a socially excluded locality of Frýdek-Místek interpreted by individual participants?”** This main research question was then used to derive 3 partial research questions, which aim to more accurately describe the interpretation of this method by individual participants. All partial questions constitute an answer to the defined main research question, however they are organized without any internal hierarchy. In reference to the theoretical background, we understand community work as a process, facilitated by community workers, leading to the achievement of goals in the context of the so-called internal and external strategy. For community work actors we consider involved residents and other workers active in SELs participating in community-based activities. In line with this conceptualization, we understand the complex of the processes, results and activities of the community workers to be the “implementation of community work” and partial research questions (PRQ) were also derived according to this logic:

1. PRQ 1: How do the individual actors interpret the process of community work method in the F-M SEL?
2. PRQ 2: How do individual actors of community work interpret the results achieved in the F-M SEL during its implementation?
3. PRQ 3: How do individual actors interpret the status and role of community workers during the implementation of community work in the F-M SEL?

A case study, in which the unit of analysis is the case, was chosen as the research objective. The case may be a person, an event, programs, implementation processes, or organizational changes (Miovský, 2006). With respect to the research objective, the case study was conceived as a descriptive study (Hendl, 2005), aimed at a complete description and understanding of the phenomenon. The research made use of the following techniques to obtain data: a focused interview, meetings from the discussions about community work in Frýdek-Místek as part of the above-mentioned project and a published article of community workers describing their implementation of community work. Conducted interviews with individual participants in community work were divided into



two content sections. The first part of the interview was focused on questions about expectations from the project implementation, the second part of the interview consisted of questions about the status and role of community workers and the process of implemented method in the socially excluded locality. The last part of the interview was related to concrete results of the implementation of community work in the SEL itself. For the purpose of the research, a method of intentional selection of the research group was chosen (Miovský, 2006), since, due to the stated objective and method of community work, the interviews were only carried out with participants in community work, people who cooperated or participated in partial activities of community work implementation.

The key to the method of case research is that the respondent is selected on the basis of predetermined characteristics and criteria and must always correspond with the aim of the research (Miovský, 2006). The research sample was made up of women and men aged 35–56, namely F-M city officials, field social workers providing social services in a socially excluded area, representatives of the majority population living on the border of a socially excluded locality and residents of a socially excluded locality. A total of 7 interviews were conducted (3 with the SEL residents, 2 with field social workers (FSW1, FSW2), and 2 with officials from the Security Risk and Crime Prevention Department (hereinafter “SRCPDO 1” and “SRCPDO 2”). The analysis also uses written materials, namely the minutes from evaluation meetings to assess the progress of the MSR project in the town of Frýdek-Místek, which was attended by community workers, officials and field social workers of the municipality authority as well as an elaborated paper for the Social Workbook: The Role of a Social Worker in Community Work, aka Community Work (not only) with the Support of the Region, in which community workers described and reflected the implementation of the project as seen by community workers (Maiwaelderová, Žurovcová, 2015). Data analysis was performed by analytically open coding (Hendl, 2005). Assigning keywords or symbols to a part of the text is intended to speed up the work with the text and allow an overview of the meaning of larger text through codes, and additionally, the search for continuity in data and the interconnection of parts in larger units, creation and identification of individual categories. After the encoding of all available data, a so-called categorical system was processed, which according to Hendl (2005) is duplicated to reduce the data obtained and the data material is arranged. The result was 7 main categories containing the codes.

Table 1: Table of codes

Category	Codes
Expectations from community work	<ul style="list-style-type: none"> - Joining the community work (CWork) in the locality - First impression from CWork - First contact with community workers - Motivation of participants in CWork involvement
Community workers	<ul style="list-style-type: none"> - Role of a community worker - CWorker approach - Status of CWorker in the community - Prerequisites of CWorker for community work
Community workers vs Field social workers	<ul style="list-style-type: none"> - Individual vs. Community - Encounter of different approaches - The views of the residents on the diversity of approaches
The Process of community work	<ul style="list-style-type: none"> - Selection of activities (selection of community work objectives) - Clients of community work - Social Work Process vs. Community Work Process - Existence of the Citizen Council - Time needed for the implementation of community work



Residents Council	<ul style="list-style-type: none"> - Functioning/Activities - Results - Foundation - Control mechanisms - Recommendations
Residents Council Member	<ul style="list-style-type: none"> - The issue of „Power“ - Selection of members - Selection of membership candidates - Education of members - Variety of member composition
Outcomes	<ul style="list-style-type: none"> - Locality status/condition - Foundation of a football team - Leisure time activities - Involvement of the locals - Improving mutual relationships - Interconnection of the locals with the surroundings - Collaboration with city representatives

Source: Stanková, 2016

INTERPRETATION OF KEY CATEGORIES

Due to the nature and mostly the extent of the paper, interpretations of categories responding to partial research questions will be interpreted herein. In addition, we also provide interpretation of the Residents Council and the Residents Member categories since the participants discussed and described their views of the status of the Residents Council as a self-organized group or a representative element of the given community, which is very closely related to the process of the community development model itself. Individual categories and codes are within the presentation of data illustrated by direct statements of communication partners. The categories are interpreted by a summary of all views (of all participants) on the given category.

The process of community work based on the needs of residents

The research participants characterized the process of implemented community work using several key aspects. The first aspect of the implemented method was the selection of activities and the direction of work exclusively by the residents themselves. *“Actually, they never told us what we were supposed to do, everything was based on what we had agreed to, so we cannot complain, we did what we wanted to do and what we ourselves wished to address”* (Citizen 3). A city official also noted the choice the activities of community workers made were primarily based on the needs of the population, *“they started working on what they felt like they needed to resolve; there was some attempt here before, such as that we offered them flower boxes to plant flowers... so now it's not about flowers that officials want, but for example about replacing the cubicles (note author's note: cellar cubicle)... it's about what these people want”*. This fact was also reflected by the community workers themselves. *“We often 'only' bring in our view or missing information, to link their needs with the surrounding resources, but we never say what they need to or are not supposed to do”* (CWorker).

Another aspect of the process of community work that emerged in the interviews was the views of the choice (selection) of partners/residents with whom the community workers cooperated. *“You'd worked with the more active community members”* (FSW1). However, a field social worker also connected a risk with this fact: *“At the expense of active community members, others enjoy the benefits”*. In connection with this, she made recommendations for community work in general. *“I think it's important to get to know people first”* (FSW1). The citizen no. 3 described the relationship of results with the residents' activity. *“I think it brings the most results and the greatest progress to those active members of community work; of course, it also and always has an impact on the others, and*



nobody can decide for them whether or not they want to get involved... it's up to them" (Citizen 3). *"The most important thing for us is to give space to those who are active and gradually work to attract other supporters. The success or failure of community work, based on our experience, depends on personal and family ties in the locality, mutual relationships, conflicts, and past experience, which play the most important role"* (CWorker). In the interpretation of the field social worker, the question was raised whether it is right or moral that the work of the more active members also benefits others. It represented a perspective of certain merit in contrast to the view of the resident who is active in the process of community work, and according to whom the achievement of benefits for the others is a natural part of the community work process.

The participants often compared principles and processes of community work with principles and processes of field social work. From the point of view of field social workers, the role of community workers was easier, and not so much bound by institutionalization and standards of social services compared to their own activities. They often compared the "clients" of social (field) work with the partners of community work. *"In social work, you most often work with those who need the biggest amount of help, meaning that this type of activity can take from you a lot and you have to give a lot of yourself into it. Then there's burn-out risk and so on, while here you work with the most capable ones from the community, with the community elite"* (SRCPDO 1). A local resident perceived the differences in both methods. *"The social worker tackles private personal problems... it's sort of a micro-region; the community work tries to involve a lot of matters at once, the other stakeholders, such as the municipality and such"*. She attempted to draw borders between them: *"In the community work, not everything can be done... for example if there is some troubled family and you don't want to get them into trouble, so there is social work getting involved... I think that every municipality should also think about how to address these things at the community level... that's the way I see it according to our results"* (Citizen 3). The Head of the Social Prevention Department reflected on the desirable outcomes of community work process in the context of the SELs. He stated: *"The current activities of community workers are, in our opinion, rather focused on the stay of the community members in the locality and improvement of the environment in which they live"* (VOSP), which he viewed as a negative aspect of the project's intention to contribute to social inclusion. During the interview, the researcher recorded the opinion of a city official on the duration of implementation of the community work in relation to the possibility of achieving the results. *"I think a year and a half is too little time to make people feel excited and enthusiastic, but what is there then... letting them fiddle around here, I'm a bit worried about it... it should have taken longer, at least twice as much. I see all the pitfalls in this"* (SRCPDO 2).

Community workers

The structure of the interview revealed that all the addressed participants expressed their views on the status and role of community workers. Since the concept of a community worker is unknown and abstract in the field of social work as well as for social workers, community workers have introduced the beginning of the entry and the position description. *"The concept of a community worker was completely unknown to them, and they could not imagine anything under the term. We tried to define our position by making clear that we were not officials, were not employed by the municipality and were not providing social counselling. On the other hand, we talked about how we could be useful to the community members"* (CWorker). A field social worker evaluated the approach of community workers, especially in terms of the nature of their work and behaviour: *"I think that over time you managed to find your way to them through your open attitude and loving behaviour"* (FSW 1). She also defined the role of community workers: *"You certainly didn't behave like officials... they perceived you as their partners and friends"* (FSW 1). Finally, she was also critical and recommended the procedures for the selection of community workers: *"Next time, I would, as you may know, want to have unbiased people there...no ties...it has a huge impact on the entire community"*. What the field social worker meant by the absence of bias was to have neither private nor working ties with the locality, municipality authority and/or with other community work participants.



Resident no. 2 described the beginning of the cooperation as follows: *"We have made friends with them, they were nice"*. The residents described the mutual relationship as being friendly and mutually beneficial. *"They were in the same boat with us... they were so much more accommodating and helpful. I see them as my friends... they are on the same level as I am"* (Citizen 1). *"They were partners for me who transformed into my friends or relatives"*. *"I think the community workers' need was that you somehow manage, organize... and for me you were the main connecting element with the other side of the pitch"* (Citizen 3). The resident also expressed the relationship between residents and community workers in general: *"There's someone here who wants something (=residents) and someone who offers new opportunities (=community workers)"*.

An official described the role of a CWorker with emphasis on sustainability, external community contacts and social pedagogy. *"They were co-ordinators... from what they did I felt like they were teaching people some new habits and skills, so that people would maintain them... and they did it on the basis of some experience or some method... so they were some kind of teachers. There were also situations where you acted as intermediaries between the municipality and the community. They were like partners or friends... I definitely did not feel like they were some superior officials... you were already able to tell from listening to the kids calling them 'Aunt'"* (SRCPDO 2).

The Residents Council

In line with the project timetable, the Residents Council was established in the local elections held in the locality at the end of May 2014. Its establishment was understood by community workers as a fundamental condition for the implementation of the community work process. *"To be able to begin systematically working with people on the implementation of their wishes, we needed to bring together a group that would be willing to devote some time to it regularly. So, we started preparing the elections for a citizen council whose members would represent the locality. However, at the time neither us nor people from the locality had a clear idea of how the council would function and what problems would be solving"* (CWorker). Although the Council was planned out in the project, one of the residents perceived its establishment as an initiative and impulse of the residents themselves *"How you asked us what we could do to put it together... we suggested the council"* (Citizen 2).

The actual process of the functioning and existence of the Council brought food for thought. A city official was surprised by the establishment of the Council and the election of its members – namely that the residents managed *"to elect the Council themselves and that it functioned as a proxy element"*. He also spoke about the efforts of the residents to revoke the label of the socially excluded locality, namely: *"The change of their name such as the Válcovny plechu housing project that had the negative label of a socially excluded locality"* (SRCPDO 1). A field social worker talked about existence of the Council and the impact on its members. *"It actually boosted their self-esteem..., they felt very important that someone was listening to them and that they had something to say"*. He expressed his worries about the risks of community work. *"The problem is that community work has given power to some people in the Council and some are abusing it to settle their own matters, not for the benefit of the locality"* (FSW 2).

There are some ambivalent feelings in the statements of the F-M town officials associated not only with establishment of the Residents Council, but also with the council functioning or its achieved results. *"I was surprised by the establishment of the Council... that they can apply the elements of representative democracy in such a community... so I was surprised... it is interesting that those people feel that they can deal with what they want and for the whole community"* (SRCPDO 2). This statement confirms that town officials tend to perceive the SEL residents as passive and with no interest in resolving their own situation. City officials also expressed doubts about the legitimacy of the Council's establishment and its representativeness. *"I see the Residents Council as a negative aspect..., more time should have been allocated for formation of the Council... I think you had little time within the project timeline"* (FSW 1). A field social worker tried to identify and explain his department's negative attitude towards the establishment and functioning of the Council: *"The*



Council itself is good, but there is a lack of control mechanisms, re-elections, additional election... not allowing the people to voice their express objections against the Council". Another department official also expressed the risks of the Council's activities: *"It is clear that not everyone will agree with this, and will applaud the Council, but it exists so that they can learn how to do it"* (SRCPDO 1).

The residents were mentioning in interviews not only the establishment of the Council, which they perceived as a positive outcome of community work, but also specific activities, outcomes, which the Residents Council has reached, and the difficulties and condition in which the Council currently was: *"Our council was successfully established, new cellars shall be constructed, we got cellar windows..., now if only the washrooms came into being. It all happened because we kept going into meetings with the municipality and talked to them"* (Citizen 2). *"The Council succeeded in initiating a great deal of cooperation with the municipality..., we were able to influence the city as well..., that they now start coming here... the mayor has asked everyone to come to the round table to discuss things"* (Citizen 1). One of the Residents Council members commented in an interview on a demanding character of the Council's activities: *"To tell you the truth, I'm quite tired of it... it's hard, especially those negotiations in the offices... I'm tired of that"* (Citizen 2). The citizen no. 3 spoke of the current activities of the Residents Council, and repeatedly emphasized the need for a community worker in the community. *"We are able to communicate today or somehow come to agreement, but I still think that we are not at the level of any standard association or organization or that we wouldn't need a community worker"* (Citizen 3).

A Residents Council member

Regarding the membership, and especially the specific members of the Residents Council, many responses and the necessity to mention the risks related to the empowerment of the residents of the exposed locality, were expressed by the officials and staff of the town of Frýdek-Místek. The Head of the Social Prevention Department had shown a very negative attitude towards the elected members. *"We perceive rather negatively the establishment of the Council of Válcovny plechu housing project. The actual concept of the SEL council is not bad, we only believe that the current choice of people is not in line with the needs of the socially excluded locality"*. He tried to clarify this statement: *"The activities of the council divided the SEL into two camps. One camp is made up of members of the council, their supporters and, in large part, relatives of council members. The other camp is made up of other residents who do not respect the council and perceive it as a 'family' clan lobbying for their own interests; there are also some fears from members of the council"*. He predominantly blamed the current members of the Council from the division – these people, in his opinion, *"are not competent for such an activity"*. The field social worker also touched upon the issue of membership in the Council, commenting on it as follows: *"Certain people crowded the meeting... people we do know and you don't know..., but we know what kind of people they are..., that they were not interested in the benefit of the whole community"* (FSW 1). Her colleague subsequently tried to propose criteria for the selection of Council members. *"Every family should have its representative and they should take turns to make sure that each family has its own representative"* (FSW 2). Community workers in this context reflected how it was difficult for municipality staff to accept a change in the role of the residents (from passive recipients to participants) and an empowering approach (vs. the more traditionally used provider approach): *"We believe that some of them have a hard time accepting the active participation of the residents – non-professionals in activities which they have previously provided solely themselves. Our task, therefore, remains to win their support for the Council activities"* (CWorker). The officials from the Security Risks and Crime Prevention Department expressed concerns about the sense of influence and power that residents could gain as a result of their membership in the Council. *"I'm a little bit afraid of this misunderstanding of the role of power, of those who get into power, which on the other hand I can see with politicians that they cannot cope with this... much less with these people... I fear that it will harm the whole community"* (SRCPDO 2). In this context, they mentioned the process of the schooling of the Council members, as well as the environment. *"They have to*



learn how to work with the power, both the council members and the others, such as the representatives of the town or the officials” (SRCPDO 1).

One of the non-Roma members of the Council shared her joy at being elected. *“I was pleased with my election to the Council... well, I knew that I had authority among these people; I had the highest number of votes together with residents no. 2... although it was claimed that it’s all only about the Roma community, we, the non-Roma, were also elected”*. The interview revealed that not only the Roma wanted to be involved in the events and development in the locality but there were also non-Roma people who felt oppressed. *“I’m glad that the people from the majority also got involved”* (Citizen 3). The heterogeneity of the Council’s composition, which was supposed to ensure greater representativeness and legitimacy of the Council, was also a goal of the community workers. *“We consider it very important that the composition of the Council is varied, meaning that it includes women, men, Roma and representatives of the majority population, people of different education and age”* (CWorker). Throughout the whole activity of the Residents Council in the locality, the community workers have been of the opinion that: *“Members of the Council also grow personally, are more self-confident, more considerate about the whole community and about its future”*. The community worker’s statement confirms that choosing and setting up a local council contributes to the achievement of the goals of community work, especially the goals resulting from its internal strategy.

The outcomes of community work in the SEL after one year

As part of the implemented project and according to the participants of community work, several outcomes were achieved. The first part of the outcomes is associated with visible changes in the community related to the condition of the locality, and the activities implemented in the locality. Some participants in the interviews conducted regarding the outcomes of community work compared the situation in the locality before the start of the project. *“It was just such a closed and isolated locality... the municipality was trying to sell most of the flats... I don’t think they wanted to make it nicer, but I think it’s a pity to destroy it”* (Citizen 1) and based on the comparisons they identified specific changes. *“We improved the playground... we acquired benches and football nets... we also painted fences... we purchased some extra equipment. Before the place was nasty, unmaintained... now it looks normal”* (Citizen 2). *“That tidiness and order now... that things started to change... it is neater... painting the playground even for the blind people, that’s something really noticeable”* (Citizen 3). The specific results or outcomes were also mentioned by employees of the municipality of Frýdek-Místek. *“We unambiguously agreed at this workplace that it was a visible and positive step in transformation of the locality... several visible activities were completed – the pitch was repaired, some benches were built, the rings started, the children were dancing, the boys started playing football”* (SRCPDO 2). The field social worker then emphasized an activity for the local boys and especially the impact of this activity. *“What was really great was the football... when I see the boys... how many kids are running across the field... how they give each other high fives, adhere to the rules... that’s a great job. It’s perfect preventative action, and I’m glad it lasted”* (FSW 2). The resident of the locality brought attention to the prevention and effective spending of leisure time: *“Thanks to establishment of the football team and accompanying trainings, the kids have no time for drugs”*. She also warned of the risks and expressed her disagreement with, in her view, the low level of involvement of parents in the activity: *“Just because your parents do not want to get involved too much, that is stupid. Let the parents attend those trainings with their children to let them appreciate that they have everything for free”* (Citizen 1).

On the level of changes related to the so-called external strategy the community workers described the following achievements: *“we managed to achieve replacement of metal nets in football goals for non-sounding textile ones, installation of benches and litter bins in the vicinity of the playground, the painting of three house entrances in the locality behind the railway tracks, and the installation of an information board at the playground. In addition, the installation of cellar windows in municipal houses, a binding promise to build cellar cubicles and the approval of a new playground development in the*



locality, opening in June 2016 was also achieved" (CWorker). They also listed activities created for the locals, especially for children. *"The members of the Council lead the Roma dance ensemble entitled 'Amare Čerčeňa'. Young guys from the locality established a football team that regularly practices and participates in the 'Don Bosco League' A member of the Council started the activity 'Česko čte dětem [Czech Republic Reads to Its Children]'" (CWorker).*

Other outcomes that individual respondents mentioned were impacts that were not so obvious and immediately visible, and were related to the so-called internal strategy. These included, in particular, the transformation of relations with the municipality authority, mutual relations between the residents, personality growth of the community members and their activation. A town official outlined a more comprehensive assessment of the results associated with the so-called internal strategy: *"Old people, young people, children, officials, town workers... they all became involved... even people here, in the municipality, learned something new and gained a more positive relationship to the locality"* (SRCPDO 2). A field social worker then spoke mainly about the consequences of interconnecting the town's representatives with the residents. *"You were able to persuade people, who were never in that area, to visit, for example town representatives, or top leaders in this town who have the power to make decisions or change something... that was a big plus. People have noticed that someone was interested in them... and that they were no longer at the periphery and viewed as troublemakers... they were also asked to share their opinions"* (FSW 1). We had a similar opinion as a community worker when we openly indicated that *"a communication bridge between the town's leadership and the members of the locality has been created at a symbolic level"* (CWorker).

Residents described a transformation in relationships and reflected an increase in their own competencies. *"So, people became more interested in what was going on... before they were just interested in what the money was spent on, from where the money was coming... it was just always the greed and indifference from others. More people can deal with those in the offices, they are a bit friendlier to each other... I think we have finally learned to communicate with each other"* (Citizen 1). *"Community work has also brought visible changes to other residents... for example, children have started behaving differently to each other. There's communication between both parties (a playground is a landmark) now... it all somehow brought people together"* (Citizen 3). The local resident then talked about improvement of her own relationships in the locality. *"For us as a family it means even more... we know the concrete people, concrete children... we understand the relationships and we have good relationships with people around"*. She continued by also listing the improvements in relationships at the municipal level and she emphasized *"negotiations with the authorities and gaining contacts both at the official level and with the town's top leaders"* (Citizen 3).

CONCLUSION – A SUMMARY OF THE ACTORS' INTERPRETATIONS OF THE COMMUNITY WORK

The research has brought several themes to light that deserve more attention. One of them is the fact that community work clients are understood as empowered during the process and gain new competencies, even while acknowledging that there are some risks associated with this process. One is the use of the achieved influence (power) to promote one's personal intentions. Another issue raised by the participants was related to the extent to which community work can contribute to mitigating social exclusion. Some representatives of the municipal authority have even viewed the encouragement of the relationship of community members to SEL and its enhancement in terms of achieving social inclusion as insufficient, and, in their more extreme statements, as counterproductive.

Another theme discussed was the implementation time of community work. The duration of the project, that is, one and a half years, was considered insufficient by one of the participants. He was worried about the risk of frustration, raising enthusiasm without any sustainable results, and recommended a longer period of community worker actions in the locality of at least three years. He pointed out the possible unintended consequence of community work – the



deepening of social exclusion, if community workers are not allowed to stay in the area for the sufficient time.

The community work participants were quite in agreement with each other in interpreting the results of community work that were related to our so-called external strategy. These results were related to real improvement of the condition of the locality, such as rebuilt and installed benches, maintenance and repair of an existing concrete playground and improvement of order and tidiness in the locality, but also initiation and development of leisure activities for children (a football team, a dance ensemble or participation in the “Czech Republic Reads to Its Children” event). Both locals and community workers were also adding results associated with the so-called internal strategy such as improving relations between residents, increasing competencies, creating a connection between the residents and the town representatives, and partial inter-connecting of the majority with the minority in the locality. A highly discussed part and a variously interpreted implementation of community work was the establishment and functioning of the Residents Council. Municipality workers expressed worry about the abuse of power that people gained in connection with their membership in the Council. They also discussed the criteria of membership in the Council and about who is suitable for representing the community. They considered the Council’s current functioning to be counterproductive; some of them saw the possibility of growth and learning in it. On the contrary, the variety in the Council’s composition was appreciated, especially the involvement of the Roma and the non-Roma parts of the locality, not just in the functioning of the Residents Council.

The research was carried out in a relatively short period of time (from September 2015 to January 2016) and captured the implementation of community work at a certain stage. For a deeper and more comprehensive understanding of the interpretations of the implementation of F-M community work, it would make sense to go back to individual participants and to ask, clarify and disseminate themes that I didn’t manage to capture during individual interviews, or the themes which couldn’t be captured due to the particular stage of the project. By returning to the field, greater saturation of data and more detailed and comprehensive understanding would be ensured. In spite of this limitation, the research succeeded in identifying key and ambivalence-inducing themes that have been associated by the research participants with the community (community work) and the so-called empowering approach in the context of spatial social exclusion. The research output could also be the following recommendations for community work practice, which some of the participants explicitly stated in relation to the identified risks.

The knowledge of the process of community work by community workers is crucial, however, it is obvious that all of the interviewed participants in particular appreciated their partnership and human approach. Residents have perceived community workers as part of the community, primarily because, in their opinion, the workers defended their interests. The greatest tension was due to differences in the locally applied approaches (a provider approach by field social workers and an empowering approach by community workers). This was manifested mainly in the theme of so-called abuse of power by the municipal workers, which was mainly connected with the election to the Residents Council. The interviewed residents tended to perceive their membership in the Council as a tool of enhancing their own self-esteem and an opportunity to learn how to deal with acquired competencies. This situation can be interpreted as the low readiness of municipal workers to the consequences of activating and empowering methods of working with clients, which they can perceive as threatening and destructive for their routine role as a professional. The topic of gaining power as part of the empowerment process has proven to be crucial for the participants in the research, especially the representatives of the municipal authority. The power gained in the process of community work was understood to be coercive or abusive (according to Wallerstein “power-over”) rather than as “power – to”, the capacity to act (Adams, 2003). Ledwith (2011) also considers power to be the key concept of empowerment. In her view, we can confront disadvantage and exclusion only by influencing social, political and economic structures and processes. Acceptance of this concept in social workers can be a threat to the loss of



status and their identity, which is related to their influence on solving clients' problems (Adams, 2003; Gojová, Glumbíková, 2015).

REFERENCES

- ADAMS, A. 2003. *Social Work and Empowerment*. Basingstoke: Palgrave.
- AGENCY FOR SOCIAL INCLUSION. 2016. *Akční plán Strategie boje proti sociálnímu vyloučení na období 2016–2020* [online]. Praha. [29. 8. 2017] Available at: <http://www.socialni-zaclenovani.cz/dokumenty/strategie-boje-proti-socialnimu-vyloucení/>
- ANGEN, M. J. 2000. Evaluating Interpretive Inquiry: Reviewing the Validity Debate and Opening the Dialogue. *Qualitative Health Research*, 10(3), 378–395.
- BARRON, C., TAYLOR, B. J. 2010. The Rights Tools for the Right Job: Social Work Students Learning Community Development. *Social Work Education*, 29(4), 372–385.
- CRESWELL, J. W. 2007. *Qualitative Inquiry and Research Design: Choosing among Five Approaches*. 3rd edition. Thousand Oaks: Sage.
- DENZIN, N. K., LINCOLN, Y. S. 2005. Introduction: The Discipline and Practice of Qualitative Research. In: DENZIN, N. K., LINCOLN, Y. S. (Eds.). *The Sage Handbook of Qualitative Research*. 2nd edition. Thousand Oaks, CA: Sage, 1–32.
- GAC. 2015. *Analýza sociálně vyloučených lokalit v ČR* [online]. Praha: GAC. [28. 8. 2017]. Available at: http://www.gac.cz/userfiles/File/nase_prace_vystupy/Analýza_socialne_vyloucených_lokalit_GAC.pdf
- GAC. 2006. *Analýza sociálně vyloučených romských lokalit a absorpční kapacity subjektů působících v této oblasti* [online]. Praha: GAC. [16. 1. 2017]. Available at: http://www.gac.cz/userfiles/File/nase_prace_vystupy/GAC_MAPA_analyza_SVL_aAK_CJ.pdf?langSEO=documents&parentSEO=nase_prace_vystupy&midSEO=GAC_MAPA_analyza_SVL_aAK_CJ.pdf
- GOJOVÁ, A. 2013. Práce s komunitou. In: MATOUŠEK, O. et al. *Encyklopedie sociální práce*. Praha: Portál, 309–312.
- GOJOVÁ, A., GELETIČOVÁ, A., SADIVOVÁ, M. et al. 2012. Komunitní práce – cesta od nadávání k lepšímu bydlení. *Sociální práce / Sociálna práca / Czech and Slovak Social Work*, 12(1), 77–91.
- GOJOVÁ, A., GLUMBÍKOVÁ, K. 2015. (Bezmocná) Sociální práce jako zdroj zplnomocnění? *Sociální práce / Sociálna práca / Czech and Slovak Social Work*, 15(5), 52–63.
- HAVRDOVÁ, Z. et al. 2013. *Mít život ve svých rukou: o oblastech a postupech práce komunitního pracovníka ve vyloučených lokalitách*. Praha: Český západ a Fakulta humanitních studií Univerzity Karlovy v Praze.
- HEALY, K. 2012. *Social Work Methods and Skills*. Basingstoke: Palgrave Macmillan.
- HENDERSON, P., THOMAS, D. N. 2007. *Zručnosti komunitnej práce v susedstvách*. Nitra: Centrum komunitného rozvoja.
- HENDL, J. 2005. *Kvalitativní výzkum: základní metody a aplikace*. Praha: Portál.
- IFE, J. 2008. *Human Rights and Social Work: Towards Rights-Based Practice*. 2nd edition. New York: Cambridge University Press.
- INGAMELLS, A., LATHOURAS, A., WISEMAN, R. et al. 2010. *Community Development Practice: Stories, Method and Meaning*. Melbourne: Common Ground Publishing Pty Ltd.
- LEDWITH, M. 2011. *Community Development. A Critical Approach*. Bristol: The Policy Press.
- LYNCH, D., FORDE, C. 2006. Social Work within a Community Discourse: Challenges for Teaching. *Social Work Education*, 25(8), 851–862.
- MAIWAELDEROVÁ, Z., ŽUROVCOVÁ, H. 2015. Komunitní práce (nejen) s podporou kraje. *Sešit sociální práce: Role sociálního pracovníka v komunitní práci*, 15(2), 28–33.
- MANTLE, G., BACKWITH, D. 2010. Poverty and Social Work. *British Journal of Social Work*, 40(8), 2380–2397.



- MAREŠ, P. 2013. Sociálně vyloučené lokality. In: MATOUŠEK, O. et al. *Encyklopedie sociální práce*. Praha: Portál, 402–404.
- MENDES, P. 2008 Integrating Social Work and Community – Development Practice in Victoria, Australia. *Asia Pacific Journal of Social Work and Development*, 18(1), 14–25.
- MIOVSKÝ, M. 2006. *Kvalitativní přístup a metody v psychologickém výzkumu*. Praha: Grada Publishing.
- MLSA. 2014. *Strategie sociálního začleňování 2014–2020* [on-line]. Praha: MPSV. [10. 2. 2017]. Available at: http://www.mpsv.cz/files/clanky/17082/strategie_soc_zaclenovani_2014-20.pdf
- MORAVIAN-SILESIA REGION. 2015. *Strategie integrace romské komunity Moravskoslezského kraje na období 2015–2020*. Ostrava: MSK.
- MORAVIAN-SILESIA REGION. 2014. *Projekt Podpora sociálních služeb v sociálně vyloučených lokalitách Moravskoslezského kraje III: Program aktivizačních činností s komunitními prvky*. Ostrava: MSK.
- NAVRÁTIL, P. 2001. *Teorie a metody sociální práce*. Brno: Zeman.
- POPPLE, K. 1996. Community Work. British Models. *Journal of Community Practice*, 3(3/4), 147–180.
- ŘEZNÍČEK, I. 1994. *Metody sociální práce: podklady ke stážím studentů a ke kazuistickým seminářům*. Praha: SLON.
- RILSA. 2013. *Situační analýza – Zpráva o vybraných otázkách sociálního vyloučení a nástrojích sociálního začleňování ve Frydku-Místku* [online]. Brno: Research Centre. [29. 8. 2017]. Available at: http://www.frydek-mistek.cz/prilohy/Sekce/1462/1476683557_situacni_analyza_frydek-mistek.pdf
- SCHURINGA, L. 2007. *Komunitní práce a inkluze Romů*. Ostrava: Radovan Goj.
- STANKOVÁ, Z. 2016. *Case Study Implementation of Community Work in Socially Excluded Locality*. Ostrava: Faculty of Social Studies. Thesis.
- STEPNEY, P., POPPLE, K. 2008. *Social Work and the Community: A Critical Context for Practice*. Basingstoke: Palgrave Macmillan.
- YIN, R. K. 2009. *Case Study Research: Design and Methods*. 4th edition. Los Angeles: Sage Publications.



Self-Development Method in Social Work: Key Elements and Its Applied Aspects with Disadvantaged Youth

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Abstract

OBJECTIVES: European societies are undergoing significant changes within postmodernity, when young people and particularly those with disadvantages face new challenges connected to embracing their identity, making choices among countless possibilities, and assessing and dealing with an increased amount of risks. While these challenges are becoming widely discussed among academics and practitioners in the field of youth work, deeper consideration and application of methods such as self-development that have emerged from postmodern aspects and might answer the needs of youth today, is lacking. The purpose of this paper is to present self-development as a method used within social work and to discuss its possible implications. **THEORETICAL BASE:** Self-development is examined from the perspective of postmodern shifts and within the concept of disadvantage. **METHODS:** By using content analysis this text reveals the benefits that a self-development approach can offer to social work, as well as potential risks of grasping it in inappropriate way. The application of this method is demonstrated on a self-development, Basic Synergy training run with a target group of disadvantaged young people in Europe. **OUTCOMES:** Self-development is presented as a solution in practice with disadvantaged young people. **SOCIAL WORK IMPLICATIONS:** Youth workers are offered an alternative method to explore and consider use in practice.

Keywords

self-development, social work, youth, disadvantage, postmodernity

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INTRODUCTION

One of the defining strengths of social work is the holistic approach to the complex reality of a client. Social work practice is incorporating other traditions working with people, such as psychology, sociology, political science, law and others (Bartlett, Saunders, 1970; DuBois, 1999; Ruch, 2000; Navrátil, 2001; Musil, 2004; Arnold, 2014). This paper is focused on framing self-development² as a method used within social work practice yet not widely acknowledged nor often considered, particularly when it comes to the target group of disadvantaged youth. Firstly then, a definition of young people with disadvantages and a brief context of the challenges they face today is offered. Then the overview of application of self-development in social work practice is presented, and further key characteristics of a self-development training as a form of short-term intervention within the method are summarized. The paper also examines the benefits that this method can offer to social work as well as potential risks when used in inappropriate ways. It introduces reflection as a core part of this method and explains the role of 'turning point' and 'ontological approach' in it. In the final part of the paper, the application of this method is demonstrated on a self-development Basic Synergy training run with disadvantaged young people in Europe.

POSTMODERN ENVIRONMENT AND YOUTH WITH DISADVANTAGES

Institutional changes in the social world today have a common background in a process named by many as "postmodernity". This transformation has arisen from complex social, economic and political processes, such as globalization, and the impact of new social movements including feminism, indigenous rights, environmentalism and rights of the disabled. Postmodern shift in society is manifested by growing individualization and a common condition of uncertainty, when youth can no longer rely on collective patterns of progression, and they need advice and counselling that take into consideration the complexity of postmodern life (Giddens, 1991; Beck et al., 1994; Bauman, 2003; Kovacheva, Pohl, 2007; EUR-Lex, 2015). Not only that individuals have to make decisions about their lives, but they have to actively make their lives in the context of the increased amount of decision making and number of choices that are open to them (Ferguson, 2001). Additionally, in the postmodern society young people have to negotiate a set of risks which were largely unknown to their parents, no matter their social background or gender (Furlong, Cartmel, 2007). A life of a postmodern young person thus becomes one of an experiment, to improve and to discover one's own path. Personal identity becomes problematic at the moment when freedom of choices creates a necessity to form this identity (Navrátil, Navrátilová, 2008).

Hand in hand with above described, growing inequalities in nations around the globe have had severe consequences for young people, with youth unemployment rates exceeding fifty percent in some developed countries and even higher in some developing countries (Côté, 2014). The economic crisis has widened the gap between those with more and those with fewer opportunities, and consequently some young people are increasingly excluded from social and civic life (EU Youth Report, 2015).

Disadvantage could be seen as any life circumstance which negatively affects life quality and life chances. There exist domains recognized within disadvantage that have been defined across three areas, of *resources* (such as material/economic conditions of a person or individual's social capital), *participation* (economic, social, political etc.) and *quality of life* (e.g. health and well-being or living environment) (EU Youth Report, 2012). Traditionally, disadvantage was linked with poverty, low education or immigration status. Over years of social work practice with ones in need we could

² Personal development is used equally as self-development, as definitions of both carry the same meaning.



find references to ‘racial disadvantage’, ‘educational disadvantage’, ‘socio-economic disadvantage’ and more (Mayer et al., 1993; Dannefer, 2003; Wolff, 2009; Wilson, 2012; Lange a Print, 2012; Society, 2013). Disadvantage can be then understood as a result of the interplay of socio-economic structures, institutional measures and individual strategies.

Within European Commission programs and projects directed on youth non-governmental organisations and youth workers, a definition of *disadvantaged young people*, or youth with *less opportunities/fewer opportunities*, is being used for young people who have long term experience with (Erasmus+ Programme Guide, 2016), which can be social or economic obstacles, disability or educational difficulties. In certain contexts, these situations or obstacles prevent young people from having effective access to formal and non-formal education, transnational mobility and participation, active citizenship, empowerment and inclusion in society at large. Some target groups, notably such as young people not in employment, education or training (NEETs), find themselves in several of the situations listed above at the same time (Czech presidency of the Council of the EU, 2009). The target group of disadvantaged youth in this paper is understood as young people living in Europe aged 15–29 years old who experience inequality, as they are at a disadvantage compared to their peers, because they face one or more of the above-mentioned situations and obstacles, such as social, economic or educational. How then could the well-being and life conditions of these young people be addressed by a self-development method and training?

SELF-DEVELOPMENT IN SOCIAL WORK: A FIELD TO EXPLORE

The social work profession’s unique focus on the ‘person-in-environment’ requires that the social worker attend to several interrelated dimensions of the person: social, familial, spiritual, biological, intellectual, emotional, economic, communal etc. This concern for the whole person contributes to the breadth of concerns by the social work profession, such as for example: the person’s capacity to meet basic physical needs, the individual’s levels of knowledge and skills needed to cope with life’s demands and to earn a living, the person’s thoughts about others and his or her own life, the individual’s goals and aspirations and so on. As Sheafor and Horejsi (2015) underline, it is important to note the person-in-environment construct uses the word *person*, not *personality*, because personality is but one component of the whole person. The term ‘environment’ refers then to one’s surroundings, that multitude of physical and social structures, forces, and processes that affect humans and all other life forms. Of particular interest to social workers are those systems, structures, and conditions that most frequently and most directly affect a person’s day-to-day social functioning (i.e. the person’s *immediate environment*). One’s immediate environment includes the person’s family, close friends, neighbourhood, workplace, and the services and programs he or she uses (Bartlett, Saunders, 1970; Navrátil, 2001; Musil, 2004; Sheafor, Horejsi, 2015).

Ferguson (2001:53) states that the emphasis today is not simply on safety, equality and the securing of rights (emancipation), but on self-actualization (life politics) as evidenced by how “*social work and other counselling and self-help initiatives are used as resources to deepen self-understanding, construct a new narrative of the self, and find healing*”. Yet to implement this approach we firstly need to deepen an understanding of what exactly is ‘self’ and what contribution the development of self brings to social work practice.

DIFFERENT VARIATIONS OF ‘SELF’

In the past fifty years, the field of social practice has witnessed an explosion of research on the “self”, exploring topics such as self concept, self-esteem, self-complexity, self-regulation, and self-schemas (McConnell et al., 2012). For example, James (1890) identified different constituents of the self, including the material self as one’s body, the spiritual self as one’s faculties, and the social self as one’s social facets. McConnell et al. (2012:384) suggest, that the self is a ‘collection



of self-aspects, each of which is composed of self-relevant attributes that serve significant needs, goals, and motives. These multiple selves, which are organised and represented in long-term memory, become activated in the context of pursuing one's goals. In accordance with this theorising, self is not a unitary concept, but rather is a collection of multiple self-relevant identities, which a person uses during life according to specific social roles in certain circumstances. Therefore, when it comes to developing this self, we can also witness several dimensions of this process.

Already Wall (1977) defined a framework for a personal development. He argued that it was about the formation of a sense of identity and that this included the development of the following aspects of self: bodily self, sexual self, social self, vocational self, philosophical self, self as a learner and self in the community. Derezotes (2000:199) refers to self-development as to evolvment in "*different dimensions of self, such as affective or emotional, physical, spiritual, cognitive and social dimensions*". At the same time, as he claims, it involves development of knowledge, skills, and values in all these areas. While emotional self-development contains three ongoing interrelated processes: (a) self-awareness, (b) self-acceptance and (c) capacity to feel, the physical dimension includes an increasing ability to create healthy patterns of self-care and self-expression that may be associated with exercise, diet, sleep, relaxation etc.

Giddens (1991) suggests though that we should forget the general terms of individual and self. Instead, he proposes to analyze the traits of the modern self in further detail. The self is here seen as a continuous 'reflexive project' that carries responsibility for its own development and forms a trajectory of development from past to anticipated future. At the same time, it is continuous and all-pervasive, presumes narrative of the self and actualisation's control of time, while also extending to the body and balancing risk and opportunity. Such self perceives the life course as a series of passages, and is internally referential. Being responsible, the awareness of this for one's identity is the most important feature of a modern individual. Opposed to a more traditional perception of self, outside events or institutions are here of less relevance and are only taken into the life trajectory when they give support for the self-development (ibid.).

For the purpose of application in social work, Datar et al. (2008) operate with self-development as with a sum total of many aspects, qualities and abilities that one possesses and how these are used to maximize one's effectiveness as a functioning individual. Their concept offers a look at "*self-development in social work in the following context of what is desired to reach both for workers and clients*" (Datar et al., 2008:8). Firstly, it is crucial to have a realistic self-concept, meaning positive and healthy appreciation of oneself, understanding one's capacities and limitations, and overcoming idealistic and negative ideas about oneself. Then acquiring internal control over the self, or the ability to define 'self' independently on what others think about it, is needed. And the last mentioned is understanding the cognitive, affective and behavioural aspects of the self. This implies being sensitive to one's own feelings, sharpening emotional responses and developing a range of behavioural capacities which would be appropriate to different situations (Datar et al., 2008).

Thus, self-development concept is a complex process interlinking diverse dimensions of human functioning, and for this reason needs to be addressed from several perspectives. The ultimate purpose of self-development is an improved well-being of a learner or a client, and it is based on belief that a client has the power to improve it.

SUPPORTING WELL-BEING THROUGH SELF-DEVELOPMENT

Well-being of a client, which is also one of the main goals of social work, can be therefore addressed in self-development as another opportunity for reaching one's goals and solving a life situation for the benefit of a client. The most important practices for a person's well-being, according to Jackson (2014), are to develop healthy habits, create clear boundaries, ask for and accept help, find ways to centre oneself for peace, and manage perfectionist tendencies – to be aware of what you



are humanly capable of. But, as he adds, each person will have to explore the path and practices that best suit their needs. Frances and Woodcock (1982) suggest a three-stage approach to self-development: *exploring the present* as auditing and evaluating what you know, *visioning the future* as assessing what you wish to achieve and *bridging the gap* as devising strategies and activities to achieve your goals. By using this structure for implementing such a tool in social work we connect both exploring the present personal circumstances of a client and a plan for actions to be undertaken for solving his or her situation through assessment and steps towards solution.

Rogers (1959) believed that because each person has the potential for growth, the practitioner can contribute to a client's self-development. The goal of the helping relationship from a Rogerian perspective is to promote a self-actualisation process, in which a human being can develop its potential and this way to grow. Social worker is therefore the one who is there to provide the facilitating conditions to stimulate the client's exploration and feeling of regard for his or her own world of experience. This should be conducted with a belief that the individual has capacity to have a healthy drive to attain full development of their potentials and talents (Rogers, 1959). Developing the self, due to its complexity, may take a long time, yet evolvement and significant changes in enhancing it may happen within a shorter period of intervention as well.

Self-development in general is a lot about mastering one's life. As Giddens (1992) observes, gaining 'mastery' is at the core of social intervention into life politics in order to assist people to be able to take control over their life circumstances, influence the future with some degree of success and allow the social and natural framework of things, seems a secure grounding for life activities. Rose (2008) then presents a range of ways in which the personal development (PD) group differs from a therapy group. The differences begin before the group even meets. Members of a therapy group usually acknowledge to each other that they are vulnerable, just by their presence in the group. In the PD group members may be vulnerable also, but this is not the rationale for the group's existence. Moreover, the course and the group facilitator (trainer) "*do not have the same level of responsibility for the person's psychological well being that the health service and a group psychotherapist would have for a patient/client*" (Rose, 2008:13). There are also differences in the form of communication. Once in the therapy group, members would usually agree to interact only when in the group. In this way every member is a witness to the interactions of every other member. In contrast, the PD group has members who interact continually. They see each other in seminars, work groups, practical sessions, as well as maybe having lunch together and meeting up socially. As a result, there will inevitably be pairings and subgroups, with some group members having information that others do not. Still, both types of group share a fundamental common ground. As well as therapy in groups, personal development also rests upon the mutual and meaningful relationships that the members build in the process of the group's existence. In reality members of both have to take responsibility for their own behaviour and the impact that they have upon others. The author finally points out that while 'development' derives from 'unfold, unfurl', 'therapy' derives from 'healing'. If what is unfolding has been damaged in some way, then it may need healing in order to unfurl. Conversely, if something has been damaged, it may need to unfold before it can be healed (Rose, 2008). Understanding this we can make a conclusion that therapy has its specific role in person's well-being as well as self-development has its own. One of the forms that it can take is a self-development training.

KEY CHARACTERISTICS OF SELF-DEVELOPMENT TRAINING

Self-development training has its roots in so called social and life skills training that is not, of course, an entirely new form of practice. It has been used for many years in work with diverse target groups such as the mentally handicapped, prisoners and even with those seeking help with personal and behavioural difficulties (Davies, 1979). However, in these fields of practice it has usually been possible to regard those undergoing the 'training' as victims of some personal incapacity, or as



seriously deviant, or as (in)voluntarily submitting themselves to some form of therapy. It has, therefore, also been possible to act as if their 'problems' could be defined 'objectively' and as if their 'treatment' were entirely a 'technical' matter calling for no important ethical choices. That is, it has been assumed that those being 'trained' have few, if any, rights to define their 'problems' in their own way, or to decide for themselves if and how they wish to be 'trained'. In '70s, this training was seen as relevant, via intermediate treatment programs for example, to young people defined as 'at risk' (normally of breaking the law), and above all to thousands of unemployed young people. Social and life skills training gave primary attention to coping rather than developing, to surviving rather than responding creatively and critically, to getting by rather than to moving on. This training has been expected to manage some of the most threatening consequences of the worst crisis, thus the personalized needs of those who ultimately received the 'service' have thus increasingly become secondary considerations (Davies, 1979). Nowadays the situation is quite different, as personal development training operating with the growth of skills is as a rule primarily voluntary.

First of all, self-development training is based on experiential learning. It identifies a process of learning abstract concepts from concrete experiences if these concepts and experiences are reflected upon, and then experimented with, such as through sharing, explaining, and application to similar situations. This form of learning is described by practitioners as a powerful one, which promotes critical thinking, and is particularly effective in engaging people and raising self-awareness about their own biases (Stapley et al., 2004; Kolb, 2014).

Intense self-development training can take a short-term form, being conducted in a week or two. Goldstein and Noonan (1999) claim that in order to provide short-term treatment, practitioners must be convinced that clients can make improvements in their lives within a limited time frame. Another important predisposition presented by these researchers is that the nature of support is multidimensional. As they explain, a client can get professional help in a life situation through any activity that attempts to alleviate discomfort, stress, or suffering, or to improve some aspects of client's functioning. And there are several ways to achieve such goals: "*providing an atmosphere in which client can share his or her feelings and obtain encouragement, support and guidance, linking the client to necessary resources or opportunities or by improving some environmental circumstances*" (Goldstein, Noonan, 1999:55). In general, as McLaughlin and Byers (2001:72) emphasize, the self-development approach needs to be:

- based on the action learning cycle
- continuous and relevant
- starting from where the young person is and building on previous experience and knowledge while starting small
- helping youngsters to make meaning and transfer learning from the activity
- focusing on knowledge, skills and attitudes
- foster support and responsibility for participants
- encouraging resourcefulness, resilience and reflectiveness.

Development training thus accelerates learning and cultivates the habit of learning from life, it combines the concepts of development (change and growth) and training (learning specific skills). The self-development approach used in international trainings, where both group and individual social work are taking place, represents a short-term intervention with a *diversity* of feedback and observations of participants from different cultural and social backgrounds. And as Ungar (2004) points out, a celebration of diversity is a natural consequence of a postmodern emphasis on a plurality of perspectives and multiple and competing constructions of reality. Hence such training is actually corresponding to and following the recent shifts in society, where a young person needs to be creative, flexible and self-dependant with solutions within one's life trajectory. *Values* are another element of such training, which are there to be explored by young people



participating in it. Warren (2007:73) underlines, that being aware of our own value system is important for two reasons. First, it helps us to 'guard against manipulation and control', and second, it helps us to identify where conflicts may arise between our own and others' values and beliefs so that we are better prepared to deal with them.

At the same time, the theme of *empowerment* is crucial for this method. As Adams (2008) points out, almost every approach to self-development has an empowering dimension. Without empowerment it might be very difficult, if not impossible, for young people in some circumstances to get involved and to contribute to the lives of their communities (Goździk-Ormel, 2008). Another element to emphasize in connection with the training described is *resilience*, when development is understood as building upon their enhancement of the capacity to deal with everyday life (Hoffman, 2004; Ungar, 2004). The next key characteristic is that in trainings this development takes place in a *group context*, and the group is very powerful in shaping it. Watkins (1995 in McLaughlin, Byers, 2001) writes that groups may recognize and enhance social processes which support learning and growth while becoming supportive places. According to this practitioner they can also be used to stimulate social processes and to provide a platform for reflecting on our own performance. Groups can also become safe contexts for supporting experimentation and provide opportunities for people to give and receive personal feedback.

Rose (2008) brings another observation from working with personal development groups. The people argue that they are a 'private person' and therefore could never talk openly in a group. These individuals see groups as places in which they need to protect themselves rather than expose any vulnerability. Groups can indeed be perceived as dangerous places where members are exposed to aggression, ridicule, or humiliation. An individual might have an experience that groups can reject, punish, attack and damage. Added to this follows the fear that people behave differently in groups, and that groups can change behaviour. In our western culture, we put an emphasis on self-esteem, self-actualization and self-awareness. Yet Rose (2008) further explains that the group and the individual are mutually interdependent, the group cannot exist without the individual, and the individual cannot exist without the group. Because we are all born into a group, learn who we are in the context of groups, and live out our lives and deaths within groups. We have no existence outside of the group - the family, the school, the club, the workplace, the society, the culture, the language, the beliefs, all kinds of groups become our living environment where we develop our social functioning (Bartlett, Saunders, 1970).

There are several possibilities we could name that participants are offered to use during a self-development training. As Komárková (2001:204–206) explains, young people can develop general communication skills and increase their ability to reflect upon their actions and the actions of people around them. They could also explore their weaknesses and gaps in dealing with surroundings as well as map their own style of perception. Accepting emotions and develop sensitivity towards non-verbal communication are other aspects from which to benefit. As a result, young people's understanding of reality can be enriched by an experience such as self-development training within a group. Consequently, they are much better equipped for life choices and handling obstacles they encounter on the way of social inclusion. Another aspect to be considered is a concept of 'turning points', which are discussed to be occasions that have had a substantial impact on one's life and have a changing life course effect.

OPPORTUNITY FOR A "TURNING POINT" AND SECOND ORDER CHANGE

As we lead our lives, we encounter both positive and negative experiences. Some of these experiences have no significant impact on our lives and our future situation, others do and quite remarkably. Some experiences may even change the direction of our lives. Such experiences can be referred to as *turning points*, occasions that will turn our lives in a serving or a destructive direction. How then can we identify such a 'turning point'?



According to Rutter (1996) turning points cannot be identified in terms of broad classes of experiences, nor as a unitary set of phenomena. The experiences involved in the mechanisms underlying turning point changes have two characteristics: “*First, the experiences are likely to involve some form of marked environmental or organismic discontinuity or changing quality and the direction of change must be of a type that is likely to influence development in a direction that is different from that before the turning points. Secondly, the experiences should be of a kind that carries the potential for persistence of effects over time*” (Rutter, 1996:613–164). Turning points are then defined as significant life events or experiences in life that have a visible importance on the life course as they persist. Or in other words, they are crucial events in life which give a structure of ‘before’ and ‘after’ and can be described as events when life comes to a head (Denzin, 1989).

Turning points might be represented by situational life events, such as losing a job, or by personal subjective experiences, such as having control over active decisions in life. They can also consist of random happenings in life (King et al., 2003). In their core such turning points can be understood as serving ones, which are supporting growth, or destructive, which create hardships for a person. They can also consist of single episodes or cumulative events, and give a gradual understanding or a sudden illumination of an event. According to narrative theory, turning points often come with a moral message that gives evidence of changes and shifts in beliefs and standpoints. Awareness and reflection when significant changes have taken place are good indicators to call an experience or an event a turning point (Höjer, Sjöblom, 2014). Self-development training, with its diversity and intensity, could be seen as one of the opportunities for such turning.

The change itself can be seen from different angles. Watzlawick et al. (1974) described two types of change – first order and second order change. While first order change assumes innovation is assimilated into existing beliefs and perceptions, when it doesn’t fit into the current framework, the second order change addresses the existing framework of perceptions and beliefs, or paradigm, as a part of change process. Addressing the dynamics of second order change might be according to Marzano and Zaffron (Marzano, Zaffron, 1995) an effective way to establish change in professional or personal life of an individual. An ontological approach seeks to provide its participants with a) an experience of their paradigms as constructed realities as opposed to absolute reality, and b) an experience of consciousness other than the ‘I’ embedded in their paradigms. These experiences provide individuals with an opportunity to try out new paradigms that might allow them to be more effective in dealing with current problems (Marzano, Zaffron, 1995:167). Synergy trainings, as described further on in this paper, are addressing second order change through working with beliefs as well.

In line with Höjer and Sjöblom (2014), Pelánek (2008) also mentions awareness in a form of reflection as an important element of change and learning. Learning and enhancing the experience can happen through exploring it, ‘looking back’ and analysing what was done and created. We will explore what reflection means and what is its place in self-development method.

ROLE OF CRITICAL REFLECTION IN SELF-DEVELOPMENT

Reflective practice is closely related to the idea of learning from experience. Reflective learning is a process of interpretive discovery embedded in experience, it includes thinking about and exploring an issue, which is triggered by an experience. The aim is to make sense of the experience and to incorporate this experience into one’s view of self and the world (Lam et al., 2007). Areas for reflection include the personal purview of individual values, beliefs, strengths and weaknesses, as well as the practice purview of professional values and ethics, strengths and limitations in practice. Reflection is at the same time the active attempt to generate knowledge about self and the profession, in dealing with the dynamic practice environment (Kemshall, Littlechild, 2000). Given that reflective practice is based on learning from diverse sources, including personal experience and intuition, everyone has the potential to reflect and be reflective (Ruch, 2000).



McLaughlin and Byers (2001) state that a self-development approach needs to be focusing on knowledge, skills and attitudes, to foster support and responsibility for participants and to encourage reflectiveness. The capacity to reflect upon one's self-attitudes, emotions, behaviour and thought-is the key ingredient in personal development. Relating to others at depth is inseparable from relating to oneself at depth (Rose, 2008).

Using critical reflection on a personal level can be according to the personal experience of Fook and Gardner (2007) illuminating. As they describe, it has a potential to encourage openness and depth, an attitude of mind that stresses connectedness between the internal and external and across our experiences as human beings. It also brings questioning of one's own established ideas and approaches and opens a door for re-evaluating the meanings. In addition, reflection is an aspect of self-empowerment (Adams, 2008).

Elisabeth Morrow (2009) divides different forms and domains of critical reflection, such as (1) *personal*, thoughts and actions as a set of 'filters' e.g. past experience, feelings and mood and aspirations; (2) *interpersonal*, interactions with others; (3) *contextual*, meaning concepts, theory and methods that influence practice and (4) *critical*, which examines political, ethical and social contexts. The concept of *critical reflection* as also widely described by Fook and Gardner (2007), who see it as a process and theory for unearthing individually held social assumptions in order to make changes in the social world. To affirm the value of the reflection process itself, we need to realize that this is not just an intellectual exercise designed to satisfy course requirements, but a chance to apply theory or beliefs to some common experiences in practice (Martyn, 2000:201–202). From this perspective, it is the process itself which is more important than the choice of material, of which we may in any case have limited knowledge.

Schön (1983) then claims that creating and using knowledge in helping professions happens through two levels:

- reflection-in-action ('thinking on our feet', but recognizing that this is not just random thought or so-called 'common sense', thinking and doing coincide in a moment-to-moment adaptation),
- reflection-on-action (retrospective thinking which occurs after the event, can be used to develop our understanding further and to test and develop the knowledge base).

A third level of reflection, as neither reflection-on-action nor reflection-in-action, but *reflection-as-action*, was proposed by Bleakley (1999). Author explains it as a shift to a wider context of a world-orientation, where reflection-as-action is a constant stream of consciousness. And finally, another type was added by Thompson & Thompson (2008:15), which they call *reflection-for-action*, referring to planning and thinking ahead of action, so that a practitioner can draw on experience and the professional knowledge base implicit within it in order to make the best use of the time resources available. The Knott and Scragg (2007) model also pays attention to the role of emotions, as according to authors the ability to think critically is essential, but the importance of emotion in this process is not always recognized. Emotion is closely linked to motivation, so what we feel will influence our actions. They recognize emotional self-awareness as an essential first stage of using emotion effectively. Through conscious reflection people can develop their awareness of their own feelings and what has triggered them. Then they can start to focus on the feelings of others, noticing and reflecting on their meaning. One way of doing this is by exploring our responses to particular triggers in small training groups. The variety of such responses can then be fostered by the international setting of the trainings.

INTERNATIONAL DIMENSION OF SELF-DEVELOPMENT TRAINING

Internationalised social problems bring the global to the local and raise the local to the global arena (Dominelli, 2010). In such a world social work cannot help but be international, if it still



aims to address the issues of social injustice, inequality, oppression and exclusion (Ife, 2007). As Williams (2009) adds, people now more than ever have to transfer knowledge so that it emerges into identities relevant for themselves. Critical reflection used in that process can '*enable the development of localised responses, knowledge and skills*' (Williams, 2009:117). Development trainings done at the international level thus can contribute to such a transfer as well as to personal growth of its participants.

Practice has shown that traineeships abroad afford a unique opportunity to discover one's needs and to experience differences through unfamiliarity. Different cultural behaviour can call for one's re-orientation and adjustments, even for abandoning familiar mechanisms. They offer the opportunity to enlarge occupational and personal competencies, also, or may be particularly for underprivileged youth and young adults. For many participants with difficult educational histories and/or social backgrounds it is a chance to free themselves from expectations based on experience of their accustomed environment and discover and try out their own strengths (IdA, 2011:16). As Rose (2008) argues that a homogeneous group, where members share key characteristics such as gender, race, ethnicity, age, social class, physical ability, will not work in the same way as a group in which there are multiple differences in any of these aspects. Therefore, an international dimension allows young people to benefit from diversity and different incentives.

The following project can serve as an example of a positive impact of mentioned short-term international interventions. According to research realized in Germany with over a thousand young people taking part in almost 60 intercultural and international events, increased motivation and self-reliance of participants were proven as well as cooperativeness and team ability, ability to cope with conflict and communicate (IdA, 2011:19). As young people claimed themselves, after the traineeship abroad they felt more self-assured and self-confident. More studies show that such an intense experience abroad changes a person's perspectives. For instance, Paige (2009) describes how similar projects had a positive impact on five dimensions of global engagement of participants: civic engagement, knowledge production, philanthropy, social entrepreneurship and voluntary simplicity, as well as on subsequent educational and career choices.

With all the possible benefits of international, group and development oriented dimensions of described trainings there are certain limiting aspects to be carefully considered in practice.

LIMITS AND RISKS OF SELF-DEVELOPMENT TRAININGS

Together with the benefits, working with people in all areas brings also risks and limitations. There are certain limits to self-development trainings as well. According to Komárková (2001:204–206), it is impossible to change a young person from the base or to create an ideal person or an individual. Nor is it possible to ensure life without conflict after participation in a training, to learn to act without emotions, to ensure success in communication with anyone and anywhere, and most of all, to change the person passively, without their active contribution (ibid.). And echoing Rose (2008), for some young people perceiving themselves as 'private persons', disclosure in a group would be too challenging if not impossible. Therefore self-development trainings as any other intervention in social work require *cooperation* with participants as well as their *willingness* to grow and to search for solutions in such context.

Heydt and Sherman (2005) list several risks of personal development programs. According to them, engaging in activities that increase self-awareness also entails risks which should be explained for participants just as they would be for clients. Developing a level of trust for sharing about one's self with others is necessary. Therefore, the risks for youngsters include first of all the others knowing *private information* about them or their family, as in the case of sharing genograms and eco-maps. Authors mention that discovering aspects of oneself that were previously unknown is usually both exciting and *disquieting*. Young people then risk self-understanding that may not be as they wish to be known, particularly in receiving feedback from others. Uncovering new



memories or perhaps even revisiting old wounds is not accomplished easily. For some participants, exploring their relationships with family and others involves the risk of bringing into the open unhealthy and potentially *harmful behaviours and/or beliefs* (ibid.). Especially with disadvantaged youth, often lacking security and stability in their lives, those risks and limits should be taken in consideration. Knott and Scragg (2007) additionally emphasize that experiential learning has an element of risk as the responsibility for the level of engagement passes from the trainer to the participants in learning environments. Therefore, guidance should be given about the potential for distress, either from the nature of the material reflected upon or the actual process of reflection.

In the last part of this paper, we have an opportunity to examine the above-described attributes with a particular personal development training at an international level generally called Basic Synergy, taking place in different countries of Europe and sometimes out of it as well. It has been delivered for almost two decades, and thousands of less-opportunity young people have already participated in it.

BASIC SYNERGY SELF-DEVELOPMENT TRAINING: OPPORTUNITIES FOR YOUNG PEOPLE

The connecting centre for all the non-government organisations working with disadvantaged youth on an international level with the Synergy self-development method is the Olde Vechte Foundation. Since 1966, it has been functioning as a training centre for informal learning in Ommen, Netherlands. Its board declares to be 'committed to participation of youth in society, per overnight trainings for educational institutions, cultural exchanges, reintegration projects and personal development trainings'³. The training centre is meant to be open to anyone who is motivated to improve personal and professional skills in order to create a better society and a higher quality of life. The Foundation claims to be open for everyone, regardless of their background, and not limited by country borders. Their main target group is youth, especially youth with fewer opportunities, and its staff is specialized in the method of learning by experience. Up to today over 25 countries have been involved in sending young participants to Basic Synergy self-development training, and through these trainings thousands of young people experienced developing themselves within an international context. These trainings are either open calls or financially supported by the European Commission via Erasmus+ Programme or the Council of Europe. Self-development trainings which are being organised by non-governmental organisations connected to Olde Vechte and working with disadvantaged youth all over the Europe could serve as another example of trainings as short-term intervention in social work (OV, 2015). During a seven day period young people are provided with tools which they can reintegrate in their personal or professional life. The training first of all focuses on actually experiencing one's own way of doing things. The next step is to explore alternative possibilities to function in society in a satisfying way. Its main focus is on subjects such as one's own self-confidence, joy of life, collaboration, openness, spontaneity, daring and enrichment of relationships in all areas: relationships with one's partner, family, friends or at work (Event Wise, 2014).

Self-development method in this context is based on taking personal responsibility for one's own learning and development through a process of assessment, reflection, and taking action (Nobilisova, 2013). There are several methods connected to this approach which are being used in this program. The main concept is *learning by doing*, meaning through personal experience. Participants first use methods offered during workshops themselves, test them, and then decide which they want to bring for the people they work with, which they want to improve and how. To bring a proper background for such an experience, training aims to provide participants with lectures and interactive activities. Young people work with such elements as self-guidance and teamwork, co-operative decision-making, group dynamics, leadership, goal setting, and objectives

³ More about Synergy trainings available in publications on website: <http://www.synergytrainingsnl.com/>



and problem solving. There is also learning in the *outdoors, sharing in groups, evaluation and feedback* included. Participants practice how to open up their own topics, how to go through what was achieved and to learn from results and how to give and receive feedback in a constructive way (Nobilisova, 2013; Brand Yourself, 2015; Grow Creative, 2015; New Waves, 2015; Let's Get Creative, 2016; Pathways, 2016).

The program of self-development training in the Synergy Network can differ in structure, yet it works with specific values which cover different areas of life of a person (Event Wise, 2016; Pathways, 2016):

1. Judgments

The first activities focus on the aspects of judgment. They are based on the predisposition that each person has his or her own way of judging and considering matters. "*When we error again and again, this means that our judgment is failing us. When we are capable of identifying the mistakes, we can correct them*". Therefore, the opportunity in the first part of the trainings is to increase one's ability to identify how (s)he judges, considers and weighs various situations.

2. Patterns

Patterns here are understood as automatic ways of behaving and acting while dealing with events that are coming up, which are specific for every individual. These seemingly inescapable patterns may consciously or unconsciously affect our life. During this part of the training, the following questions are raised: *What conditions do I allow to affect my life? What automatic responses do I have? How do I side step problems? How does this affect my choices and the way in which I conduct my life? How can I improve this?* There is an opportunity to review one's current patterns and to decide individually which are serving the healthy growth and social inclusion of the person and which are not.

3. Self-loyalty

The third area is working with a fact that many times things happen without people wishing for them. Human's reaction to the unexpected is often anger, nerves, stress and pressure. The new circumstances, or even other people around, can control the quality of one's life although this is not an intention of that person. Young participants are offered to search for answers to how they can achieve the desired quality in what they do by maintaining their first intentions and by being loyal to themselves.

4. Spontaneity

Routines of the daily life can limit a person's spontaneity. With this part, the next questions appear in front of participants: *Do I allow myself to be spontaneous? How does this affect my relationships? What are the advantages? What restrictions do I impose on myself by acting in a certain way? Could I do something new?* This area gives an opportunity for creative thinking and finding the new solutions for diverse personal and social issues.

5. Cultural Landscape

Organised in international groups, couples, solo, and as a whole group, young people do several activities during the training while being also outside of the accommodation. This way they have the opportunity to put into practice the theory and the tools of the self-development event and see how they can create and recreate enjoyment in every moment independent of the circumstances.



6. Freedom

By freedom 'the state where you have a choice' is meant. This part of the program deals with a central question: *What do you really want in life?* Youth can confront themselves with this question independent of the opinion of others. It is an opportunity to explore, discover and experience what they want to do with their life and to make decisions for shifts.

7. Self-fulfilment

During this last part all experiences and insights gained during the self-development training are combined and there is space for young people to define what makes them fulfilled. They can learn to appreciate their own learning and personal growth through reflection and feedback.

To summarise what was listed above, the ideal and desired outcome is that training creates a safe and stable environment for participants to learn and to solve their issues and/or complete their goals during the training as much as possible given the circumstances. For this, each person involved has a clear role: participant, co-trainer and trainer (facilitator). They are described in a following way: *"Even though the training is individual-based, it is given within a group, thus you take the training for yourself, with others. The exercises, called processes in our training context, will be done alternately alone, in pairs or in a group. Giving lectures that provide insights, the trainer will prepare the ground. They are assisted during this event by an experienced international team"* (Event Wise, 2014). What is rather lacking is empirical data from this particular method, therefore it remains a field to explore as to its efficiency and results.

As Rose (2008) points out, a skilful, competent, sensitive facilitator cannot produce a functioning group without the cooperation of the group members. Every group member hence has a shared responsibility to create a personal development group that provides opportunities to learn and grow. The facilitator may play a variety of roles – teacher, mentor, colleague, parent, friend, or enemy as the group develops (Rose, 2008). The training requires a specific ground for participants to work on their goals. This ground is then consisting of environmental conditions and activities delivered in a certain way, both depending on trainer and team performance within given roles and tasks.

CONCLUSION

In the previous pages self-development was introduced as an evolvement in different dimensions of self, such as affective or emotional, physical, spiritual, cognitive and social. Self-development training then, used in an international setting, represents a short-term intervention with a diversity of feedback and observations of participants from different cultural and social backgrounds. The core of it lies in experiential learning, described by practitioners as a powerful one, which promotes critical thinking. One of the most successful models among experiential learning is the model "learning by doing", which requires a wide usage of reflection as a core tool. Practice shows that using creative mediums in such training can enhance confidence, self-efficacy and self-image; enable trust and deep learning; and develop creativity and imagination, which are central to problem-solving and coping.

Young people as participants could explore their weaknesses and gaps in dealing with surroundings as well as map their own style of perception. Accepting emotions and developing sensitivity towards non-verbal communication are other aspects from which they can benefit. As a result, young people's understanding of reality can be enriched by such an experience of self-development training within a group. Nevertheless, there are limits to be considered: cooperation with participants is a crucial necessity, as well as their willingness to grow and to search for solutions. More, disclosure in a group would be too challenging if not impossible for some people and



discovering aspects of oneself that were previously unknown could be disquieting and result in unhealthy behaviours and/or beliefs. Yet, self-development training with its diversity and intensity could be seen as one of the opportunities for “turning points” and second order change, when a significant change in beliefs can occur and a person can replace old non-working solutions to problems with new and supportive ones.

Obviously, those trainings are not offering a solution for a complex socio-economic structures of disadvantage. Synergy trainings run in Europe can be seen as an opportunity for young people with fewer opportunities to deal with the issues of postmodern shifts, such as forming identity, uncertainty in making choices or decisions, assessing risks, and exploring and improving their life path. They can benefit from an empowering experience shaping their attitudes towards their “selves” and available resources, as well as reflective practice enabling assessment of situations that they are in, and communication and behaviors used in their daily life. Some questions arise though regarding the application of those trainings in a larger scale or with diverse groups of young people in need. Could such self-development training be applied within social work as part of a social prevention program for youth, and would any adjustments be needed in case it would be offered by state? How do young people perceive those experiences themselves and what would motivate them to take part in a self-development program? And not the least important - what impact on young people's lives has been observed in a long-term period after such trainings? The answers are missing so far, and therefore those questions could be answered by conducting research in this field.

REFERENCES

- ADAMS, R. 2008. *Empowerment, Participation, and Social Work*. 4th edition. New York: Palgrave Macmillan.
- ARNOLD, E. N. 2014. *Social Work Practices: Global Perspectives, Challenges and Educational Implications* [online]. Hauppauge, NY: Nova Science Publishers, Inc. [25. 7. 2016]. Available at: <http://ezproxy.muni.cz/login?url=http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,cookie,uid&db=e000xww&AN=811131&lang=cs&site=eds-live&scope=site>
- BARTLETT, H. M., SAUNDERS, B. N. 1970. *The Common Base of Social Work Practice*. New York: National Association of Social Workers.
- BAUMAN, Z. 2003. *Intimations of Postmodernity*. London and NY: Routledge.
- BECK, U., GIDDENS, A., LASH, S. 1994. *Reflexive Modernization: Politics, Tradition and Aesthetics in the Modern Social Order*. Stanford: Stanford University Press.
- BLEAKLEY, A. 1999. From Reflective Practice to Holistic Reflexivity. *Studies in Higher Education*, 24(3), 315–330.
- BRANDYOURSELF.2015. *BrandYourselfCroatia, 10.-20.11.2015* [online]. Brno: Brno Connected z.s. [9. 8. 2016]. Available at: <http://brnoconnected.cz/en/brand-yourself-croatia-10-20-11-2015/>
- CÔTÉ, J. E. 2014. Towards a New Political Economy of Youth. *Journal of Youth Studies* [online]. 17(4), 527–543. Doi:10.1080/13676261.2013.836592
- CZECH PRESIDENCY OF THE COUNCIL OF THE EU. 2009. *Glossary for the Participants* [online]. Prague: Ministry of Education, Youth and Sports. Available at: www.msmt.cz/file/1138_1_1/
- DANNEFER, D. 2003. Cumulative Advantage/Disadvantage and the Life Course: Cross-Fertilizing Age and Social Science Theory. *Journals of Gerontology*, 58(6), 327–337.
- DATAR, S et al. 2008. *Skill Training for Social Workers: A Manual*. India: SAGE Publications.
- DAVIES, B. 1979. In *Whose Interests: From Social Education to Social Life Skills*. Leicester: National Youth Bureau.
- DENZIN, N. K. 1989. *Interpretative Biography*. Newbury Park: Sage.



- DEREZOTES, D. 2000. *Advanced Generalist Social Work Practice*. London: SAGE Publications.
- DOMINELLI, L. 2010. Globalization, Contemporary Challenges and Social Work Practice. *International Social Work*, 53(5), 599–612.
- DUBOIS, B. L. 1999. *Social Work: An Empowering Profession* / Brenda DuBois, Karla Krogsrud Miley [online]. 3rd edition. Boston Allyn & Bacon. [20. 7. 2016]. Available at: <http://trove.nla.gov.au/work/7530983>
- ERASMUS+ INCLUSION AND DIVERSITY STRATEGY. 2014. *Erasmus+ Inclusion and Diversity Strategy* [online]. European Commission Directorate General for Education and Culture. Available at: <https://www.salto-youth.net/downloads/4-17-3103/InclusionAndDiversityStrategy.pdf>
- ERASMUS+ PROGRAMME GUIDE. 2016. *Erasmus+ Programme Guide. Version 1/2016* [online]. European Commission. Available at: http://ec.europa.eu/programmes/erasmus-plus/sites/erasmusplus/files/files/resources/erasmus-plus-programme-guide_en.pdf
- EU YOUTH REPORT. 2012. *Status of the Situation of Young People in the European Union*. EU: European Commission.
- EUR-LEX. 2015. Joint Report of the Council and the Commission on the Implementation of the Renewed Framework for European Cooperation in the Youth Field (2010-18). *Journal of the European Union* [online]. C 417/17. [25. 7. 2016]. Available at: [http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52015XG1215\(01\)](http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52015XG1215(01))
- EVENT WISE TRAINING INFOLETTER. 2016. *Event Wise Training Infoletter* [online]. Olde Vechte Foundation. [8. 8. 2016]. Available at: <http://www.synergytrainingsnl.com/trainings>
- EVENT WISE TRAINING INFOLETTER. 2014. *Event Wise Training* [online]. Olde Vechte Foundation. [8. 8. 2016]. Available at: <https://dl.dropboxusercontent.com/u/57239768/EventWise%2014-20%20Feb%202014.pdf>
- FERGUSON, H. 2001. Social Work, Individualization and Life Politics. *British Journal of Social Work*, 31(1), 41–55.
- FIELD, P., MUNRO, L., LITTLER, L. et al. 2014. *Practice Education in Social Work: Achieving Professional Standards* [online]. Northwich: Critical Publishing. [20. 7. 2016]. Available at: <http://ezproxy.muni.cz/login?url=http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,cookie,uid&db=e000xww&AN=818758&lang=cs&site=eds-live&scope=site>
- FOOK, J., GARDNER, F. 2007. *Practising Critical Reflection*. Berkshire: Open University Press.
- FRANCES, D., WOODCOCK, M., 1982. *The New Unblocked Manager: A Practical Guide to Self-Development*. Brookfield, Vt., USA: Gower.
- FURLONG, A., CARTMEL, F. 2007. *Young People and Social Change: New Perspectives*. 2nd edition. NY: Open University Press.
- GIDDENS, A. 1991. *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Stanford: Stanford University Press.
- GOLDSTEIN, E., NOONAN, M. 1999. *Short-Term Treatment and Social Work Practice: An Integrative Perspective*. NY: Free Press.
- GOŹDZIK-ORMEL, Ź. 2008. *Have Your Say! Manual on the Revised European Charter on the Participation of Young People in Local and Regional Life*. Strasbourg: Council of Europe.
- GROW CREATIVE BASIC SYNERGY TRAINING INFOLETTER. 2015. *Grow Creative Basic Synergy Training Infoletter* [online]. Synergy Croatia. [9. 8. 2016]. Available at: <http://brnoconnected.cz/en/grow-creative-croatia-6-17-10-2015-2/>
- HEYDT, M., SHERMAN, N. 2005. Conscious Use of Self: Tuning the Instrument of Social Work Practice with Cultural Competence. *The Journal of Baccalaureate Social Work*, 10(2), 25–40.
- HOFFMAN, J. S. 2004. *Youth Violence, Resilience, and Rehabilitation* [online]. New York: LFB Scholarly Publishing LLC. [8. 9. 2016]. Available at: <http://ezproxy.muni.cz/login?url=http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,cookie,uid&db=e000xww&AN=1260548&lang=cs&site=eds-live&scope=site>



- HÖJER, I., SJÖBLOM, Y. 2014. What Makes a Difference? Turning Points for Young People in the Process of Leaving Placements in Public Care. *Social Work & Society* [online]. 12(1). [26. 7. 2016]. Available at: <http://www.socwork.net/sws/article/view/387>
- IDA. 2011. *Mid-Term Review of the ESF Programme Ida – Integration through Exchange*. Bonn: Federal Ministry of Labour and Social Affairs.
- IFE, J. 2007. The New International Agendas: What Role for Social Work. *Trabajo Social Global*, 1(1), 80–102.
- JACKSON, K. 2014. Social Worker Self-Care – The Overlooked Core Competency. *Social Work Today* [online]. 14(3). Available at: <http://www.socialworktoday.com/archive/051214p14.shtml>
- KEMSHALL, H., LITTLECHILD, R. (Eds.). 2000. *User Involvement and Participation in Social Care: Research Informing Practice*. London: Jessica Kingsley Publishers.
- KNOTT, C., SCRAGG, T. 2007. *Reflective Practice in Social Work*. London: Learning Matters.
- KOLB, D. A. 2014. *Experiential Learning: Experience as the Source of Learning and Development*. 2nd edition. Upper Saddle River, New Jersey: Pearson FT Press.
- KOMÁRKOVÁ, R., SLAMĚNÍK, I., VÝROST, J. 2001. *Aplikovaná sociální psychologie: sociálněpsychologický výcvik*. Praha: Grada Publishing.
- KOVACHEVA, S., POHL, A. 2007. Disadvantage in Youth Transitions: Constellations and Policy Dilemmas. In: COLLEY, H., BOETZELEN, P., HOSKINS, B. et al. (Eds.). *Social Inclusion and Young People: Breaking Down the Barriers*. Strasbourg: Council of Europe.
- LAM, C. M. et al. 2007. An Unfinished Reflexive Journey: Social Work Students' Reflection on Their Placement Experiences. *British Journal of Social Work*, 37(1), 91–105.
- LANGE, D., PRINT, M. 2012. *Schools, Curriculum and Civic Education for Building Democratic Citizens* [online]. Rotterdam: Sense Publishers. [16. 8. 2016]. Available at: <http://ezproxy.muni.cz/login?url=http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,cookie,uid&db=e000xww&AN=576427&lang=cs&site=eds-live&scope=site>
- LET'S GET CREATIVE TRAINING COURSE INFOLETTER. 2016. Let's Get Creative training course Infoletter [online]. Brno: Brno Connected. [9. 8. 2016]. Available at: http://brnoconnected.cz/wp-content/uploads/2016/02/Lets-get-Creative_infoletter.pdf
- MCCONNELL, A. R. et al. 2012. The Self as a Collection of Multiple Self-Aspects: Structure, Development, Operation, and Implications. *Social Cognition*, 30(4), 380–395.
- MCLAUGHLIN, C., BYERS R. 2001. *Personal and Social Development for All*. London: David Fulton Publishers.
- MARTYN, H. 2000. *Developing Reflective Practice: Making Sense of Social Work in a World of Change*. Bristol: Policy Press.
- MARZANO, R. J., ZAFFRON, S. 1995. A New Paradigm for Educational Change. *Education*, 116(2), 162–173.
- MAYER, R. N., SCAMMON, D. L., ANDREASEN, A. R. 1993. Revisiting the Disadvantaged: Old Lessons and New Problems. *Journal of Public Policy & Marketing*, 12(2), 270–275.
- MORROW, E. 2009. Teaching Critical Reflection in Healthcare Professional Education. London: School of Nursing & Midwifery, King's College.
- MUSIL, L. 2004. Ráda bych Vám pomohla, ale: Dilemata práce s klienty v organizacích. Brno: Marek Zeman.
- NAVRÁTIL, P. 2001. Teorie a metody sociální práce. Brno: Zeman.
- NAVRÁTIL, P., NAVRÁTILOVÁ, J. 2008. Postmodernita jako prostor pro existenciálně citlivou sociální práci. *Sociální práce / Sociálna práca / Czech and Slovak Social Work*, 8(4), 124–135.
- NEW WAVES-BASIC SYNERGY TRAINING INFOLETTER. 2015. *New Waves-Basic Synergy Training Infoletter* [online]. Egyesek. [9. 8. 2016]. Available at: <http://www.egyesek.hu/?p=9-Trainingsexchanges&cid=91>



- NOBILISOVA, M. 2013. Non-Formal Education in Synergy Romania. *International Conference Quality in Formal and Non-Formal Education*. 3rd edition. Iasi, Romania: SAVA, Angela and Co. Editura PIM.
- PAIGE, M. 2009. Study Abroad for Global Engagement: The Long-Term Impact of Mobility Experiences. *Intercultural Education*, 20(1), 29–44.
- PATHWAYS BASIC SYNERGY INFOLETTER. 2016. *Pathways Basic Synergy Infoletter*. Bulgaria: Synergy.
- PELÁNEK, R. 2008. *Průručka instruktora zážitkových akcí*. Praha: Portál.
- ROGERS, C. R. 1959. A Theory of Therapy, Personality and Interpersonal Relationships, as Developed in the Client-Centered Framework. In: KOCH, S. (Ed.). *Psychology: A Study of Science*. NY: McGraw Hill, 184–256.
- ROSE, CH. 2008. *The Personal Development Group: The Student's Guide* [online]. London: Karnac Books. [20. 7. 2016]. Available at: <http://ezproxy.muni.cz/login?url=http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,cookie,uid&db=e000xww&AN=366845&lang=cs&site=eds-live&scope=site>
- RUCH, G. 2000. Self and Social Work: Towards an Integrated Model of Learning. *Journal of Social Work Practice* [online]. 14(2), 99–112. Doi:10.1080/02650530020020500
- RUTTER, M. 1996. Transitions and Turning Points in Developmental Psychopathology: As Applied to the Age Span between Childhood and Mid-Adulthood. *International Journal of Behavioral Development*, 19(3), 603–626.
- SCHÖN, D. A. 1983. *The Reflective Practitioner: How Professionals Think in Action*. New York: Basic Books.
- SHEAFOR, B. W., HOREJSI, CH. R. 2015. *Techniques and Guidelines for Social Work Practice* [online]. 10th edition. Pearson eText. [26. 7. 2016]. Available at: <https://www.pearsonhighered.com/program/Sheafor-Techniques-and-Guidelines-for-Social-Work-Practice-with-Pearson-e-Text-Access-Card-Package-10th-Edition/PGM183643.html>
- SOCIETY. 2013. *Inequality, Disadvantage, Social Innovation and Participation from a Capability Perspective* [online]. Final Conceptual Report. [18. 7. 2016]. Available at: <http://www.society-youth.eu/publications/wp2/108-wp2-report-inequality>
- STAPLEY, L., STEIN, M., MILLER, E. J. et al. 2004. *Experiential Learning in Organizations: Applications of the Tavistock Group Relations Approach*. London: Karnac Books.
- THOMPSON, S., THOMPSON, N. 2008. *The Critically Reflective Practitioner*. NY: Palgrave.
- UNGAR, M. 2004. *Nurturing Hidden Resilience in Troubled Youth*. Toronto: University of Toronto Press.
- WALL, W. D. 1977. *Constructive Education for Adolescents*. Paris: UNESCO.
- WARREN, J. 2007. *Service User and Carer Participation in Social Work*. Exeter: Learning Matters.
- WATZLAWICK, P., FISCH, R., WEAKLAND, J. H. et al. 1974. *Change: Principles of Problem Formation and Problem Resolution*. New York: Norton.
- WILLIAMS, J. 2009. Payne M. and Askeland G. A. (2008), Globalization and International Social Work: Postmodern Change and Challenge. London: Ashgate. £55.00, pp. 202, hbk. *Journal of Social Policy*, 38(2), 375–377. Doi:10.1017/S0047279408002973
- WILSON, W. J. 2012. *The Truly Disadvantaged: The Inner City, the Underclass, and Public Policy*. 2nd edition. Chicago: University of Chicago Press.
- WOLFF, J. 2009. Disadvantage, Risk and the Social Determinants of Health. *Public Health Ethics* [online]. 2(3), 214–223. Doi:10.1093/phe/php033
- YOUTH IN ACTION PROGRAMME GUIDE. 2013. *Youth in Action Programme Guide* [online]. EU: European Commission. Available at: http://ec.europa.eu/youth/tools/documents/guide13_en.pdf



To What Extent Are Social Services in the Ostrava Region Available to Senior Citizens?

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Abstract

OBJECTIVES: The presented paper focuses on availability of social services for older people in the Ostrava region with an aim to examine to what extent social services are available to senior citizens. **THEORETICAL BASE:** The theoretical background presents the current state of knowledge based on the study of professional literature and on the results of the research carried out in the studied areas. **METHODS:** The article presents the results obtained from the original quantitative research strategy that made use of structured interviews. **OUTCOMES:** Research, in addition to the results of different aspects of the availability of social services and senior's awareness of social services, showed also e.g. that social services are too expensive for respondents, and that seniors are 'forced' to use care allowances mostly to cover medical costs rather than to cover social services. The paper in the end also analyses the causes of the underuse of social services by seniors. **SOCIAL WORK IMPLICATIONS:** The findings contribute to knowledge in fields of availability of social services for the elderly in the Ostrava region, use of care allowance, and

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seniors' awareness of social services. This research can provide background for improvement in quality of social services for senior citizens in the Ostrava region.

Keywords

affordability, geographical accessibility, time availability, awareness, social services, senior citizens

INTRODUCTION

According to statistical forecasts, the 21st century may become the 'century of seniors', meaning that for the first time in the history of mankind there will be more people over 60 than those under age 15. This is predicted to be accompanied by the phenomenon of four generations of family relationships at a single point in time. The 'old age' stage will last between 30 to 40 years and last as long as 'youth' and 'adulthood' stages, so it can be argued to be just as important as any other stage of life, deserving equal emphasis on developments for it (Klevetová, Dlabalová, 2008; Czech Statistical Office (hereinafter CSO), 2015; Ministry of Labour and Social Affairs (hereinafter MLSA), 2015c) and expansion of efforts to maintain individuals' quality life during this stage of life. Old age is very closely related to health. Čevela, Kalvach and Čeledová (2012) report that approximately at the age of 60, 60% of individuals are still healthy, at the age of 70 it is approx. 40%, at the age of 80 approx. 20% and at the age of 90 it is 5% of seniors without major problems. In situations where the elderly person is unable to provide all his/her needs (especially basic ones) due to the deterioration of their state of health, he/she is forced to use someone else's assistance (Nešporová et al., 2008). It can be assumed that, together with deteriorating health, the demand for high-quality and accessible social services begins to increase - the fastest growing category in the population is seniors over 80 years old (Cimbáľníková et al., 2012). At the same time, it is argued that there is no need for an aging population to be labelled as over-demanding to an extent which needs to be worried about, but we do need to view it as a challenge for the society in order to adequately prepare for those demands.

The research problem was defined as the *'availability of social services for senior citizens'*, with the primary focus on affordability, then on geographical and time availability, and awareness of seniors of the supply of social services. The inspiration for exploration of this research problem has been daily contact with seniors, who are social services users (in any form) whether in hospital or in their home environment. Frequent topics of discussion were focused on complaints about the availability and accessibility of social services. The seniors had real concerns about the consequences that result from these situations with which they must deal.

In the first part of the paper we discuss three areas that correspond with the aim of the study, which intends to find an answer to the question of to what extent social services are available to seniors, from the perspectives of how readily available they are in terms of rapidity of response to needs, as well as financial and geographical issues. The paper is divided into the following areas: the mapping of the economic situation of the elderly, the availability of social services, and the level of awareness the senior citizens have about social services. The article also includes a presentation of the research findings from previous research implemented on this topic. These surveys then serve to develop discussion and debate in the conclusion of the paper. The aim of this paper is mainly to present the results of qualitative research and thus to contribute to the discussion of the topic of the availability of social services for seniors. We view the discussion of availability to be important not only because of the demographic development of our society but also because of the aforementioned future expectations of increasing demands for social welfare provision. Providing services at affordable rates locally and within appropriate time availability for the elderly in their home environment can help significantly increase not only their physical



independence, but also their involvement in a normal life to the greatest possible extent. This provision can provide a dignified environment for their aging, and is a goal of what social care services should be.

THE ECONOMIC SITUATION OF THE ELDERLY

The experience of old age depends to a large degree upon the interaction of internal and external influences such as health problems, illnesses, physical or psychological limitations, the level of self-sufficiency, the existence or non-existence of social relationships, ties and satisfaction with them, the degree of social and financial security during old age, etc. On the one hand, old age can be presented and perceived as a period of rest, the period when a person 'no longer must do something', when due to the termination of economic activity, he/she has finally been granted enough earned free time for other things, such as people and/or activities neglected during their working age and which he/she can now begin to engage with. However, this can also be seen as an idealistic concept of old age, which does not perhaps relate to the reality for many people, and on the other hand, it can be a period of new challenges, changes and difficulties, which people in their aging process must face. Many authors often include the lack of financial resources in their list of difficulties associated with old age. Rowntree (in Mareš, 1999) – as early as 1901 – marked old age as one of the life period when a person is maybe most threatened by poverty. Mareš (1999) notes that seniors in European countries belong amongst the largest but also the most vulnerable category of the poor. The reasons can be found in the difference between income from employment and retirement benefits. The ratio of the average old age pension paid in 2016 to the average wage (in the same year) in the Czech Republic is, according to the author's calculation, 41.15% and this ratio over the last decade has not shown any significant change (CSO, 2017a; CSO, 2017b), in the absence of sufficient financial reserves for the increasing costs of housing, health care, etc. Vohralíková, Rabušic (2004) argues that Czech senior citizens objectively do not suffer from poverty since it is rather an exception that their income is below the subsistence level. In the case of subjective poverty it is different, since the feelings of economic deprivation in general increase during retirement. The elderly themselves, however, do not consider a lack of funds to be the most significant problem of old age, as demonstrated by the Moravian-Silesian study by Sýkorová (2007). Whilst the findings of this study demonstrate that financial autonomy is important for senior citizens, it also found that their ability to take care of themselves in terms of material needs and maintaining a measure of independence were important. To maintain their financial autonomy the elderly are 'forced' to live frugally, to adapt to lower income and increasing expenses. Financial independence for many seniors is also redeemed only by having enough for basic essential expenses such as food, housing, and fees. They seek and take advantage of various discounts, or purchase used items. While many seniors admit they have little, they pride themselves on being financially self-sufficient and often may even support their children and/or grandchildren. In addition to growing expenses for their medical care and medicines, the increasing financial burden on the elderly in relation to housing has recently been highlighted. This fact is also demonstrated, for example, by Keller's research (2011), which has quantified this burden to be 5,300 CZK per month (approx. 198 €), representing 37.4% of the monthly income of the respondents. Sýkorová et al. (2014) found that the housing costs of senior citizen households accounted for approximately 25% of net monthly household incomes. Similarly, Kalmus (2012) quantified this burden to be 31% for single-member households of female pensioners. The amount of expenses for securing and maintaining housing, of course, depends on the form of housing, location (village, town, city - centre, outskirts), the number of people living together in one household, the household's economic activity or inactivity, etc. The Concept of Social Housing of the Czech Republic 2015–2025 (MLSA, 2015b) shows that housing costs are the biggest burden, especially for those households with one income and which are single households, which are often made up of elderly people (more disadvantaged are in



this context are single female seniors who have up to several thousand Czech crowns lower income than single male seniors). Furthermore, the greatest burden is experienced by households in large cities. Conversely Sýkorová (2007) identifies an important factor that allows senior citizens to get by within their income, which is where they live in the countryside in their own house or flat. From this evidence, we can thus observe that the cost of securing housing forms an important item in a family budget, and also one of the most burdensome.

It is nothing new that the main income of senior citizens is their old age pension. In the structure of persons aged 65–69, the pensions form 90.94% of the overall structure of their gross monetary income. In the case of persons aged 70–74, it is 94.06% and for the oldest age group (75+) pensions represent 93.66% of their income (CSO, 2017c, according to the author's calculations). The remaining percentages are represented by income from employment, income from enterprise and other social benefits. Seniors and other persons who, because of their long-term poor health conditions, need assistance from others in some way in dealing with the basic necessities of life are paid a care allowance, which is not considered income for a senior citizen. However, we can assume that the recipient of this benefit may subjectively consider it an income, in terms of how to manage and spend this allowance. The amount of this recurrent cash benefit is determined by the assessed degree of dependency pursuant to the Act on Social Services (Act no.108/2006 Coll., hereinafter the 'Act'). These degrees of dependency are determined according to the number of basic necessities of life with which the individual is unable to cope without external assistance. The degrees of dependency are then divided into four stages (Light Dependency I, Medium Dependency II, Heavy Dependency III, Total Dependency IV). This benefit is used by the qualifying individuals to pay for assistance which may be provided, at their discretion, by a relative, a social care assistant, a registered provider of social care services, or others (MLSA, 2015a). The benefit is subsidized from the state budget.

The basic prerequisites in implementing care allowances within the framework of the Act included strengthening of the autonomy of service users, increasing their authority in deciding what type and degree of assistance they needed, thus supporting pseudo-market behaviour within both the service users and social service providers actions and decisions. A prerequisite was also that people who need care could choose which type of care they can purchase, or they can pay a family member for such care. This change was accompanied by a 'free choice' discourse, which perceived the care recipients as customers able to make their own decisions. The introduction of this allowance was also expected to vacate bed places in residential care institutions and to support various types of field services (Dudová, 2015). With hindsight, it can be stated that these expectations did not materialise. Dudová (2015) draws the conclusion that neither a significant freeing of places in residential care by those who need daily care resulted, nor any significant development of field/home social care services. On the contrary, it has been found that the imposition of the allowance/benefit led to a significant increase in overall spending on social services from the state budget (Horecký, 2012).

Failure to meet other expectations is also evidenced by numerous empirical studies. Among them, for example, Horecký (2012) notes that a little less than 70% of the care allowance recipients do not use it to purchase social services from registered providers. Krhutová's research (2013) showed similar findings, where seniors consider this benefit as another source of general income, and some social service providers mentioned the inappropriateness of payment of the benefit directly to the client. In their opinion, the money should go directly to social care providers. Průša (2007) also provides evidence that 75% of the funds paid to this type of benefit is not returned into the field of social services, since it is understood by senior citizens as an instrument to increase their standard of living, or even of their families or families of their children (also Tomeš, 2011). This logically leads to economic problems of the service providers who thus face losing the considerable funds required to ensure the proper functioning and operation of the social or medical service.



THE AVAILABILITY OF SOCIAL SERVICES AND INFORMATION ABOUT SOCIAL SERVICES

There are many different aspects of the availability of social services. In general, when providing services, the European Union emphasizes the requirement of physical, economic (financial), social, information and psychological availability (MLSA, 2005). However, availability can also refer to the time, type, transport, capacity or location (geographic, regional, locality). Geographical accessibility and time availability of social services are the only areas covered by the Czech Republic legislation through its Social Services Quality Standards (MLSA, 2009). These Social Services Quality Standards, recommended by the Ministry of Labour and Social Affairs since 2002, became the legally binding regulations starting from January 1, 2007. Specifically, it is standard no. 11 that applies to our concerns here: “(The) Provider determines the place and time of delivery of a social service by the type of social service, the range of persons to whom it is provided as well as by their needs.” (ibid.) It also partially affects awareness of the social services provided in the following standard no. 12: “(The) Provider has processed a set of information on a provided social service in a form comprehensible to a range of persons to whom the service is intended” (ibid.).

A historical milestone for the provision of social services was the adoption of the Act on Social Services in 2006, which had been in preparation since the early 1990s. This law regulates the conditions for providing assistance and support to persons in an adverse life situation through social care services and an allowance for care. It clearly defines ‘a social service,’ and distinguishes different types and forms of its delivery. As for the social services intended for the target group of seniors (using the terms of the law, ‘persons with reduced self-sufficiency due to their age’ or those who are in an adverse social situation due to the weakening or loss of their ability due to age), it has repeatedly shown that the most frequently used social service by seniors living in households is home-care services (e.g. Kuchařová, 2002; Markent, Research Institute for Labour and Social Affairs – RILSA, 2011; Průša, Horecký, 2012; Zvoníková, 2012). Also, knowledge from practice shows that senior citizens use other field and outpatient services (such as emergency care, day service centres, day care centres, relief services, guide and reader services etc.) to a much lesser extent. The main reasons why it is so are, we would suggest, of two kinds. The first reason is the low level of awareness of their existence among the elderly and the second is the unavailability of these services. These points are confirmed by numerous empirical studies. One study carried out under a study funded by the Ministry of Labour and Social Affairs in selected locations in the Czech Republic concerning the methods of providing care for the care allowance recipients in 2011 (‘Pilot research of the care provision methods for the recipients of care in selected locations’) found that lack of affordability or financial reasons was the most commonly cited reasons for not using any of the social services (37.2%).

In second place was the lack of information about their availability. Other reasons for a lack of use of social services were in comparison mentioned infrequently. Therefore, lack of funding was identified as the main limiting factor for non-utilization of social services in this research (Markent, RILSA, 2011). The findings of a qualitative research study carried out by Kotrusová, Dobiášová (2012) also confirmed that seniors and sometimes even their family members are not familiar with their care options, and are not aware of all existing social and medical services, and the ways they can take advantage of them, “thus it all too often ends with lunch from home-care services” (Kotrusová, Dobiášová, 2012:6). Burešová et al. (2009) has a similar view, who identified the problem of the lack of information to senior citizens and their families in the area of social and health care for the elderly. This ignorance then largely affects what form of care the client chooses or does not choose. The researchers also formed the view that the lack of public awareness of social services is caused by multiple factors, such as problems in policy implementation, the unwillingness of the media to deal with or publicise the issue of care for the elderly, non-compliance with regulations and the associated low degree of control by the state, and non-compliance with quality standards. Lack of awareness about ways of meeting the needs of seniors by using social services can also



become a limiting factor of the quality of life of seniors in their home environment (Průša, 2010). Ensuring and enhancing awareness of social services is an aim included in the regional medium-term social service development plans, the analyses of the needs of users of social services, and forms part of the community planning of social services. Kotrusová, Dobiášová (2012) consider the fact that customers having to pay for each service separately is problematic for them. Thus senior citizens only choose the services that they absolutely need, and do so at the expense of the satisfaction of actual greater needs. The problem with the affordability of services is increasing among people with a low degree of self-sufficiency. Research has confirmed that the income of the elderly (including a care allowance) is not sufficient to purchase costly and time-consuming care. To illustrate the situation, the authors report that “a 24-hour personal assistance service... [costs] approximately 60,000 CZK (approx. 2,241 €). ... A more frequent case is that a person claims services equalling to the amount of 30,000 to 40,000 CZK per month (approx. 1,121 € to 1,494 €) and receives the allowance of 12,000 CZK (approx. 448 €)” (Kotrusová, Dobiášová, 2012:5). These financial demands then may be one of the reasons why the demand for residential services of the-home-for-the-elderly type is not declining. From the user's perspective, institutional care is less costly in such a case (Kotrusová, Dobiášová, 2012)⁴. Also Dohnalová, Hubíková (2013) reported that respondents - caregivers providing care for seniors receiving the care allowance - evaluate the financial demands of care services as being very high. Another great disadvantage of home-care services, according to the respondents, in addition to the financial demands, is the absence of the service during evening hours, weekends and holidays (i.e. time unavailability). The fact that family members usually perform nursing tasks without any financial reward contributes to this trend. Complaints made by seniors and caregivers were related to the temporal availability and spatial accessibility (building barriers), the latter of which includes in particular, problems associated with the access, for example stairs, lack of low-floor buses, etc. (ibid.). Local, and geographical accessibility of social services also varies by individual regions, and sizes of cities (Maříková, Plasová, 2012), and is a particular problem within smaller municipalities (Průša, 2010).

METHODS

In our research we focused, as outlined in our theoretical background, primarily on three areas. The first area is the economic situation of seniors (or the affordability of services), the second is the local and temporal availability of social services for seniors, and the last is the awareness of senior citizens about social services. Based on this theoretical knowledge and practical experience we defined the research problem (as was mentioned in the Introduction) as the ‘*availability of social services for senior citizens*’, with the primary focus on their affordability. Secondly, we also dealt with geographical and time availability and awareness of seniors of the supply of social services. As mentioned above, the research aimed to find connections between the availability of social services for seniors and financial resources that are available for the provision of such services. Definition and formulation of the research problem and objectives, such as uncovering connections between two phenomena and testing hypotheses, made us choose a quantitative research strategy. We focused on the field and outpatient social services because our intention is to discuss the availability of social services in the home environment of seniors. The object of the survey is the senior citizens who are current or potential users of social services. In order to ascertain whether there is the possibility of obtaining this information from our target group, we conducted a pilot study. It was carried out using a non-standardized interview with ten elderly patients at the Municipal Hospital in Odry. In particular, we investigated the willingness of seniors to answer questions

⁴ The maximum amount of reimbursement for the providing social services in homes for the elderly is determined by a decree and it is 380 CZK/day (approx. 14 €), meaning 11,780 CZK/month (approx. 440 €) (Decree no. 505/2006 Coll.).



concerning finances and we mapped the extent to which the seniors are familiar with the issue of social services. We were also interested during our pilot study in the preferences of seniors related to our data collection technique. Nine of all ten respondents chose the option of an interview, the remaining respondent did not care about the data collection technique (and selected the answer “I do not care”). We conducted a pilot study that confirmed that the planned research could be realized. Preparation of the research design included obtaining a written informed consent to participate in the research, with which all respondents were acquainted before the beginning of the actual research. It followed the recommendation by Mioviský (2006) and Hendl (2005).

Based on the findings of the pilot study a standardized interview with closed questions, the way Loučková (in Baum, Gojová, 2014) understands, it became the technique utilized for data collection. A standardized interview has turned out to be a more viable option with respect to the target group of seniors, rather than a questionnaire, which they must read and fill out on their own. Loučková (in Baum, Gojová, 2014) states that the standardized interview is almost a questionnaire; while it sometimes differs from the questionnaire only by the fact that the interview is recorded by an interviewer as opposed to the questionnaire, which is filled out by the surveyed person on their own. In this case, the responses were recorded by interviewers. Pospíšil (2015) also describes the standardized interview in such a way that the researcher reads aloud the questions and answer options in a precise order and then records (underlines) the answers that the respondent selected. However, we interviewed seniors completely, intentionally more than it was necessary (eight questions more) to test our three hypotheses. The purpose of this extended interview was to compare the results of our survey with the findings of published analyses mentioned in the introductory part of the paper. The interviews were conducted in the office of a medical social worker, or in the case of elderly persons, whose state of health did not allow it, the interviews were made in their rooms with other patients being asked to leave in order to provide privacy.

The primary sample was the population of senior citizens (individuals above 65) who are recipients of the care allowance at least at the first level of dependency. The research sample size of 120 respondents was constructed using a quota sampling technique. The quota used was gender and the level of care allowance. The data was collected in the hospital wards (internal medicine and hospice) during January and February 2013. Respondents were selected based on the following criteria: age 65+, without significant cognitive decline according to MMSE⁵, in receipt of ‘old age’ pension, in receipt of a care allowance, a variety of residence sizes (village, town, district town, county), and that the respondent did not live in any residential social care facility (here it was taken into consideration, for example, homes for the elderly, homes for people with disabilities and homes with a special regimen). Research questions were formulated, reflecting the aim of our research in the following terms: *‘Are social services available to seniors?’* The answer has then been represented by three hypotheses. The first hypothesis tested the dependence between the use of social services and disposable income, thus its phrasing was: *‘The use of social services by senior citizens depends on the funds that are available to seniors’*; the second hypothesis was stated as *‘The use of social services by senior citizens depends on the awareness of seniors about the supply of social services’* and the third hypothesis stated in a similar manner: *‘The use of social services by seniors depends on the spatial accessibility and time availability of social services.’* Hypotheses and their variables were subsequently operationalized to be quantifiable and measurable. The variables in the first hypothesis were “the use of social services” and “seniors’ funds”. The second hypothesis also used for the operationalized variable the “use of social services” but for the second variable honed into “senior awareness of the supply of social services”, which was further streamlined to objective and subjective information. Similarly, the third hypothesis utilized “use of social services” and “local and time availability of social services” In all cases, the concept of “social services” was defined

⁵ Mini-Mental State Examination, or a short scale of mental status, which assesses mental health, mental abilities, cognitive functions and psychological well-being.



by the different types of social services under the Act, which can be used by the elderly in the home environment (i.e. services provided as field or outpatient⁶). The process of operationalization was completed with a list of questions in an interview. The last step before entering the field of research and data collection was the implementation of preliminary research to test the method of a structured interview, in particular its clarity and the comprehensibility of its questions. The object of the preliminary research was 16 elderly people (two women and two men in each category at an individual level of dependency care allowance), which took place in the Municipal Hospital in Odry. These were excluded in the final sample. We can conclude that we were also able to verify that elderly people had no problem with the interview and that its duration did not overly trouble the seniors.

The data was processed and analyzed using the statistical software IBM SPSS Statistics. The classification of the first and the second degree was applied. Frequency tables enabled us to describe the characteristics of the research sample. As noted above, we used a quota sampling technique, so the structure of the research sample by gender and care allowance was pre-determined. As mentioned above, the final sample was comprised of 120 respondents. They were selected on basis of set quota demands and also whether the respondent gave an approval on participation in the research.

The two-dimensional data analysis permitted us to test the defined hypotheses in order to demonstrate whether or not there is a relationship (dependency) between the tested variables. When performing the classification of the second degree, the level of significance to test the hypotheses was set $\alpha = 0.05$. The most commonly used tests included a contingency table and a Chi-squared test of independence, as well as T-tests, ANOVA, correlation analysis, etc., which were determined by the type of the measuring scale of the investigated variables. In the case of the first and the third hypothesis, the relevant type of analysis for identification of the relationship between the tested variables was selected and we applied the contingency table and the Chi-squared test of independence (Pearson's test of independence). In the case of the second hypothesis, we worked with multiple-choice answers, and therefore it was not possible to apply a Chi-squared test of independence, and we thus determined the assumption of the dependence of variables based on the value of Epsilon (ϵ).

RESULTS

The research sample consisted of 31 men (26%), of whom a dozen were receiving the care allowance in degree I, then 9 men in degree II, 6 men in degree III and the remaining 4 men were receiving the highest amount of care allowance in degree IV. The number of women presented in the sample was 89 (74%), of which 34 women were receiving the care allowance in degree I, 27 women in degree II, 18 women in degree III, and finally 10 women were receiving the care allowance in degree IV. Most respondents (45%) were represented in the age group 75-89 years old. The classification of the first degree, inter alia, also showed that most of the surveyed seniors (40%) live with their family, the second most represented type of housing option was 'on my own' (33.3%), and a quarter of seniors live with their spouses (25.8%). The remaining less than one percent live in a different type of cohabitation (0.8%). Furthermore, we found that many seniors (35%, i.e. 42 respondents) on average pay up to 500 CZK (approx. 18 €) per month for social care services, and 15.8% (i.e. 19 respondents) pay for social care services between a rate of 1,001–2,000 CZK (approx. 37–75 €) per month. The third most common option was payment in the amount of 501 to 1,000 CZK (approx. 19–37 €) per month represented by 13 respondents (10.8%). These three categories were also the three lowest payment options for social services.

⁶ The services included, in particular: social counselling, personal assistance, home-care services, guide and reader services, relief services, day care centres, emergency care services, social activation services for the elderly and people with disabilities.



The first hypothesis, when comparing the achieved (measured) level of significance, with a pre-set level α , was confirmed, because the significance value Sig. was equal to 0.000.

The result is that the use of social services by seniors depends on the financial resources available to them. Under this hypothesis, we considered the finding that seniors also use their care allowance for purposes other than the purchase of social services to be very significant. It was found that only 9% of seniors (21 respondents) fully use the care allowance to pay for their social services. However, respondents most often use their benefit to compensate for additional medical charges (42%), which accounted for 99 of 120 respondents. In addition, almost 57% of seniors perceive social services to be too expensive. 40 respondents (17%) also reported that they used the care allowance to create a financial reserve. The inquiry about the ways of utilizing this benefit also made some respondents choose other options – 21% use it to cover other expenses, 7% of them perceive it as an allowance to ‘improve the situation’ of their children or grandchildren, and 4% of respondents use the allowance to cover expenses associated with the regular functioning of the household.

Similarly, the second hypothesis was also confirmed. In this tested hypothesis, the epsilon values ϵ were repeatedly (in the testing of individual social services) greater than the absolute 10%, which also implies a dependence between the variables. The result is that the use of social services by seniors depends on the awareness of seniors about the supply of social care services. We learned that the most popular services include home-care services and personal assistance. Conversely, only 29 respondents (8.1%) are familiar with emergency care services, which can be very important, primarily for the sense of the security of seniors living on their own. Furthermore, the research found that awareness of the elderly about the supply of social services certainly cannot be considered satisfactory, since 76% of seniors themselves perceive a lack of information, and nearly 87% of respondents would welcome more comprehensive information about social services. The relationship between local and then also time availability and individual social services, was tested by the third hypothesis. The dependence between the use of service and time availability (on working days and weekends and holidays) was proven for all surveyed services (the value of the calculated level of significance was always 0.000). However, the dependence between the service use and local availability was demonstrated only in three types of services – home-care service, personal assistance (for both services the measured significance was 0.000) and also for day care centres (Sig 0.016). Other tested services do not demonstrate this dependency (values were always higher than 0.05). In view of the above, we consider this hypothesis to be only partially confirmed. Regarding accessibility, what emerged from the responses was that in order to use outpatient services seniors needed escorts, that were, however, financially too demanding for them (37.5%). The second place belonged to the inverse option, namely that providing escorts was no problem for 25.8%. 24.2% reported no interest in the service because the journey itself would be too burdensome for them. Only 4.2% are able to complete the journey to obtain the service themselves with no need for help from another person. The remaining variants included the following options: 5.0% of respondents do not manage the journey at all, because they are bedridden; 3.3% of respondents do not know who to ask for help when in need of transport to obtain such a service. Among other results, what we considered of concern was the finding that social counselling on weekdays was available to only 4 respondents out of the 37 who were familiar with this service.

SUMMARY AND DISCUSSION

The aim of our research was to find a correlation first between the financial availability, then between the time and local availability of social services and the use of social services of the elderly. In other words, we aimed to answer the question of whether social services are available to senior citizens from all these aspects. We also looked for a connection between the use of social services by the senior citizens and their awareness about the supply of social services. In the conclusion, the



research also outlined and discussed the possible reasons for non-use of social services by senior citizens.

The first area of our interest was focused on an analysis of the economic situation of the elderly. This corresponded with the results of research carried out, which are already mentioned in the introduction (e.g. Keller, 2011; Kalmus, 2012; Horecký, 2012). The key finding in our research in this area is that, despite the existence of the care allowance intended to cover social services, our seniors are 'forced' to use this allowance also for other purposes. The respondents' answers showed that they use it mostly to cover additional medical costs (42% of respondents). On the contrary we found that only less than one tenth of all respondents (9%) use the allowance fully to pay for social services. In other cases it often serves to create a financial reserve of a household 'for a rainy day' (17%) or as some extra money to supplement a retirement pension that seniors use to cover the costs associated with the running of the household (4%), or their gift to relatives (7%). The remaining respondents use the care allowance to cover other expenses. It was also discovered that over half of all seniors in our research (almost 57%) perceive social services to be too expensive.

Our attention was also focused on the local accessibility and temporal availability of social services. These factors were investigated separately. In terms of the local accessibility we were primarily interested in the transportation options that the elderly have in order to reach outpatient social services. We found that most seniors (67%) needed escorts, which however, for 38% of them means an additional financial burden. For 3% of the respondents, the necessity of an escort to receive outpatient services represents a problem in terms of not knowing who they could turn to in order to accompany them to receive the service. Problems with the local availability of services reaffirm the results of the research of Maříková, Plasová (2012), Průša (2010). The survey also revealed that 24% of seniors are not interested in the use of outpatient social services because of their limited mobility, where the transportation to get to the service is associated with too heavy a burden for the elderly. Time availability was divided into the availability of services on weekdays, and on weekends and holidays. Time availability of services causes problems, especially on weekends and holidays, which again corresponds with the research carried out by Maříková, Plasová (2012). The answers on this subject, however, were adversely affected by the above stated low awareness of seniors about social services, which subsequently affected the results in the sense that when assessing some services a high percentage of seniors selected the option '*I'm not able to tell*'. The alarming result is also that the social counselling service is only available to 4 out of 37 respondents who were aware of such service, on working days.

Another area of our research, dedicated to the awareness of seniors about social services, is also consistent with the results of other research findings (e.g. Vohralíková, Rabušic, 2004; Kotrusová, Dobiášová, 2012). Both the subjective and objective ignorance of seniors about social services was confirmed. Less than 76% (75.8%) of the senior citizens felt themselves inadequately informed about social services, and less than 87% (86.7%) of respondents would welcome comprehensive information on the supply of social services. Research has also found that the most popular and therefore the most utilised social services included a home-care service which is known to all the interviewed seniors. The second most popular social service is personal assistance. More than one fifth of respondents (22%) are objectively informed of its existence. These findings also correspond with the above empirical studies. The third service that the seniors are most aware of is day care centres, which are known to 18% of them. The least known is a guide and reader service, which only 2 of them recognized. Day care centres are known to 5 respondents and relief services to 9 out of 120 respondents.

Some of the community plans for the development of social services, analyses of the needs of citizens, and users of social services prepared either at the level of individual cities or regions have been used to determine and evaluate the availability of social services, public awareness of social services, needs of the public and users of social services. If we wanted to find out how the availability and awareness of social services is being evaluated by senior citizens in the town of



Odry, where our research has been carried out, we would learn that the Community Plan for the Development of Social Services 2013–2017 (Institute of Community Development, 2013) does not address any of the mapped areas⁷. These topics were dealt with, for instance, in the Analysis of the Citizen Needs of the City of Ostrava in the Context of Social Services (Hruška et al., 2013)⁸, the results of which correspond to the results of our research. The results of the analysis of users of social services and their needs (particularly the target group of seniors) show that senior citizens see the biggest problem as the financial costs of social services since many of them, with their pensions, simply cannot afford them. The elderly reported that they cannot manage to cover the provided services in full using just their income, and that the amount of care allowance does not correspond to given service rates. They view the prices for some social services as being too high⁹. Most of the surveyed seniors confirmed that after paying for these services, they are left with insufficient funds to finance their other interests or needs, and would not actually even be able to afford these services without their savings or help from their families. The provided services were also evaluated by the seniors as being poorly accessible¹⁰. The authors of the survey consider it very important to inform the general public about the offered social services and the possibilities of their use, so similar to us, they do so using the network of medical offices. Another good source of information is the Sociodemographic Analysis of the Moravian-Silesian Region (Sociotrendy, 2012)¹¹, the results of which also support our findings of insufficient awareness. The seniors reported that they would welcome increased information about social services through lectures or discussions.

When the data analysis revealed that respondents knew only few social services and that they have not been using those services very often, we sought an answer to the cause of the low utilization of services. Based on our research, we believe that the cause is a combination of all three tested factors, namely affordability, awareness, local accessibility and time availability¹². The fundamental findings can be summarized that a senior cannot use a service of which the existence he/she does not know, and cannot use the paid service he/she cannot afford. At this point, however, it could be argued that the care allowance should serve as a tool for payment for

⁷ The research constituted the mapping of types of social services and/or activities citizens currently use; their level of satisfaction, and what could be improved; also types of social services are missing, which target groups pay the greatest attention, and where the respondents receive information about social services. It sets priorities for individual social service providers, however, none of which reflect the availability of social service (in addition to the availability of emergency social housing and the availability of debt counselling), etc.

⁸ This is the latest available and published information material.

⁹ The analysis shows that the most affected group of social service users in terms of financial costs are the seniors who pay between 4,001–10,000 CZK (approx. 153–381 €) per month for social care services.

¹⁰ Specifically, the criticism was targeted at changes in timetables, long waiting times at stops and lack of low-floor public transportation vehicles.

¹¹ This is also the latest available and published information material.

¹² Authors are aware that explanation of non-utilisation of social services is not only in unavailability of those services (whether it is financial, geographical or time availability), eventually in the mentioned low awareness. Other causes can be e.g. client's worries about quality and reliability of social services, conviction of users that they don't need social services, and insufficient capacity of social services or absence of those services (Markent, RILSA, 2011). Fuchs (2007) from literature review constructed the direct and indirect costs, which include both objective barriers and subjective motives in utilisation of social services. These include e.g. administrative, social and psychological costs of potential recipients (i.e. perception of state aid as degrading, fear from stigmatisation, fear to encounter the administrative process, acting of officials towards claimants may also be perceived as humiliating, etc.) These less studied factors were not included in our research.



these services. As our research and other above described studies already have shown, seniors often use the care allowance for other purposes (mainly medicines). Another problematic factor is the local accessibility and temporal availability of services. If we decide to ignore the geographical conditions, the local accessibility of outpatient services is for seniors limited by the need for escorts, which is connected with another financial burden. Therefore we can conclude that social services are primarily unaffordable by seniors. Although there is a fairly wide range of social services, seniors often do not know about them, or cannot afford them, or they are not available to them in terms of time and location.

Is there any hope for improvement? The easiest solution, in our opinion, would be to raise awareness among seniors about the services offered in their region (for example, through information leaflets, whether available in the offices of general practitioners or to be delivered to the seniors' mail boxes, etc.). We are quite optimistic in this area since the change would not need to pose a very significant problem. In terms of the time availability of social services, we see a weak spot in the lack of funds on the part of service providers. They would probably like to extend the time availability of their services, but this would mean for them the necessity of raising labour costs per employee, which may be an issue. Local accessibility in geographic terms will be, in our opinion, affected by the demand for services and the 'purchasing power' of the social services. However, we are pessimists in the area of the possibility of improving the transportability of seniors for such services. The biggest problem is the financial costs associated with the transportation to reach the service (payment for the escorts) and limited mobility, which for some seniors represents a significant barrier to the use of outpatient social services. Also, some seniors saw an obstacle to be the absence of an appropriate person to accompany them to the service. Where we are the greatest sceptics though is in connection with the change of the financial affordability of social services. Seniors have only a limited source of income, with no greater chances of partially covering their income from different sources other than their retirement pensions, where on the one hand they are confronted with a continuously increasing cost of living (in the form of medical and housing costs), which may suggest the rather gradually deteriorating financial situation of seniors rather than a more positive, opposite situation.

The authors believe that the added value of this article is in its complexity. It means that the contribution doesn't deal with just one aspect of social service's availability, but moreover this research extends to the use of the care allowance. So these findings provide complex feedback not just for social workers, but even for providers of social services and their founders, and importantly it relates to the specific region for which this comprehensive data haven't been collected. So this research can provide background for improvement in quality of social services for senior citizens in the Ostrava region in way that these social services better fit seniors' needs and demands.

REFERENCES

Act No. 108/2006 Coll., on Social Services.

BAUM, D., GOJOVÁ, A. (Eds.). 2014. *Výzkumné metody v sociální práci*. Ostrava: University of Ostrava.

BUREŠOVÁ, A., ŘEZÁČOVÁ, L., STEHLÍKOVÁ, L. 2009. *Sociálně zdravotní péče o seniory* [online]. Praha: Charles University. [3. 11. 2016]. Available at: http://www.martinpotucek.cz/index.php?option=com_rubberdoc&view=doc&id=166&format=raw

ČEVELA, R., KALVACH Z., ČELEDOVÁ, L. 2012. *Sociální gerontologie: Úvod do problematiky*. Praha: Grada Publishing.

CIMBÁLNÍKOVÁ, L., FUKAN, J., LAZAROVÁ, B. et al. 2012. *Age management pro práci s cílovou skupinou 50+*. Praha: Association of Adult Education Institutions of the Czech Republic. Methodological manual.

CSO. 2017a. *Mzdy a náklady práce* [online]. Praha: Czech Statistical Office. [7. 6. 2017]. Available at: https://www.czso.cz/csu/czso/prace_a_mzdy_prace



- CSO. 2017b. *Průměrná výše důchodu* [online]. Praha: Czech Statistical Office. [7. 6. 2017]. Available at: https://vdb.czso.cz/vdbvo2/faces/cs/index.jsf?_af=page=vystup-objekt&pvo=SZB05b&skupId=467
- CSO. 2017c. *Životní podmínky 2016. Domácnosti podle pracovní aktivity a stáří osoby v čele* [online]. Praha: Czech Statistical Office. [10. 6. 2017]. Available at: <https://www.czso.cz/documents/10180/46388833/1600211710a.pdf/fa3eaab6-4cdf-4107-a578-730b1122a996?version=1.0>
- CSO. 2015. *Tisková zpráva. Seniori v Moravskoslezském kraji* [online]. Ostrava: Czech Statistical Office – Regional Branch. [2. 1. 2017]. Available at: <https://www.czso.cz/documents/11288/35547912/%C4%8C%C3%9A%20TK+Senio%C5%99i+MSK+TZ.pdf/71746524-f082-4131-9339-2381a8e1fc7a?version=1.1>
- Decree no. 505/2006 Coll.
- DOHNALOVÁ, Z., HUBÍKOVÁ, O. 2013. *Problematika lidí pečujících o blízkou osobu v městě Brně* [online]. Brno: Masaryk University. [3. 11. 2016]. Available at: https://socialnipece.brno.cz/useruploads/files/kpss/studie_pecujici_o_blizkou_osobu.pdf
- DUDOVÁ, R. 2015. *Postarat se ve stáří. Rodina a zajištění péče o seniory*. Praha: SLON.
- FUCHS, M. 2007. *Social Assistance – No, Thanks? Empirical Analysis of Non-Take-Up in Austria 2003* [online]. Kiel: EconStore. [3. 11. 2017]. Available at: <https://www.econstor.eu/bitstream/10419/68975/1/545928494.pdf>
- HENDL, J. 2005. *Kvalitativní výzkum: základní metody a aplikace*. Praha: Portál.
- HORECKÝ, J. 2012. *Návrhy na změnu výplaty a použití příspěvku na péči 2012* [online]. Tábor: Asociace poskytovatelů sociálních služeb ČR. [5. 11. 2016]. Available at: http://www.apsscr.cz/files/files/Prispevek_na_peci_JH_finalup.pdf
- HRUŠKA, L. et al. 2013. *Analýza potřeb občanů města Ostravy v kontextu sociálních služeb* [online]. Ostrava: PROCES – Center for Development of Municipalities and Regions. [13. 6. 2017]. Available at: https://www.ostrava.cz/cs/urad/magistrat/odborny-magistratu/odbor-socialnich-veci-zdravotnictvi-a-vzdelanosti/oddeleni-socialnich-sluzeb/studie-a-analzy/studie-a-analzy/copy_of_analyzapotrebobcanu2013.pdf
- INSTITUTE OF COMMUNITY DEVELOPMENT. 2013. *2. komunitní plán rozvoje sociálních služeb Města Odry na období 2013–2017* [online]. Ostrava: Agency for Social Inclusion. [14. 6. 2017]. Available at: http://www.odry.cz/assets/File.ashx?id_org=10908&id_dokumenty=434704
- KALMUS, J. 2012. *Příjmy a životní podmínky domácností starobních důchodců* [online]. Praha: Czech Statistical Office. [5. 11. 2016]. Available at: <https://www.slideshare.net/statistickyurad/s-cerge-ei-kalmus-25483453>
- KELLER, J. 2011. *Nová sociální rizika a proč se jim nevyhneme*. Praha: SLON.
- KLEVETOVÁ, D., DLABALOVÁ, I. 2008. *Motivační prvky při práci se seniory*. Praha: Grada Publishing.
- KOTRUSOVÁ, M., DOBÍŠOVÁ, K. 2012. Česká republika na rozcestí mezi domácí a institucionální péčí o seniory. *Fórum sociální politiky*, 6(6), 2–8.
- KRHUTOVÁ, L. 2013. *Privatizace v sociálních službách pro seniory*. Ostrava: František Šalé – Albert.
- KUCHAŘOVÁ, V. 2002. *Život ve stáří. Zpráva o výsledcích empirického šetření* [online]. Praha: Research Institute of Labor and Social Affairs. [23. 11. 2016]. Available at: <http://praha.vupsv.cz/Fulltext/zivest.pdf>
- MAREŠ, P. 1999. *Sociologie nerovnosti a chudoby*. Praha: SLON.
- MARÍKOVÁ, H., PLASOVÁ, B. 2012. Kontinuita anebo změna v systému zajištění péče o seniory v České republice od roku 1948 vzhledem k genderovanosti politik péče. *Fórum sociální politiky*, 6(3), 2–7.
- MARKENT, RILSA. 2011. *Pilotní výzkum způsobů zajištění péče o příjemce příspěvku na péči ve vybraných lokalitách* [online]. Brno: Masaryk University. [23. 11. 2016]. Available at: <https://www.mpsv.cz/files/clanky/13765/vyzkum.pdf>
- MIOVSKÝ, M. 2006. *Kvalitativní přístup a metody v psychologickém výzkumu*. Praha: Grada Publishing.
- MLSA. 2015a. *Příspěvek na péči* [online]. Praha: Ministry of Labour and Social Affairs. [23. 11. 2016]. Available at: <https://portal.mpsv.cz/soc/ssl/prispevek>
- MLSA. 2015b. *Koncepce sociálního bydlení České republiky 2015–2025* [online]. Praha: Ministry of Labour and Social Affairs. [23. 11. 2016]. Available at: http://www.mpsv.cz/files/clanky/22514/Koncepce_soc_bydleni_2015.pdf



- MLSA. 2015c. *Senioři a politika stárnutí* [online]. Praha: Ministry of Labour and Social Affairs. [2. 1. 2017]. Available at: <http://www.mpsv.cz/cs/2856>
- MLSA. 2009. *Standardy kvality sociálních služeb* [online]. Praha: Ministry of Labour and Social Affairs. [3. 12. 2016]. Available at: <http://www.mpsv.cz/cs/5963>
- MLSA. 2005. *Metodiky pro plánování sociálních služeb* [online]. Praha: Ministry of Labour and Social Affairs. [3. 12. 2016]. Available at: http://www.mpsv.cz/files/clanky/6480/Metodika_obecna.pdf
- NEŠPOROVÁ, O., SVOBODOVÁ, K. VIDOVIČOVÁ, L. 2008. *Zajištění potřeb seniorů s důrazem na roli nestátního sektoru* [online]. Praha: RILSA. [8. 7. 2017]. Available at: http://praha.vupsv.cz/fulltext/vz_260.pdf
- POSPÍŠIL, D. 2015. *Zjišťování potřeb uživatelů sociálních služeb včetně metodiky uživatelských výzkumů (zkoumání vedená uživateli)* [online]. Praha: MLSA. [8. 7. 2017]. Available at: http://www.mpsv.cz/files/clanky/4173/prac_materialy_5.pdf
- PRŮŠA, L. 2010. *Poskytování sociálních služeb pro seniory a osoby se zdravotním postižením* [online]. Praha: RILSA. [23. 12. 2016]. Available at: http://praha.vupsv.cz/Fulltext/vz_313.pdf
- PRŮŠA, L. 2007. *Efektivnost sociálních služeb: vybrané prvky a aspekty* [online]. Praha: RILSA. [23. 12. 2016]. Available at: http://praha.vupsv.cz/Fulltext/vz_245.pdf
- PRŮŠA, L., HORECKÝ, J. 2012. *Poskytování služeb sociální péče pro seniory v České republice a ve Švýcarsku: mezinárodní komparace* [online]. Tábor: Association of Social Service Providers of the Czech Republic. [26. 12. 2016]. Available at: http://www.horecky.cz/images/1345613843_komparace-c-s.pdf
- SOCIOTRENDY. 2012. *Sociodemografická analýza Moravskoslezského kraje* [online]. Ostrava: Sociotrendy. [14. 6. 2017]. Available at: http://www.msk.cz/assets/eu/sociodemograficka_analyza_msk.pdf
- SÝKOROVÁ, D. 2007. *Autonomie ve stáří: kapitoly z gerontosociologie*. Praha: SLON.
- SÝKOROVÁ, D., NYTRA, G., TICHÁ, I. 2014. *Bydlení v kontextu chudoby a stáří*. Ostrava: University of Ostrava.
- TOMEŠ, I. 2011. *Obory sociální politiky*. Praha: Portál.
- VOHRALÍKOVÁ, L., RABUŠIC, L. 2004. *Čeští senioři včera, dnes a zítra* [online]. Brno: RILSA. [23. 11. 2016]. Available at: http://praha.vupsv.cz/Fulltext/vz_149.pdf
- ZVONÍKOVÁ, A. 2012. Senioři – kvalita života, zdravotní péče a sociální zabezpečení. *Revizní a posudkové lékařství*, 15(2), 80–84.



Intergenerational Solidarity from the Perspective of Different Generations

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Abstract

OBJECTIVES: The study is aimed at identifying the effect of selected factors on the intergenerational solidarity perception as seen by three generations. **THEORETICAL BASE:** Intergenerational solidarity represents an important aspect of family functioning from all generations' viewpoints, especially today, when a family is confronted with many problems that change the family internally, and where the external view of the family changes as well. Despite this fact, the family background remains the primary environment in the event of a particular need in which the family finds itself. (Filadelfiová et al., 1997) **METHODS:** A self-compiled questionnaire was used to collect the data, which included questions and statements copying the six Bengston solidarity dimensions. **OUTCOMES:** Survey results demonstrated significant differences in the intergenerational solidarity perception in terms of age, gender, family status, income, cohabitation and the presence of children in a family, as well as the position on the labour market. The differences were also reported, in particular solidarity dimensions perception. **SOCIAL WORK IMPLICATIONS:** The results showed willingness to support and help in generational relationships, which is positive for social work as research findings. On the other hand, it is a challenge to maintain this positive trend and to optimise possible forms of support interventions for family members in the care of their dependent member.

Keywords

solidarity, family, generations, dimensions of solidarity, family relations

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INTRODUCTION

Despite many changes, family has been considered a fundamental unit of the society even considerations of the global crisis, rapid family cessation as an institution, etc. We can still state that family belongs to most significant institutions fulfilling an important mission towards its members (Levická et al., 2004; Sumec, 2005). Gabura (2012) understands family as a context that provides for generational interconnection, transferring cultural and social capital and, if functional, it creates an irreplaceable environment for all its members, and represents a form of long-term mutually agreed upon cohabitation of persons (Jandourek, 2001), and the system where generational and special cooperation takes place with the signs of family emotions and solidarity (Ondrejko, Majerčíková, 2006). *"All family members are obliged to help one another, and to ensure improvement of material and cultural family life to their best abilities and possibilities"* (Act No. 36/2005 Coll.). Bilasová (2012) emphasizes the importance of functional family, mainly from an intergenerational relations viewpoint, highlighting continuity and cultivation of moral values. Inter alia, emphasizing intergenerational solidarity, support and care represents a common denominator of the above definitions. Validity of the family definitions is undoubted, nevertheless many authors consider current changes in society a determinant that affects family functioning per se, resulting in weakening of its many functions emphasized in all definitions (Sopoci, 2000; Lovasová, 2006). Many authors describe major changes at the family structure (Chorvát, 2006; Hetteš, 2011b; Rabušicová, Kamanová, Pevná, 2012; Truhlářová et al., 2015); the others try to bring attention to the changes in intergenerational cohesion (Bengtson et al., 2003; Izuhara, 2010), and further ones warn about the changes in the area of the existing inter-generation solidarity and cooperation (Pahor, Domjanko, Hlebec, 2011; Hetteš, 2011b; Ondrejko, 2013; Hrozenská, 2013), and on the changes at intergenerational education (Kamanová, 2010; Rabušicová, Kamanová, Pevná, 2012). Changes in intergenerational solidarity and relations are definitely linked to family related changes and are probably most frequently mentioned in the context of support and help to the senior population in the family micro-system (Silverstein, Bengtson, 1991; Závazalová et al., 1999; Jeřábek, 2005; Lowenstein, 2007; Hrozenská, 2008; Katz, 2009; Silverstein, Giarrusso, 2010; Határ, 2012; Bieliková, 2012). However, intergenerational solidarity has been a key effect of family functioning, as well as economic, financial and social systems in Europe (Hetteš, 2011b). Many theoretical and empirical studies dealing with intergenerational solidarity and relations have proven that it is still an actual topic in terms of family change and the care of seniors. It is a topic that has been subject to many discussions (Garstka, Hummert, Branscombe, 2005). Levická, Levická, Truhlářová (2015) considers that, from the point of view of social work, scientific attention should be paid to the importance of solidarity, especially when dealing with difficult life situations. Specialists are interested in defining inter-generation solidarity strength and willingness on a macro-level (social policies) and also on a micro-level in terms of the assisting professions (family and wider surroundings). Research outcomes point to the functional or failed intergenerational solidarity and relations, but many research report outcomes allow for investment in intergenerational solidarity support, which also refers to investment in strengthened support, support of generation exchange, shared values and experiences in the family, strengthening of positive attitudes creation among the generations, elimination of intergenerational conflicts, and to strengthening of the care within inter-generation cohabitation in case of a dependant family member (senior, disabled person), which is essential specifically for social work, for example, in coordinating and setting up home care services with care for co-operation with the family. An important element in deciding whether to take care of the elderly within the family system is precisely the degree of social cohesion of the family that depends on the mechanical, resp. normative solidarity. If the rate is high, the family can quickly match the care of their senior member (Jeřábek, 2013).

Functional intergenerational solidarity ensures protection of an individual within the family system (Hetteš, 2011a) and intergenerational relation network provides for success to all generations



– seniors are allowed to coexist with the family, and satisfy the needs; middle –aged generation is supportive of reaching harmony in the household, parental and work duties; and the young generation can positively and emotionally pass through childhood and adolescence, learning to express respect for the population of seniors, becoming acquainted with their world, opinions and differences from other age-categories' persons (Šimová, 2002). Intergenerational relationships are one of the elements that affect subjective QOL and are important components in the family relations, especially for successful coping and social integration in old age. The presence or absence of positive intergenerational relations affects an individual self-esteem and psychological well-being (Silverstein, Bengtson, 1991; Lowenstein, 2007; Katz, 2009).

Solidarity is understood as a certain readiness to help others, a positive relation position of an individual towards others (Levická, Levická, Truhlářová, 2015) and the result of close correlation between our existence and that of the others (Krebs, 2007). Intergenerational solidarity will be then understood as certain fellowship, respect, and intergenerational sharing. Bengtson, Oyama (2007) offers probably the simplest intergenerational solidarity definition, considering it a social cohesion between the generations that should be understood in the context of shared expectations and obligations among the generations. We distinguish between micro-, and macro-level of the intergenerational solidarity. The macro-level is understood in the context of population and society, expressing intergenerational solidarity inside the society (Botek, 2009; Levická, Bánovčinová, 2014), and being a condition of social cohesion and the essence of public social security and casual care (Hetteš, 2011a). Micro-level represents the system of intergenerational relations and solidarity inside the family (Hagestad, Herlofson, 2005; Garstka, Hummert, Branscombe, 2005; Levická, Levická, Truhlářová, 2015). Intergenerational relations are often characterized by mutual dependency and support on the family level (Cruz-Saco, Zelenev, 2010) and within a micro-context, we could understand the intergenerational solidarity as a social cohesion in the form of micro-social solidarity, realized on the level of family members and their mutual ties. Hrozenká (2013) and Hetteš (2011b) consider solidarity within the family system a basis of solidarity per se. In this study, we are mainly interested in the intergenerational solidarity in the micro-level context. Intergenerational family solidarity is understood as a multidimensional concept in compliance with the model developed by Bengtson (Daatland, Lowenstein, 2005; Hogerbruggel, Komter, 2012). Lately, relevance of the model to explanation of changes in family relations has been put in doubt, and the intergenerational ambivalence term has been proposed as relevant to the model, allegedly performing as an accelerant, and thus serving as explanation of changes in family relations (Hogerbruggel, Komter, 2012; Levická, Levická, Truhlářová, 2015). Nevertheless, the model of Levická, Levická, Truhlářová (2015) is considered suitable for social work, and intergenerational solidarity can be effectively measured through applied model. Its application was mentioned in many empirical studies.

EFFECT OF SELECTED INDICATORS ON INTERGENERATIONAL SOLIDARITY PERCEPTION

The research was aimed at identifying which factors affect the intergenerational solidarity within particular generations. Investigating intergenerational solidarity, we referred to the higher described solidarity concept pursuant to Bengtson (Bengtson et al., 2002; Bengtson, Oyama, 2007). The intergenerational solidarity concept is based on six dimensions: (1) Affection solidarity – interaction quality perceived by family members as certain proportion of emotionality, warmth, understanding and reciprocity (Sýkorová, 2006); (2) Associational solidarity – expressing the type and frequency of mutual contacts between particular generations in the family; (3) Consensual solidarity – includes similarity of opinions, values and orientation among particular generations, and also the degree of value orientation similarity with specific, social, political and religious opinions (Sýkorová, 2006); (4) Functional solidarity – contains provision and receiving of support across the generations, expressed by the intensity of various assistance type provision (Sýkorová,



2006); (5) Normative solidarity – given by the proportion of relative standards, ideas and values conformance; and (6) Structural solidarity – includes the structure of relation development opportunities across generations, reflected in the number, type and geographical proximity of the family members.

METHODOLOGY

In the investigation of intergenerational solidarity quantitative research strategy was used. Data collection was conducted by questionnaire method. The questionnaire consisted of two parts. The first section contained basic information about the respondent such as age, gender, employment status, the highest level of education, number of children, marital status, living with parents/ adult children and income information. The second part of the questionnaire contained 35 items, in our case statements, focusing on the various dimensions of intergenerational solidarity. On the 5-degree Likert scale respondents were given the opportunity to express the extent of their agreement to the given statements on a scale from 1 (strongly agree) to 5 (completely disagree). The **Association dimension** contained six statements, which were focused mainly on the frequency and the means of contact within the family system, satisfaction with the quantity and quality of contact, willingness to participate in family meetings, joint meetings, but also through interaction and so on (Examples of statements: *"I meet my parents every day"*, *"I like going to family gatherings"*, etc.). Within **affectual solidarity** we were interested in the fundamental values of family ties such as understanding, trust, respect, and positive feelings of closeness. This dimension contained 6 statements, for example. *"I trust my parents / kids"*. *"I respect the decision of my parents / children"*. *"I always like to be close to my children / parents"* and so on. Within the dimensions of **consensual solidarity**, we put emphasis on consensus of opinion and values, preferences and sharing of values and ideas within the family system. This dimension contained six statements, for example. *"I share the same views with my parents and / or children"*. *"Regularly it happens that I have a different view on the matter from my parents / children"*. *"Parents should not enter into the decisions of their grownup children below"*. **Functional solidarity** was investigated through six statements, which focused on the instrumental, economic as well as emotional support from the family. (Examples of statements: *"Parents and children should be mutual support"*. *"I'm satisfied with the way my parents/kids help me"*. *"In old age it is the duty of children to take care of their parents in every aspect of life"* etc.). In the **normative dimension** of solidarity, we investigated the intergenerational roles, subjective evaluation of the importance of family for family members, and mutual evaluation of intergenerational obligations. (Examples of statements: *"Family is always in the first place for me"*. *"I consider my parents/children to be the most important people in my life"*. *"There are only positive relationships between the different generations in our family"*). In the last **structural dimension**, we draw attention to the development of relations between family members, distance from family and number of family members. This dimension we examined through statements such as: *"When searching for new housing, I considered / I will consider the distance from parents / children"*. *"My parents / children I have do always live close by"*. At the beginning of the questionnaire evaluation a reliability testing was performed. The reliability test in a pilot study (52 randomly selected respondents) demonstrated a level of confidence in the value of 0.845 (Cronbach's alpha). After completion of data collection and uploading them to the program of the statistical program, we assessed the reliability of scale again. The result confirmed a higher degree of reliability when calculating Cronbach's alpha equals 0.927, confirming the very good level of confidence.

PARTICIPANTS

The sample in our study consisted of 600 respondents (M–205, F–395). Respondents were divided into three groups, with the sorting criterion being their age. In the first group, respondents were



aged 15–25 years. In total, this group included 200 respondents. The age limit in this category was related to the fact that the child is into the 25th year of life in the Slovak Republic, considered to be dependent on parents and parents receive child benefits. The minimum age in this category is bound to an issue of the identity card of the citizen of the Slovak Republic. The second group included 200 respondents in the age range 26–61 years. This age group bears the umbrella name – productive age and is the longest stage in human life. The upper age limit of this group of respondents, 61 years, is linked to the fact that from the age of 62, subject to the particular conditions, citizens of the Slovak Republic are entitled to a pension. This is the retirement age. Therefore, the citizens of this age (62 and over) constituted one third of the respondents and their total was 200. The upper age limit in this category has not been determined. Respondents were selected by intentional sampling. They had to comply with the age and willingness to participate in research.

RESULTS

Statistical program SPSS was used in analysis of results. We investigated particular factors' effect on the functional solidarity perception. The results show that the variables examined by us, age, gender, employment status, marital status, the presence of adult children in the family and income, affect the perception of the individual dimensions of solidarity, with age and gender emerging as dominant variables that determine the perception of intergenerational solidarity in all its dimensions. In this section, we describe the results according to individual variables and individual dimensions of solidarity.

The first factor monitored in relation to particular intergenerational solidarity dimensions' perception was *age*. Respondents were divided in three groups according to age: (1) 15–25, (2) 26–60, (3) 61 and older. With the Kruskal-Wallis test, we examined the differences in the intergenerational solidarity perception, in particular dimensions among the groups. The analysis demonstrated significant differences at the association solidarity perception by the respondents in particular age groups ($H(2) = 14.700$; $p = 0.001$), while the highest average score was reached by the group of respondents 61 years and older (in the terms of result interpretation, we should state that it is a reverse result model with the highest score referring to the lowest intergenerational solidarity need perception rate), 321.56 and the lowest average score was reached by the group of respondents 26–60 years of age, 261.28. The affection solidarity dimension also showed significant differences among the monitored groups ($H(2) = 21.939$; $p = 0.000$). The highest average score in this dimension was reached by the group of respondents 15–25 years of age (334.54) while the lowest average score was reached by the group of respondents 26–60 years of age (254.48). Testing the differences at consensual solidarity perception demonstrated significant differences among particular groups as well ($H(2) = 15.743$; $p = 0.000$). The highest average score in this dimension was reached by the group of respondents 15–25 years of age (325.68) while the lowest average score was reached by the group of respondents 26–60 years of age (260.15). Testing the differences at functional solidarity perception demonstrated significant differences among particular groups ($H(2) = 12.673$; $p = 0.002$). The highest average score in this dimension was reached by the group of respondents 61 years old and older (331.56) and the lowest average score was reached by the group of respondents 26–60 years of age (271.15). The Kruskal-Wallis test demonstrated significant differences at the normative solidarity perception by the respondents in particular age groups ($H(2) = 19.873$; $p = 0.000$); the highest average score in this dimension was reached by the group of respondents 15–25 years of age (332.55) and the lowest average score was reached by the group of respondents 25–60 years of age (257.25). Structural solidarity represented the last tested dimension. Similar to the other ones, significant differences were demonstrated at this dimension perception by the respondents in particular age groups ($H(2) = 18.417$; $p = 0.000$); the highest average score in this dimension was reached by the group of respondents 15–25 years



of age (329.25) and the lowest average score was reached by the group of respondents 26–60 years of age (256.96). The results show that the middle generation has a dominant position in all dimensions of solidarity and is willing to invest emotional, material support in the youngest but also the oldest generation. Also, it is favourably inclined to mutual interactions, family meetings, which is a dominant factor determining the overall family atmosphere and the functioning of the family as such. It not only declares the importance of intergenerational solidarity, but also acts accordingly. It is questionable to what extent it will be able to continue to do so because, in terms of results, it is willing to continue to invest in intergenerational relationships, since it is necessary to realize that the key position in the lives of working age people is a job that on the one hand, helps the family materially and on economically, on the other, is time and energy-intensive. High performance at work, the need to secure a family and, at the same time, investing in support for the younger and older generation, can weaken the middle generation internally and weaken its dominant role in intergenerational solidarity.

An interesting fact from the point of view of the results is the fact that the senior population showed the lowest degree of consent and willingness to invest in mutual intergenerational interactions, communication and meetings, also rather negative attitudes of the respondents dominated regarding practical or financial support and support to other generations, but also to themselves. However, in our opinion, this fact does not portray this generation in a negative light, rather we believe that this result declares that the seniors are and want to be a supportive agent of the middle and youngest generation, which is often true in real life. But the results point to the fact that the need for and support from younger family members will be delayed until they really need it, and for now they want to be supportive and non-burdening. Also, the youngest age category recorded extreme values in a negative sense. Against the oldest generation, they showed the least degree of consent, especially in the case of emotional support, they are also not inclined to common family and intergenerational values and norms. The lowest scores in this age category have also been recorded for structural solidarity, which is characteristic, for example, by the need for geographical proximity of family members, representatives of each generation.

Another monitored variable referred to *family status* of the participants and its effect on intergenerational solidarity perception. The respondents were divided in 4 groups – single, married, divorced and widowed. Data analysis performed through the Kruskal-Wallis test demonstrated significant differences in the affection solidarity dimension ($H(3) = 12.714, p = 0.005$). The highest average score in this dimension was reached by the group of single respondents (327.35) and the lowest average score was reached by the group of married respondents (274.37). As well, significant differences were demonstrated at consensual solidarity perception among the groups of respondents with different family statuses ($H(3) = 10.333; p = 0.016$). The highest average score in this dimension was reached by the group of single respondents (321.92) while the lowest average score was reached by the group of married respondents (272.03). Structural solidarity was the last dimension, the perception of which particular groups showed significant differences ($H(3) = 10.416, p = 0.015$). Border values of average score were reached in the group of single respondents (323.70) and married respondents (273.42). Significant differences among the groups of respondents of various family status weren't demonstrated at the following dimensions: association solidarity, functional solidarity and normative solidarity.

In summarizing the results we can state that the marital status affects only some dimensions of solidarity, strongly determining mainly the willingness to invest in emotional ties and the expectation of emotional support from others, also the need for conformity in family values and, last but not least, the perception of the need for family members to be close to each other. The smallest degree of expected but also the invested intergenerational solidarity in some dimensions was recorded in the case of single respondents, and on the contrary the highest rate was declared by the persons in marriage. Single respondents showed the lowest degree of consent to the need for emotional support, and the need for shared family values was low. For the respondents living in



the marriage, the highest scores were exactly in these items. However, it should be noted that this variable is related to the declared social status, but does not point to the reality of with whom the respondents live in the common household.

Occupational status was among the monitored variables, the effect of which on the intergenerational solidarity perception was examined. The respondents were classified in 4 groups: student, employed, unemployed, retired. The data analysis demonstrated significant differences at the affection solidarity perception among the respondents of various occupational status ($H(3) = 19.823$; $p = 0.000$), with the highest average score in this dimension reached by the group of student respondents (343.34), and the lowest average score was reached by the group of employed respondents. Consensual solidarity was another dimension the perception of which the respondents of various occupational statuses showed significant differences ($H(3) = 12.100$; $p = 0.007$). Border values of average score were again reached in the group of student respondents (333.96), and employed respondents (278.33). The Kruskal-Wallis test demonstrated significant differences in normative solidarity perception among particular groups ($H(3) = 11.316$; $p = 0.010$). The highest average score in this dimension was reached by the group of student respondents (331.14), while the lowest average score was reached by the group of employed respondents (274.26). Significant differences were also demonstrated in structural solidarity perception among particular groups ($H(3) = 12.589$; $p = 0.006$). Border values of average score were reached in the group of unemployed respondents (337.25) and employed respondents (272.17). Significant differences weren't demonstrated in the following dimensions: association solidarity, and functional solidarity.

The situation on the labour market, as shown by the above described results, changes the perception of intergenerational solidarity in most of its dimensions, and the interesting fact is that we did not notice the differences in need and investment in family interactions and practical solidarity. We also found that the highest degree of support for intergenerational solidarity was expressed by the employed respondents, with the lowest score dominated by the students. This result probably affected age because even with this variable, we recorded the lowest approval rate for the youngest generation and the highest in people of working age. However, if we compare the average score in individual dimensions of intergenerational solidarity to variable age and employment status, higher average scores are linked to employment status and to students. Thus, it is obvious that employability increases the perception of intergenerational solidarity. Work requires some kind of mutual cooperation within working groups, much more than anywhere else the need for consensus, adherence to commonly accepted standards, and for many professions also practical assistance is high. It is these factors that according to us, affect the above mentioned fact. Employed respondents also probably realize that some kind of support and assistance is closely linked to the resources, whether financial or interaction, therefore they see themselves as those who not only want, but also have the most to give and most invested. On the other hand, however, they know that they are also a good example for younger people and, in connection with the oldest generation, they feel certain forms of appreciation or the obligation to return what they have invested in.

We also studied the effects of *cohabitation of parents and adult children in a common household*. Data analysis resulted from conducted Mann-Whitney U test demonstrated significant differences in association solidarity perception among the group of respondents living in a common household with their parents/children, and among the group of respondents living in a two-generation family ($U = 27992.500$; $p = 0.000$). Average score reached 237.13 in the first group, vs 339.60 in the 2nd group. Similarly, significant differences were reported in affection solidarity perception among the group of monitored respondents ($U = 33970.500$; $p = 0.000$) (average score in the group of respondents living in a common household with their parents/children reached 263.06 vs 318.66 in the group of respondents living in a common household without their parents/children); in consensual solidarity ($U = 33893.500$; $p = 0.000$) (Average score reached 262.34 in the first group vs 321.87 in the 2nd group), normative solidarity ($U = 35372.000$; $p = 0.000$) where the 1st group reached average score 268.52 and the 2nd group reached 318.79, and also structural solidarity



($U = 29851.500$; $p = 0.000$). Average score in this dimension in the group of respondents living in a common household with their parents/children reached 245.17 vs 331.77. Significant differences were not demonstrated in functional solidarity.

The results point to the fact that the presence or absence of adult children in the same household influences the perception of almost all dimensions of intergenerational solidarity, with families without children having the lowest degree of consent but also willingness to invest in intergenerational solidarity. The results were dominated by a supportive opinion on family encounters, quality and quantity of communication, as well as a minimal willingness to fulfil some commitments to family members. This, in our view, can be explained differently. In the family without the presence of adult children, mutual assistance and solidarity is the domain of spouses and the absence of children, as a close source of support and assistance, or an investment source of support and help, as such, weaken their perception of solidarity. If they are not close to other generations, they do not need to help and do not expect help. They also do not expect emotional support, nor is intergenerational value, normative and attitude consistently felt as intensely. However, in the case of functional solidarity which reflects material, financial and practical assistance, the statistically significant differences have not been confirmed, which may point to the fact that if the absence of children in the family makes it impossible to demonstrate solidarity in other dimensions, the expectation of minimal and occasional practical help remains still preserved. *Income* represented another factor which has had an impact on intergenerational solidarity perception. Respondents were divided in 4 income categories – without any income, income corresponding to the minimum wage, income corresponding to the average wage and income exceeding the average wage. Data analysis resulted from the conducted Kruskal-Wallis test demonstrated significant differences in affection solidarity perception among the group of respondents in particular income groups ($H(3) = 13.363$; $p = 0.004$). The highest average score was reached in the group of respondents without income (336.92) and the lowest average score was reached in the group of respondents with income corresponding to minimum wage (274.07). Consensual solidarity represented another dimension demonstrating significant differences among the group of respondents in various income categories ($H(3) = 10.811$; $p = 0.013$). Border values of the average score were reached in the group of respondents without income (325.62) and respondents with income corresponding to minimum wage (273.32). Significant differences were confirmed in functional solidarity perception ($H(3) = 9.564$; $p = 0.023$). Similarly, border values of the average score were reached in the group of respondents without income (307.28) and respondents with income corresponding to minimum wage (275.22). Significant differences were not demonstrated in the following dimensions: association, structural, and normative solidarity.

The results clearly show that income is another variable that influences the perception of intergenerational solidarity. Extreme values, the lowest and the highest, were recorded in two income groups; in the non-income group and in the group of respondents receiving the minimum wage. Respondents with the salary height of the average wage for respondents with income higher than the average wage showed only an average score. The lowest level of consensus answers and therefore a negative view of intergenerational solidarity was found in the non-income respondents, with a reluctance to the emotional support, they also do not feel the need for family proximity and the need for consensus in the family and generations. However, people who are employed but whose salary is the lowest, at the minimum wage level, show the lowest value within this variable and therefore the highest degree of consent. They are probably aware that this situation is not acceptable to them, and support and help from the family are important and stimulating to them, and they therefore value any investment in solidarity and reinforcement.

Gender represented the last variable tested by us in relation to intergenerational solidarity perception. The Mann-Whitney U test demonstrated significant differences in association solidarity perception between men and women ($U = 30158.500$; $p = 0.000$), with an average score reached at the male group, of 347.66 and average score reached in the female group, of 273.74.



Significant differences were confirmed in affection solidarity perception ($U = 30037.500$; $p = 0.000$) with an average score reached in the male group of 343.03 and an average score reached in the female group 272.22. Consensual solidarity was the 3rd measured dimension with significant differences observed in its perception ($U = 33826.500$; $p = 0.002$). The average score reached in the male group was 327.68 vs 282.51 in the female group. As for functional solidarity perception, testing demonstrated significant differences between men and women ($U = 31604.500$; $p = 0.000$) with an average score reached in the male group 339.31 and average score reached in the female group 277.42. Similarly, significant differences were reported in normative solidarity perception ($U = 32237.500$; $p = 0.000$) and structural solidarity ($U = 28002.000$; $p = 0.000$). An average score reached in the male group in case of normative solidarity perception was 336.47 vs 278.74 at the female group. As for structural solidarity dimension, the male group reached an average score of 340.06 vs. 263.49 in the female group.

Gender is the last factor that changes the perception of intergenerational solidarity in its entirety. Clearly, according to the results, women are aware of the value of solidarity in all dimensions at a much higher level than men, and they regard emotional support as a priority across generations, as well as practical and material help. Surprisingly, men tend to value intergenerational encounters, as well as emotional support.

DISCUSSION

The research conducted proved a rather strong need for intergenerational solidarity and expected solidarity within the family system, undoubtedly caused by the fact that intergenerational solidarity represents benefit to each and any member of the family or community (Hetteš, 2011a). Strength and willingness of the intergenerational solidarity result from well-functioning family relations whose importance has been increasing in the present times. (Levická, Levická, Truhlářová, 2015) The socializing, educational and personality-stabilizing influence of the family over its individual members is an essential form of society. It is about supporting this inner stability and the cohesion of the family (Lenczová, 2001). Referring to the document: Social participation and social isolation Levická, Levická and Truhlářová (2015) and Hetteš (2011a) stated that Slovakia ranked among the countries with mostly impaired relations among the generations. However, many studies indicate that intergenerational relations remain strong but expressed in different ways in the new conditions. Mutual help willingness within a broader family has been confirmed. Concurrently, tendency to particular generations' independence has been confirmed, starting from independent living of nuclear families and adult children, and low rate of expected support from the offspring or parents, unless it is urgently required (Rabušicová, Kamanová, Pevná, 2011). Also, Schlosserová (2009) and Határ (2009) stated that a multi-generation family changes to a nuclear family with only parents and children living together. This trend of gaining independence by youth has brought new phenomena, namely loneliness of the seniors. In this context, the specifics of multi-generation families development in Slovakia have been emphasized, namely the difference in family development in rural and city regions. Multi-generation lifestyle has been nowadays revived especially in villages. Research investigation from 2005 revealed that intergenerational support can be considered typical for a Slovak family (Ondrejkoš et al., 2007). Therefore we were interested in the need for and willingness of intergenerational solidarity in the family micro-system in the context of the above-stated trends. As already stated, the research referred to theoretical specification of the intergenerational solidarity described by Bengtson and Roberts (1991), and its six dimensions.

Frequency and interaction of various family activities represent the essence of association solidarity, for example family gatherings, celebrations, trips, as well as e-mail and phone communication. Sobotková, Reiterová and Hurníková (2011) consider time spent together and supporting family network a basis of functional family and interactions between family members are the most



significant factor that affects well-being in the family. It is the day-to-day interaction patterns that form the whole, unique atmosphere of the family (Sobotková, 2007). A positive and stimulating family atmosphere makes the family healthy, functional and beneficial to all members. According to Adams (1968), frequency and type of intergenerational interactions serve as a benchmark of relations in the behavioural dimension, and mutual family proximity are the strongest prediction aspect of the association solidarity. In our opinion, this dimension of solidarity is currently weakened perhaps most because of the large labour mobility of families, resulting in the weakening of the intensity and frequency of direct contacts, especially with the oldest generation. Crimmins and Ingegneri (1990) stated that family status, family members' education, and residence influence the association solidarity. Our survey confirmed significant differences in association solidarity perception in terms of the adult and children cohabitation in a family, as well as the differences in the groups of various age and gender. Contrary to Crimmins and Ingegneri (1990), significant differences weren't confirmed in case of family status.

Affectual solidarity represents another intergenerational solidarity dimension, defined by Levická, Levická and Truhlářová (2015) as solidarity based on the existence of sufficient amount of positive emotional ties among the generations. Kuchařová (2002) considers this dimension of solidarity the most frequently expressed one within family relations. Truhlářová et al. (2015) supposes that there is sufficient peace and security for all family members in a family with particular members maintaining strong emotional ties among one another. Ondrušková (2011) also emphasized beneficial influence of positive emotional mood in a family, and its importance mainly in relation to children. Mareš et al. (2006) consider expressing emotions, including feelings of discomfort, as well as communication about emotions in the family, as an important aspect of healthy living behaviour. Many authors (Vohralíková, Rabušic, 2004; Sýkorová, 2005) associated its importance with senior age. Pacáková and Trusínová (2012) pointed out, and we agree with her, that strong emotional ties make the family members tend toward protecting those with whom they maintain such ties, supporting it with the emotional tie theory. This solidarity type rather strongly determines all other dimensions of intergenerational solidarity also according to our opinion. Our statement has been supported by Sadl and Hřebec (2010), stating that solidarity in contemporary family is created by the experience of love. We focused our research work to the differences in association solidarity perception in all variables – age, family status or marital status, occupational status, cohabitation of the adult and children, income, and gender.

Functional solidarity dimension is about the degree of support and exchange of sources, evaluation of reciprocity in the intergenerational source exchange, whether parents and children help one another. It is mainly about financial, psychical and emotional support. In particular, we talk for example about financial gifts (e.g. purchase of food and pharmaceuticals), help with household work or help with care of a family member (Levická, Levická, Truhlářová, 2015). The pattern of resource exchanges between generations is particularly important in terms of the functioning and maintenance of the standard of life of individuals and families. While the form and extent of child support by their parents is relatively well-mapped, only marginal attention is paid to the pattern of exchange between adult generations. We support this claim, and we believe that the importance of this solidarity is growing, especially in helping and supporting the oldest generation, and in the case of weakened health and hence reduced self-sufficiency, even in the case of loss of a life partner in old age. Then there is practical help from the middle generation, but also the youngest most needed. That is why we should be more interested in science. It is still to be noted that in the case of this type of solidarity, the geographic proximity of generations is essential, otherwise it is unlikely to function optimally. But this weakens the already mentioned phenomenon of family mobility.

Daatland and Herlofson (2014) states that affection, income, education, health condition, family status and even proximity represent functional solidarity predictors. In the functional solidarity dimension we reported significant differences in our research in its perception in the terms of income, gender and age. Interestingly, this type of solidarity was declared the most positive by



persons with income at the minimum wage threshold, and for those with higher income we recorded average values.

Within the consensual solidarity dimension, all is about shared similar view on the values and attitudes by particular family members, their perception of similarity of expression of values by them, for example values, attitudes and opinions. Glass, Bengtson and Dunham (1986) pointed out a cognitive dimension of consensus, measured by the agreement or disagreement in particular family members' attitudes and expectations. In this dimension we reported significant differences in our research in its perception of all variables: income, gender, age, family status, occupational status, and presence of children in the family.

Normative solidarity dimension is mainly about the extent of fulfilment of commitments towards the family members; e.g. evaluation of family importance and intergenerational roles, and strength of daughter/son/ parent roles. Daatland (1997) states that standards related to filial intergenerational care duties serve as a fundamental factor of motivation to the care of family members when problems emerge. As further stated by Bengtson, Manuel and Burton (1981), it was found out that the differences at normative intergenerational solidarity are associated with gender, ethnic origin, parents' features, and current life circumstances. In this dimension we reported significant differences in our research in its perception of all variables: gender, age, occupational status, and presence of children in the family. No differences were found in the variables family status and income.

Within the structural solidarity dimension, all is about the presence of relations development opportunities among the family members, reflected mainly in the number, type and geographical proximity of the family members, for example the distance from the family, and number of family members. As stated by Treas and Bengtson (1982), structural dimensions of solidarity are influenced by the changes of family members' number, availability and proximity. Similar opinion has been presented by Silverstein and Litwak (1993), stating that the life in a common household or proximity of particular family members also represent the functional solidarity factors/predictors. As we mentioned at the beginning of the discussion, so called distant intimacy is an interesting factor in the Slovak conditions (Poledníková, 2006), when intergenerational relations are not impaired by the distance of parents' and adult children residence. Seniors prefer separate habitation (Hrozenská, 2008; Haškovcová, 2010) until they require intensive assistance of another person. We reported differences in all dimensions within the structural solidarity, except for age.

Accordingly, gender represents one of the determinants within our research, which directly influences intergenerational solidarity perception. Women demonstrated higher level of agreement and response to the family solidarity perception in all dimensions. According to Hrozenská (2013) women claim higher investments in their social relations than men, and support cohesion among the generations in the form of planned family gatherings, offered help and maintained bonds. Terms (attributes, quality) like weakness, passivity, emotionality, private circle, sensitivity to others' needs, empathy, subtlety, submission, care of others – these are more associated with women and femininity (Bačová, Matejovská, 2003). Možný (2004), and Silverstein, Parrott and Bengtson (1995) state that women are more emotionally based. Pahor, Domjanko and Hlebec (2011) pointed out higher score reached by women in intergenerational social support provision. Accession of Slovak women in the public sector did not significantly reduce their engagement in the household. Taking into account daily care of children and their raising, mother has been the most important person according to Slovak statistical data. There is no area of care where mother spends less time with a child than father. According to the latest surveys dated 2002, participation of men is much lower. Except household repairs, most of the household activities are performed by women (between 50% – 60%). Prevailing men's participation on the child care almost hasn't been reported: according to 38% of respondents, men and women proportionally share the children care, 62% respondents stated prevailing care of children by women. (Filadelfiová, 2005)



The age represents another determinant changing the intergenerational solidarity perception. Middle-age generation dominated all dimensions, perceiving the intergenerational solidarity need as very important. It is apparent that the middle-age generation recognizes the importance of investments in intergenerational relations, being a central generation pillar similar to other dimensions. Erikson (in Chorvát, 2006) stated that the primary task in adulthood refers to activities representing the care of others; seeing its basis in pro-creative desire and the need for “being needed”. Pahor, Domjanko and Hlebec (2011) stated that members of the middle-age generation, helping younger and older generations, are important social support providers. Fingerman et al. (2007), Čevela, Kalvach, and Čeledová (2012) talk about so-called “central generation”. It confirmed also the Hrozenská (2013) statement on the existing cases when middle-aged offspring support ageing parents, usually having also their own adult children. Such cases refer to the so-called sandwich generation, middle-age generation taking care of young children and older parents/grandparents. Senior population declared the lowest need for associating, functional solidarity in our research, which is surprising since, as stated by Levická, Levická and Truhlářová (2015), life satisfaction in older age is mostly influenced by periodicity of contacts with the relatives. Authors who associate older age with a tendency to narrow social interactions provide potential answer thereto. For example, Špatenková (2004) and Rabušic (1999) stated that retirement is a major risk in senior age in a modern society since it reduces the possibility to maintain full social relations and contributes to fewer social interaction opportunities. Of course, it is a key problem since social interaction cannot be guaranteed by wealth (it cannot be bought), nor can it be substituted with any economic provision (pension insurance allowances). We can find answers in Levická, Levická and Truhlářová (2015) and Sýkorová (2006) on our results since they state that some seniors are not happy with receiving too much functional support, supposing that they would become dependent and lose their autonomy. Research conducted by Možný (2004) indicated that the oldest generation was mostly unsatisfied with the children's obligation to care for their parents; seniors protected their autonomy. Within functional solidarity, Rabušicová, Kamanová, and Pevná (2011) stated that while financial support is mostly provided by older to middle and younger generations, practical support is provided mostly in the opposite direction. The youngest generation demonstrated the lowest need for intergenerational solidarity in our research, namely in structural, consensual and affection solidarity. A possible explanation thereof can be found in the Pacáková and Trusínová (2012) study. The author stated that temporary emotional distancing occurs during adolescence. Čáp and Mareš (2007) suppose that adolescents strive for independence from parents, they want to go their own way, enforce their opinions, and maintain their culture and lifestyle. In the research of Mayerová (2015), adolescents evaluated the emotional environment in the family as negative. The author suggests that it could be the result of current family status with prevailing phenomena – e.g. lack of time for pleasure, own problems; and common activities are forced and take place in an unfavourable emotional climate. Negative emotions could emerge from adolescent egoism as well.

Family size or the presence of adult children also changes the view on intergenerational solidarity perception. Families without children demonstrated the lowest rate in affection, associating, normative, structural, and consensual solidarity dimension. In our findings, families with two children showed the highest need for solidarity vs. children-free families that showed the lowest need for associating solidarity. This observation probably resulted from the fact that interactions in a functional family depends on its size. This fact was confirmed by Rabušicová, Kamanová, and Pevná (2012). According to the authors, family structure has impact on particular members' lives, mainly their chances to get family support when they need it. In relation to least perceived intergenerational solidarity in children-free families, Hašková et al. (2006) pointed to prevailing stereotypical ideas of egoism of people who decided not to have any children; egocentrism and inability to assume responsibility for care of others. They prefer their own happiness, fulfilment of own goals, emphasizing independency, absent bonds with anybody and anything, etc. Of course,



such statement cannot be fully applied to our research outcomes, since we didn't investigate the reason to live without children and the above stated authors associated the statement with a group of people who voluntarily decided not to have kids. We would like to make our readers aware of the fact that unwillingness to assume responsibility and sacrifice could be a possible consequence of a low need for intergenerational solidarity.

Occupational status and income represent factors that change the intergenerational solidarity perception as well. People without income perceived the lowest family solidarity in almost all its dimensions. With regard to social relations and financial income, findings of authors Becchetti, Bedoya and Trovato (2007) were rather interesting, since they analysed the World Value Research document. It was proved that relation between financial income and life full of relationships acquires the shape of upside-down letter U. People with average income spend the most time with other people, while those with lowest and highest income maintain fewest relations with other people. Interestingly, employed respondents showed a higher need for affection and other solidarity and the unemployed needed it less, i.e. we reported lower values in them. Fedáková (2003) stated that a job loss adversely affects self-evaluation and self-esteem, resulting in the onset of inferiority complex, bringing family relations quality on trial and putting the need for informal social support by the family in the forefront. Social support should be directed towards provision of social acceptance feeling, representing the source of security and certainty for an unemployed person. However, the author also stated that family could be positively influenced by the unemployment, mainly in the family solidarity expressions. Respondents within our research probably supposed that the family system has been sufficiently supporting, thus their solidarity need wasn't so high.

If we look at the results from a broader perspective, their links go in several directions. The highest level of solidarity – given and expected – was recorded by respondents employed, working-age respondents living together with adult children and women, and their income is at the minimum wage.

We found the lowest rate of agreed responses for retired males, including those who are without income and who live in a one-generation family. The latter facts are, in our view, important for helping professions. It follows from the above that the middle generation is the most important in terms of intergenerational solidarity, but it is questionable how it is rewarded for this result. In the parental and maternity support system, the state has a central role and constantly discusses it as a little stimulant. When looking at this generation from the point of view of supporting third-generation members who want to keep in the natural environment and delay institutionalization, we also find that a system supporting informal caregivers in the family is not definitely supportive. Another important result is for older respondents who, according to our findings, have the least support for solidarity. Disagreement is rather related to their conviction that the middle and youngest generations will not be burdened, and their attempts to maintain self-sufficiency and for as long as possible. That is why we think that it would be good in this effort to promote truly targeted planning of community services to which they would be geographically close and which would benefit not only in emergencies, but also in leisure activities during active aging. On the other hand, it is also necessary to reflect on whether the above mentioned result does not mean an exaggerated desire of many older people after independence with an unrealistic assessment of their needs, which would be a serious problem on the practical level.

Lastly, we mention a phenomenon that is certainly not new, and that is precisely the involvement of women in the system of intergenerational solidarity, not only in the solidarity system, but also in the care of children, household, care for a dependent family member, etc. A multiple load with sometimes minimal time and regeneration options can predict either a failure in relation to a younger generation, an older generation, a partner, work experience, or one's own self. A more optimistic view of this result may assume that women are and still will have the necessary strength and will to invest in others, so they can be involved in volunteer activities within the community, etc.



CONCLUSION

Looking at solidarity at the scientific level is essential, because one of the tasks of the social work profession is precisely the strengthening of social solidarity, and not only on the intergenerational level (Levická, Levická, Truhlářová, 2015). We consider the results of the research performed by us positive. It is apparent that a Slovak family recognizes the investment in strengthening intergenerational solidarity. Despite that separate habitation is a contemporary trend, the value of relation and affiliation to family has been strong from all generations' points of view. We confirmed that the trends mentioned in various research findings copy our research outcomes. Middle-age generation has retained its central position; youth tends to deflect but does not put the importance of solidarity in doubt, while the oldest generation postpones the need for solidarity until necessary. Traditional understanding of intergenerational solidarity has been rather firmly rooted, which is a prognostic advantage for all generations, but also for professionals who work with the family. Family remains a central group in the terms of support, pillar, practical aid, socialization, learning, and security.³

REFERENCES

Act no. 36/2005 Coll., on the Family.

ADAMS, B. N. 1968. *Kinship in Urban Setting*. Chicago: Markham Publishing.

BAČOVÁ, V., MATEJOVSKÁ, I. 2003. Maskulinita ako sociálna norma u adolescentných chlapcov a dievčat. *Československá psychologie*, 47(1), 19–30.

BECCHETI, L., BEDOYA, D. A., TROVATO, G. 2007. Income, Relational Goods and Happiness. *Applied Economics*, 3, 273–290.

BENGTSON, V. L., GIARRUSO, R., MABRY, J. B. et al. 2002. Solidarity, Conflict, and Ambivalence: Complementary or Competing Perspectives on Intergenerational Relationships? *Journal of Marriage and Family*, 64(3), 568–576.

BENGTSON, V. L., LOWENSTEIN, A., PUTNEY, N. A. et al. 2003. Global Aging and the Challenge to Families. In: BENGTSON, V. L., LOWENSTEIN, A. (Eds.). *Global Aging and Its Challenge to Families*. New York: Aldine de Gruyter, 1–24.

BENGTSON, V. L., MANUEL, R. C., BURTON, L. M. 1981. Competence and Loss: Perspectives on the Sociology of Aging. In: DAVIS, R. H. *Aging: Prospects and Issues*. Los Angeles: University of Southern California Press, 22–39.

BENGTSON, V. L., OYAMA, P. S. 2007. Intergenerational Solidarity and Conflict. In: *Intergenerational Solidarity Strengthening Economic and Social Ties*. New York: United National Head Quarters.

BENGTSON, V. L., ROBERTS, R. E. 1991. Intergenerational Solidarity in Aging Families: An Example of Formal Theory Construction. *Journal of Marriage and Family*, 53, 856–870.

BIELIKOVÁ, L. 2012. Význam rodiny ako opory seniora. In: HROZENSKÁ, M. (Ed.). *Sťarnutie a staroba očami vysokoškôľákov*. Zborník akademických esejí. Nitra: Effeta, 40–46.

BILASOVÁ, V. 2012. Sila morálky a morálna sila. In: BALOGOVÁ, B. *Medzigeneračné mosty*. Prešov: Filozofická fakulta Prešovskej university, 34–44.

BOTEK, O. 2009. *Sociálna politika pre sociálnych pracovníkov*. Piešťany: PN print.

ČÁP, J., MAREŠ, J. 2007. *Psychologie pro učitele*. Praha: Portál.

ČEVELA, R., KALVACH, Z., ČELEDOVÁ, L. 2012. *Sociální gerontologie: Úvod do problematiky*. Praha: Grada.

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- CHORVÁT, I. 2006. K niektorým aspektom rodového prístupu k výchove detí a prácam v domácnosti. *Sociológia – Slovak Sociological Review*, 38(1), 31–48.
- CRIMMINS, E. M., INGEGNERI, D. G. 1990. Interactions Between Older Parents and Their Children: Past Trends, Present Determinants, Future Implications. *Research on Aging*, 12(1), 3–35.
- CRUZ-SACO, M. A., ZELENÉV, S. 2010. *Intergenerational Solidarity: Strengthening Economic and Social Ties*. New York: Palgrave Macmillan US.
- DAATLAND, S. O. 1997. Family Solidarity, Public Opinion and the Elderly: Perspectives from Norway. *Ageing International*, 24(1), 51–62.
- DAATLAND, S. O., HERLOFSON, K. 2014. Ageing, Intergenerational Relations, Care System and Quality of Life – and Introduction to the OASIS Project. *Norwegian Social Research*, Rapport 14/1.
- DAATLAND, S. O., LOWENSTEIN, A. 2005. Intergenerational Solidarity and Family-Welfare State Balance. *European Journal of Ageing*, 2(3), 174–182.
- FEDÁKOVÁ, D. 2003. Nezamestnanosť a dôsledky nezamestnanosti. *Človek a spoločnosť* [online]. 6(4). [30. 11. 2017]. Available at: <http://www.saske.sk/cas/archiv/4-2003/fedakova-std.html>
- FILADELFIOVÁ, J. 2005. Demografická situácia a správanie rodín vz. verejná politika. *Sociológia – Slovak Sociological Review*, 37(5), 387–418.
- FILADELFIOVÁ, J., GURÁŇ, P. 1997. Tradičné verzus moderné: zmeny a život súčasných rodín. *Sociológia – Slovak Sociological Review*, 38(1), 5–20.
- FINGERMAN, K. L., HAY, E. L., KAMP-DUSCH, C. M. et al. 2007. Parents and Offspring's Perceptions of Change and Continuity When Parents Experience the Transition to Old Age. *Advances in Life Course Research*, 12, 275–306.
- GABURA, J. 2012. *Teória rodiny a process práce s rodinou*. Bratislava: Iris.
- GARSTKA, T. A., HUMMERT, M. L., BRANSCOMBE, N. R. 2005. Perceiving Age Discrimination in Response to Intergenerational Inequity. *Journal of Social Issues*, 61(2), 321–342.
- GLASS, J., BENGTON, V. L., DUNHAM, CH. 1986. Attitude Similarity in Three-Generation Families: Socialization, Status Inheritance, or Reciprocal Influence? *American Sociological Review*, 51(5), 685–698.
- HAGESTAD, G. O., HERLOFSON, K. 2005. Micro and Macro Perspectives on Intergenerational Relations and Transfers in Europe. *Report from United Nations Group Meeting on Social and Economic Implications of Changing Population Age Structures*. New York: United Nations Department of Economic and Social Affairs and Population Division, 339–357.
- HAŠKOVÁ, H., ŠALAMOUNOVÁ, P., VÍZNEROVÁ, H., ZAMYKALOVÁ, L. 2006. *Fenomén bezdětnosti v sociologické a demografické perspektívě*. Praha: Sociologický ústav Akademie věd České republiky.
- HAŠKOVCOVÁ, H. 2010. *Fenomén stárí*. Praha: HBT.
- HATÁR, C. 2012. Domáca versus inštitucionálna starostlivosť o nesebestačných seniorov alebo o medzigeneračnej solidarite inak. In: BALOGOVÁ, B. *Medzigeneračné mosty*. Prešov: Filozofická fakulta Prešovskej univerzity, 34–44.
- HATÁR, C. 2009. Kríza starostlivosti o seniorov – rodičov a prarodičov v domácom prostredí. In: BALOGOVÁ, B. *Múdrosť veku – vekmúdrosť*. Prešov: Filozofická fakulta Prešovskej univerzity, 85–101.
- HETTEŠ, M. 2011a. Narušené medzigeneračné vzťahy. In: MÁTEL, A., JANECHOVÁ, L., ROMAN, L. (Eds.). *Sociálna patológia a intervencia sociálnej práce*. Zborník z medzinárodnej vedeckej konferencie. Bratislava: VŠ zdravotníctva a sociálnej práce sv. Alžbety v Bratislave, 224–242.
- HETTEŠ, M. 2011b. *Starnutie spoločnosti. Vybrané kapitoly sociálnej práce so seniormi*. Bratislava: SAP.
- HÖGERBRUGGE, M., KOMPTER, A. 2012. Solidarity and Ambivalence: Comparing Two Perspectives on Intergenerational Relations Using Longitudinal Panel Data. *The Journal of Gerontology*, 71(6), 372–383.



- HROZENSKÁ, M. 2013. Medzigeneračná solidarita z perspektívy vzťahov medzi dospelými deťmi a ich starnúcimi rodičmi. *Pedagogika.sk*, 4(3), 197–213.
- HROZENSKÁ, M. 2008. *Sociálna práca so staršími ľuďmi a jej teoreticko-praktické východiská*. Matrin: Osveta.
- IZUHARA, M. 2010. *Ageing and Intergenerational Relations Family Relations. Family Reciprocity from a Global Perspective*. Bristol: The Policy Press, University of Bristol.
- JANDOUREK, J. 2001. *Sociologický slovník*. Praha: Portál.
- JERÁBEK, H. 2013. *Mezigenerační solidarita v péči o seniory*. Praha: Sociologické nakladatelství.
- JERÁBEK, H. 2005. *Rodinná péče o staré lidi*. Praha: CESES FSV UK.
- KAMANOVÁ, L. 2010. Mezigenerační učení mezi matkou a dcerou. *Studia paedagogica*, 15, 177–188.
- KATZ, R. 2009. Intergenerational Family Relations and Life Satisfaction Among Three Elderly Population Groups in Transition in the Israeli Multi-Cultural Society. *J. Cross Cult Gerontol*, 24, 77–91.
- KREBS, V. 2007. *Sociální politika*. Praha: ASPI.
- KUCHAŘOVÁ, V. 2002. *Život ve stáří*. Praha: VÚPSV.
- LENCZOVÁ, T. 2001. K charakteru koncepcie rodinnej politiky na Slovensku. *Sociológia – Slovak Sociological Review*, 33(4), 353–374.
- LEVICKÁ, K., BÁNOVČINOVÁ, A. 2014. *Generations Attitude Towards Intergenerational Solidarity*. International Masaryk Conference for PhD Students and Young Scientists: Proceedings of the International Scientific Conference. Hradec Králové: Magnanimitas.
- LEVICKÁ, J., HARINEKOVÁ, M., SCHAVEL, M. et al. 2004. *Sociálna práca s rodinou 1*. Trnava: Mosty, n.f. a FZaSp TU.
- LEVICKÁ, J., LEVICKÁ, K., TRUHLÁŘOVÁ, Z. 2015. *Teoreticko – empirické reflexe solidarity*. Hradec Králové: Gaudeamus.
- LOVASOVÁ, L. 2006. *Rodinné vzťahy*. Praha: Vzdělávací institute ochrany dětí.
- LOWENSTEIN, A. 2007. Solidarity – Conflict and Ambivalence: Testing Two Conceptual Frameworks and Their Impact on Quality of Life for Older Family Members. *Journal of Gerontology*, 62(2), 100–107.
- MAREŠ, J. et al. 2006. *Kvalita života u dětí a dospívajících I*. Brno: MSD.
- MAYEROVÁ, K. 2015. Štýl rodinnej výchovy ako významný factor pri motivácii výkonu študenta. *Edukácia*, 1(1), 151–165.
- MOŽNÝ, I. 2004. *Mezigeneračná solidarita*. Praha: VÚPSV. Research report.
- ONDREJKOVIČ, P. 2013. Medzigeneračné vzťahy v optike sociologickej teórie. *Sociální pedagogika*, 1(1), 47–62.
- ONDREJKOVIČ, P., BEDNÁRIK, R., BIČAN, P. et al. 2007. *Nitrianska rodina na prahu tisícročia*. Nitra: Univerzita Konštantína Filozofa.
- ONDREJKOVIČ, P., MAJERČÍKOVÁ, J. 2006. Zmeny v spoločnosti a zmeny v rodine – kontinuita a zmena. *Sociológia – Slovak Sociological Review*, 38(1), 7–30.
- ONDRUŠKOVÁ, J. 2011. *Stáří a smysl života*. Praha: Karolinum.
- PACÁKOVÁ, H., TRUSINOVÁ, R. 2012. Citová solidarita pri péči o seniory. *Kontakt*, 14(4), 464–474.
- PAHOR, M., DOMJANKO, B., HLEBEC, V. 2011. Social Support in the Case of Illness: Intergenerational Solidarity. *Zdravniski vestnik*, 80(2), 75–83.
- POLEDNÍKOVÁ, L. 2006. *Geriatrické a gerontologické ošetrovatelstvo*. Martin: Osveta.
- RABUŠIC, L. 1999. O postavení seniorů v České republice: nemoc, osamělost, a chudoba? In: PETŘÍKOVÁ, A. (Ed.). *Aktuální problémy vzdělávání seniorů*. Olomouc: Univerzita Palackého, 17–30.
- RABUŠICOVÁ, M., KAMANOVÁ, L., PEVNÁ, K. 2012. Medzigeneračné učenie: učiť se mezi sebou. *Studia paedagogica*. 17(1), 163–182.



- RABUŠICOVÁ, M., KAMANOVÁ, L., PEVNÁ, K. 2011. *O medzigeneračnóm učení*. Brno: Masarykova univerzita.
- SADL, Z., HLEBEC, V. 2010. Emotional Support and Intergenerational Solidarity. *Teorija in Praska*, 47(6), 1150–1170.
- SCHLOSSEROVÁ, I. 2009. Fenomén staroby v Slovenskej republike. In: HEJDIŠ, M., KOZOŇ, A. *Sociálna a ekonomická núdza – bezpečnosť jedinca a spoločnosti*. Bratislava: Vysoká škola zdravotníctva a sociálnej práce Sv. Alžbety, 344–355.
- SILVERSTEIN, M., BENGTSON, V. L. 1991. Do Close Parent – Child Relations Reduce Mortality Risk of Older Parents? *Journal of Health and Social Behaviour*, 32, 382–395.
- SILVERSTEIN, M., GIARRUSSO, R. 2010. Aging and Family Life: A Decade Review. *Journal of Marriage and Family*, 72(5), 1039–1058.
- SILVERSTEIN, M., LITWAK, E. 1993. A Task-Specific Typology of Intergenerational Family Structure in Later Life. *The Gerontologist*, 33(2), 258–264.
- SILVERSTEIN, M., PARROTT, T. M., BENGTSON, V. L. 1995. Factors That Predispose Middle – Aged Sons and Daughters to Provide Social Support to Older Parents. *Journal of Marriage and Family*, 57(2), 465–475.
- ŠIMOVÁ, E. 2002. Medzigeneračná komunikácia v rodine. In: *Kvalita života a ľudské práva v kontextoch sociálnej práce a vzdelávania dospelých. Zborník príspevkov z vedeckej konferencie s medzinárodnou účasťou 2. a 3. apríla 2001 v Prešove*. Prešov: Filozofická fakulta Prešovskej university, 210–215.
- SOBOTKOVÁ, I. 2007. *Psychologie rodiny*. Praha: Portál.
- SOBOTKOVÁ, I., REITEROVÁ, E., HURNÍKOVÁ, K. 2011. Rozdíly mezi otci a matkami v pohledu na fungování rodiny, v životní spokojenosti a rovnováze mezi prací a rodinou. *Československá psychologie*, 55(2), 139–151.
- SOPOCI, J. 2000. *Sociálne inštitúcie a sociálna zmena*. Bratislava: Univerzita Komenského.
- ŠPATENKOVÁ, N. 2004. *Krize. Psychologický a sociologický fenomén*. Praha: Grada Publishing.
- SUMEC, M. 2005. *Rodina a medzi generačné vzťahy*. Bratislava: Vydavateľstvo STU.
- SÝKOROVÁ, D. 2006. Od solidarity jako základu integeneračních vztahů v rodine k ambivalenci a vyjednávání. *Sociologický časopis / Czech Sociological Review*, 42(4), 683–699.
- SÝKOROVÁ, D. 2005. Osobní autonomie senior v kontextu rodinných vztahů. In: SÝKOROVÁ, D., ŠIMEK, D., DVOŘÁKOVÁ, M. *Třetí věk trojí optikou*. Olomouc: Univerzita Palackého, 45–62.
- TREAS, J., BENGTSON, V. L. 1982. The Demography of the Mid- and Late-Life Transition. In: BERARDO, F. M. (Ed.). *The Annual of the AAPSS*. Chicago: University of Chicago Press, 11–21.
- TRUHLÁŘOVÁ, Z., LEVICKÁ, J., VOSEČKOVÁ, A. et al. 2015. *Meziláskou a povinností – péče očima pečovateli*. Hradec Králové: Gaudeamus.
- VOHRALÍKOVÁ, L., RABUŠIC, L. 2004. *Čeští senioři včera, dnes a zítra*. Brno: VÚPSV.
- ZAVÁZALOVÁ, H., ZAREMBA, V., VOŽEHOVÁ, S. et al. 1999. Starý člověk a rodinné vztahy. In: HEGYI, L., POTOCKÝ, A. *Problémy seniorov na konci storočia*. Bratislava: Retaas, 40–44.

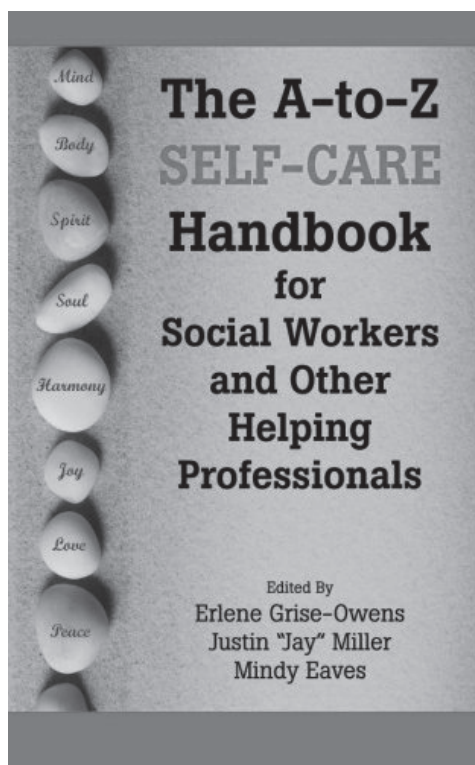


Erlene Grise-Owens, Justin „Jay“ Miller and Mindy Eaves (Eds.): **The A-to-Z Self-Care Handbook for Social Workers and Other Helping Professionals.** Harrisburg: The New Social Worker Press, 2016.

Three co-editors, social work educators and practitioners, Erlene Grise-Owens, Justin „Jay“ Miller and Mindy Eaves, together with twenty-eight Spalding University School of Social Work faculty and alumni who were participating on this book, introduce Self-Care as an inevitable professional practical skill, which is a necessary daily part of a social worker's lifestyle. As one of the authors, Derek J. Stephens names his chapter: *“Self-Care is a Lifestyle, not an Emergency Response”*.

The Handbook consists of a wide range of terms from *Awareness* to *Zzzzz-Sleep for Self-Care* to reconsider our attitude towards ourselves and Self-Care. Each term is assigned one letter of the alphabet, some of them have a secondary title to better understand an author's view and intention. Every entry ends with a few questions for personal reflection or group discussion. The authors also suggest use of one universal question to consider each entry: *“What are your successes, struggles, and strategies related to these topics?”* (p.15).

The subtle book is highly resourceful. Life, especially work life of helping professionals, is often busy, stressful and unpredictable. Our body, mind and spirit need to maintain a balance to cope with it. Helping professionals also create a model to the others also in the area of self-care. In individual chapters authors offer not only theory but also their own life experiences and personal way how they



have coped with difficult life situations and consecutive stress, fatigue, helplessness, or even burnout. So in taking some of their advice and adjusting it to our lifestyle and needs, we could try to prevent some stress from similar situation to occur in our life.



The A-to-Z Handbook is full of a wide range of strategies to set and reach your Self-Care goals, covering areas such as healthy diet and fitness, life-long learning, mindfulness, relationships and workspace. From some tools offered, helping professionals could not only benefit but they even can bring nice playful moments into their work and personal life: write a Gratitude Journal, Self-Care eco-map, an everyday play of a portion of humour. Or who wouldn't like to throw one's self a Party of One.

Starting to design your own meaningful structure for Self-Care is often at first a journey of discovery of one's self, implementing and continually adjusting this plan to our changing world is a never ending process toward a satisfying life. Emphasising responsibility for one's self, authors identify awareness, balance and connection as a base for Self-Care. Even

while these values in one's life are deeply personal and individualized, the Handbook could be used as a tool not only for individual Self-Care, but as well as a part of social work education or in supervision and staff development groups.

As appendixes, authors offer an empty Self-Care Planning Form to fill, and its completed example to help us, social workers and other helping professionals, create, personalize and maintain their individual self-care program. So, let us give it few moments to build your own self-care program, adjust it to our needs, work and personal lifestyle, and give it a try.

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Research Note

Interdisciplinary Cooperation and Applied Research at the Faculty of Social Studies, University of Ostrava

The Faculty of Social Studies, University of Ostrava has established cooperation with the Institute for Research and Application of Fuzzy Modelling. The result of the cooperation is the joint implementation of several research projects. One of the most important planned applied areas of research that will be dealt with as part of this collaboration over the next two years is a research project called Desired Future and Related Factors of Change as a Tool of Application of the Recovery Concept in Individual Planning with Shelter Users in the Czech Republic, which is funded through the Czech Technology Agency.

The aim of the project is: (1) to understand and describe the desired future and related factors of change as a tool of application of the recovery concept with male and female users of shelters in the territory of the Czech Republic, with an emphasis on the gender dimension of the concepts;

(2) to create a relevant measurement tool, software and methodology enabling the detection of the desired future and the related factors of change as tools of recovery in terms of a concept for social workers in the specific environment of shelters in the Czech Republic in order to individualise the support of the target group and the resulting increase of quality and efficiency of the social services; (3) to perform piloting of the measurement tool and the software; (4) to implement trainings on the use of the measurement tool and software.

The Faculty also cooperates in this and other projects with the Association of Homeless Shelters in the Czech Republic, a civic association (*Sdružení azylových domů v ČR* in Czech). The first implemented project, together with the Institute for Research and Application of Fuzzy Modelling in 2017 became a specific university research called Health and Use of Health Care Services by Shelters Users. The research team led by Dr. Glumbíková tried to identify, through qualitative and quantitative research strategies, the key factors that, by individual categories of the shelter residents, affect the health of this population and determine the impact of these factors on health and the use of health services.

The data obtained in the framework of the research survey provides a comprehensive insight into the life situation of the shelter users. The researchers carried out 30 semi-structured interviews with communication partners from 4 regions of the Czech Republic (13 women, 17 men) who were selected through an intentional selection in individual shelters, and also collected 191 questionnaires from respondents across 6 regions of the Czech Republic.

Research on the health of the shelter users is a relevant issue in the context of the upcoming changes in the role of shelters in the new social housing system, whereas the issue of homelessness has not yet been paid sufficient attention in the Czech Republic, as evidenced by the absence of a more comprehensive study on the given subject in the Czech environment and only a narrow circle of authors who have dealt with the topic.

The research has identified barriers to access to health services that communication partners described in their testimonies as their experience of oppression. This shows that the barriers of access to medical care are not only of a financial or medical nature, as is often assumed. The strategy to overcome the barriers to access to medical care for shelter users ranges from “self-treatment”, through going to a well-reputed (proven) medical practitioner, to the use of emergency services. Several recommendations for shelters have also emerged from the research. The recommendations were categorized into the following topics: the overall society level, system measures in relation to the health of the shelter population, the equipment and the premises of the shelters, the regime and rules of the facility, social work in the shelter, and mental health and the assistance of social workers. While different people in shelters perceive health differently, the statements of communication partners point to the fact that health is a big topic for them, in any sense or concept. Both health and a healthy lifestyle are often associated with the past and the future, always in the context of the loss of housing; the communication partners assumed that “*when they manage to obtain housing they will be accessing a measure of health as well*”. Health has been associated with a “*bitting rock bottom*” experience by some communication partners, which subsequently leads to a change in perception and access to health (Glumbíková, 2017a).

The data confirmed that there are several negative factors that affect the health of the shelter residents. The most serious medical illnesses and their accumulation were usually described by communication partners who have had long experience with a stay on the street. Some communication partners evaluated their state of health as being generally poor due to comorbidity. Within the quantitative section, it was found that 62% of the total number of respondents were in a state of some acute mental illness. Some communication partners talked about depression or the harbouring of suicidal thoughts. They also described sleep problems and the fatigue associated with them (Glumbíková, 2017b).

The implemented research shows that health in homeless shelters is a highly topical issue to be addressed by both the academic community and social workers in practice, and that it is

necessary to perceive health as a whole, in particular to emphasize the interconnection of mental and physical health.

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References

- GLUMBÍKOVÁ, K. et al. 2017a. *The Final Report from Research*. Ostrava: University of Ostrava. Unpublished.
- GLUMBÍKOVÁ, K. et al. 2017b. *Health of Shelter Users*. Ostrava: Sdružení azylových domů v ČR, z.s. Final Report.

Publishing Schedule

2/2018: **Ageing** (Czech and Slovak edition)

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

The publication date is planned for March 2018.

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

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

The publication date is planned for June 2018.

4/2018: **ERIS Journal – Summer 2018** (English edition)

The editor of this issue is Janet Anand (Finland).

The publication date is planned for August 2018.

5/2018: **100 Years of the Czechoslovak Social Work** (Czech and Slovak edition)

The editor of this issue is Oldrich Chytil (Czech Republic).

The publication date is planned for September 2018.

6/2018: **Assessment in Social Work** (Czech and Slovak edition)

The editor of this issue is Eva Mydlikova (Slovakia).

The publication date is planned for December 2018.

1/2019: **ERIS Journal – Winter 2019** (English edition)

The publication date is planned for February 2019.

2/2019: **Social Work Education** (Czech and Slovak edition)

The editor of this issue is Milan Schavel (Slovakia).

The publication date is planned for March 2019.

3/2019: **Influence of Changes in the Society on Social Work** (Czech and Slovak edition)

The editor of this issue is Oldrich Chytil (Czech Republic).

The publication date is planned for June 2019.

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

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

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

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

Notice to Contributors

The journal Sociální práce/Sociální 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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- News / Research notes

1. Instructions to authors of academic articles

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

The offer of manuscript receipt and review procedure

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

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

Decision to publish

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

Manuscript requirements

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

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

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

Quotes and links

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

Monographs:

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

Monograph Chapters:

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

Magazines:

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

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

Online resources

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

2. Instructions for book reviews

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

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

3. Ethics and other information

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

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

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

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

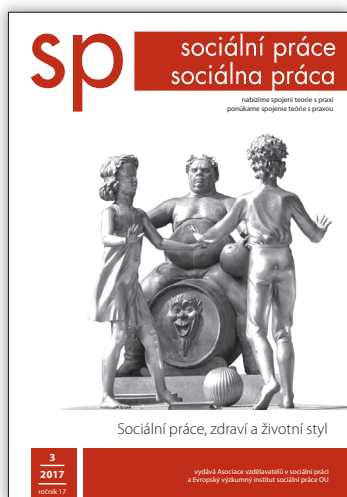
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The last published issues



Social Work, Health and Lifestyle



ERIS Journal - Summer 2017



Therapy in Social Work?



Social Work
and Violence Towards Women

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

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