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Editorial

By issuing the fifth, English version of our magazine, we are seeking to establish a tradition. All selected articles have gone through multiple peer reviews and have been approved by the editorial board. We expect the articles will somehow spark broad debates among you, readers and renowned experts, in the room provided by the magazine. In this issue, we have selected articles of authors from several countries.

Malcolm Payne, an eminent author of European modern social work theory, charmingly discusses the **Paradigms of Social Work** in his article. The magazine's block of broader theoretical framework is concluded by the Czech authors who outline a profile of a **User of Social Services in Postmodern Times**. Both content and form of social services offer significant room for research in social work as well as for the implementation of its outputs in practice. We tend to see social services from the aspect of providers and with bias often perceive them quite univocally as a pro-human activity. Nevertheless, two authors also offer a view "from the other side" allowing us to argue about **Social Representations of Disadvantaged People by Mediators-counsellors** as well as about **Constructing**



and Constraining Agency of People Labelled with Developmental Disabilities. A quick "fly over" Europe and its authors can be finished in Karlovy Vary by the article about the **Survey on the Needs of the People Living in Socially Excluded Localities in the Karlovy Vary Region.**

Besides the authors' contributions, we offer three reviews of interesting international publications. We firmly believe that we will manage to encourage constructive discussion and to open up other topics from "Pandora's box", which we – just as any other scientific discipline – do have as well.

Eva Mydlíková, editor of this volume



Paradigms of Social Work: Alternative Perspectives on Social Work Practice Theory

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Abstract

This paper reviews claims that there are paradigms of social work. Alternative meanings of the concept 'paradigm' focus on shifts in the structure of knowledge and knowledge development in a discipline, or, particularly in the social sciences, on a looser understanding of paradigm as cluster of beliefs that order discourse within a discipline. Most discourse in social work concentrates on the looser analysis. The international definition of social work reveals three alternative potential paradigms within social work: a tripartite analysis of practice objectives and dichotomous analyses of social work's knowledge and values bases. Review of practice theories and accounts of knowledge and values informing social work suggests that distinct paradigms exist, but these are overlapping and interacting sets of ideas, rather than representing incommensurable disciplinary shifts.

Keywords

discourse, knowledge base, paradigm, practice theory, social work, theory

Introduction

My aim in this paper is to review claims that there are paradigms of social work. The first section, after this introduction, considers alternative ways in which the concept of paradigm has been understood and used. From this account, I identify and evaluate claims that there are alternative paradigms of social work. Then I review potential alternative paradigms. In my conclusion, I argue that alternative discourses about social work constitute paradigms in the sense that they are distinct sets of ideas about social work practice that order discourse within the discipline of social work.



What is a social work paradigm?

The dictionary meaning of paradigm is 'an example; a pattern followed; a typical instance; an epitome'. This derives from Latin and Greek sources meaning: 'an example', or 'to show side by side' (Shorter Oxford English Dictionary, 2007: 2094).

Another important meaning of paradigm arises in linguistics and has an extended use in sociology of the linguistic turn. Paradigm in this sense is a set of examples or listings of the rules that govern the way in which a word or concept varies and may be used. In linguistic sociology, this is distinguished from the syntagm, a syntactic unit (that is, a piece of speech or writing that follows a set of rules for speaking or writing a language) which is an example of the use of words and the ideas contained within those words. The syntagm is an example that shows how a word is actually used in various discourses. We can study the syntagm, which is related to but disconnected from the paradigm: people may not follow the virtual rules which are derived from the general rules of the language in the way in which they use the word or concept (Parker, 2000: 93-8).

Thinking about how this idea might apply to social work, we can see that there may be a structure of ideas in society, which form the policy or organisation that leads to social work being invoked in a particular situation. This structure of ideas forms the paradigm or set of assumptions about what social work should do in particular situations. For example, it is possible to study the government's policies for the organisation of social work and how these have been brought into being through working parties and the publication of guidance (Payne, 1997a). However, the behaviour of people in social work agencies or of social work professionals or their clients may vary from the established assumptions. Therefore, why practitioners engage with clients and the form of their practice and clients' reactions to it, will be a syntagm, reflecting a reality that is not necessarily provided for in the paradigm.

The most important usage of paradigm, which has had a direct influence within social work, through its impact on the social sciences, is Kuhn's (1970) analysis of the structure of scientific revolutions. His influential book on the history of science proposes that paradigms arise, which

are a structure of ideas about the epistemology of a science, that is, how knowledge is organised and explored within that science. Paradigms are '[t]he entire constellation of belief, techniques and so on, shared by members of a given community' (Kuhn, 1970: 175). As scientific activity takes place, theory-making, experimentation, methods of research and debate all fit into the overall paradigm for that science. They are thus distinctive, self-contained frameworks for conducting scientific work, and agreement about them exerts considerable power over the scientific community, directing but also constraining how they carry out their exploration of knowledge. As knowledge accumulates, however, inconsistencies arise which cannot be explained within that paradigm. Eventually, a 'scientific revolution' takes place in which a totally new view emerges, which explains the inconsistencies. Knowledge is re-formed and builds up around this new paradigm until its inconsistencies again build up and create a new revolution. Kuhn's (1970) book proposes that this has occurred on a number of occasions: an example is the revolution in physics that took place when the idea that the earth was the centre of the universe was displaced by the idea of the solar system, as part of a large galaxy, which in turn is part of a universe containing other galaxies.

Kuhn's ideas have been much debated in the social sciences. Kuhn (1970: 15) questions whether parts of the social sciences are sufficiently developed to have achieved a paradigm, let alone to have experienced the revolutions that he calls 'paradigm shifts'. However, he accepts (1970: 49) that many minor paradigms might grow up in what he calls the 'ramshackle structure of specialities' and might acquire paradigmatic status before they have achieved wide agreement. If this is so, how might we identify such minor paradigms within the social sciences, and within social work as a social science?

Discourse theory treats paradigms as 'orders of discourse' (Howarth, 2000: 133), that is, a way of understanding and structuring the complexity of arguments about knowledge in any particular discipline. An item of knowledge cannot exist unless it is expressed in language and represented in some form of organised statement. When this occurs, the knowledge becomes communally owned by those who hear or read it (Gergen, 1994: 44-6). Once expressed, it becomes available



to discourse, to be used or to be argued about. The use of and argument about this knowledge leads to confirmation or negation of it. This discourse is about intelligibility, according to Gergen (1994): does this knowledge fit with other knowledge that is available, and is it understandable and useful? There are discursive conventions, that is, there are agreed ways in any discipline of deciding on the validity of that knowledge, and of negating it (Gergen, 1994: 11-3). We can see a paradigm shift as being a process of transformation in which people move from one intelligibility to a different, alternative, intelligibility.

One of the rules of that discourse about intelligibility is that paradigms, in Kuhn's account, are incommensurable; that is, they cannot coexist: one displaces another. Therefore, one paradigm is only finally displaced by another through an act of persuasion by others or by a conversion to an alternative view in our own understanding (Howarth, 2000: 115). Perhaps it is only achieved by the expiry of opposition (Gergen, 1998: 151). If we accept this point, then attempting to define and specify a paradigm is part of a political process within a discipline, it is not just a revelation that automatically converts everyone. A political process occurs in which groups of scholars identify with and support particular points of view, in the hope of influencing the discipline in favour of their point of view. If this is so, what kind of persuasion or conversion might take place within social work and how is it achieved? Hassan ([1993]1987) points to the assumption in Kuhn's analysis of a periodisation in knowledge development: one paradigm holds sway for a period and is replaced by another. If we think this is true of social work, what phases of knowledge dominance can we identify, and what transitions can we identify? What is it that caused those transitions?

Laclau ([1993]1989) argues that Kuhn's analysis, as with many other accounts of intellectual development, seeks to affirm a sense of that there should be closure in intellectual debates. Bauman (1992: 68-9) argued that social scientists were attracted by the idea of identifying a paradigm of sociology as a way of achieving disciplinary unity through such closure in debate. This is an example of thinking about paradigms as a political process. Moreover, he asks how a paradigm might be recognised. Would it be found, and universally accepted, on grounds of its self-evident cogency

alone? Most forms of thought are diverse, however, and whereas we may understand some of the content we are researching, it is impossible to gain intellectual mastery over the whole context in which we are working. This is already apparent to practitioners in social work, who find it very difficult to understand and work with the whole person plus environment of a particular client, and impossible to intervene in social context with full knowledge of the social evidence concerning that context. Usually the knowledge we have is only partial; therefore the paradigms by which we might operate in social work are also only partial and imperfectly understood. This is not inconsistent with Kuhn's account of a paradigm, because scientists do not necessarily understand the whole of the implications of a paradigm while they are working in it; it may only become fully apparent when it is displaced in a paradigm shift.

Lynch (1998: 15) pointed out that Kuhn's analysis suggests that histories of disciplines are unduly heroic; the politics involves major shifts in conception, rather than disputation between minor paradigms that Kuhn says may be typical of the social sciences. Part of this, however, may be the heroic rediscovery of ideas proposed in the past, neglected and then revived in a new context after the paradigm shift (Lynch 1998: 20). Such a view is also consistent with the way Kuhn says paradigm shifts work: knowledge is reintegrated within the new paradigm. So rediscovery and reintegration of old knowledge in new ways may always be part of the process of growth within a new paradigmatic set of assumptions. An example in biology might be the rediscovery of Mendelian genetics, after a period of neglect.

Winch (1990), cited by Howarth (2000), argued that the object of the social sciences is to make behaviour meaningful to people within a society, and social sciences seek to understand the social rules by which behaviour is governed, and by which meanings are attached to behaviour through social interaction. Kuhn's analysis of paradigms of scientific knowledge seeks to understand the social rules that govern scientific behaviour. This is more complex for the social scientists because they must understand not only the social rules governing disciplinary behaviour but also the social rules governing the behaviour they are studying and how both sets of rules interact. Moreover, social work, as a social science,



seeks not only to observe and critically interrogate social behaviour, but also to intervene in it. Social workers, therefore, must understand a third set of rules in addition, those governing interventive behaviours. Moreover, as an interventive profession, they must understand a fourth set of social rules, those governing the formation of the profession and its interaction with other professions. This leads to Polkinghorne's (2004: 7) analysis of the practice of care in human sciences. He follows Turner (1994) in arguing that, in many of the social sciences, the idea of practices is displacing concepts such as paradigm, and also concepts such as tacit knowledge, worldview, ideology, framework and tradition.

In summary, we can identify a general meaning of paradigm as an exemplar and framework of explanation. Also, Kuhn's (1970) account of paradigms as incommensurable systems of scientific practices that direct and constrain knowledge development in particular disciplines has been influential. It is not clear, however, that his conceptualisation of scientific revolutions leading to paradigm shifts applies to social sciences. Instead, there may be alternative and competing paradigms represented in practices in social sciences, particularly where, as in social work, the science also represents a professional practice rather than a process of knowledge accumulation and validation. The analysis of practices, 'ways of doing' research and developing knowledge within disciplines may be a more flexible way of understanding the complex process of knowledge development and may be more helpful that assuming a relatively stable and constraining paradigm.

Paradigms and their alternatives in the politics of social work

The broader understanding of paradigm in the social sciences is widely adopted in recent social work writing. Orme and Shemmings (2010: 85), for example, describe it as 'a cluster or pattern of beliefs and practices associated with a particular world view about how scientific practice should take place'. The paradigm concept has mostly been used in the politics of social work during what Orme and Shemmings (2010: 67, 84-5) describe as the 'paradigm wars' between groups of writers supporting positivist or anti-positivist research methods. Fischer (1981) was among the

first writers to raise the question of the validity of the research knowledge base supporting social work practice. He specifically argued that a Kuhnian paradigm shift had taken place with the influence of the powerful critique from behavioural and learning psychologies of the research support for the psychoanalytic models of social work which dominated social work until the 1970s.

This view was not widely adopted, but during the 1970s and 1980s, practice theories in social work began to differentiate, so that by the most recent edition of the most differentiated account of them, Turner (2011), 35 different social work practice theories were distinguished. Most of these were seen as competing, providing alternative models of practice. Research (Jayaratne, 1978; Kolevson and Maykranz, 1982) showed, though, that many American social workers were eclectic in their use of theory, British social workers did not explicitly use practice theories in their work (DHSS, 1978; Curnock and Hardiker, 1979) and Nordic social workers used theory in a naïve way (Olssen and Ljunghill, 1997). Research in British social work education during the 1990s (Secker, 1993; Brandon and Davies, 1979; Marsh and Triseliotis, 1996) found that social workers had difficulty in distinguishing and using theoretical models of practice. Jordan (1989), on the other hand, argued that social workers were using 'a process of violent bodging' to adapt and mix theories inappropriately and Sheldon (2012) argued against a 'salad-bar' approach to selecting theory.

By the beginning of the twenty-first century, it was clear that rather than see practice theories as competing with each other as in opposition or dialogue (Orme and Shemmings, 2010: 85), social workers were using elements of theory together (Payne, 1997b, 2005, 2013), and Epstein and Brown (2002) argued that planned eclecticism, involving supervisors and peers to plan combinations of theories appropriate to a particular agency or form of intervention was good professional practice. Lehmann and Coady (2007) argued that using a generalist modality and eclectic practice was well-established in social work and similar practices. Practitioners were using critical reflection and similar processes (Fook, Ryan and Hawkins, 2000; Fook and Gardner, 2007) to adapt their practice using ideas from several theoretical sources.



Other writers use the concept of paradigm in social work. The most important of these is Mullaly (2007: 32-5). After commenting on the vagueness with which Kuhn (1970) uses the concept, he picks up the tendency in social science to use it as a framework of ideas, as in Orme and Shemmings's (2010) approach, emphasising, however, the importance of the characteristic of a Kuhnian paradigm that it comes to be 'taken for granted'. Building on this, he uses the concept of a paradigm to refer to the underlying political philosophy informing broad forms of social work, distinguishing neo-conservative, liberal and neo-liberal, social democratic and Marxist paradigms of social work.

In summary, social work uses of the paradigm concept are broad, referring mainly to a framework of ideas and to alternative approaches to knowledge development. Analysis of paradigms is used as a way of examining alternative approaches to practice in significant arenas of debate.

Potential paradigms in social work

Potential paradigms in social work, therefore, distinguish important frameworks of thinking about significant factors in understanding social work and its practice, as a way of ordering the discourse about social work and its practice. To identify and explore these, we can look at authoritative accounts of social work to detect important frameworks used. In this paper, I propose to explore the potential paradigms in use within social work by examining the definition of social work agreed internationally by leading organisations, a widely accepted statement of the main features of social work as a practice:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (International Federation of Social Workers, 2000).

The International Definition contains three elements that might be seen as potential paradigms within social work:

- Three objectives of practice: social change, problem-solving and empowerment and liberation
- Two underpinning knowledge bases: human behaviour and social systems
- Two fundamental values: human rights and social justice.

Thompson (2010) includes the three objectives among a number of tri-partite analyses of social work, which probably arise because a three-way division of a field of study is a classic rhetorical technique. The three objectives connect with the long-standing history of definitions of social work (Payne, 2006), and current accounts which divide frameworks of social work practice into three main forms:

- maintenance – individualist/reformist – social order
- therapeutic – reflexive/therapeutic
- emancipatory – socialist/collectivist – transformational (Dominelli, 1997, 2009; Payne 1996, 2006).

These divisions also relate to the main paradigms in political philosophy that inform social work identified by Mullaly (2007), in the analysis discussed above. Although he proposes four paradigms, other writers would put together neo-conservative, liberal and neo-liberal approaches, again leading to the three 'objectives' paradigms.

It may be helpful to explain the differing terminologies used in these frameworks and their connections with the international definition objectives. Maintenance theories refer to social work that is primarily concerned with providing services to maintain the existing social order and support people in adjusting to current social structures. Most practice in these theories aims to resolve individual problems or to reform existing social structures so that they are more effective. Thus, they focus on individual problems and social improvement rather than radical social change. Therapeutic theories are mainly concerned to empower and liberate people to make changes in their psychological functioning and social relations so that their ability to achieve personal and social life aims improves. Practice according to these theories involves practitioners responding through personal relationships with clients, their families and carers and it is these personal relationships that give clients and people



around their experiences of helping relationships that enable them to make these empowering and liberating changes. Thus, this framework involves reflexivity between clients and practitioners: each responds to their experience of the other, and their response in turn influences the other in a continuing cycle. Socialist-collectivist theories involve a practice in which practitioners enable people to experience shared responsibility and mutual aid in collective social structures, such as community groups. Building on this experience transforms their understanding of the constraints of existing social structures and therefore the effect of those social structures on their lives, and emancipates them from the limitations of the social barriers that prevent them from achieving their life objectives. In contrast with empowerment objectives, it is the experience of achieving social change through collective social experiences rather than experience of liberating interpersonal relationships that frees them to achieve their life tasks.

Although these different frameworks of practice involve a focus on different objectives within the international definition, the practices involved in each set of objectives is not completely distinct: they overlap and inform each other (Payne, 1997b, 2005, 2013).

These objectives represent widely agreed political and social objectives for social work, which inform practice models, agency objectives and social work job roles (Payne 2006). Most practice theories of social work can also be categorised within this tripartite division, since their main objectives also connect with these broader social work aims. An analysis of major texts on social work practice theories (Payne, 2013) identifies 11 groupings of practice theories, and these are set out in Table 1, their main focus being categorised according to three social work objectives identified in the international definition. Two groupings of theory, social development/social pedagogy and empowerment/advocacy incorporate equally two of the international definition objectives: respectively, problem-solving and empowerment and empowerment and social change objectives.

Table 1 Analysis of groupings of practice theories categorised by the international definition objectives

<i>Theory group</i>	<i>Social work objectives</i>
Psychodynamic	Problem-solving
Crisis and task-centred	
Cognitive behavioural	
Systems/ecological	
Social development/social pedagogy	Problem-solving/empowerment
Strengths/solution/narrative	Empowerment
Humanistic/existential/spiritual	
Empowerment/advocacy	Empowerment/social change
Critical	Social change
Feminist	
Anti-discriminatory/multicultural sensitivity	

Source: Payne, 2013.

The availability of practice theories that incorporate overlapping objectives also demonstrates how the social work objectives do not form completely distinct paradigms. Thus, practice theories are clearly paradigms in the broad social science sense of the term, ways of organising our thinking within the social work arena of social science, rather than being distinct systems of investigation and knowledge development.

Table 2 identifies the main contribution of each of these groups of practice theories to social work practice as a whole. Since the research previously discussed suggests that social workers generally use these theoretical frameworks in eclectic combination, this again demonstrates the way in which these theoretical frameworks organise social work thinking, rather than forming completely distinct systems of practice.

Table 2 Contribution to social work of groupings of practice theory

<i>Theory group</i>	<i>Contribution to practice</i>
Psychodynamic	Emphasises the importance of people's internal feelings and conflicts in generating behaviour and in resolving the problems that they face.



Crisis and task-centred	Focuses on brief, highly-structured models of intervention with clearly definable problems that will respond to active efforts to resolve them.
Cognitive behavioural	Emphasises the importance of rational management of behaviour in understanding the source of and managing people's problems
Systems/ecological	Integrates interpersonal work with individuals with interventions with families, communities and social agencies
Social development/social pedagogy	Gives priority to the social and educational, engaging people with shared interests and concerns to work jointly to overcome them.
Strengths/solution/narrative/	Recasts clients' and families' apparent problems, seeking strengths that enable them to build positively for the future
Humanistic/existential/spiritual	Emphasises personal development through shared experience as a source of individual and group empowerment
Empowerment/advocacy	Creates experience and alliances that empower people to achieve greater understanding of and change in their lives
Critical	Offers critiques to the present social order that analyse and deal with social factors that underlie problems or social barriers.
Feminist	Explains and responds to the oppressed position of women in most societies through collaborative dialogue and groupwork to achieve consciousness of issues affecting women's social relations.
Anti-discriminatory/multicultural sensitivity	Develop understanding of cultural and ethnic barriers, conflicts and difference and practice that respects people's individual and social identities

Source: Payne, 2013

Are knowledge and values dichotomous paradigms?

The further alternative paradigms identified in the discussion of the international definition above, suggest two other frameworks in social work: alternative knowledge and alternative value bases. These frameworks are both dichotomous: they propose two alternatives in each case. Knowledge bases involve *either* human behaviour *or* social systems and *either* human rights *or*

social justice. Each of these dichotomies refers to appropriate strategies for practice. They are proxies for individual, psychological thinking as against collective, social thinking about the objectives and practices of social work. Two forms of social work are set against one another:

- Empowering and helping individuals at the micro level, the 'moral imperative to care for the neediest', with the implication that those most in need receive the most help
- Recognising and acting to compensate for the significance of structural disadvantage at the macro level, 'recognising the constraints that social structure imposes on an individual's capacity for action' (Burt and Worsley, 2008: 37).

Some writers argue that, in all social work interventions, improvements in the position of individuals also lead to social or collective improvements. This is because empowering and helping people in proportion to their need secures a fairer distribution of resources, and explicitly recognising structural constraints on people's capacity to meet their own needs contributes additional personal support in their endeavours. Similarly, in both types of intervention, there may be improved social justice, a social systems intervention, since some compensation in the distribution of resources has been achieved by individual work, and also action to seek structural change may lead to more justice in social relations and social institutions. This is because some writers focus on distributive justice, not in the distribution of economic resources, but in fair distribution of social resources such as opportunity, power, and the social relations that enable people to attain self-respect. They argue that clinical or therapeutic practice within individuals is a social system intervention, enhancing people's self-respect by meeting social and psychological needs (Cooper and Lesser, 2002: 5).

While practice with both individuals and collectives are claimed to contribute to social systems objectives, whether both forms of practice achieve this potential is contested. The claim that individual practice contributes to social change is founded on social work's role in improving individuals' capacity to achieve access to resources to which they are entitled, either in accordance with their rights as human beings or through their entitlements as citizens. Thus, an



important feature of practice with individuals is that it is grounded in an ethical principle that '...every person should have equitable access to needed resources – for example food, housing, jobs, and education' (Long and Holle, 1997: 229-30). Individual psychological interventions can help people overcome personal and interpersonal barriers to equality in this sense by:

- Enhancing access to social and emotional support
- Enhancing the capacity to engage in social interaction with others
- Increase people's capacity to make choices in daily life and long-term decisions
- Increase capacity to get involved in official and other decision-making about their lives
- Increase access to education, employment and leisure and recreation opportunities
- Increase the capacity to gain their legal and personal rights (Eamon, 2008).

In addition to this debate about whether individual change leads to social improvement, questions may also be raised about whether social change necessarily leads to an improved social position for individuals. Changes in legislation or administrative systems may not filter down to benefit socially excluded individuals. Oppressed minorities might not receive benefits from improving legislation. For example, general improvements in services for older people may not be extended to older people from ethnic minorities, such as Roma peoples, or those who are excluded from social participation, such as older people who are homeless and living on the street.

In summary, although there are interactions between individual help and social change strategies in social work, we may argue that they form separable paradigms of practice. Action for social change does not always successfully benefit individuals and action for individual change does not always successfully achieve more general social change. Both are necessary and clearly distinct strategies for social work practice.

The other dichotomous distinction raised by the international definition is between social justice and human rights. This sees human rights as being attached to individuals, the individual help role, while social justice is concerned with equalities between social groups, the social compensation role. Such a distinction reflects a long-standing

tension between the general objective of social improvement and the focus of social work action on interpersonal practice with individuals, families or small groups (Payne, 2006). The general objective is often assumed to be carried out through social work's historical association with social science research to reveal injustices and social action to achieve social change to rectify social injustice. This assumption leads practitioners to carry out social change through representative organisations, such as professional associations or trade unions, or through political campaigning outside their employment, or by entering academic and research jobs allied to social work. Within their employment, such work may sometimes be achieved through promoting mutual aid groups among clients with similar problems or community activities to achieve improvements in social provision. However, Ife (2008), in a major text on human rights and social work, identifies both public and private human rights, culture, need and obligations as relevant to social work. All of these are at least partly connected with broader social equalities.

In both types of intervention, there may be an improvement in the position of individuals. This is because empowering and helping people in proportion to their need secures a fairer distribution of resources, and explicitly recognising structural constraints on people's capacity to meet their own needs contributes additional personal support in their endeavours. Similarly, in both types of intervention, there may be improved conditions of justice in society, since some compensation in the distribution of resources has been achieved by individual work, and also action to seek structural change may lead to more justice in social relations and social institutions.

Here again, as with the use of individual and social knowledge bases, there are overlaps and influences between human rights and social justice interventions as strategies for social work, but they are, nevertheless, clearly distinct aspects of social work. It therefore seems reasonable to consider both dichotomies as reflecting distinctive paradigms within social work practice.

Conclusion

It is clear that the alternative objectives, knowledge bases and value principles in social work, do not form the incommensurable paradigms that Kuhn



(1970) says are typical of the physical sciences. Instead, they are sets of social practices formulated in an organised discourse. They represent stances about the nature of social work, the nature of its practice and the form of its practices about which there is discourse and in which various actors take political positions seeking to influence the direction of social work in favour of their paradigm. Remembering that a discourse is not only a debate about ideas but interacting usages of practices in society within a specific discipline such as social work, we can see these alternative paradigms as forming a structure of practices. The alternatives used within this characterise social work; that is, they formalise, exemplify and thus structure thinking within this discipline about its nature and identity. Practice theories, within the structure of the tripartite objectives of social work and the dichotomous knowledge bases and values of social work form paradigms whose interacting practices as a whole describe and define the nature of social work.

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Endnotes

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User of Social Services in Postmodern Times

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Abstract

At present, a time characterised by the transition from modern to postmodern society, social work finds itself in a situation full of changes and uncertainties. The postmodern era is distinguished from the modern one by e.g. radical plurality of world views and associated loss of confidence in the Grand Narratives, including the concept of a social welfare state, emphasis put on presence and individualised projects, deconstruction and reconstruction of meanings, divergence from the bipolar perception of the world and preference given to expertise, etc. Based on the changed concept of a human being who uses the services provided by social workers, and based on the related characteristics of modern and postmodern times, the authors of this paper point out the potential impacts and risks arising from this new situation, which they see predominantly in the danger of irresponsible handling of power on the part of the social worker as well as of the service user.

Keywords

postmodernism, user of social services, social worker, power and responsibility



Introduction

As Lorenzová suggested, we are all living in the so called “postmodernity”, “*the very appearance of which for many of us has become ‘a demanding life situation’ itself*” (Lorenzová, 2001: 174). The postmodern era, unlike the modern one, entails radical plurality of world views, accompanied by the loss of confidence in metanarrative universal systems, stress on presence and individualised projects, continuous metamorphoses of meanings, divergence from the bipolar perception of the world and increased importance of expert knowledge. Social workers as well as users of the services⁴ thus find themselves in situations which are completely new and which may arouse a feeling of uncertainty in them. The objective of the present paper is to point out the potential impacts and risks arising from this new situation, based on the changed concept of a human being who uses the services provided by social workers, and based on the related characteristics of modern and postmodern times.

1. Concept of the user of services

A person who uses services provided by social workers is referred to by various denotations throughout literature (e.g. client, partner – collaborator, service consumer, customer), these are associated with the very aspect that is to be emphasised by the respective author.⁵

The traditional concept, still the most widely followed in international contexts, uses the term “client”. As suggested by McLaughlin (2009), a client is someone who needs help, as they lack the necessary abilities or capacities to help themselves, i.e. someone who needs the special knowledge and skills of social workers. Here, the social worker holds the position of expert or specialist who changes the client’s situation through their knowledge and skills. This concept relates to the traditional model borrowed from medicine and adopted within social work; it is characterised by the following intervention procedure: data collection (social evidence), diagnosis, solution, therapy and evaluation of the procedure. Application of this model helped social work in establishing itself as a scientifically informed profession of its own kind. Payne (1991) in this context speaks of “a traditional (catalytic) model”, Morén (1994) calls it “an adjustment model”. The term “catalytic” shall evoke an image

of the social worker as a catalyst which makes certain reaction happen without entering the very reaction and without being changed itself by the same. This approach in which the social worker is perceived primarily as a competent professional who is able to solve the problems of an incompetent layman, entails a risk that the help provided to the user would be fragmented based on the social worker’s specialisation. The worker also tends to interpret the information about the user to fit stereotypical images or patterns. The users have only a small chance to present themselves in a way which would confound these expectations. Thus, the users try to guess what sort of behaviour is expected from them and put themselves on this role. Poor communication between the user and the worker results in the user’s low involvement in the process of problem solving. Shulman (1991) contemplates on insufficient aspects of this model and sees it – among others – in the fact that the professional attempts to influence the process while standing apart. Instead, in reality the behaviour of the social worker is influenced not only by the plan of intervention but to the very same extent also by the nature of the interaction with the user – it is the mutual relationship between the worker and user that is of importance. Similarly, McLaughlin (2009) points out that the concept of the user of services represented the objectivisation of the relationship between the worker and the user which presumed that power rests with the professional who identifies the needs and demands of the user and which services should be provided to the user. A “good” user of services was the one who had always been eager to accept everything that was provided by the worker, without raising any objections or questions. Such an attempt fails to correspond with the required quality of the relationship between the worker and the user, which is – within social work as a caring profession – traditionally seen as fundamental. In other professions, it is enough for the worker to have good manners, the worker is not expected to establish any personal relationship as a basis for the working alliance. In caring professions, it is however necessary for the person who contacted the worker to feel secure and well accepted in the milieu of mutual trust (Kopřiva, 1997).

The recent interactive model corresponds better to the requirements for the caring professions. People who contact the worker are glad to see



workers integrate their own human qualities in their mutual interaction. This can be achieved by linking the professional and private compounds of the worker's personality so that the professional Self has the benefit of the private Self (Shulman, 1991). This approach is sometimes called "the model of service as human assistance" (Morén, 1994) because the important thing is the quality of relationship as it is based on the idea that social work is a process, not a series of separate events. The relationship always implies a reciprocal influence – the worker is being changed through the interaction with the user and vice versa. The openness which the worker requires of the user, also calls for adequate concern on the part of the worker for the user's problems. The workers offer themselves as a companion. The workers support the users in their journey to reveal the core problem, conditions which enable the existence of the problem, down to the generation of ability to actively handle the problem. The user of services is perceived primarily as a co-worker or a partner in a joint action aimed at tackling the problems of the user. Their mutual relationship is that of two allies (cf. Kopriva, 1997, Úlehla, 2005).

Since the 1980's, social services have developed from organisations led by professionals to those led by professional managers. Concurrently, the power of the social worker was restricted while that on the part of the user was increased. The user started to be perceived as a customer able to choose between various options (services) which are offered by public, private and voluntary organisations. Thus, the user is no longer a passive receiver, as it is in the traditional model, or a partner and co-worker on the basis of the relationship (interactive model), but rather someone who chooses from the offered services. The user demonstrates certain power by having an option of choosing another service if the present one does not suit their needs. An ideal customer is the one who is able to choose and purchase the service on the market according to their own needs whether from a private or public service provider (McLaughlin, 2009). As pointed out by Banks (2006), this model is based on the traditional idea of market, where the sellers compete against each other for the customers and where the customers seek for such services that suit their own needs. However, applying this idea to social work may be misleading. In some areas, the only services that are available are those

provided by the monopolistic supplier (e.g. the state), the adequate scope of services is not always available to the same extent, some people are not entitled to refuse the service (e.g. in the field of probation, care for children). Consequently, the purchaser need not be and often is not a potential user of the service (being represented e.g. by a family member, physician or a social worker). The interests and needs of the very person are not the main focus of attention. Financial resources are of importance too. Whether the customers would be able to freely choose between various options on the market is also a question of their abilities, power and solvency.

The alternative concept of "expert by experience" has developed recently. This concept emphasises the equality of the relationship between the worker and the user, where the expertise of one will always increase with practical training, and through the experience of the other. In this context, McLaughlin (2009) points out that the concept is so broad that it encompasses both those who are or were the users of any service, and those who rejected to accept any service or are being provided with inadequate service or those who live with someone (or look after someone) who is a user of services. Then, it is quite difficult to tell who is not an expert by experience. In addition, this concept does not provide any method for evaluation and comparison of various experience gained by these "experts by experience".

As suggested above, the concept a person who uses social services has undergone development. This development also involves various changes which are designated by some scholars as a transition from the modern concept of social work to the postmodern one.

2. Postmodernity

Postmodernity is hard to define as the term itself is polysemous. Nesvadba (2006) suggests that the postmodernity describes an era full of contradictions, and these contradictions are faithfully reflected in the very term. Just as the present is dynamic, the term denoting it cannot be static, but rather constantly changing.

Welsch sees the "radical plurality" as the core of all postmodern conceptions (Welsch, 1993: 21). This is the phenomenon which distinguishes the postmodernity from modernity which was ruled by the hegemony of the metanarratives



arising primarily from the Enlightenment; the world was explained and legitimised through these metanarratives. These grand narratives (e.g. liberalism, Marxism, populism, but also psychoanalysis or social welfare state) feature a set of universal principles which may be applied universally (Fawcett in Gray, Webb, 2009, Noble, 2004). Modern times were characterised by the conviction that *"it is necessary to believe in what the others believe too, that such a community of belief and conviction is good and useful for everyone"* (Bauman, 1995: 11) and that any deviation from the norms must be quickly eliminated⁶. These postulates are quite different in the postmodern world, which has already experienced the dark side of this concept, embodied by the totalitarian regimes. The postmodern world can no longer be characterised by the totality of uniform society and culture of the modern world. The world ceased to be a coherent whole characterised by an ideal of absence of inherent contradictions (or ability to eliminate them), unambiguity (or at least a guide book to achieve the unambiguous visions), consensus on principles which are necessary for the whole to persist, and finally a smooth coordination of activities belonging to the individual components of the whole.

In the postmodern era, the world is no longer a project under construction with a past that would augur the future and lead to a certain specific target. On the contrary, the world is filled with multiple projects which do not fit into one single whole (Bauman, 1995). Presence, which entails a set of chances and offers, is also highlighted. Therefore, human beings in the course of their lives do not work on any lifelong task, as expected in the past, but rather make use of offers which they are continuously presented with in a fast running sequence.⁷ As a consequence, we may experience certain ambivalence, be it at the individual level due to the plenitude of offers and options, or at the societal level of institutions which exist as if they were anchored in quicksand (Nesvadba, 2006).

Fawcett (in Gray, Webb, 2009) points out that modern age knowledge is characterised by certain bipolarity⁸ and the individual modes are expected to have bipolar implications. For example a caring person and a person being cared for are taken as representatives of two different groups assigned with universal characteristics. It is expected that the caring person has the conceptual and physical

capacity to give care, while the category of persons being cared for is assigned inability and dependency in every aspect. Moreover, in modern times knowledge and power are connected with expertise. For example psychiatric knowledge of schizophrenia is highly valued contrary to other forms of knowledge relating to experiential criteria, for instance. There is a gap opening up between the expert and the layman, as the layman's (or user's) knowledge by experience is not taken into account as much as it should be.⁹ In postmodern times, these types of knowledge are seen as equal and all knowledge is required to be open to critical queries and questioning. The taken-for-granted assumptions and dominant understandings are being deconstructed.¹⁰ And the goal is not to replace one dominant discourse with another, but instead to gain a broad insight which applies various comprehensions of the world with similar importance. This requirement is in contradiction to bipolarity and to the process of implanting our findings in the previously identified interpretation frames (grand narratives) while avoiding the findings which would not fit into these frames, which is inherent in modern times.

People of the postmodern age try to understand the meanings (within the world and within the self) in the process of permanent deconstruction and subsequent reconstruction of these meanings. Fawcett (in Gray, Webb, 2009) in this context speaks of the self as a fluid, fragmented, continuously constructed and re-constructed entity in the process of a play between the discourses of the social world. The meanings are constantly changing in this play. Hugman (2005) adds to this point that postmodern society is seen as a network of contents which are constantly constructed by people through their language, so the understanding of these contents is enabled thanks to the language. Accordingly, society may be read as a text, where meanings are not fixed but rather changing depending on whom the text is read by. But no one would claim a monopoly on the deconstructive forms of analysis (not even critical theory).

3. Social work and postmodern times

As mentioned above, the postmodern world emphasises the deconstruction, plurality, relativism, questioning of well-established



theoretical frameworks and dominant ways of perceiving various things. A series of problems arises for social work from the postmodern view of the world. One of them is relativisation. In postmodernity, it is impossible for any world view or opinion to take precedence over the others, or for any group to claim a dominant position or exclusivity of interpretation as all of them are considered valid because of their mutual difference. But this also means that they are all relative. In this state of affairs, it is hard to take any political, moral or ethical position and tell the good from the bad, what is acceptable and what is not. To make things even more difficult, doubt is cast on the social welfare state¹¹ as the major framework which encompasses all social workers.

Kapfl (in Smutek, 2005) lists the following dilemmas of the postmodern social work: question of limits applied to tolerance and respect, and the concept of social justice. The first dilemma concerns the fact that the postmodern tolerance and respect for otherness and for all cultural forms may end up in respect for cultures whose representatives have no respect for other cultures within their own. By tolerating these groups, one, in fact, supports intolerance. If we criticise Eurocentrism, nationalism, sexism and technocracy, then we have to face the serious dilemma of *“how to avoid the trap of hurting the feelings of members of another culture who may consider the criticised approaches and behaviours as the fundamentals of their culture.”* (Kapfl in Smutek, 2005:58). Kapfl adds that due to unclear theoretical background of postmodern ethics, we see the members of various groups eventually deciding on the basis of their own interests and benefits. In regards to the second dilemma, Kapfl points out that postmodern criticism of the grand narratives is overwhelming on one hand, but on the other it does offer nothing else but the glorification of uniqueness and autonomy of a human being and thereby individual cultures. Consequently e.g. the leftist critics classify postmodernism as a theory of late capitalism. The reason for this classification is that it indirectly contributes to consolidation of the ideas of economic rationalism, managerism and neo-conservatism.¹²

The situation is evaluated similarly by Noble by stating that *“post’ theories, more specifically the postmodern critique, are quietly destabilising and*

undermining social work’s intellectual heritage that is based on the Enlightenment values” (Noble, 2004: 292), connected with such values as progress, social justice, human rights, equality. Social workers act in the framework of a social welfare system, which exploits their power and control in the interest of resource redistribution, ensuring a safety social net, assertion of social rights, etc. The idea of a social welfare state draws on modern thought. Since the 1970’s we may experience a departure from the social welfare state and inclination towards the privatisation and deregulation in the field of provision of social services. This situation¹³ is characterised by a decreased budget and staff, hierarchical administrative accountability, constant restructuring and reorganisation, reliance on the voluntary service and outsourcing of services.¹⁴ Weakening the legitimacy of the social welfare state and its role in the postmodern era puts social workers in a situation where they should react to the social problems and suffering without having appropriate tools and support on the part of the state. The work in direct contact with the service user (the “frontline” workers) thus becomes extremely stressful and demanding.¹⁵

Social work’s reaction to postmodernity may be seen for example in the critical postmodernism (Fawcett in Gray, Webb, 2009), which Noble (2004) designates as a weak form of postmodernism. It is a school which attempts to select the postmodern ideas which may be considered fruitful¹⁶ and to maintain certain fundamentals. Critical postmodernism in social work denies the universal interpretation schemes of grand narratives and the power based on rationality of modern expertise. Concurrently, it questions the postmodern accent on relativism and pluralism.¹⁷ It expects that in certain situations – especially where the information is privileged or where information or life views are underrated – the evaluation based on weighting criteria (and addressing structural inequalities) is possible. Special attention is paid to the variety of meanings which a certain event may bring to a certain person at a specific time, and to the variability arising from the fact that e.g. the worker and the user of services may perceive the same situation differently, as each of them draws on different, and differently rich, experiences and interpretive-conceptual schemes. In this context, the expertise has no priority as – according to postmodern thoughts – the world views are rather



working or relative versions of reality. Critical postmodernism, nevertheless, is based on the idea that if all potential views of reality, as held by all the participants, are well present¹⁸ the result may be negotiated in a specific situation and context to give non-oppressive while still culture-relevant insight or meaning.

As summarised by Kappl (in Smutek, 2005) this situation raises the following questions for social workers:

- whether they should suffer a state where the user of social services perceives social workers as representatives of another repressive system component, which only desires to deprive the users of their own identity, while the intention of the workers is to help the users based not only on professional but also common human concern
- whether the worker's values (based usually on the culture of Caucasian middle classes) do not result in the workers extolling certain aspects of the situation while ignoring others
- who determines the categories of "normality" and how are they determined (e.g. in the field of mental health)
- how to help those whose voices have not been heard to publish their opinions and open them up for discussion.

As suggested by Pease and Fook (1999), the answer to these questions concerning the opportunities of empowerment and methods of approach to the user of services may be brought forth by critical theory, and primarily Habermas' ethics of discourse and Freire's pedagogy of liberation.

It seems that one of the crucial areas social work focuses on in reaction to postmodern ideas is the issue of authority and power in regard to the users themselves and their interaction with the environment, user-worker interaction and finally the aspect of authority and identity of profession within the society (mezzo and macro level). The topic of power in interaction between the social worker and the user of social services will be discussed further in this article.

4. Concept of the service user and the social worker in the postmodern context

As mentioned above, the concept of the service user has changed in the course of history

depending on what aspects were considered important. It must be mentioned and borne in mind that all these concepts are vivid and we commonly encounter them in practice these days. The term "client" tends to be associated with helplessness and dependence.¹⁹ Characteristic features also include the effort to squeeze the users with their stories into a pre-defined framework, with universally applicable principles, bipolar views and a gap between the expert of the one part and the layman of the other. The term "partner" (and co-worker) expresses greater trust in knowledge by experience of the service user. It also conveys willingness to critical queries and questioning focused primarily on the views of the service user.²⁰ Also, respect to otherness is applied here more than in the previous concept. The term "customer" expresses the trust in the service user's ability to choose from the offered services, virtually assuming that the user has this competence. The term "expert by experience" stands probably the closest to the postmodern concept. This is primarily thanks to its accent on the validity ascribed to various layers of meanings, consistent respect to otherness and emphasis put on the knowledge by experience gained by the service user as against the expertise acquired by the worker. A question arises on what is hidden behind these two types of expertise?

User of service as an expert

In recent literature we may come across recommendations concerning the need to treat the users of service as partners, as experts of their own lives. This change has developed over several decades; the initial expert-aimed social work, where a concrete strategy and thereby a power, control, management and responsibility always rested with the worker, has changed under the influence of a humanistically oriented philosophy and psychology to a non-directive user-oriented methodology (Úlehla, 2005). Similarly, McLaren (in Quinnová, 2007: 24) delineated the humanistically oriented work with people in her counselling practice for the surviving families as being based on a person-oriented approach, with the important point that *"this approach supports the style of counselling which is not limited by the prevalent theory of mourning, but instead sees the surviving family members as experts, able to find their own solutions"*²¹. The users' expertise in



their own lives, in this context, means expertise by experience (cf. McLaughlin, 2009, Fawcett in Gray, Webb, 2009). Accordingly, it does not mean that they are only the owners of the key knowledge pertaining to the conditions of their lives, but that they gained first-hand experience with themselves. A question may be raised: why is the user of services not able to exploit their own expertise to handle the difficult situation on their own, or with the help of their environment? The search for an answer refers us to Comenius who claimed that a scholar did not only know what things are but also what they are good for, or how to cope with them and handle them prudently. The substance of genuine knowledge is that it always offers one an instruction for proper conduct (Comenius in Palouš, 1987). Thus, the users have sufficient information about their lives but may still lack the aforementioned “instruction for proper conduct”. An obstacle may also be posed by the impossibility to see one’s life situation holistically, in certain contextual relations and from a detached point of view. Another problem may be caused by the absence or lack of internal and external resources. In recent terminology, many users have no competence²² (and resources) in tackling their difficult life situation independently.

Social worker as an expert

The prerequisites for proper performance of social work, as ordered by the Czech Act on Social Services, No. 108/2006 Coll., include the legal capacity, integrity, health fitness and professional qualification. But society expects something more of social workers or caring professionals. This very something Jankovský (2003: 9) calls “a spontaneous pro-social behaviour”. *“This term means conduct which respects the benefits of others, willingness to help others, empathic behaviour, ability to share the problems of others, to promote positive social targets, etc.”* It is an image of the caregiver’s characteristics which may be referred to as their social competences. This is followed by another set of requirements imposed on the social worker within the area of personality characteristics and life experience.

All of the aforementioned prerequisites for the profession contribute to establishing authority social workers enjoy among the users of services, but also in the environment where they work

and live. As suggested by Vrtíšková (2009), the social worker should above all remain a human authority for the service users. Kopriva (1997) states, that the worker is naturally an authority in the area of professional training, education and experience as well. This for example means knowledge of the appropriate legislation and regulations, information about help resources, assessment of a user’s life situation and selection of proper intervention associated therewith. But when it comes to the field of life, relationship or emotional problems, the leading role of the caregiver is rather a burden. The caregivers should not be afraid to admit, before the user, that they do not know or do not have an answer to the user’s questions. As suggested by the same author (2006: 43): *“It is not that easy not to have a rational solution to each problem in relationships – especially when people believe that there is some, and expect the caregiver to know and share it.”* The service users may be surprised or even disappointed to see the worker not having or unwilling to share any unambiguous instructions on how to increase the quality of their lives. The proficiency of the caregivers then consists in how successfully they handle instructing the users to assume their own responsibility for tackling their own life difficulties, as this approach also leads to successfully coping with these difficulties (Lorenzová, 2001). This style might be found quite inconvenient by some social workers as well as the service users, therefore they prefer to stick to the traditional, more paternalistic, approach. It comes as no so surprise as paternalism entails a dimension of power over the service users.

Now, let us deal with the issue of power in more detail. The Dictionary of Psychology brings no particular definition of the term “expert”, but it refers to a word construction “expert power” which is defined as follows: domination based on special skills or expertise of a certain person (Hartlová, 2000: 321 - 322). Comenius (in Palouš, 1987) also points out that knowledge is power. Knowledge shall provide humans with a power potential, an arsenal of skills which a person may have at his own disposal. In the past, the social worker was supposed to be the only person to hold a power over the user. Nowadays, the power passes over to the user’s hands. As demonstrated above, either of them is an expert in a different area, either holds a power of a different kind. The service users have certain knowledge of their



life course, environment they live in, themselves, knowledge of the difficult life situation they found themselves in. But they may still lack some factual knowledge of the problem and opportunities offered within the social system, holistic view of the situation that associates various contextual levels of their situation and approaches. Social workers have knowledge and experience (e.g. gained in work with other service users dealing with a similar problem) and have certain personal dispositions through cultivation of which they gradually achieve proficiency (wisdom) in their domain. According to Egan (2002), wisdom in the context of caring professions means e.g. ability to approach a problem so that it is possible to work on it, ability of insight into the situation and understanding of the situation in a specific context, tolerance for ambiguities and ability to work with them, ability to view the problem from a long-term perspective, ability to combine several apparently heterogeneous helping roles (help and control), willingness to learn from one's own mistakes, self-knowledge and awareness of one's own shortcomings.

It is the very combination of the social worker's expertise and the user's expertise that gives rise to successful results of mutual collaboration. Of course, a series of risks is posed here, especially those concerning the issue of responsibility and possible abuse of (or denial of assuming) power.

5. Risks

As summarised by Poněšický, postmodern people try to re-achieve "co-humanity" in their own way. He perceives co-humanity as negotiation of the common form and consent of communication, mutuality, common values. However, at present, it often takes the form of boundless tolerance, where the relationship accepts any kind of conduct. *"We thus waive our claim to obligatory, devoted or otherwise demanding behaviour within the relationship. We only expect spontaneity and interpersonal life without any obligation, or utilitarian conventions in the professional environment"* (Poněšický, 2006: 21).

In social work, this trend may become obvious through the absence of or difficult determination of boundaries between the worker and the user. In the effort to empower the service users to apply their views and open them up for discussion, their rights may happen to be emphasised unilaterally

while their responsibility (duties) mentioned only sporadically. As a consequence, the service users may hold even greater power than they are optimally able to handle (e.g. because they are not trained to exercise it unlike the social worker, or for some objective reason or obstacle which may hinder them from the same, etc.).²³ The worker seems to be bound by a series of regulations while the user is only obliged to adhere to the rules of the respective institution whereas actual adherence is usually enforced with difficulties. This may result in a state where the users complain not only of some actual insufficiencies in the provision of services but also – as interpreted by the users themselves and sometimes without justification – of the non-professional approach of the social workers. This approach may even be supported by postmodern emphasis put primarily on presence, on the immediate use of the ever changing offers and impossibility to adopt a strictly normative position. Thus, the workers are permanently under stress²⁴ being aware of the immanent risk of the clients' complaints. This may lead them to adopt a strategy where they meticulously maintain the files of the user (easy to monitor) but have no time and/or energy to build up a close working alliance with the users. In the given conditions, the service user may be primarily seen not as a person in distress but rather as a potential claimant. Mauer documents similar experience of medical staff. He notes that doctors and nursing staff think that *"patients, unlike the medical staff, have no code of conduct towards the doctors or the health care institution. A patient is allowed to be vulgar, get drunk or simply leave the hospital while being virtually unpunishable unless he/she commits a crime."* (Mauer in Vácha, 2012: 128). The increasing aggressiveness and violence of patients have been recently reported by the media. This situation may arouse negative emotions and distrust on both sides (ibid.). Of course, distrust may also come from the fact that the users have virtually unlimited access (especially via the Internet) to various expert and quasi-expert information, including the opportunity to compare their own life situation with other case studies or experience disclosed by other participants in various forums and discussion networks. Nevertheless, these problematic life situations are never exactly the same. The users of services are likely to misinterpret the (garbled) information and demand a service (advantage,



approach, etc.) which they are allegedly entitled to but through which the situation would be very difficult to solve from the professional point of view. The users do not have, inter alia, the tools of social work, professional competences and probably the professional wisdom, which would allow them to carry out e.g. a complex evaluation of the situation.

Risks may also come from the rejection of assuming power and responsibility where it is appropriate and desired. As mentioned above, an example may be a situation where the user of social service may suffer from a fixed idea that the worker should assume the user's responsibility for handling a difficult situation of the user and therefore demands a clear and successful solution thereto. The user him/herself does not feel any need to be personally involved in the process of solving the situation.

The risks associated with a weakened role of the social welfare state should not be forgotten and the upcoming managerism in the area of social services, where the workers would have fewer and fewer tools to respond to the difficulties of the people using their services.

Conclusion

The present article mentions potential risks which the postmodern era poses not only to social workers but also to those using social services. These primarily include the risks associated with responsibility and power, and the potentially imbalanced position of social workers and users of services. As mentioned above, a new risk is represented by the possibility of abusing the power given to the user who may not always be able to treat it properly and responsibly. As mentioned by Freire in another context, at the initial stage of the fight of the oppressed for their freedom *"the oppressed, instead of striving for liberation, tend themselves to become oppressors, or 'sub-oppressors'. The very structure of their thought has been conditioned by the contradictions of the concrete, existential situation by which they were shaped."* (Freire, 1972: 22). Thus, the empowerment may in certain situations lead to mere exchange of posts between the oppressors and the oppressed. This phenomenon brings a serious piece of knowledge for the present postmodern situation: some social workers may tend to resort to the paternalistic concept of social work as it provides them with

the much sought-after boundaries where they can feel secure. Imbalance in power and particularly in the ability to assume adequate responsibility may all refer back to modernistic ideas, even in terms of a return to a bipolar world view.

In conclusion, the authors would like to accentuate some potentially positive features that the postmodern era has brought in the area of social work. Firstly, the emphasis is laid on the service users, their empowerment and balanced relationship with the social worker. The service users are thereby given an unrivalled chance to express themselves, to describe their world and views, and to enrich social workers and others with practical real-life wisdom gained from their own experience. The collaboration between the worker and the user now acquires new dynamics. Secondly, the emphasis on individualised projects prevents the generation of dependence on the service and makes the users self-assured while taking advantage of the service.

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Endnotes

- 1 e-mails: necasova@fss.muni.cz
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- 4 In the scope of this article, the terms “social worker” and “user of social services” may appear in masculine as usual in the Czech research and reference literature. The authors are aware of the fact that these are women who perform the majority of the social work in practice.
- 5 In this article, the authors stick to the term “the user of services” (abbreviated to “the user”) as this term is predominantly used in the recent official documents in the Czech Republic, such as the Act on Social Services 108/2006 Coll., etc, and it is also perceived as virtually neutral. Nevertheless, please note that the literature may define these terms differently, as such a definition has not been fixed yet.
- 6 people who deviate from the norms are usually isolated in this concept and deliberately marginalised (e.g. prisoners, people with physical disabilities, etc.)
- 7 which may often lead to mere consumerism.
- 8 e.g. rational/irrational, culture/environment, sense/sensibility, mental illness/mental health, knowledge/ignorance
- 9 E.g. a university graduate physician enjoys a higher prestige and their opinion is more highly esteemed than that of a traditional healer (medicine man), though their success rate in healing certain diseases may



- be comparable (Fawcett in Grey, Webb, 2009).
- 10 "Accordingly, questions are asked about how, at a particular point of time, psychiatry became the dominant discourse, with 'discourse', drawing from Foucault, understood to mean the way in which, at specific historical junctures, power, language and institutional practices come together to produce taken-for-granted or accepted social practices." (Fawcett in Grey, Webb, 2009: 122).
 - 11 social welfare state is perceived as a grand narrative
 - 12 A characteristic feature is the idea that deregulation of market and restricted government role will have positive effects.
 - 13 enabled by the background of postmodernity
 - 14 Another typical feature of the postmodern era is globalisation which accentuates individualism, relativity, variety and consumerism.
 - 15 Noble (2004), however, adds that the postmodern denial of the grand narratives did not lead to a complete paralysis of state power or individual powers. On the contrary, it has become a stimulus for a growing concern about the social and political spheres, it has drawn attention to the variety of cultures and the need of reciprocity and reflexivity among cultures and importance of international reaction to these spheres. Also makes reference to Bauman (Bauman in Noble, 2004) who believes the great principles of modernity, such as social justice, human rights, equality and democracy are still relevant even if being seen and used in a different way. They are still important as a ground for decision making in everyday life.
 - 16 As suggested by many authors, modernity and postmodernity cannot be seen as opposites. It is for example impossible to characterise postmodernity by opposites of modern features. The postmodern world was prepared during modernity and is based on modernity (see e.g. Welsch, 1993: 26 – 32).
 - 17 As suggested by Pease and Fook (1999: 219): "it is necessary to hold both a universalist position based on reconstruction of humanism, and a relativist position which values (indeed celebrates) difference and which allows for diversity in the way in which human aspirations are expressed and realised."
 - 18 but it not assumed that all views of reality should necessarily be equal
 - 19 *cf.* McLaughlin (2009)
 - 20 the users of service are encouraged to perform, with the help of the worker, the deconstruction and subsequent reconstruction focused primarily on their view of the relevant problem
 - 21 Kopřiva (2006), in this context, adds that people, after all, like the ideas they have come up with themselves better.
 - 22 To be "competent means eligible, authorised, qualified to carry out a certain activity and to be able to carry out this activity successfully" (Špatenková, 2008: 33).
 - 23 e.g. personality disorders
 - 24 Both on the part of the user and a superior social worker or the service operator.



This is Better than a Nursing Home. Isn't it? Isn't it? Constructing and Constraining Agency of People Labelled with Developmental Disabilities in a Supported Living Scheme

Jitka Nelb Sinecká

Dr. Jitka Nelb Sinecká¹ received her Ph.D. in Disability Studies from Syracuse University, NY in 2009. She previously completed two Master's programs as well - one in Anthropology and the other in Social and Public Policy at Charles University in Prague. Her work experiences include positions in nonprofit organisations for the Blind, for the Deaf, in the Mental Disability Advocacy Center in Budapest or in Rehabilitation International. Jitka Nelb Sinecká has been teaching online university courses on deafness, autism, disability and popular culture, or disability advocacy. She has lectured at Charles University, at the University of J. E. Purkyně in Ústí nad Labem, Syracuse University, City University of New York and Bochum University in Germany. Her interest in disability comes from her own family - she has deaf grandparents. In Syracuse, Jitka also learned facilitated communication, an alternative way of pointing and typing used with nonverbal people with autism. She has worked with many families and as a volunteer-teacher in a special school for children with various disabilities, including autism.

Abstract

This article offers the story of a person labelled with developmental disabilities and of his caregivers. Scott is a 43-year old man who lives in a group home with four other housemates and permanent staff support and supervision. The study describes how Scott examines his agency, including matters of choice, control, independence and interdependence, surrounded by social structures. The article demonstrates how his agency is constructed and constrained in daily life and interactions with his family members, housemates, administrators, staff members, or other people important to him. The analysis drives on various understandings of agency and social structures and implies Bourdieu's and Giddens' theory of structuration. It also finds parallels to Goffman and his depiction of total institutions more than 50 years ago.

Keywords

disability, institutions, communism, agency



Introduction

During one of my visits to Scott's house (all names in this study are pseudonyms) that he shares with four other men supervised by staff, he noted: "This is better than a nursing home, isn't it? Isn't it?" He sounded resigned, accepting the fact that this is his final destination and that he won't be able to move out as he had previously wanted. His perceptions of the new house have changed quite a bit. At the beginning, about three months ago, Scott was full of excitement:

When they took me here and showed me the house for the first time, I go like "holy crap"! My mouth went like that, look at me, Nitka, look at me! My mouth went like this! (Scott calls me Nitka even if I correct him).

A few weeks later Scott experienced limitations of the new setting caused by the culture and informal rules that have formed in the house, and by the supervisory staff members. Scott said: "I have troubles adjusting, you know, to it. I thought that it is gonna be a piece of cake, but I have a very, very hard time (pauses) adjusting to it, you know. They all seem nice but I am having a hard time."

Facilities with residential care such as group homes, nursing homes, or individualised residential settings regardless of size, may show some characteristics of social structures described by Giddens (1984). In such settings, social actions and interactions become institutionalised or routines develop that are accepted by actors, internalised, and never questioned. As an outside observer, I often questioned the way residential settings are set up and work, the non-written house rules that develop as a result of interactions of new staff and residents, and the manners of constructing and constraining an agency of people labelled with intellectual and developmental disabilities. Although residents are supposed to work towards their independence, paradoxically, these places frequently work in the opposite direction restraining people's agency.

Non-disabled people often hold more power than people with intellectual and developmental disabilities who have been labelled and thus presumed less capable or incompetent of taking care of themselves, speak up, express their desires, make informed choices, or in other words exercise their agency. This article is centered on one of the main participants, Scott. The

perspectives of his mother, staff and housemates of his new residential home, and supervisors of the supporting organisation are also used to show how others shape his life and agency. Although his life story is very personal, his experiences illuminate a broader discourse of institutional care and paternalism that exists in our normalising society. Although I admit that this article depicts only one person, Scott's experience may resemble other people's on how the agency of people labelled with intellectual and developmental disabilities gets constructed.

By agency I understand various ways of expressing self, including desires, choices, and wishes, having control, making informed decisions, exercising independence and encountering interdependence. I do not assume that everyone is independent and free from outside influence; restrictions exist in everyday life of any person. However, some of us have greater control over our lives than others.

Methodology

Since I was interested in the institutional culture of residential settings such as group homes and how the culture develops, is maintained, and persists, I spent more than two years conducting qualitative research for my dissertation. I chose two research techniques – interviews and participant observations. The goal was to observe how people labelled with intellectual and developmental disabilities experience supportive settings and to participate in their daily activities such as preparing dinner, having a BBQ, going to a Friday dance party, or just being home. I was a participant observer following participants and their support circles in everyday life and spent over 200 hours interacting with them in a formal and informal way. I conducted interviews with three of the five residents in the home (2 were completely non-verbal persons). I also interviewed their staff (5 staff members, including follow up interviews), their families and friends (2 family members, 4 friends), an employer, and the agency administrators and supervisors (3 persons). I tried to take a critical standpoint towards what people say, what they say they do, and what they actually do (Bogdan & Biklen, 2003). The interviews were a mutual searching for meaning with focus on "understanding the experiences of the other in their own words" (Taylor and Bodgan, 1998: 77). I conducted semi-structured interviews asking



several core questions but listening to concerns and issues raised in the conversations. I coded the transcribed interviews to categories according to the topics (for example: before transition, selecting staff, housemates, moving in, food, health issues, sexuality, daily schedule, rules, etc.) and later analysed the data using comparative analysis. I compared and contrasted what the inhabitants of the home had to say and what the staff stated about the various topics and issues, keeping the theme of agency and structure in mind.

It is essential to admit that qualitative research has a number of limitations – its results cannot be generalised, it maps the narratives of only one person and several staff members in this case, and it focuses on one small geographic location. In addition, I come to the research as a non-disabled person who lacks a daily living experience similar to the subjects. Qualitative research is also loaded with interpretations – as a researcher and writer I mold the stories, assign them meanings and interpret the data and statements provided in the interviews. However, similarities can be found by other individuals to their own stories and the experiences “may be transferable to similar living schemes or other locations” (Collins, 2003: 210). It is also important to state that my approach to the research and the plot I constructed assume no objectivity but my positionality and subjectivity.

Scott's story

Introducing Scott

Scott is a 43-years old man who recently moved into an all-male house with four other housemates supervised by a local agency, Inclusive Community (pseudonym). Like any other person, Scott has his own ways of exercising agency, ways of expressing himself, making choices, accomplishing his goals. Yet his ability to act is limited to a larger extent based on the fact that he has a developmental disability label placed upon him by others.

Scott grew up with his three siblings and parents in a family house in a quiet neighborhood in a middle size American city. His father died when Scott was 11-years old. Since then he lived with his mother, attending separate schools and sheltered workshops provided by various agencies in the area. He was one of the first participants of a new day habilitation program of a local nonprofit organization providing services for people with intellectual and developmental disabilities, which

I call Inclusive Community. Soon he was put on a waiting list for people who wished to gain placement in a community and be supported by the organisation. After seven years of waiting, he moved from his mother's house to a Supported Residential Home (SRH, pseudonym). SRHs are certified homes for one to fourteen persons that provide room, board and individualised protective oversight. For simplification, I will use the term group home which is a generic term in service provision with similar characteristics to SRHs.

Scott is a very social person who likes to chat with his housemates, staff, friends at the day habilitation center, or administrators of the agency. He likes his routines, such as watching the TV series *Dr. Who*, listening to old records, or watching fish in a tank and if he could choose he would do these activities all day long. Although Scott loves his housemates and friends, he is tired of going to day habilitation programs and sheltered workshops. Sometimes, he prefers to stay at home but cannot due to the lack of staff. The transition process has been challenging because Scott lived with his mother for the past 43 years and it was the only place he knew and was used to. In addition, he has encountered difficulty adjusting to new living conditions, rules and culture that have gradually developed in the house. He had to lower his expectations of having a new house for himself. Now he had housemates and staff supervision. I have followed Scott's life story for more than two years, witnessing many ups and downs, quiet and stormy moments in his life. I interviewed Scott and his mother several times before she died. I followed Scott in the day habilitation center and became a frequent visitor in the group home where I tried to experience and understand the life of all housemates and staff. I often received conflicting views and perceptions of what it means to be a person with intellectual and developmental disability and who decides how one's life should look. In the next section, I describe Scott's story mainly from his and his mother's view enriched by his staff members and administrators' perspectives.

When I first met Scott in Inclusive Community, he was very excited about finally moving into this new house, after years of waiting. I interviewed Chris, the house development coordinator who later became the vice-president of developmental disabilities services, while Scott wheeled into the office. He expressed excitement about this new place, imagining it was “his house”:



Chris: But your mom is getting too old to take care of you. We are excited, aren't we? (in a patronizing tone of voice).

Scott: Oh, I can't wait to get in there! (shouts out loud all excited).

Chris: But what has been difficult about the process?

Scott: Well just the waiting, you know, the waiting.

Chris added that Scott has been planning for activities to do in the house, such as cooking (he loved to cook but the kitchen counter and stove in his mother's house was inaccessible), doing his laundry, going out, and being more independent, as well as continuing attending his day habilitation program during the day. On the weekends, he planned to go to church, bowl and visit his mother. Chris talked on behalf of Scott most of the time when Scott was present and Scott kept saying: "Yeah, yeah." As the date of the move approached, however, Scott started to be anxious and nervous when I visited him and his mother in their house. He seemed to have a very strong place attachment and connection to his mother and his old home; and although they both wanted to make the step, they were both afraid of how it would go. Scott shared why he was getting nervous:

Scott: This is the only place I know, right, mom?

Mother: He was born in this house. And he gets nervous and then he says to me: "If I don't really like it there, can I come back?" And I say: Not after they are putting all this money into this house for YOU! (emphasising the last word)

Preparing for the transition

Prior to the move, Scott got the opportunity to choose the color of the walls of his room, as well as the window curtains and some of the furniture. He started planning what to move there because his new bedroom was smaller than his old apartment. A large part of his new bedroom was taken by a massage tub that Scott enjoyed using and that helped release tensions in his body. When I visited Scott two years later to read this story to him, he noted that he got his mom's buffet cabinet but cannot fit it in his room so he stored it in the garage. However, he moved his record player, several boxes of his records and movies, as well as a model of a red British telephone booth

to his room, all the personal belongings important to him. He was also allowed to have a fish tank in the dining room where he and others loved to sit and watch his fish. His mother appreciated both the furnishing and the location of the new place:

And then the rest of the house will be furnished with new furniture. It is gonna be beautiful! It really is! And it is a nice area. We are very lucky, here, to get that. Aren't we, Scotty? And it is not in a bad neighborhood or anything like that. You know, it is a big move but it is so much better now from how it was a year ago. It is good to have something, like a hope. We are very thankful.

Scott and his mother had no say in choosing who will live in the group home together, as well as who the staff members will be. The housemates were chosen, according to the agency coordinator, based on the waiting list and their abilities. They were all "high functioning individuals," Chris said, "only Scott did not fit in too well," he noted. He was 20 years older than the others, he was a wheelchair user so the house needed some modifications for him, and he had cerebral palsy. Later I learned from the house supervisor that two of the housemates were friends and their parents wanted them to live together. They knew a third person from the day habilitation program and from Friday night dances organised by local organisations for people with intellectual and developmental disabilities. A fourth person was chosen by the organisation because his parents were growing old to take care of him. Scott became part of this house simply because "he has been waiting for it for so long," said to the house supervisor.

Moving in: Ups and downs

One week after Scott moved in, he was experiencing a hard time adjusting and spending time in the new house. His mother told me:

Oh, he has been terrible. Uh, it has been one week, last Tuesday, awful. He wants to go home, is horrible during the day, he just called me today and he is up and down, oh, it has been terrible. You cannot imagine how hard on me it is, I could not sleep, he has been awful, he has been acting up, he has been rough to people who are trying to help him out.

When I read this passage to Scott two years later, he reacted: "Yeah, I was, so I did this, look!" And



he pointed to the hole in the wall of his bedroom that he ripped and broke with his wheelchair handles when he was angry and frustrated. The personnel had to come and restrain him with belts and webbing that was still lying under Scott's bed just in case. When I asked why he was upset, he said he was just upset, and that he is still missing his mom a lot, that it has been rough. Scott also added that he has been on a new medication and it seems to help him with his mood.

Scott's mother refused to come for a visit and also tried to limit the number of phone calls assuming that this would help with the transition. She believed that allowing him to come home for a visit and going there to see him would disturb him even more and make him homesick. The same perspective was accepted by the staff. They claimed that "as long as Scott acts out, he won't go home to visit his mother." The interest structures of Scott and his support circle were clashing. They took a punitive approach, rather than seeing Scott's behavior as a form of communicating his needs and wishes. The staff tried to discipline his physical and vocal disturbances by restraining him from what he wanted the most – go and see his mother and spend a day in her house. Scott's mother explained: "He called me last night and told me: 'I am not going back to the house and day-hab!' It has been a hard time for me, and it has been hard for Scotty, too. You know, he was so looking forward to it, and now all that."

Scott had been complaining a lot about the staff members, whereas his mother saw them as really nice young people, who despite their lack of experience were trying hard to do their best. One of the staff members admitted: "We don't have training on how to handle people with disabilities. There is only first aid, CPR, and other medical trainings." In situations like Scott's, no one told the staff what to do, whether to restrain him or allow him to do what he wanted. His protests turned into verbal abuse. His mother said that "he cannot fight back physically so he uses his mouth" Scott was throwing objects all over the house and scratching the walls of his room and writing on it with a black pen. He shaved his head by himself and it turned into a rebellious haircut with shaved places and longer hair areas; he did not allow the staff to fix it. He refused to follow the orders and directions of the staff who he said were not supposed to tell him what to do.

He did not respect some of the newly established rules of the house that started to develop as a consequence of five housemates and staff living together and exercising their own agency and authority. The normative structures described by Giddens (1984) started to develop in the group home and function among people in varying social positions showing what is allowed and what should become the norm in the organisation of daily matters.

The housing development coordinator in the agency explained why Scott has been the person to have most trouble with moving in and transitioning even a year after he moved in. At that time, the agency opened two other houses and according to Chris these have been working quite well. The issue with Scott, he stated, was that "there is really nowhere for him to go. That is an unfortunate part of the system, unless he wants to go and live in a nursing home or an elderly home, but his mom doesn't want him – she can't have him home, she can't handle him anymore, she can't lift him, she can't bathe him, she can't get him on a bed." Chris also admitted that the agency did not do enough preparation, staff training and selection of housemates, as well as did not provide sufficient support for Scott during the transition period: "We have somehow, I think, not done enough pre-work with Scott around what it would be like when he moves in, so we are learning as we go along." These are challenging issues for any agency to ensure appropriate training and preparation of the personnel, especially when facing high turnover rates.

Goffman in his famous book *Asylums* (1961) iterated on the process of adaptations to the system and institutional culture. I found parallels between Goffman and Scott's housing situation fifty years later. First, "there is 'situational withdrawal.' The inmate withdraws apparent attention from everything except events immediately around his body" (Goffman, 1961: 61). "Secondly, there is the 'intransigent line': the inmate intentionally challenges the institution by flagrantly refusing to co-operate with staff. The result is a constantly communicated intransigency and sometimes high individual morale" (Goffman, 1961: 62). Scott repeatedly refused to co-operate with the staff in the house in situations such as refusing to bath or do personal



hygiene, take medication, finish his meal, or through verbal fighting. Goffman continues with a third standard alignment in the institutional world “that is ‘colonisation’: the sampling of the outside world provided by the establishment is taken by the inmate as the whole, and a stable, relatively contended existence is built up out of the maximum satisfactions procurable within the institution” (Goffman, 1961: 63). A fourth mode of adaptation to the setting of a total institution is that of “conversion”: the inmate appears to take over the official or staff view of himself and tries to act out the role of the perfect inmate. As Scott’s story unfolds later in this article, the third and fourth step in the adaptation process becomes more apparent.

Phone calls, Internet

At the beginning, the phone calls were unlimited and the persons living at the house also had free access to the Internet, having their own computers in their bedrooms or using a computer in the office. However, a month later, due to the extended phone calls, the time was limited to ten minutes per phone call, and the young men were often told by the staff: ‘You have already called two people today. Don’t you think it’s enough?’

The Internet access was cut because according to the housemates and the staff members, “They have been looking at web sites they were not supposed to, like porn websites.” Restricting Internet access was approved by their guardians and parents and as a result they could only browse the Internet under supervision, which meant only in the staff’s office room. The agency of the residents of the group home was restrained shortly after they moved into the house and now could only exercise their right to information access (phone, Internet) in front of one of the staff members in the staff’s room or in a limited time frame. They also had to wait for a staff member to be available to be with them in the office with the computer, which was also not a possibility every time.

Scott is an exception to this policy of restricted internet access and sexuality. He was allowed to keep his porn magazines and videos approved by his mother (guardian) but only in his bedroom, and he could also buy his favorite porn magazines during the day habilitation’s trips to the shopping mall. However, he adopted some of the language

that his mother and staff were using when referring to sexuality. The following are two excerpts of an interview with his mother and Scott, showing the use of language:

Mother: There are some limitations to the internet that they have in the house (chuckles). Well, limitations, because some of the sites are bad, some of them should not be on those sites, right, Scott?

Scott: Noooo.

Mother: Noooo! (in a deep educative voice).

This short scene goes back to the fourth mode of adaptation described by Goffman (1961) when the resident accepts the official view and behaves like a perfect inmate. Another event illustrated how Scott adopted the language others were using around issues of prohibited internet websites and sexuality. Shortly after the housemates moved in, Scott explained to me:

We have a restricted regime now because my housemate Patrick was caught looking at some websites that he was not supposed to. It is not allowed to look at websites like Penthouse. I caught some kids at the day-hab program looking at porn websites and I went like: Get off now, NOW! Get off the website! ‘cause they are not allowed to, they are too young!

Scott accepted this restriction imposed by his supervisors and the authority although it was a newly established rule in the house. Another explanation to his acting could be that he considered himself to be an adult in relation to the youngsters and while he could buy porn magazines, according to his opinion the other housemates needed to grow up although they were well over 20. These episodes show how social structures are reproduced as an outcome of power relations and that individuals simply do not live in a vacuum as noted by Bourdieu (1972). It was noticeable in Scott’s house how tightly the relations and interactions between practice (what people do in their immediate environment) and the field (the larger parameters of power relations and their social surroundings) are intrinsically linked. Some questions arose related to practice in the field – for example, who decided that only Scott can buy and look at porn magazines? Was it written in the sexual assessments that looking at porn websites was inappropriate? How was it decided that having a girlfriend overnight and



kissing was not allowed in the house? Were these rules simply pronounced by staff and respected by the housemates since the staff had more power? Although the residents tried to act as “purposive agents”, often their actions were restricted by what was accepted in the house as authority.

Meals and cooking: Coke, caffeine, alcohol

Scott liked to drink Coke a lot and had been consuming it for the past 40 years when he lived with his mother. However, the personnel did not allow him to drink it. They wouldn't buy it for him and he was not allowed to leave the house by himself to go and buy Coke. The staff argued that it worsened his health (too much caffeine) and influenced his medication negatively. Scott was very frustrated about not being able to drink his favorite drink suddenly, and asked his mother to bring it when she visited. She always did. I also bought him a case of Coke when I came for a visit. No alcohol was allowed in the house. Scott complained about it to me:

Scott: That's what I want – coffee and coke.

Researcher: But they do make coffee in the house, right?

Scott: Yeah, but I want Coke, too, they don't buy Coke!

Researcher: Can't you just tell them that you want Coke?

Scott: They don't wanna listen, you know, they don't wanna listen! (sounded very desperate, his voice calm and down)

When I read this passage to Scott two years later, he rested his head on his bed, leaning forward in his wheelchair. He breathed out: “No, they don't. My mom used to bring me Coke. They still don't. I am dying for some!” And then he noted: “Mike [housemate] is not happy here either. He feels like a prisoner here.” No one listened to Scott's wishes. He knew the risks of caffeine and he has been exposing himself to the risk for 43 years. The staff restrained his agency by something as simple as not allowing him to have his favorite food or drink.

The matters of control versus help are brought up in this case. When we assume that someone will benefit from something that we do for them and we impose it on them but they would not freely decide for it, then we are controlling them (Ulehla, 1999). When we believe that Coke is

bad for someone's health and we do not allow them to have it, even though they crave it, we are not helping them despite our best intentions. Both control and help are systematically positive and needed in social work, however they both have pros and cons. Control can be quick but solving the consequences of control can be a long process. Workers should always try to move from control to help. However, even if the staff verbally expressed that “the goal is independence,” from what I was able to observe they extensively controlled the clients.

Supervision and gaining independence

Scott's expectations were clearly different from reality. Whereas in his mother's place, he had a relative amount of freedom and spent a lot of time on his own, in his new place he was under continual supervision and oversight by one or more of the staff members. Even when we went to the dance party where he immediately mingled with others, the staff worker asked me: “Are you staying with Scott?” When I wondered why, she said that she just wanted to make sure that somebody would watch him during the evening. I did not understand why the staff members felt the need to watch the persons with disabilities almost constantly. The dance party was a safe event that took place every Friday where the same people from the local community arrived in vans with staff. The scenario was that the individuals labelled with disabilities danced, chatted, got a dollar from the staff to buy soda and enjoyed themselves. I questioned, however, the assumption that somebody has to watch Scott all the time and that people with disabilities are often restricted from drinking alcohol even if it is just a can of beer at a party. It seemed to me that Scott's agency was being constrained by constant and boundless supervision but Scott and his friends at the party seemed to have a great time.

In the house, the staff exercised a lot of power. They also set rules about the social structures of the group home and controlled who had the authority and who was the “resources keeper” in Giddens' term (1984). They often told the young men what to do and how to do it. I observed several instances where this might have worked against pursuing a larger level of independence, which was one of the goals of the group home. During one dinner when the housemates cooked



meals together, automatically cleaned the table after dinner and washed the dishes with no help, the staff still treated them like people who were not capable of making independent decisions and actions. For example, they kept telling the housemates how to make the table, advised them on how to serve the meal onto plates, and watched every move the housemates did during the dinner and commented on a lot of it. I observed many instances how the agency of the housemates was restrained. For example, although the residents had the freedom to answer the ringing phone and open the door when someone arrived, they rarely did that and more frequently asked the staff. On another occasion, I wanted to come for a visit one day and I called ahead of time to tell Scott. I heard how Scott shouted at one of the staff members to ask if it was OK for me to come. He could not make the decision for himself and needed staff's permission. Or – he felt like he needed the permission. He may have accepted the division of roles and power between the staff and the housemates. On the other hand, the staff claimed that they only tried to teach them how to be more independent and not supervise them instantly. According to one of the staff workers, “it was not a matter of learning because most of the residents knew how to take care of themselves and the household from before.” Rebecca, a staff member, provided an explanation of some of the disappointments and unfulfilled expectations in Scott's case. Rebecca said:

It is not really a matter of learning because they know what needs to be done. It is more a matter of motivating them to do it. Let's take Scotty, his parents have been doing everything for him his entire life and first he was really excited because he wanted to have something new, a new experience, and then he realised that no, we are not the staff to serve him. We are not here to do their laundry and they were resisting it at first but now they are realising that they can do that on their own!

It was the ultimate goal of such a living scheme – to make the inhabitants independent enough to move out to the community and live on their own. As Chris, the supervisor said, “Can you see these guys living in the same house when they are all 50 or 60? The same five housemates?” The young mens' agency, rights, and decision-making were influenced by their legal guardians

who were in most cases their parents. Also, all the young men had a “primary advocate” in the house, usually their favorite staff member who helped to build their goals and to work toward independence. Some of the goals included for example doing laundry or preparing meals, searching for jobs, applying for jobs, or managing their own finances. The essential goal for some of them was to become independent and live on their own, although “not all of them are capable of doing so” as I was told by one staff member. This may be an assumption based on our false perceptions of one's abilities (especially mental) but it can also be the reality coming from one's physical limitations of an impairment. Another staff person told me that she can see only one of the men living on his own but he still has a long way to go. In my opinion, none of the persons should be living in the group home now. While I perceived them as capable intelligent beings, the staff saw the residents as clients and people with disabilities who need a lot of guidance and supervision.

Independence versus Accountability

The staff is confronted by a challenge typical of today's services for people with disabilities: if there is more independence and self-determination, who is then accountable when something happens when the staff is not present or when it is not on the agency's grounds? All of the housemates have legal guardians, these are usually their parents or other family members. Legal guardians are involved in their lives, they make major decisions, sign receipts and budget books, sign the files of each individual, discuss, agree and sign the goals the person works on, and they also regularly meet with staff and agency coordinators. Prior to the move, the guardians had to sign all documents stating that they agree to the policies and procedures of the SRH. All of the individuals moved in from their parents' houses, and they were at various levels of independence.

Mike, who is one of Scott's housemates, for example, did not know how to do laundry, wash dark clothes separately from white, and he still does not remember the address of the house. However, if he does things repeatedly, Christine, who is his advocate and counselor, claimed, he can learn how to do them and remembers them. The



primary advocate or residence counselor helps the person work on their goals including the one to become independent. Christine talked about Scott and how he did not know a lot of things because his mother used to do most activities in the household for him. She also complained that he did not want to do a lot of things even if he knew how to do them. Christine explained:

Scotty just learned how to wash dishes. He is capable of doing that [...] but Scotty would rather have other people do it for him rather than do it himself. That's something that he learned when he lived with his mom. He often says that he is not capable of doing some things by himself, but he is.

Chris claimed that Scott moved from "basically mom doing everything for him then to now people saying: No, I am not gonna clean that for you, no, I am not gonna cook your dinner for you! You have to learn all these skills! So now he has less freedom." When I inquired about the level of independence two years later after the house opened, Christine said: "They are more independent now." The agency coordinator however responded differently to my question about the system. I wondered whether the set up with constant supervision and staff available to help 24 hours a day really encouraged people to become self-sufficient or on the other hand made them feel that they did not have to do anything. Chris stated:

I think a little bit of both. We are trying to help people depending on what people's disabilities are, help people cook their own meals and take care of themselves, but too often what happens is that staff does too much of the work. We have lots of the never-your-hands-alone and a lot of things require staff supervision, full-time. And we don't see as many people move on to supportive settings as we would like. There are other agencies that do less supportive residential settings than we do where people live in apartments and they have one person who is on-call so when something happens they can call him. Yeah, that's true; sometimes it ends up being like life-time care rather than life-skills learning.

Where do you come from?

Throughout the study, I realised that the amount of satisfaction with the type of housing depended very much on the previous settings people

labelled with developmental disabilities lived in. I assumed that the experiences of people who were used to living in an institution and people who were used to living with their parents would be substantially different. Through my research, I observed compliance to the house rules of people who lived in similar institutional settings before and less compliance of people who lived with their family prior to moving in. One of the men for example always showed that his mouth was empty after he ate meals, although the staff kept telling him he did not have to – he was used to indicating that he had swallowed the pills in the institution where he had lived before. In Scott's case, he had lived with his mother for the past 43 years and they had developed their routines and interactions; they were one family. Now he had to deal with many younger staff members telling him what to do or telling him that he could not do something for example due to the lack of staff. Scott compared his life in the house to the day habilitation program that he did not enjoy either. At his age, he wanted to do something meaningful or just have a choice to stay home (but there was no staff to stay home with him).

By attending various institutional programs and facilities, such as special schools, sheltered workshops, day habilitation programs, and by living in a residential house, people's agency may be altered to fit into the existing structures around them (the normative, interest and interaction structures). It happens to anyone, not only people with intellectual and developmental disabilities. Giddens (1984) argues, "structure has no existence independent of the knowledge that agents have about what they do in their day-to-day activities" (Giddens, 1984: 26). Scott accepted the power dynamics, invisible rules, and hierarchy of institutional relations that have played into his life. He started thinking in those paradigms and using the institutional language. For example, he felt that he needed to get approval for various issues from one or more of the agency workers, supervisors or staff members. He would always ask them if it was OK for me to come over for a short visit, if I could come to the day habilitation program, or when he was signing the informed consent for my research. In fact, he did not need to ask the staff for permission for any of those issues. He seemed to think that he needed to pass the responsibility to others – previously his



mother and now the house staff workers.

Living in a group home meant for Scott to live in a type of institutional facility with supervision, constraints of his own agency, and systems of rules and privileges. The informal and formal sets of rules that develop in a newly opened house guide the day-to-day operations and treatment more than anything else. Although Giddens (1972) argued that the purposive agent can shape the social structures in which he or she lives and vice versa, in Scott's case his agency was more strongly shaped by the social world and by the power holders. For instance, Scott was not allowed to have Coke, have Internet in his room, stay home when he did not feel like going to the day habilitation center, visit his mother, or fit some of his old furniture into his bedroom, all things that he enjoyed when he lived with his mother.

“This is better than a nursing home, isn't it? Isn't it?”

A year and a half after he moved into the group home, Scott was still settling down and adjusting. He tried to move out but did not have enough money or support to do so. When I came for a visit, Scott seemed to be submissive and passive rather than an active member of the house community. His initial enthusiasm diminished. He kept complaining about the staff but kept emphasising how he loved his housemates. In spite of some reservations about the house he said all of sudden: “This is better than a nursing home, isn't it? Isn't it?” It resonated as a resignation to his living conditions that he unsuccessfully tried to challenge, yet it sounded like a new vision. Finally he found something positive overall.

Two years after the transition, Scott was still mourning for his mom. She had kidney cancer and died at home a couple of months ago. He spent a lot of time in front of his aquarium, watching the fish. His life seemed settled into the daily routines of the house, day-habilitation program in the mornings, coming back to the house in the early afternoons, chatting with his housemates and staff workers, waiting for dinner, eating and preparing lunch for the next day, then going to his room to watch his favorite videos and going to bed by 10 p.m.

I visited Scott two years after the study began to read this story to him, get his feedback and see

how he was doing. He kept nodding “yeah” and “I do” or “I did” throughout my reading. At the very end, he said that he tried to go to his mom's place after she died many times: “Yes, I did, I escaped. I tried it a lot, to see the house, but they always caught me.” I asked if he can leave the house and go for a walk, and he replied that only with staff supervision. He noted that a new staff member who listened to his voice more than others went to the house with him recently. Scott also said that he was not upset with Chris, the housing development coordinator who arranged for him to move into this house: “He is a good guy. He helped out a lot of people. He helped me out and my mom, you know?” Scott added that he was still attending the same day habilitation program and when I asked what he does there he said: “I don't go to the mall with them anymore. I just sit there. I sit and cook.” He seemed to have a hard time hearing about his mom, quotes that I read to him reminded him too much of her and he missed her very much.

Scott, agency, and structure

In Scott's story, I wanted to show the various ways in which Scott exercises his agency in interactions with others in daily life, mainly in a group home where he lives with four other housemates and permanent staff supervision. By using Scott as the main character, I tried to illustrate how his agency interlinks and interacts with the social structures around him. Scott's story pointed out some of the procedural rules that encompass social structure (such as the house language rules about what is appropriate and what not) and moral rules (such as what is appropriate in terms of sexuality and having a girlfriend over). Giddens (1984) further described how material resources and resources of authority, both significant for Scott's life in the supervisory setting, shape individuals' agency. For example, Scott could not choose to move out of the group home due to lack of money. His time and space was organised in the way staff members and supervisory personnel decided. During my visits to the house and the day habilitation center, I witnessed that Scott was able to express his wishes and choices, not take any action, not participate in collective activities, or give a hard time to staff, housemates, his family or myself as a researcher. However,



he was often not listened to because he was not presumed competent or intelligent. Similar to other theoreticians on agency, I believe that everybody should be able to make choices and realise their wishes including wrong choices and decisions (unless these are life-threatening).

Analysing the story of Scott from his and the staff's and administrator's views, I examined the complex issues of agency and structure beyond the classic works of Bourdieu (1972, 1979) and Giddens (1984). Giddens (1984) developed the theory of structuration in which he tried to bridge the dualism of structure and agency. He argued for the duality of structure, where structure is both the medium and the outcome of social action. He also noted that "social actions and interactions become institutions or routines" and "reproduce familiar forms of social life" (1984: 131). Giddens distinguished between systems and structures, systems being "patterns of relations in groupings of all kinds, from small, intimate groups, to social networks, to large organizations" (Giddens, 1984: 131) that form social systems. Social systems, then, are for example families, peer groups, communities, or cities. For Giddens (1984), structure is more specific and detailed and refers to practices that are structured along certain issues. Structure, then, is encompassed by procedural rules (such as language rules or customs) and moral rules which are appropriate forms of enactment of social action (such as laws). Furthermore, there are material resources (such as means of production, commodities, income), consumer and capital goods, and resources of authority (such as formal organisations, how time and space are organised, production and reproduction, social mobility, legitimacy and authority). Residential services and community-based living options can be examined as structures. Similarly to Giddens (1984), I believe that "all human beings are knowledgeable agents. That is to say, all social actors know a great deal about the conditions and consequences of what they do in their day-to-day activities" (Giddens, 1984: 281). Throughout the research, Scott's behavior indicated many times that "to be a human being is to be a purposive agent, who both has reasons for his or her activities, and is able, if asked, to elaborate discursively upon those reasons (including lying about them)" (Giddens, 1984: 3). Giddens (1984) further acknowledges that "the knowledgeable ability of human actors is always

bounded on the one hand by the unconscious and on the other by unacknowledged conditions/unintended consequences of action" and that "the study of day-to-day life is integral to analysis of the reproduction of institutionalised practices" (Giddens, 1984: 282-283). In Scott's situation, some practices in the house evolved only after the housemates and staff moved together, while other practices and rules were written in organisational codes. Both were institutionalised after a while in the group home, carried on and understood as accepted modes of conduct and interaction.

In this article, I try to understand how the normative, interest, and interaction structures impede the construction of Scott's agency. The normative structures show patterns of relations in given organisation between norms and modes of operations of people in varying social positions (e.g. Scott and his support circle, family and the serving organisation; Scott and I as a researcher). The interest structures depict patterns of relations between goals and desires of people in varying social positions (e.g. family-support organisation-individual with a disability label). The interaction structures illustrate forms of communications (e.g. paternalising, babying, respectful to personal wishes, et cetera) among the agents.

The research evolved around the issues of power, notably projected into relations between culture, structure, and agency. Throughout the story, it can be observed how "power... is generated in and through the reproduction of structures of domination. The resources which constitute structures of domination are of two sorts, allocative and authoritative" (Giddens, 1984: 258). Among the allocative resources, Giddens (1984) identified (1) material features of the environment (such as raw materials, material power sources), (2) means of material production/reproduction (examples include instruments of production, technology), and (3) produced goods (such as artifacts created by the interaction of (1) and (2)). Among the authoritative resources are: (1) organisation of social time-space (temporal-spatial constitution of paths and regions), (2) production/reproduction of the body (organisation and relation of human beings in mutual association), and (3) organisation of life chances (constitution of chances of self-development and self-expression). The authoritative resources turned out to be the most prevalent and important in daily interactions of Scott and his surroundings.



Since the formulation of the theory of structure and agency, several authors attempted to re-examine Giddens' concept. Sewel (1992), for example, saw both social stability and change in the concept of agency at the same time. His concept went beyond the "sterile dichotomy between the ideal and the material" (Sewel, 1992: 31) defined by Giddens. Sewel thought of structure as a duality of rules and resources, and agency as the relationship of human beings to structures, in both their rule and resource senses. Sewel continued: "Agency, therefore, can be defined as the actor's knowledge of rules, which means the capacity to apply them to new contexts... In this theory, then, agency is not an occult quality that exists apart from and in opposition to structure, but the constitutive stuff of structure" (1992: 32). This stands in contrast to Giddens and Bourdieu, who understood agency and structure as separate, though interrelated, entities. Emirbayer and Mische (1998) also revised the founding concepts and define human agency as "temporally embedded process of social engagement, informed by the past (in its habitual aspect), but also oriented toward the future (as a capacity to imagine alternative possibilities) and toward the present (as a capacity to contextualise past habits and future projects within the contingencies of the moment)" (Emirbayer and Mische, 1998: 996). I agree with these authors that agency and structures are interrelated, interconnected, and informed by the past. This was illuminated in Scott's story, the living structures of his new house, where he and his housemates came from, the perceptions of intelligence and capabilities by staff and so on.

The size of the home is not the important factor in constraining one's agency - it's the type and nature of the support which is the crucial factor. Jim Mansell from the United Kingdom and Kent Ericsson from Sweden made an important point about deinstitutionalization in the following statement:

Deinstitutionalization, then, is not just something that happened to people with intellectual disabilities and their families. It also happened to decision-makers and staff in services and to researchers. They have to shift their attention to new problems and issues in the community... But they had also to recognize that institutions were the impression of beliefs in society and that their demise may leave

those beliefs and the practices that underpin them still to be tackled in the community. This is surely the greatest challenge for all societies: how to build and sustain social solidarity and mutual commitment among people with different needs, talents and aspirations, so that everyone may flourish and prosper (Mansell and Ericsson, 1996: 241-253).

Group homes and supported homes sometimes seem to be the only alternative to large institutions, however, size does NOT matter. People living in massive social care homes and hospitals may be restricted in their daily choices and activities as much as a person who has a personal assistant or only four housemates and several staff members. The concept of constraining agency and intersections of agency and structures is not dependant upon the number of inhabitants, the size of the institutionalised setting or the number of staff members. Although I call Scott's house a „micro-institution“ and although I find parallels to total asylums described by Goffman (1961), I do not claim that a micro-institution is better than one of a larger scale.

Conclusion

The purpose of this article is to present Scott, a 43 year old man with developmental disabilities, and examine how other people construct and constrain his agency. His story portrays a transition from his mother's house to a new group home, including issues of daily house operation, adjustment, supervision, and gaining independence. I find parallels to total institution and instances when Scott's agency is shaped by the normative, interest, and interaction structures around him. None of us are free independent agents, we all are dependent and interdependent on others and the world around us. However, some people including those labelled with disabilities have been deemed incompetent and incapable by those who hold more power. My claim is that everyone should be concerned about human rights when it comes to people labelled with disabilities, and especially perceived mental and intellectual disabilities, and how deprived they are of some rights and freedoms due to their labels. My hope is that this story will challenge dominant notions of normalcy and will help improve institutional care. Not all institutions are bad, not all staff workers are disliked. The



question is how we treat people that we diagnose with intellectual and developmental disability – as human beings or as labels?

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Endnotes

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Social Representations of People with a Medical Disadvantage by Mediators-counsellors

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Abstract

The aim of this paper is to answer the following question: “What social representations of people with a medical disadvantage² do mediators-counsellors usually have?” The data obtained will lead to an understanding of how professionals³ in social work and social policy perceive people with a medical disadvantage and their employment chances. The presumption is that consultants choose their procedures based on their images of clients with a medical disadvantage. The created representations may have an influence on the form and method of how services are constructed as well as on the possibility of worker burnout. Furthermore, the social representations of the medical disadvantage may play a role in the client’s activation in the labour market.

Keywords

people with disabilities, social representation, mediators-counsellors, labour market

Introduction

Today we are witnessing changes and innovations in the field of care and services for people with disabilities. There are similarities and differences within Europe that are influenced by historical, political, economic, social and cultural differences. Many European countries began to reassess labour market policies at the end of the 20th century. There has been a shift towards activation programmes, from their universality to targeting. The need to reform the welfare state and public services is reflected by Pierson (2001, in Sirovátka and Winkler, 2010). There is greater emphasis on individualisation and more differentiation between services. For this purpose, Individual Action Plans (IAPs) are used. IAPs are established by the client in collaboration with a professional in the setting of rehabilitation goals, for example.

Thus the change in the structure and methods of working with the clients are visible. Nevertheless, the attitudes of the mediators-counsellors remain to be analysed. According to Ramon (2001) the changing of attitudes takes time.

A new approach in practice does not in itself mean improvement; it is significantly influenced by the people who are involved in the process – the professionals, clients and public. Jodelet (in Plichtová, 2002), for example, challenges the assumption that the public, as well as professionals, would be able to manage their prejudices simply with a change of inclusion policy and by people with a disadvantage becoming a part of everyday life. She uses arguments from research which showed increased awareness and improved accuracy assessment of symptoms of mental illness in the U.S.; however, the perception of



danger by the general public remained. Furthermore, Jodelet (1991) considers the study of attitudes to be outdated because no new knowledge has been contributed in years; there is simply the assertion that the public has a prejudice against the mentally ill and that there is resistance to education with the aim of changing attitudes. Furthermore, attitudes may not be directly related to behaviour, because the behaviour of people is in fact far more positive than theoretical attitudes. For example, Allport (2004) writes about a Chinese couple accommodated in 250 of 251 hotels, even though 92% of the hotels reported in a questionnaire that they would not accommodate Chinese. Moreover, Plichtová (2002) states that the term “attitude” was replaced by the term “social representation” because social representation is more flexible; it allows systematic thinking of a person’s relationship to society in the sense of their position in the social discourse.

Therefore, trying to understand relationships seems to be relevant. In this paper I will focus on the relationship between the mediator-counsellor and the client with a disadvantage from a perspective based on social representation theory. Social representation is defined by Serge Moscovici as a system of values, ideas and practices (Moscovici, 2000). Social representation is any construct that is created and shared by a certain group of people. Furthermore, Moscovici (1981 In Hayesová, 2000) claims that there is a significant link between formal academic and public knowledge which most people (including scientists and professionals) use in their everyday life. Shared social representations are constructed as part of **generally accepted characters using theories of the world and its functioning**. Therefore social representation might influence what the dominant theory actually is in a certain society.

There were several reasons why the theory of social representation was chosen as the basis of this paper. First, this theory involves an attempt to understand rather than a judgemental stance. Although it was originally within the field of social psychology, the theory of representation is highly relevant to my aims, because its representatives promote the interdisciplinary use of the theory (Europhd, 2010). The system of professional values, ideas and practice (i.e. social representations) has a great influence on the

client’s life situation. According to Janík (1987), psychiatrists construct their ideas of mental illness on two bases. They are created from a shared public view, because they are part of society, as well as from a learned medical perspective, which sees mental disorder as illness. Both attitudes mutually influence each other. Thus the “expert” view might ultimately be an “expert prejudice”, similar to the types of biases prevalent in the general public. This means that a client might be part of the decision-making process (e.g. in IAPs), but only in a formal way. This might be influenced by staff that do not see the clients as capable enough to make decisions or to know what is good for them.

The aim of this paper is to answer the following question: “What social representations of people with a medical disadvantage do mediators-counsellors have?”

The answers will help us understand how professionals perceive the employability of people with disabilities. It is assumed that staff representations of clients also have an influence on their burnout process, as well as on the quality of the service and the programmes that professionals offer their clients. Furthermore, social representation of the medically disadvantaged may affect the degree of staff willingness to accept and implement changes in service and client care.

Social representation theory

This research is based on the Moscovici (2000) social representation theory. The theory studies the social knowledge of everyday life practice from the personal level to social groups within a culture. Common sense is important for social representation theory because it is developed and constructed in the social context and sense of everyday life (Flick, 2008). The term social representation is defined by Moscovici (1976 In Moscovici, 2000) as a system of values, ideas and practices with two functions: first, to establish order that helps people to manage and orient themselves in their material and social world; and second, to enable communication among members of the community, providing a code for social interaction and the particular naming and classification of various aspects of their individual and group history. From the dynamic point of view, social representations look like



a “net” of ideas, metaphors and concepts relatively closely related and therefore more dynamic and changeable than the theory itself (Moscovici, 1998). Marková (2007) sees the great advantage of social representation in the shift from the static to dynamic theory of social cognition. In the definition of social representation, Markova (2007) distinguishes scientific knowledge from that which is generally shared: scientific thinking aims at scientific knowledge, whereas common sense, or commonly shared knowledge, involves the social representation of natural and social phenomena. More exact sciences seek the truth through the power of individual rationality, while social representations seek the truth through beliefs, commonly shared knowledge and the power of dialogic rationality. Social representations do not originate in pure deduction or information processing; they are rooted in history, culture, tradition and language (Markova, 2007).

The term social representation thus indicates a phenomenon in which members of a particular social group (mediators-counsellors) hold and maintain their common reality of various facts about the social world (e.g. the possibilities of employing people with a disadvantage). If we use a rather abstract explanation of social representations, they can be considered as elements of common sense, that ‘familiarise’ the world we are living in (Moscovici, 1984); they orient us in our everyday life, offering us stray forms of behaviour and interpretation. It makes our life so familiar that it is understandable to us and makes it possible for us to share in the process of communication with other people (Hytych, 2008).

Moscovici argues that in today’s explosion of new knowledge and technology, one does not even have a chance to form an opinion based solely on one’s own experience (Plichtová, 2002). For an individual, reality is greatly determined by what is socially accepted as reality (Lewin, 1948 in Moscovici, 1984 in Hytych, 2008).

Method

The term social representation describes a research perspective which originally came from social psychology, but is important and useful in other fields. Social representation does not describe a methodological approach or

method; the term social representation describes a scientific perspective. A qualitative strategy is more favourable to social representation (Flick, 2008), which will be the basis of this research; a qualitative strategy is based on concepts similar to the theory of social representation – understanding ways in which people interpret the world around them and how they talk about it.

The technique for obtaining qualitative data can also be called the creation of data, because the researcher is fundamentally involved in their co-creation. Hendl (2005) sees research as the process of creating new knowledge. Societies create arguments for the “facts” based on their own history and traditions, and establish them as true and correct for all; this should be considered because there is not only one truth that can be relied upon. Therefore it is necessary to study a discourse whereby we explain and describe the world: this involves the content and way of communicating ideas. This includes all forms of linguistic expression such as reporting, negotiation, conflict communication, rhetoric, all forms of spoken interaction, formal and informal, written texts of all kinds, as well as clothing style (Bačová, 2009). The discourse issue generally contains a language issue as well as a social context – history, continuity, atmosphere of interaction and intentional and/or unintentional work with meanings, including other non-linguistic symbols. The discourse research thus brings new topics, questions, approaches and results of the research (Bačová, 2009). By examining the discourse, we are trying to answer questions, explain the reason for behaviour and show what we have omitted in describing the world and how we rationalise the order of things. We scrutinise the level that is acceptable in a given society to speak about people with a medical disadvantage – the rules, beliefs, standards, and even laws that a certain society has created to legitimise its behaviour towards these people and whether these phenomena are described as routine or exceptional. Whether the group action was presented as a result of personal dispositions or the result of pressure from the outside can be shown. How a version was made of the unproblematic majority can be discussed as well (Bačová, 2009). The answers to such questions will be noted in interview transcripts based on dictaphone recordings. Originally, there were 72 interviews with mediators-counsellors from seven labour offices and six former branches



of LO. One important limit of this research is that the interviews were not primarily targeted at obtaining information about people with disadvantages; a semi-structured interview technique was used, which obviously will affect the nature of the data obtained. Another important factor is the period when the data was collected: it was spring 2011; participants were asked to talk about the situation before social reform.

This article will use quotes by those who spontaneously and explicitly talked about a group of clients with disadvantages; there was a total of 47 of the 72 surveyed and 7 of them specialised in working with disadvantaged people (see Table 1 – Study participants). Specific information about the interviewees is not provided so as to preserve their anonymity.

Analysis and data interpretation

The method of thematic analysis is used for data analysis (Ritchie, Spencer, O'Connor, 2003). Interviews were transcribed from a dictaphone, after following very precise and repetitive readings to identify the key themes (those were repeated by particular informants). The key themes were closely specified to sub-themes; categories and citations were assigned to them in SPSS. Data interpretation is based on patterns and connections search among the citations. The individual themes are discussed in the following sections.

Medical disadvantage

Almost all the staff agreed that a client's motivation to work is a major criterion. Of the 72 research participants, 25 did not talk explicitly about disadvantaged people. This can be interpreted in at least two ways: first, this high-risk group is not part of a certain worker's agenda (P18, P22, P28), therefore such a worker does not come into contact or is in minimal contact with people with medical disadvantages. *"There is another department that is specialised in people with a medical disadvantage"* (P12). Some staff may perceive this group of clients to be marginal for several reasons. P29 and P41 describe some reasons: *"They have at least some financial support, right, so why would they seek a job?"* (P29). *"There is a group of people who come just to sign the papers because it is a rule and they have social benefits,*

so they need to spend some time here, or they have a medical disadvantage and they need time to give evidence of it. That is why it is separated into people who want and those who don't want to work" (P41). Another reason may be the high staff workload: they have around 15 minutes per client. This is why they try to make their work easier. Lipsky describes ways to simplify the work with three types of prejudice. First, there may be a prejudice based on sympathy or antipathy with some clients characteristics; second, there could be a bias from the generally shared idea of a "socially valued client"; and third, the prejudice may be from the staff member's idea of the client's reaction to their intervention – some clients may react better, so the offered service is successful (Lipsky in Musil, 2004: 79). The last noted prejudice is confirmed by P45 where she deals with the dilemma of inviting clients for consultations more often to activate them even when she has nothing to offer them: *"So the aim would be to invite them more often, to stay in touch with them. It is sometimes hard because if you do not invite them, you have more time for others who have a real interest in being employed"* (P45).

Person with a medical disadvantage

The staff has described people with medical disadvantages diversely. Those who had an agenda focused on people with disadvantages differentiated among clients with disadvantage more. Some mediators-counsellors (P29, P48) exceptionally saw disadvantaged people to be responsible and capable of actively dealing with their life situation: *"It's such a joy to see that they want to do something. Well, the problem is the offer. We don't have enough jobs and it's always the same, over and over, so those people must make it on their own. Here, maybe we can help a little, but they must go out into the world and take an interest; it is a lot about people, you know, about the connections you have"* (P29). On the contrary, P65 shows an example where people with a disadvantage do not need help from the office because they work illegally: *"He is happy here because he is registered; he has his health insurance paid; he has some money because he occasionally does a moonlighting job somewhere and gets on with it ... and if I find something, I'll send him there, so it may happen that the doctor writes that he can not take the job for health reasons and we're back to the same and he will come here for another ten years."* P4 emphasises the modesty



Table no.1 – Study participants⁴

Participant	Specialisation in disadvantaged persons	Workload of the clients per participant	Daily no. of clients on short/long days	Consultant's seniority in the position	Age	Sex	Education
P2	no	560	25 - 30	3 years	22	F	Sec.
P3	no	560	20/35	15 years	38	M	Sec.
P4	yes	530	25/40	5 years	51	F	Sec.
P5	no	500	20/50	3 years	24	F	Sec.
P9	no	500	25 - 30	7 years	42	F	Sec.
P12	no	500	25 - 30	Less than a year	38	F	Sec.
P14	no	550 - 600	25 - 30	8 years	46	F	Sec.
P16	no	450	25 - 30	11 years	55	F	Sec.
P18	no	500	25/40	2 years	25	F	Sec.
P20	no	500	30	2 years	28	F	Sec.
P21	no	360 - 400	15/30	6 years	39	F	Sec.
P22	no	320	15/20	10 years	37	F	Uni.
P27	no	400	20/30	10 years	39	F	Sec.
P28 ⁵	no	170	10	8,5 years	37	F	Uni.
P29	yes	520	15/30	14 years	44	F	Sec.
P32	yes	600	30 - 40	9 years	42	F	Sec.
P33	no	650	25/50	10 years	41	F	Sec.
P34	no	620	15/40	10 years	48	F	Sec.
P38	no	620	25/50	2 years	25	F	Uni.
P39	no	600	20/50	2 years	41	F	Sec.
P40	no	354	20/30	16 years	46	F	Sec.
P41	no	420	20/35	10 years	42	F	Sec.
P42	no	400 - 470	20/40	20 years	51	F	college
P43	no	550	35	11 years	46	F	college
P44	yes	400	20	3 years	24	F	Sec.
P45	no	360	30	20 years	52	F	Sec.
P47	no	340 -350	20/30	2 years	56	M	Uni.
P48	no	350	25	11 years	42	F	Uni.
P49	no	300	20	10 years	40	F	Uni.
P50	no	330	20	5 years	37	F	Sec.
P51	no	300	20/30	10 years	47	F	Uni.
P53	no	350	20/30	Less than a year	37	F	Uni.
P56	no	300	20	1 year	26	F	Sec.
P57	no	340	30	6 years	28	F	Higher vocational
P58	no	320	20/30	17 years	58	F	Sec.
P59	no	300	30/40	1.5 years	32	F	Uni.
P60	no	300	40	15 years	55	F	Sec.
P61	no	400	20	Less than a year	28	F	Uni.
P62 ⁶	yes	400	30 - 40	11 years	43	F	Sec.
P63	no	400 - 450	20/45	9 years	45	F	Sec.
P64 ⁷	yes	500	30 - 40	15 years	39	F	Sec.
P65	no	400 - 450	45	18.5 years	39	F	Sec.
P66	no	360	25/50	10 years	33	F	Sec.
P69	no	600	30/40	7 years	54	F	Sec.
P71	yes	550	35 - 40	18 years	60	F	Uni.
P72	no	600	25/50	Less than a year	/	F	Sec.



of disadvantaged people: *"In my group they have little; they are mostly modest. Because of the illnesses – how should I put it? – They have learned that they have to take into account the fact that they are sick. They also spend a lot of money to maintain their health"*. She also says that people who were used to a better lifestyle and suddenly fell ill have more psychological problems. She mentions a lack of attention, the slow pace of these people and their fixation on their health affairs and problems. On the other hand, she sees these people as having a regime, discipline and motivation. The staff knows that employers do not want to employ disadvantaged people, therefore they recommend their highly motivated clients to omit writing about their medical disadvantage in their CV; this gives them a chance to get a job interview and the employer can at least meet them. If clients keep their disadvantage from the employer, they might be dismissed later because of the agenda of the company doctors. People with a medical disadvantage usually have some physical limits (P4 gives examples like diabetes or back problems); however, mediators more often see the mental problems as the result of illness or long-term care.

P29 also named particular physical limits – deafness, walking with crutches; however, she also linked mental issues with barriers to communication with certain clients: *"It's hard to work with such people because you can't be sure about their reactions. They may react completely differently than you expect; you think you know them, but it is not true. You know, a lot of the information from this type of people is not reliable, is it? They – I guess – they a bit – not only a bit – but simply they talk a lot and the truth may be different"* (P29). She points out that clients need to talk, open their heart because they usually have a lot of problems. Furthermore, they commonly have a long-term medical history and if there is no job in a sheltered workshop, they are in a marginal position in the labour market. Another barrier may be that clients resist change.

P32 sees people with a disadvantage as financially secured with social benefits or payments and as registered in a long-term care group: *"Some clients would not even come if the law was better and would not force them to come. It is hard to work with such people because they are motivated to come only because of the law; otherwise they would lose their benefits. So, what should we do with them?"* P32 has the same experience as P4 that motivated clients do not

mention that they have a medical disadvantage and this usually works to their benefit. She sees that jobs for those people with bigger disadvantages are possible only in sheltered workplaces.

P44 defines this group of people as follows: *"They have some limitations in movement, or they are blind, deaf-mute, some possible mental disorders; in some cases they have an accumulation of several problems"*. She sees the employment of people with a medical disadvantage as real, but the probability of finding a job is lower when the barriers are intensified due to lower education or higher age, for example.

P62 does not differentiate her clients more specifically; she uses the term "people with a disadvantage" for all and sees their employment as problematic. This is because there is generally a shortage of jobs and sheltered workplaces and commuting is also problematic: *"They can't do all kinds of jobs that employers want, so they don't have a wide range of possibilities and can't choose."* P62 agrees with the colleagues above in that the clients have more obstacles and they need to talk about it confidentially.

P64 specifies clients as persons with: *"Medical limits, for instance, but they don't have partial invalidity benefits. They can also be people who had their full invalidity pension revoked. Mostly, those people are older; for example, they have just 3 years to retirement and it is very hard to find a job for them. They usually have psychological problems because they had worked all their life and now nobody wants them because they have a few years left to their pension and/or they can't work because they have physical limits."* Therefore staff offers psychological support and activation programmes to help them pass the time till they receive their old age pension.

P71 perceives disadvantaged people as easy to misuse and manipulate; nevertheless, they can also be modest although sometimes tricky. She does not put emphasis on education, unlike her colleagues because *"It is not so important whether people with disadvantages have a university degree because they are usually people with mental disorders who in fact will not use that knowledge. We employ most of them in sheltered workplaces, if there is a job at all."* She has noticed some change among people with disadvantages: before older persons or people recovering from major surgery belonged to this group, whereas nowadays there are more young people with mental difficulties.



Specific subgroups

The staff sees homeless people, psychiatric patients, drug dependent people and renters to be a very specific and problematic part of the group with disadvantages because they have to be registered at the local labour office:

“They have to be registered here; however, the benefits, especially if they worked in a mine, are in my opinion quite high. It is roughly fifteen to thirty thousand per month, so those people will not work. I was trying to help a lot of them till I found out how much money they get. I thought I could remove one man from the register because he could officially be taking care of a close relative. He had all the documents and everything in order, but when he came, he said he would like to, that he takes care of his grandma anyway – cooking, cleaning the house, doing all kinds of things – but if he did it officially, he would lose the claim to the benefits and never reclaim it. So, we have a lot of those “uranium people”. They are fine because they know we can’t do much with them. We try to keep them activated through workshops though. So we send them to workshops and retraining to be able to work with PCs, but they don’t want to because they would lose their benefits” (P71).

“Those are the people with what were formerly partial invalidity pensions, but now it is done through a three-level system. So they need to have at least the first level of invalidity. Those are the clients who tell you. For example, there are the mentally ill who have been in psychiatric hospitals for years. Now we have them here, more or less as a formality, and the hospital sends us a message every month saying that the client is still there” (P12).

“Some of our clients who are drug addicts have a kind of sick leave, but we don’t have a confirmation from their doctor. Many of them can’t go to work for quite some time – two or three years. Even if they wanted work, in their circles it would be hard to find anything – maybe part-time. In most cases, as their therapy and sessions are obligatory, they really can’t go to work. I see this as a loophole in the law” (P39).

“On numerous occasions we have tried to help them with some accommodation, give them advice on solving a difficult situation and so on – in cooperation with a social curator or the social work office” (P47). “I myself try to tell them to tidy themselves up a bit – make themselves presentable” (P33).

Disadvantaged persons need special care

Staff members explained the need for special care and an individual approach to people with

s a disadvantage as follows: *“The people we have to take preferentially are those who have some phobias or disorders, whether it’s a fear of crowded places or some other medical reason” (P12).* For P33 it is important to be diplomatic: *“We used to have group sessions with people on who was getting a partial invalidity pension, but it was hard for them to talk openly. They would wonder why the other twelve participants should know about their personal situation. To share information and some basic things with the group was ok, but not the counselling.”* Often the staff mentioned a need for having enough time to explain something or listen to a client with a disadvantage: *“We let them talk enough, but on the other hand, we do have time limitations, so the person can’t sit there for half an hour without any solution. So they might have strange feelings after the consultation, even looking down their nose at me and then stop coming to the sessions” (P71).* When such a situation happens to P53, she solves it in co-operation with other organisations: *“We have a list of counselling centres, so when I see the person has psychological, family or social problems, we send him to a specialised centre, to a psychologist. Still the main problem is the lack of jobs” (P53).*

Consultant attitudes towards the employment of persons with disadvantage

Staff often stated that a medical disadvantage is an important factor they pay attention to because: *“It is a problem – the level of disability” (P3).* An overwhelming majority of staff considered the people with a disadvantage to be difficult to employ in the labour market, while their opinions ranged from very optimistic: *“Even ill clients can find a job if they want” (P39).* On the contrary: *“They will not find a job because nobody wants them, even if they want to work because they are not able to keep up” (P63).* Respondent P47 agrees: *“My own differentiation for this group is that the client does not really qualify for a disability pension, yet neither is he capable of working. This is the worst group of clients because you can’t do anything. There is not even enough work for healthy people, let alone the disadvantaged” (P47).* Many believe that various types of medical disadvantages are misused when clients do not want to work (P14, P33, P38, P41, P60, P65), when they already work illegally, or when *“the people do not need the things they were used to before and become accustomed to their new situation. In a manner of speaking, we are very adaptive and modest beings” (P66).* There was one quite extreme statement of resignation: *“There is no sense in trying to find a job” (P3).*



Obstacle accumulation

Mediator-counsellor attitudes towards the employment of disadvantaged people might be strongly influenced by obstacle accumulation within this client group. This is because medical disadvantages are usually connected with older age (P12, P16), limited transport service in certain regions (P27, P66), client reluctance to change residence (P29, P39), lower education (P42, P43, P45), general unwillingness to any change (P47, P48), or long-term medical care, which makes them lack the ability to be disciplined and follow a regime (P56, P58, P66).

Activation programmes for disadvantaged persons

Mediators-counsellors can use a lot of different activation programmes for disadvantaged clients. Mostly they use community services. Another option is Socially Beneficial Work Positions. This is followed by projects of the European Structural Funds (ESF) and retraining. Other possibilities include job clubs, diagnostic reports and motivation courses. After all these programmes, P29 summarises: *“After being registered for care for a longer period of time, they might have tried all the programmes, but they remain unemployed because there are not enough jobs. It is really hard.”* P45 agrees: *“In my opinion, a lot is done to motivate people, but they are losing motivation because there are no jobs.”* P47 asks in the context of why clients lose motivation: *“Is the reason that they don’t want to work or that they have given up after one year? My guess is that 90% of people would give up after one year.”*

The aim of the programmes above is mostly not to find a job in the case of disadvantaged people, but to support client activation: *“We should support them, so they don’t feel more down, and make them communicate; they can learn something new and meet people. It is still useful even if they do not get a job”* (P33). The staff like the European fund projects for their targeting: *“We moved some of the clients into the projects where they get permanent care, so we had a smaller workload and more time for the other clients who remained”* (P48). As a result of such activities, clients reacquire their ability to work within a regime – a certain structure to their day, as well as psychological support: *“For example, he is not used to a regime, so it is good to make use of these projects. He can also meet with others and they can talk about their CVs and job interviews. The most important thing, even though they may not get a job, is that they meet*

people with similar problems so they do not feel so bad. They can see that they are not doing anything wrong, as they usually think” (P56). The poor psychological state of the medically disadvantaged client was a problem that was often raised by staff, which frequently solved it by listening to the client or arranging psychological support.

Counsellors also do social work when they help clients solve various difficult situations that may be barring them from finding a job. These may include finding accommodation or dealing with alcoholism: *“I have a closer relationship with one client because we used to live in the same building. I know he has a daughter and his parents take care of her, so I try to explain to him to stop drinking, but he doesn’t want to listen. But some clients went to therapy after my prompting them. My work is not just about offering a job”* (P33). Her colleague continues: *“When somebody tells me that they are very ill, I ask them why they don’t ask for a disability pension. Some people don’t even know about this possibility or how to apply”* (P65).

Consultant competence

The competence of the mediator is relatively wide in that *“the negotiation with the client always depends on you”* (P38). This includes making use of an offer stated in the treatment of a particular client: *“It depends on the final decision of each mediator”* (P3). Nevertheless, there are certain standards: *“There is always a particular basis of the work – what we have to find out from the client as well as setting up individual goals according to regulations. In the end, through the mediation of the position or the counselling, we always end up taking an individual approach, depending on the client”* (P57).

Obstacles in the work of counsellors

Counsellors are pressed to deal with a large quantity of cases, which limits their ability to focus on the quality of work with clients. Each counsellor has many cases and a great workload, especially administrative (e.g. P3, P34, P45, P51, and P60). Furthermore, most of the staff lacks privacy when working with clients: *“We work in a large room where there is no privacy at all and the clients don’t confide in us”* (P65); *“We work in glass boxes”* (P33). Other barriers that were mentioned were the uncertainty regarding the planned reforms and the inflexibility of the whole process: *“I write a retraining application, send it to another town and there is a waiting list. I don’t*



know immediately when my client can start the training. Even the retraining department doesn't know because it is not sure if and how much money will be available for retraining. Sometimes it is hard to manage and follow all the different instructions from various levels" (P33). P34 finds that the media portray counsellors negatively: "You always see negative information about clerks, so the clients come to us angry without any knowledge of what the issue is about" (P34). The main problem for the staff is the lack of jobs. There is a gap in cooperation with employers because the employers do not announce available jobs: "A lot of companies here use foreigners who are obliged to work 12 to 15 hours a day for minimum wage" (P65); they also employ the clients illegally. Another rarely mentioned setback is the lack of cooperation between the labour office and other institutions such as NGOs. Counsellors would like to have more available jobs in sheltered workplaces (P29, P33, P62, P71); However, these positions are usually misused: "Employers often establish sheltered workplaces because they want the subsidies; however, they want the people with a disadvantage to do the same work as healthy people" (P33). P71 has a similar experience: "Nowadays we can see employers especially focused on people with a disadvantage, but their condition is that those people work three shifts. The clients do the same work as healthy people would, but they get less money" (P71).

How the counsellors manage their work

After presenting all these barriers mentioned above by counsellors, the difficult question of how they can manage their job must be addressed. The most frequent answers involved a supportive work team, family support, positive feedback from the clients, successful client employment and targeted European fund projects.

Conclusion

The aim of this paper was to answer the question: "What social representations of people with a medical disadvantage do mediators-counsellors have?" People with a disadvantage are mostly perceived as a marginal group of clients (Janská, Hornáček, 2012; ILO, 2000). This assertion is based on several factors. The main problem is the general lack of jobs, particularly those which would be suitable for people with disabilities. Staff usually did not spontaneously differentiate among people with a disadvantage. When they spoke about a particular disability, it was usually a physical or psychological condition. People with a disadvantage

have probably become marginalised by staff because most of these clients have some other social benefits, so they at least have some financial support. Furthermore, the staff workload is so great, with a high number of cases and limited time for each, that it is easier and more effective for counsellors to focus their attention on clients with better job prospects (Sirovátka, 2007). In this case, it is important to know that there is a specific subgroup of disadvantaged people who have to be registered at the local labour office, but who are not in effect seeking jobs (rentiers, persons in therapy, or people in difficult situations that need to be solved before looking for a job). There is also the problem of the accumulation of negative characteristics (old age, low qualification, etc.) and the need for clients to talk about their troubles with the counsellor. For this reason, more cooperation between the labour office and other regional organisations would make it much easier for the counsellor and more effective for the client. There are many various programmes that counsellors can offer disadvantaged people, although their function is usually to activate clients and provide them with a daily structure, rather than employment. Nevertheless, some staff still perceives these people as competent and capable and strives to support them in actively changing their difficult living situation. On the other hand, it is possible to find opinions of several counsellors who have given up trying to really find employment for people with disadvantages. This is partially because it seems to be a waste of time for them; they have experienced situations where the clients misuse their disadvantage and are not interested in really looking for a job. Counsellors have a wide range of competencies in the approaches, strategies and programmes they use (Lipsky, 1980; Musil, 2006). Therefore counsellors may influence a client's situation, they also may serve a self-fulfilling prophecy⁸ (Watzlawick, 1999; Merton, 2000) and by such make a decision based on their social representation of the person with a medical disadvantage. This imagined freedom and other factors probably help them manage the various barriers in their job: the difficult work conditions, lack of cooperation with other offices and the media's negative images of the clerk. To change a situation pictured above is hard, but e.g. supervision for counsellors could help them reflect their social representation of people with disabilities, prevent burnout and higher quality of the service. Furthermore, it could be useful to have specialists for persons with a medical disability in every office because (as we could see in our research) it leads counsellors to better differentiate among clients.

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Endnotes

- 1 vlasta.janska@email.cz or janska@fss.muni.cz
- 2 In this text I am using the terms "people with a medical disadvantage" and "people with disabilities" as synonyms.
- 3 Street-level bureaucrats, mediators-counsellors have to formulate concrete objectives of Individual Action Plans in cooperation with the clients with emphasis on the client's responsibility, independent and pro-activity in job search. The aim is to motivate clients and start using different programmes for it. Some of the employment offices still did not separate office work (registration and benefit administration) from mediation and counselling.
- 4 Groups of interviewees from the same workplace are distinguished by color.
- 5 P28 is the head of her department, so the agenda of mediation work composes only part of her job. This also explains the lower number of clients under her direct care.
- 6 P62 takes care of other clients in addition to disadvantaged persons.
- 7 P64 is a mediator for disadvantaged persons, but has other clients.
- 8 Self-fulfilling prophecy is an interection where interpersonal premise force a person to behave as we anticipate.



Survey on the Needs of the People Living in Socially Excluded Localities in Karlovy Vary Region

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Abstract:

This contribution represents the results of research carried out in some socially excluded localities in the Karlovy Vary Region within the project of the Český západ (or Czech West) civic association. The goal was to survey the current needs of the inhabitants of these localities with regard to other options for social work oriented towards the social inclusion of persons living in these places. The final discussion analyses the information obtained in the context of the theoretical aspects of social exclusion and compares the views of different authors.

Key words:

social exclusion, Roma people, socially excluded localities

Research on the detection of the needs of the population of socially excluded localities (as defined by Švec, 2010) was carried out by the staff of the Český západ (or Czech West) civic association under one of the key activities of the project “Local and professional development“ (CZ. 1.04/3.2.01/19.00230), funded by the European Social Fund, EU. One of the objectives of this research was to map out the needs of people living in socially excluded localities of Toužim and Teplá (including a few villages surrounding these towns; all localities were chosen in co-operation with the local co-ordinators of the Agency for Social Inclusion of Roma People), and subsequent placement of the results in the strategic documents of this region. The project activity assumed that the results would not be further processed in the form of

sociological analysis immediately, but shall serve as an information platform for the creation and improvement of other services carried by Český západ, but also in creating and editing the strategic documents of the towns Toužim and Teplá, and also of the Karlovy Vary region (in collaboration with the Coordinator for Roma affairs, national minorities and the integration of foreigners in the Karlovy Vary Region and with a local consultant of the Agency for Social Inclusion of Roma People).

Research methodology

For the determination of relevant information we have used data obtained while working directly with clients in the field social services; however, a semi-structured interview prepared together



with the partners of the Karlovy Vary Region and Agency for Social Inclusion of Roma People was chosen as the main tool of our work. The research investigation was carried out by the staff of field social services who had selected a total of 18 respondents; this sample was heterogeneous in terms of gender, age and a particular place of residence. The respondents were chosen in the sense of the definition of social exclusion (Švec, 2010). Detailed semistructured interviews were carried out with the individual respondents during June 2012 (the structure of the interview was prepared during consultations with partners in April and May 2012). The interviews were (with the consent of respondents) recorded and then subsequently processed by using open coding. In this way we obtain detailed and up-to-date information on the situation of the population living in the mentioned socially excluded localities, and especially their needs in the areas of housing, education, employment, financial situation, family environment, health, social relationships and personal priorities. The results were processed as commented outputs of qualitative data research, which may serve for the formulation of a statistically verifiable hypothesis or further structuring and construction of theories by the Agency for Social Inclusion and the Karlovy Vary region.

Respondents

As already mentioned, the sample for the survey research (interview) consisted of a total of 18 people living in socially excluded localities around the towns of Teplá and Toužim in the Karlovy Vary Region; we included 13 women and 5 men aged between 23 and 62. Six respondents are married, the others are not (among them also 1 widowed and 1 divorced), but a majority of them cohabit in a non-marital relationship (or in a common-law marriage). All the respondents have children (mostly 1 to 4 children, but with a growing tendency; a rather exceptional case is the 13 children of one of the respondents). With the exception of one respondent, they are all residents of Czech Republic and they live in one of the localities of Nová Farma, Služetín, Pěkovice, Mrázov, Poutnov or Dobrá Voda. All respondents have finished primary school (none of them directly expressed that they have not finished this level of education), three of them have completed

secondary education without graduation. There was no one with a higher education, and none of the respondents aspire to obtain it (the reasons indicated by them included lack of opportunities, achievement of their limits of learning skills or excessive family responsibilities). Only two of the respondents have jobs, while others are registered as unemployed (8), or they care for their children of pre-school age (6), and two of them are retired. An absolute majority of the respondents has been living in their residence for more than 20 years, and about half of them openly declare the Roma nationality (although most of them carry the clear signs of Roma ethnicity).

Housing

With the exception of one, all the respondents live in rental apartments with 2 or 3 rooms (but the rooms are usually of very small dimensions – which is disproportionate in comparison with the size of the family), for which they pay CZK 3,000 – 6,000 per month. The payment is mostly made in cash and they do not always obtain a receipt or some other proof of payment from the landlord; in rare cases the rent is paid directly from social allowances via the labour office. There are mainly two-generation families (parents and children), but grandparents often live in the vicinity.

In all apartments there is a cold water inlet available, while hot water is warmed up by every family in an electrical boiler. In half of the cases, they have the water-meter available at the apartment, but in other cases the water consumption is measured on the main water-meter for the whole house and then split for each family (which is, of course, unfair, but the tenants are not able to change this situation). More than half of the respondents have (or had in the recent past) debts on rent payment or electricity, which they have more or less successfully repayed (in a few cases are still repaying).

In blocks of flats, the tenants (according to their own words) clean the common spaces following a schedule, but at the same time they complain about the irresponsibility of their neighbours who do not clean regularly. The surroundings of the building are seen as very problematic by most of the respondents; the public lighting is often out of operation, there are dangerous and unfenced buildings in a state of disrepair, no children's playground is available, etc.).



The housing is still evaluated by the respondents as good or at least acceptable, but on the other hand, almost every respondent would like to move out from the locality (if their financial situation were better or if they had the opportunity); mostly they would like to move to a nearby town, where they expect not only a better level and quality of housing, but also better availability of all the necessary services - in particular a school, shops and doctors). Presently the availability of these services is very poor for them, and most of them have to walk on foot for several kilometers into the town, because there is no other way of transport available for them (except for the bus once or twice a day). They often ask their neighbours to drive them by car, and they usually pay about CZK 100 for this help, even for just a few kilometres.

Almost all the respondents generally complain about bad relations with the other inhabitants of the locality and about the approach of house owners who consistently collect the rent without taking care for apartments and houses. The tenants have a poor awareness of waste payments, which, according to their contracts, should be included in the amount of the rent - but some of them must currently deal with large debts on waste payments.

All the respondents were showing a strong willingness to participate in care for and improvement of the surroundings of their residence - for example to build a children's playground by their own means (if the municipality provides the necessary material, etc.).

Financial situation

Although the income of the respondents rarely exceeds the subsistence minimum, they are able to (and endeavour to) make do with it without any cash loans. This is not always possible, and most of them at least occasionally borrow money, although only a small part of the respondents admitted loans from non-banking companies at a high interest rate. They claim to be successful in repaying their loans but are unable to foresee the risks involved (according to our experience, this is one of the main problems addressed by social services in these localities and it is gaining in significance). Only four respondents are considering "personal bankruptcy". The largest amount of money they spend is on food (in their

own words, to have enough food is the most important thing for them), for clothing, children and rent. On the contrary, they feel limited in buying furniture, cannot afford to buy a car or any expensive item (such as brand clothing, etc.). Only two respondents have a bank account (one of them has opened an account in the name of his little child in order to reduce the risk of distraintment - which, according to the experience of field workers, is a relatively common practice).

Employment

Almost none of the respondents have a job. Most of them receive financial support in unemployment or assistance in material need, several women also get parental allowance. Approximately one half of the respondents are jobseekers and, as they say, they meet discrimination very often, particularly on grounds of ethnic affiliation (as they usually have a job promised by telephone, while after the personal contact they are rejected for fictitious reasons). One respondent also has a limited ability to work for health reasons. As for wages, most of the respondents would see as good monthly remuneration for their work the amount of around CZK 10,000 (which, however, corresponds to the subsistence minimum for a family or is rather under this limit), so the question is whether such a wage would be a motivating remuneration in the long term. However, based on their own words, they do want to work and are willing to do any job (except for working through nights, which would be complicated mainly for women who care for children and the family).

Education

Although a majority of the respondents have completed primary education, only one of them explicitly stated that he had attended a special school. As for the children, the situation is very similar; only three of them are visiting special classes (according to their parents), but due to the recent merger of elementary schools and special schools, about which parents are not sufficiently informed, they do not understand enough about the difference between these schools, and it doesn't seem to be very important to them. They see the cooperation between their family and school as good, as well as the school attendance of their children (with only occasional absences due to illness of a child). In five cases, the respondents



also see a clear positive pattern of the teacher-child relationship.

All the parents declare their support for the children's education, not only in the period of compulsory schooling, but they want their children to even achieve a higher level of education than they have achieved themselves (so that their children can find a better job, etc). The parents themselves are more reserved to think about other possibilities in relation to their own education (for reasons which have already been mentioned).

Family

Only in exceptional cases did we meet with respondents who practiced planned parenthood. Their idea of the ideal family size is very similar among all the respondents – usually it's two children in the full family (the frequent preference is to have at least one son; but several times there appeared also the desire to have 4 or more children, even 10 or 15 children!). The willingness to live in a multi-generation family is not very popular – maybe it is related to the low degree of mutual support within the families, often mentioned by the respondents.

Even adult children live in a common household with their parents for a long time in these locations because gaining independence is very difficult for them for many reasons. There are no serious conflicts in families, except the rather common relationship problems.

Health

Health is generally very treasured among the respondents. They consider themselves to be mostly in good health, do not suffer from any serious diseases, however in three cases there appeared a more serious form of diabetes (in one case even with the need for regular insulin injections). They have a mostly positive experience with routine medical care for themselves and their children (although they do not visit a doctor very often, according to them, and they use their own domestic treatment even on their children). Nobody met discrimination in health care, and all the respondents have valid health insurance.

The care of a practitioner is available to all the respondents; however, preventive visits to specialists (mainly regular dental care) are

neglected (most of these people have dental fears and they even prefer to extract their tooth by themselves, if necessary). They consider their own lifestyle as very problematic, especially excessive smoking (home-baled tobacco rather than standard cigarettes) and drinking coffee. They also regard the dependent behavior of their neighbours (especially gambling) as very risky.

Contact with the authorities and institutions

Almost all the respondents regularly visit the labour office (whether due to unemployment or because of state social allowances and benefits), but they do not know much about the range of its services and are not familiar with the system of other offices and institutions. A significant part of the respondents do not know where to turn in case of unusual life circumstances. They would welcome the opportunity to become acquainted with the functioning of authorities (municipal, regional, etc.) and institutions (e.g. courts) and with the content of their activities. Half of the respondents are not interested in national, regional and local politics at all and most of them ignore the elections. Only people living in Dobrá Voda (the tenants of apartments in the house owned by Český západ) have elections for their civics committee.

A fundamental problem for almost all the respondents consists in the absent ability to deal with the authorities – they usually receive little information (in addition, the authorities are not very “friendly” to them), and are unable to fill out the necessary forms, they don't know where to turn in case of an emergency, etc. This is also an area where social services are mostly used.

Social services

The interviews were conducted with some clients previously contacted by the Český západ association (whose services are predominantly used by these people). The answers to questions relating to the experience and satisfaction with the quality of the social services provided in their locality might therefore be significantly misrepresented due to the personal commitment of staff interviewers as one of the providers of these services. But based on their words, the respondents definitely need the service of free legal advice, which is currently unavailable (or



almost unavailable) for them, while commercial legal consultancy is too expensive and hence unavailable.

It is evident from their answers that a majority of the respondents do not understand the terminology of social services well and they accept assistance not as something with specific legal rules, but rather as a charitable activity.

Community relations

Only in exceptional cases did we meet people older than 20 who were born in the place of their current residence. In essence, all the respondents have some other family members in the surroundings, but they do not meet them often because of bad family relations. Most of them also complain about bad relations with neighbours – they would certainly prefer cottage housing over living in a block of flats because the cohabitation in a residential house is unnatural for them. Otherwise they do not feel any serious threat or danger on the part of the local community in the locality of residence. A majority of the respondents reported that they have no friends directly in their living place, but rather in the broader vicinity – and even Roma respondents have many friends among the mainstream community, for example among former classmates or co-workers.

Security

About one third of the respondents said that they had experience with imprisonment in the past (usually it was in the context of causing harm to the health of another person). Now everyone feels safe in the locality, even though the police appear there rather seldomly (however they view the police's work mainly as good and necessary). As the biggest threat in their lives, most respondents see manifestations of racism, which sometimes occur in the vicinity, and also the risk of dependency (on drugs or slot machines). Some of the respondents still uncomfortably recall the anti-Roma incidents, which occurred in Teplá approximately 15 years ago.

Personal situation and priorities

A majority of the respondents were unable to define their own leisure time. Only some of them understand it as time spent watching TV or out for a walk, relatively often they also play cards

in Roma families. Otherwise, they say they are constantly engaged in the household and the care for children. All of the respondents feel satisfied in life, although it is often saddled with financial problems mainly. The family, children and health are the priorities which they regard as absolutely essential.

Most of the persons questioned openly confessed religious belief, although none of them practice religion in the Church context (with the exception of baptisms of their children and family funerals); they would welcome the opportunity to participate in interesting spiritual activities together with the community if they were to get such an offer. As regards life perspectives, the inhabitants of socially excluded localities expect no revolutionary changes, their wishes and ideas depend exclusively on their financial situation, so most of them remain in the category of dreams at the moment.

Summary and conclusions

Most of the inhabitants of the so-called socially excluded localities in Toužim and Teplá are Roma people, who do not always claim Roma nationality. It is a usual phenomenon, which was observed already more than a decade ago, for example by Navrátil (2003). It is quite clear that in the case of the localities in question there are various aspects of social exclusion as reported by Pierson (2000) – particularly low income, limited access to the labour market, sparse social networks (i.e. low level of social support), life limited by the place of residence and its context, and limited access to services. These problems are related not only to ethnic relevance, but also to the level of education and other reasons leading to extremely high levels of unemployment and the generally low social level of the population. Typically, a sample of respondents fits the concept of social exclusion described by Švec (2010).

We can identify race discrimination especially in the area of employment, which is also a common experience (Navrátil, 2003). Although problems with neighbours are somewhat special – surprisingly it was also captured in past research, with similar results (Navrátil, 2003:110), but in our research we have found a much deeper model of this phenomena. We can say that except for some aspects (like feeling healthy etc.), most of our results generally correspond to the



results of even larger surveys carried out by other authors (Navrátil, 2003:130; Říčan, 1998:39), which is a rather alarming conclusion, because all the above-mentioned surveys took place not less than 10 years ago – which means that the situation of the people living in socially excluded localities (especially Roma people in general) has not changed to a significantly better position during the last decade.

It seems almost certain that the problem of lifestyle and the resulting social exclusion of Roma people will always persist, which is given also historically – and was supported by their moving to the borderlands (during the second half of the 20th century), where they did not have contact with the Czech historical tradition and civic culture (Říčan, 1998:27). Moreover, such regions are usually outside of the main interest of politicians and the risk of social exclusion grows significantly (Taket, 2009; Říčan, 1998:50). However, there are no specific manifestations of Roma culture among the Roma inhabitants of these localities today – or just very few of them. There is still an important question as to what part of prejudices on the part of the major population is based on Roma culture specifics and differences and what is based on simple observation, e.g. more frequent experience with crime and imprisonment among the Roma inhabitants, etc. (Říčan, 1998:60).

It is true that a large part of the Roma people are socially excluded – but certainly not all of them just because of their ethnicity (Sirovátka, 2006:21). In any case, there is an actual need to improve the accessibility of social services for

the inhabitants of socially excluded localities (including the availability of free legal advice) and it seems that the best and most appropriate way of support for positive changes in such localities could be community work, which can start the changes from the inside, while support from the outside is usually not effective enough. This is one of the reasons why Český západ (with a few other partners) has started the new project focused specifically on community living, which should be revisited in the following years in those localities where our research took place.

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Endnotes

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Book Reviews

David Howe: A Brief Introduction to Social Work Theory. London: Palgrave Macmillan, 2009.

The author of this book is Professor David Howe. David Howe works at the University of East Anglia in Norwich. According to his biography we can assume that his main interests in the area of social work are social work theory as such, family therapy and especially attachment theory. The social work practice gives Howe the opportunity to reflect on the problem of child abuse and neglect, parenthood, adoption and other situations within families, which can be the domain of social family therapy. Maybe that is why David Howe is also interested in social psychology and psychotherapy. In the reviewed book we can also see the influence of the postmodern way of thinking in social work theory as well as in social sciences and humanities.

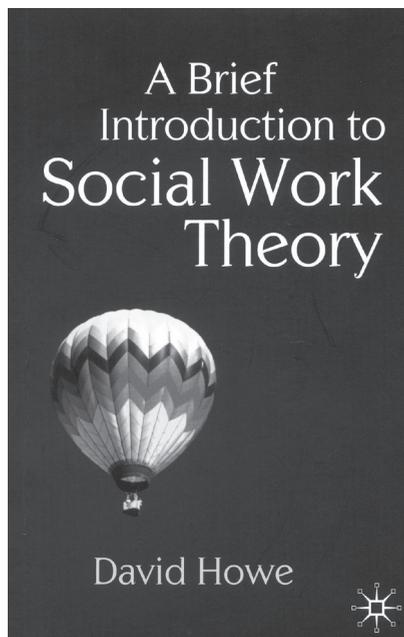
A Brief Introduction to Social Work Theory has 225 pages and is divided into 25 chapters. The text is appended with a bibliography, author and subject indexes. The structure of the book is though more or less traditional. As we can see from the format of the book, the number of pages and the number of chapters, each chapter is quite as if in evidence of the first word in the title of the book, i.e. „brief“. Each chapter is also structured into smaller parts that help the reader understand the logic of the author's argument.

The desire to be brief is also reflected by the author himself in the introduction to the text. He claims that his aim is to give the reader “a feel for the subject” (p. 7). It is also interesting to understand why David Howe chose this way of describing social work theories. His main point and the beginning of his argument are the facts and character of human life experience. Howe claims that human experience is so complicated that we need many different sciences and theories to at least try to understand it. Human life experience is also the main topic of social work theories that help social workers support people in their everyday struggle for a better life. Maybe that is why Howe introduces so many “brief”

theories suitable for social work. Social workers can complete the mosaic of knowledge of people, society and the social problems within.

Howe also formulates his main theoretical points of view. Those are social constructivism and psychosocial theory of man, human behavior and society.

All these bases are put together and the main goal of the book is formulated (pgs. 5, 6 and 8). Howe hopes for the reader “to gain a sense of why social work finds itself so involved and interested in so many





types of knowledge” ... and “to keep the flame of curiosity burning by wondering ... across social work’s ... complicated but never dull terrain”.

In my opinion these goals are fulfilled in the book. Each chapter is also written from a historical point of view. Therefore the reader is able to understand each topic discussed in its own development. Thanks to this strategy we can also learn about the main characters and founders of social work theory. Altogether the book is a very colorful picture of what social work can be in its theory and practice. Apart from the topics of social work theory we can read elsewhere, Howe gives us examples and “tastes” of modern and postmodern approaches in this field of study. For example the chapters about Task-centered Work, Solution-focused Approaches, Radical and Critical Social Work are very innovative and show interesting points of view for social workers in practice as well as in the academic sphere.

It is interesting how Howe uses his knowledge of the attachment theory and child abuse and neglect to describe most of the theories. Thanks

to this (apart from other instruments Howe uses) it is very easy to read the book and to follow the author’s arguments.

Finally it can be said that Howe’s book is written according to all the rules of academic writing, the author works with other scientists’ findings and refers properly to the sources of the described ideas. It is something that Czech books introducing social work theories sometimes miss. Howe’s book is therefore a genuine theoretical book with a high academic standard.

In conclusion, I can recommend *A Brief Introduction of Social Work Theory* to Czech social workers, whether they work in social work practice or in the academic sphere and social work research. In my opinion this book is exactly what it claims to be – a book that lights the fire of curiosity and the will to study more about the social system and human behavior within.

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Sigmund Gastiger, Marius Stark (Hg.): **Schuldnerberatung – eine ganzheitliche Aufgabe für methodische Sozialarbeit.** Freiburg: Lambertus Verlag, 2011.

Debts continue to rank among current critical issues, and we can come across debts in all spheres of social work in not only the Czech Republic but also other countries. Contrary to the situation in the Czech Republic, this is reflected in the number of publications dealing with debts that are published in other countries, such as Germany. The book *Schuldnerberatung – eine ganzheitliche Aufgabe für methodische Sozialarbeit* is one of those most recent ones. Comprising 117 pages including one appendix only, the book

ranks among those rather thin and this is also because the authors do not attempt an in-depth approach.

Dealing with debt counselling from the point of view of social work, the book aims at presenting the various aspects of such counselling. Emphasis is put on methodology.

The first three chapters briefly introduce the development of indebtedness, over-indebtedness and debt counselling and describe the causes of over-indebtedness in Germany. Interesting is



the description of the 1970s break, when debts had begun to be a problem of not only 'fringe' population but the entire population. During the 1990s having debts had become perfectly normal in Germany and the waiting period for debt counselling sessions had become longer accordingly. The Insolvency Act and the introduction of legal rules for debt counselling were other important milestones. Also, prevention became more important over time. According to the authors the situation about counselling has worsened by now, with especially low funds having negative impacts. Debt counselling is still missing from university syllabuses in Germany despite it having had a history dating much further back than that in the Czech Republic. As there is no consensus on education requirements, anyone may provide debt counselling as they may in the Czech Republic (apart from the Czech social services act, which only regulates education requirements for the occupation of a social worker; moreover, many counselling offices operate outside the regime of this act). As a result, counselling often takes the form of 'treating symptoms' instead of treating causes. The book describes the principles of how social work approaches over-indebtedness, client typology by client need, and other aspects of debt

counselling, such as psychosocial assistance and the lack of follow-up care. Why people in Germany become over-indebted is similar to the situation in the Czech Republic – unemployment, loss of a life partner, illness and other factors. Interesting is information about anumerism, a problem tended to be overlooked in not only Germany but also the Czech Republic.

The following chapters deal with the practical sides of debt counselling, such as the first contact and the first session and what they should be about. It should be noted that not all German non-profit organisations provide their clients with

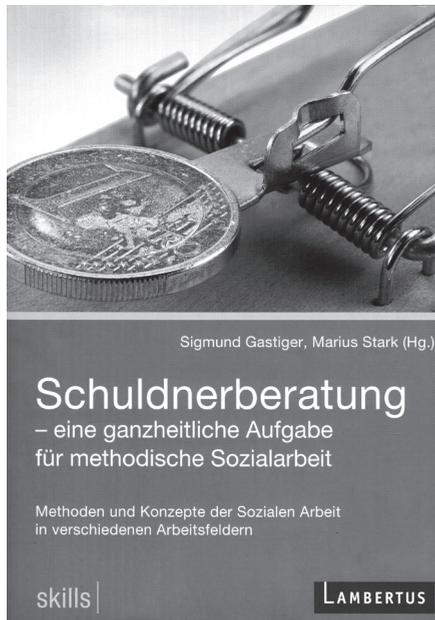
debt counselling free of charge. Consequently, fees and charges may also be included in the opening information communicated to the client. Some Czech non-profit organisations have charged their debt counselling already even though opinions on this tend to differ.

The chapter about crisis intervention (in legal rather than psychological terms) opens by describing the concerns and worries of indebted people. These are also similar – fear of being imprisoned or having one's children taken away. This longest chapter in the book also analyses housing-related debts and deals with the execution procedure. The readers who have no knowledge of the relevant legislation may find this chapter rather difficult to understand. If they have an

idea of at least the Czech legislation, however, they will appreciate the clear and comprehensible manner of presenting the execution procedure, for instance. As the processes in Germany and the Czech Republic are similar to a marked degree, this is certain to facilitate understanding. However, it is the differences that are particularly worth noticing, such as some stages of the movable asset execution procedure, the option to open a dedicated account which is protected against execution to some extent and other aspects.

The next chapters deal with budgets and debt management and control, respectively. Primarily dealing with negotiating with creditors, the latter describes examples of how debtors tend to act and think. These patterns are also familiar to Czech debtors – building a 'house of cards' (the 'debt spiral' is the term used in the Czech Republic) or belief in striking it lucky such as winning a lottery.

Still the next chapter presents details on the insolvency proceedings. Debtors in Germany have had the option to make use of these proceedings since 1999, which is ten years longer than the history of Czech insolvency proceedings.





The book also distinguishes two specialised types of counselling – counselling over the Internet and group counselling. Although counselling over the Internet in all its forms, such as via e-mail or creating FAQ knowledge bases, is common also in the Czech Republic, discussing its pros and cons is rare. As group debt counselling is very unlikely to be found in the Czech Republic, the more interesting it is to become familiar with experience from Germany. The same holds true of the next topic – debt management – where the counsellor's role is very active as they dispose of the client's money.

The final chapter deals with prevention as an integral part of debt counselling. The book also presents a list of web sites on debt-related issues.

The book is highly recommended to all readers who are interested in debt counselling and wish to get inspiration from German experience. Having read the book, the readers will have a basic idea of counselling methodology as well as the German legislation regulating the process of recovering debts. The book is an excellent introduction to the topic that may be followed by reading other more in-depth publications.

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Graham Thornicroft, Michele Tansella: **Better Mental Health Care.** Cambridge: Cambridge University Press, 2009.

The book *Better Mental Health Care* published in 2009 is a practical manual to develop and provide high-quality mental health community services. The authors are experts on community psychiatry: prof. Graham Thornicroft from the United Kingdom and prof. Michele Tansella from Italy. Thornicroft and Tansella develop a clear structure of argument based on geographical location and time processes in mental health policy. They call it the "matrix model" (p. 2). According to this model, issues of mental health care are divided into three levels: country (national), local and individual. "Time" refers to the three phases of policy: inputs, processes, and outcomes.

The authors describe ethical foundations of care and how to put them into practice at the national, local and individual level. The main principles are: autonomy, continuity, effectiveness, accessibility,

comprehensiveness, equity, accountability, co-ordination, and efficiency. The authors further present evidence-based approaches. Finally, they emphasise the importance of knowledge and experience from across the world in establishing mental health care. The chapter presents examples and advice from professionals from 25 countries (e.g. how to manage opposition within the mental health system or how to deal with boundaries and barriers in community care and how to negotiate them in multi-disciplinary teams). The authors propose a balanced approach which includes community care with a limited provision of hospital care. They discuss resources and in particular the lack of resources outside of health (hospital) care. As a solution, they recommend a transfer of resources from hospital to community services. They refuse to build separate

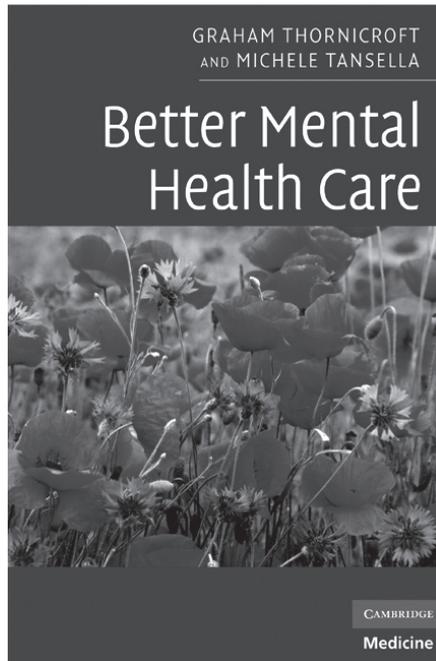


services, community and hospital. The moving from institutions to community is, in the authors' view, not only "a physical relocation of treatment sites" but also "a fundamental reorientation of perspective" (p. 153) requiring new staff attitudes and specific training.

The chapter entitled "The Central Role of Staff for Better Mental Health Care" (p. 153) is a practical guide addressed to social workers, therapists, educators and trainers in the field of community care. The authors refer to changing roles of professionals in mental health care. They also compare institutional and

community perspective in both staff attitudes and staff training. The chapter explains how to implement guidelines in practice and how to build and maintain clinical teams. The whole book offers a specific model of how to establish, develop and evaluate community mental health services. The model is based on Western European tradition with additional worldwide experiences.

If we compare this book with similar ones published in the Czech Republic, we can state that Czech handbooks for mental health care are focused rather on practical aspects of direct social work. Probstová (2005) presents various attitudes and guidelines on how social workers can approach clients with mental illness and also describes community care. Mahrová and Venglářová (2008) provide broader texts on social



work and psychiatric diagnoses. The space for mental health care is limited to a few chapters aimed at how to work with specific groups of clients (e.g. elderly, children, addicted persons or psychotics). The aforementioned Czech books are directed mostly at social workers and specific practices. In contrast, Thornicroft and Tansella (2009) intended their book for a broader audience. Their book can bring important knowledge to both social policy makers and social work professionals. However, it can be helpful also for educational institutions

in the area of community care. This is a very useful book specifically for Czech mental health care that lacks a formal policy conception.

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