International Social Work
A Supplement of Social Work Review

International Social Work

A Supplement of Social Work Review

Editors:
DORU BUZDUCEA,
VALENTINA RUJOIU,
FLORIN LAZĂR,
ANAMARIA SZABO,
THEODORA ENE

CONTENTS

About the Editors

Doru Buzducea – Vicedean of the Faculty of Sociology and Social Work, University of Bucharest. He is teaching introduction to social work, classical and contemporary theories in social work, international social work. Director of the Center for Research and Innovation in Social Services, President of Association of Schools of Social Work in Romania and Vice President of National College of Social Workers. Editor in chief of the *Social Work Review*. Author and coauthor of books, studies and articles published in national and international journals on social problems, risk groups, globalization and the psychology of loss. Scientific research programs in the high risk groups. Author and coauthor of the following books: *AIDS – psychosocial confluences* (1997), *Geopolitics of poverty – social policy in the sphere of human groups at risk of social exclusion* (1999), *The psychology of loss and pain therapy* (1999, 2002, coauthor), *Forts and Ruins – introduction in the study of social problems* (1999), *Globalization – the paradigmatic modern structures* (2001, 2005), *Contemporary Issues in Social Work* (2005), *Risks for Youth. Case study: Adolescents living with HIV/AIDS in Romania* (2007, editor), *A monograph of the phenomenon of HIV/AIDS in Romania* (2008, coauthor), *Modern social systems. Global trends and local practices* (2009), *Social Work of Risk Groups* (2010, editor).

Valentina Rujoiu – BA in Social Work, MA in European Social Policy, PhD in Sociology, Lecturer at the Faculty of Sociology and Social Work, Department of Social Work, University of Bucharest. Executive Editor of *Social Work Review*. Co-author of books, author and co-author of studies and articles published in prestigious journals. Her recent works published are: *West and East. The Culture of Violence and Social Emotions* (2010, coauthor), *Intimate Partner Violence: Psycho-sociological Aspects* (author in the volume The Social Work of Risk Groups, 2010, Doru Buzducea, Ed.), *The Impact of Social Policies in the Context of Romanian Society* (author in the volume Social Romania. The Way of Change and European Integration, 2005, P. Iluţ, L. Nistor and T. Rotariu, Eds.), *Face and Facial Expressions* (coauthor in the volume Nonverbal Communication in Public Space, 2004, S. Chelcea, Ed.). She is involved in research programs focusing on providing quality in social services and development of social workers in the context of implementation of a supervision system. The main interests are: intimate partner violence, the social work of family and child, methods and techniques at individual level in social work, social inclusion policies.

Florin Lazăr – principal social worker, PhD, is assistant professor at the Faculty of Sociology and Social Work, Social Work Department, University of Bucharest and executive editor of *Social Work Review*. He is teaching introductory courses of social

policy and social work, social research of hard-to-reach groups and social work with people with high epidemiological risk. Between 2000–2010 he acted as a hospital social worker and program manager working for an NGO in the field of HIV/AIDS. Since 2005 is member of the Ethics Committee of the National College of Social Workers of Romania. He authored and coauthored studies, researches, articles and presentation in international conferences in areas such as HIV/AIDS, comparative social policy, social work, child protection and social development. His recent books are: *Risks for Youth. Case study: Adolescents living with HIV/AIDS in Romania* (coauthor, 2007), *A monograph of HIV/AIDS phenomenon in Romania* (coauthor, 2008), *Social Risks and Inequities in Romania* (coauthor, 2009), *Introduction to comparative social policies. Analysis of social work systems* (author, 2010), *Researching the Edge: Young Injecting Drug Users and Female Sex Workers* (coauthor, 2010).

Anamaria Szabo – assistant professor at the Faculty of Sociology and Social Work, University of Bucharest. BA in social work, MA in Administration of Justice Community and PhD in sociology. She is teaching social work of delinquent persons, socialization strategies and restorative practices in criminal justice. Executive editor of the *Social Work Review*. Author and coauthor of books, research reports, studies and articles on topics related to community sanctions and measures, probation, community service, restorative practices, drug abuse, ethnic minorities. Recent books: *European Social Work* (coauthor, 2002), *Representation and Representativeness. Perspectives on Roma* (coauthor, 2005), *Risk for Youth. Case study: adolescents with HIV/AIDS in Romania* (coauthor, 2007), *Prospects for the Development of Probation in Romania. Research Report* (author, 2009).

Theodora Ene – principal social worker, assistant professor at the University of Bucharest, Faculty of Sociology and Social Work and executive editor of the *Social Work Review*. She is teaching evidence-based social work, introduction to human resource management, corporate social responsibility and volunteer management. Author and coauthor of the studies, researches and presentations at international conferences on themes related to criminal justice, probation, human resources etc. She participated as an expert in different national and international projects on topics related to the field of probation, criminal justice, social services and non-government sector organizations. She published: *The Romanian Police: an Achievement in Democracy* (coauthor, 2010), *Romanian Child Welfare Reform: Perspectives from the Field* (coauthor, 2002).

Introduction

The present book represents a collective effort of the editors of *Social Work Review*, edited by the Faculty of Sociology and Social Work, University of Bucharest in collaboration with the Polirom Publishing House. This supplement brings together theoretical contributions of internationally renowned social work academic and researchers. The editorial effort complements current concerns in the international social work, as most of the chapters of the book present current concern themes for the social work community.

The novelty of this project lays in the fact that we are bringing together prestigious authors from throughout the world – the European Union, across the Ocean, as well as African and Asian countries – authors with nationally or internationally resonant names. We are contented that Romania is also joining the current trend of exploring the international dimension of this profession, thus bringing a contribution to value the authors presented in the pages of this book.

We present authors who approach global subjects bringing upfront fundamental philosophical debates around the profession, authors who give a well-deserved importance to specialised practice as well as researchers who base their contributions on the evaluation of services and specialised programs.

We open the debate with a global perspective on social work at the beginning of the New Millennium with Doru Buzducea's article (*Social Work in the New Millennium: a Global Perspective*). Historical roots and epistemological arguments are made to support the development of social work as a profession and in relation to other disciplines. The current challenges faced by social workers throughout the world are discussed in relation with the coming of international social work. The author is arguing for an increased role of social workers in addressing emerging social problems and expresses the confidence in the capacity of social work practice to adapt to the challenges.

Michael Klassen is continuing with a debate on systemic theory in social work (*Systemic Perspectives on Social Work*). The article starts with an overall view on social work role as social control mechanism (Luhman's theory) and is proposing a more robust perspective, closer to the realities, of social system (Bunge's theory). The social control perspective of social work is questioned based on the Austrian practice with migrants. The same example is used to advocate for the social system theory, the in-depth analysis revealing its complexity.

The next two articles – by Bill Jordan (*Individualism and Social Work: The Case of the Third Way in the UK*) and Christian Stark (*The Neoliberal Ideology and the challenges for social work ethics and practice*) are both questioning the way social work

deals with ideologies of individualism (Jordan) and neoliberalism. The British/Giddens approach of the Third Way emerged in response to the highly criticised individualistic perspective in the UK. The author is documenting the failure of The Third Way to reconcile the global capitalism with social work values of social justice, equality and self-determination. The unconditioned acceptance of the reforms of the Third Way compromised social work, questioning its core values. Moreover managerialism, contractualism and extension of privately provided care services did not bring in the UK the promised change. The Big Society project of the newly Conservative prime-minister (David Cameron) is critically discussed in relation to social work practice.

In a similar perspective, Stark's article is debating the way social work is dealing with the neoliberal ideology. The author is presenting a history of the approach discussing the challenges raised by neoliberal ideology from the perspective of social work practice and ethics, considering that there is a struggle between neoliberal values and social work values. The author is arguing for creating networks of social workers which could put pressure on decision-makers.

In reponse to some of the unanswered questions for social work raised by Stark is Iain Fergusson article (*Another Social Work is Possible!"Reclaiming the Radical Tradition*). One could say that the idea of networks of social workers who advocate along decision-makers in the fight against global capitalism mentioned by Stark, are further developed by Fergusson who argues for a revival of radical social work. The travel through the history of British and American social work and of emerging radical social work in the 1970's is revealing similarities with the present situation.

In their activity, either at macro- or micro-level, social work practitioners are concerned with the management of risk. If in the policy arena, the empowered bodies will responds through policy formation if there is an issue seen as being of public concern, in the professional arena, the professionals are focused mainly on identifying and implementing those interventions that will diminish the risk implications for the parties involved. In his article (*Risk, Security and Resilience Work in Social Work Practice)*, Malcolm Payne points out that all social work interventions involve a certain amount of risk, but it is workers responsibility to assess it and to balance between different forms of risks. Based on that, they can decide on what interventions to approach, knowing that these interventions can always be subject to public criticism. Such criticism can be avoided by emphasizing the role of bureaucratic agencies and people's need for social order. And the agencies use this need as an opportunity to boost the surveillance measures that are already in place In author's view, resilience – the ability to recover positively after life traumas, events or risks – helps the individuals to feel more secure and supports the statement that individuals have the capacity to respond to difficulties.

Through its theme, Thyer's article (*The Quest for Evidence-Based Practice: We Are All Positivists!)* works as a preamble for the couple of articles that will approach the subject of evidence-based social work practice. Throughout this article, the author endorses the adoption of the philosophical assumptions as well as scientific methodologies associated with the evidence-based direct practice movement considering that just by doing these there will be registered evident progresses in social work practice.

Bradford Sheafor's article (*Measuring Effectiveness in Direct Social Work Practice*) represents one step further. The social workers must develop the necessary tools

to engage in the evaluation of their own practice effectiveness, while continuing to best serve their clients. From author's point of view, this can be done with the support of evidence-based practice but for that it should be understood in three different phases of social change process: assessment, intervention, and evaluation. As expected, the interest to develop a social work evidence-based practice was accompanied by opposite positions towards such a direct practice between those that believe in a social work as an art form where there are important social worker's abilities and those that support the view of a scientific-oriented social work and argue that current evaluation tools do not provide useful date for the following interventions. Due to the fact that we are in the early stages of adopting an evidence-based direct practice, it is provided a brief presentation of the steps of that process and of the evaluation tools that can be used by social workers in order to measure client change.

In *Swings and Roundabouts: from Evaluation to Evidence-Informed Practice in Social Services,* it is evident Petch's extensive professional experience in research and in the implementation of research findings into social work practice. The article reflects the shifts in priorities and approaches as well as the re-branding of different issues or themes that periodically, over the years, become a priority and after a while they wane while other themes and issues take the central stage.

In *Evaluation "in" Social Work. A Positive Connection with Experiences of Continuing Education in Italy*, Campanini is presenting extensively how different courses organized in Italy and provided to employees of social services organizations aimed to improve the knowledge and practice on evaluation. For the author, through such training programs the social workers are encouraged to improve their skills in order to perform and what she is calling 'outside' as well as 'inside' social work evaluation process.

The subject of evaluation of social work practice is continued and in the next article (*Self-evaluation of Social Work Practice through Reflection on Professional Mistakes. Practice Makes "Perfect"?)* Sicora stated that the evaluation of social workers practice will enhance practitioners to produce change and innovation. For this self-evaluation, the author draws attention on the reflection and reflective practice.

Patton, in *Utilization-Focused Evaluation for Social Services and Social Work*, is presenting to the Romanian audience a new perspective on the usage of evaluation. The author describes the utilization-focused evaluation as being work performed with primary intended users to achieve intended use. The article also introduces the readers to the different terms, processes as well as roles that must be performed by the evaluators. According to the article effective evaluation and excellence in social work practice can be mutually beneficial.

There is a focus on the effectiveness of social work also in this article *Constructing a Profession of Social Work: The Role of Social Work Supervision*. Irrespective of the type of approach in direct practice, social work supervision embodies an important component in the social work practice oriented towards the increasing professionalism in the field and improving services quality, through supervision social workers being able to improve and refine their skills after completing their social work education. The interest for professional field supervision is demonstrated by Davis in the analysis of the evolution of social work education and practice in several countries in the former Soviet Bloc region – Romania, Croatia, Bosnia & Herzegovina and Russia.

After the establishing of social services, it came along also the need for developing professional standards for these social care services. In *Developing Professional Standards for Social Services*, Kozma uses the evolution of the social services in Hungary and modernization while pointing out the need for further professionalization. As the author mentioned, in time social work practice has become more legalized and aspirations to "evidence-based practice" have become pervasive, due to the system of audit and the operational and administrative procedures which are in place.

In her article (*Participation in Social Advocacy: How a Professional Association Can Help Social Workers Meet Their Ethical Obligation*) Wehrmann, which acted as the Illinois Chapter President for NASW for two years, underlines the need for social workers to get involved in social advocacy efforts and in belonging to a professional association. The author also points out that social work educators have an important role in promoting and supporting in front of the students such professional bodies.

Schulze-Böing's article (*Inclusion and Local Development. Challenges for Local and Regional Government)* focuses on the importance of the local actors within the regions: public social services, private providers or civic organisations – and on how their cooperation represents the entrance into a permanent process of quality development and innovation. The author highlights also the importance of networks in enhancing quality and efficiency through mutual learning.

Stone et al. in *Quality of Life in Clarksdale Public Housing before HOPE VI* focused on a public housing area known for the high poverty, drug dealing, and other criminal behavior. For that there were collected data on the neighborhood at two points in time – at three years apart. Based on the collected data on demographic, socioeconomic characteristics as well on health status, education and relocation, the authors were able to draw up a comprehensive profile of the neighborhood.

In the article *Can Government Funding Strengthen the Third Sector? The Impact of a Capacity Building Program on Faith-Based and Community-Based Organizations,* Popescu et al. focus on presenting the effectiveness of one of the first faith-based funded projects. The authors emphasized the fact that there is a lack of research in regard to the effectiveness of faith-based and community-based organizations (FBCOs) as social service providers.

Social work proves its usefulness and importance in everyday life from at least three perspectives. From a scientific point of view, by training specialists to cope with change. It is a laborious process because it requires substantive steps to be adapted to social reality. The approach involves international cooperation, partnerships between public and private institutions, multidisciplinary teams to identify the causes that have generated imbalances but also to establish homeostasis. From this point of view, online education is an important resource used by trainers in the field. The study developed by Keith Haley *(Wired and Tired: the cool and the agony of teaching online)* it is an argument that online education is a component of lifelong learning rooted in the challenges of modern technology which never ceases to amaze us. The holistic vision enables the highlight of interdependence between the subsystems so that the beneficiary is supported in relation to the requirements of the system he comes from. The emphasis is placed on identifying and understanding the factors responsible for the difficulties to develop those assumptions and the skills necessary for the prevention, intervention and

resolution. In this context, the aging of the population, its effects and especially the causes that generate it are discussed by Martina Hrozenska (*Long-term Care for Older People in the Slovak Republic – Current Problem and Urgent Challenge*). The article is useful both to practitioners working with beneficiaries who belong to this age range, especially as policymakers invoking them only one argument: according to the latest forecasts by the European Union, the Slovak Republic has a young population; if the current birth rate remains the same, the country will have one of the most aged population at the mid of the 21st century. In these circumstances, we can dare to ask: what will be Europe's demographic profile over four decades?

Article written by Stephen Cutler and Lynne Hodgson (*Genetics, Dynamics and Family Well-Being*) explores, from the perspective of genetic theory, family health and how its dynamics can be influenced. The authors argue the importance of diagnosis in the context of family incursion in its history, especially when there are health problems. This issue are very important when developed strategies are focused on the preventive side. Heart and vascular diseases, Alzheimer's, cancer can be prevented or detected in its early stages, thus ensuring increasing life expectancy and family welfare. On the other hand, can be achieved databases in which is ranked the prevalence of diseases. In this way, social programs can be able to support the ill person and the family he comes from.

Domestic violence has serious implications for the safety and well-being of women and children. Many people continue to find difficult to understand why women do not leave their abusers or why they return. In the context of marital rape, the patriarchal basis of marriage are protected when husbands have unlimited sexual access to their wives. The article written by Valentina Rujoiu *(Marital Rape Law. A Comparative Approach)* examines the marital rape issue by discussing some of the controversies involved in analyzing this phenomenon. Marital rape as well as wife rape are concepts that many of us find difficult to comprehend because "it is not possible" in a strict legal sense. Furthermore, the available evidence on spousal violence indicates that a number of women are forced into having sexual relations with their husbands through physical abuse or intimidation. The investigation of marital rape is an important topic for social scientists that the effects are severe and life-long. Because the law permeated and helped to perpetuate the sexism, women's associations, social workers, psychologists, criminal justice professionals demand new legislations to deal with this problem. In this context, the article describes the major changes in marital rape law legislations from different countries such as Great Britain, Chile, Argentina, Bolivia, Mexico, Australia, France, Germany, Spain, Canada, Austria, Portugal, Sweden, India, China, Russia, and Romania.

Child protection, especially those who come from families in which domestic violence has serious implications and parents are alcoholics or are diagnosed with mental illness is analyzed in the article written by Betty Blythe, Kristin Heffernan and Barbara Walters (*Best Practices for Developing Child Protection Workers' Skills: Domestic Violence, Substance Abuse, and Mental Health Training*). The authors applied interviews to social workers and trainers and explains the benefits of cross training. For social work cross-training represents the way to professional performance and a safe way to prevent the helplessness. Furthermore, social work acts to individual level, generating experts due to intervention human level changes the most important values: belief in human dignity, self-determination and uniqueness of the person in distress.

From political point of view, social work is that bond which creates a pragmatic system so that prejudices, stereotypes will be eliminated in the context of understanding the causes that fuel them in order to produce those necessary levers for a legislation rooted in sound social reality. Here's why, studying the issue of sexual violence (sexual assault) allows us to identify a lot of certain characteristics and features especially if we look at the phenomenon from a cross-cultural perspective. Attitudes, norms, values, and habits are found in every society and so can explain different approaches and answers sometimes hard to accept even for public opinion. Article written by Noel Bridget Busch-Armendaris, Holly Bell, Diana M. DiNitto, Shetal Vohra-Gupta and Diane McDaniel Rhodes (*The Prevalence of Sexual Assault: Evidence for Social Work Education and Practice*) is based on qualitative research conducted on a sample of 1200 men and women, aged over 18 years and with different educational, racial and ethnic backgrounds, residents of Texas, to determine the prevalence of sexual violence. Most studies in the literature reveal us that there is a very major difference between the percentage of women and men who are sexually abused or raped.

In the same area of interest we include the article signed by Florin Lazăr (*Achieving Universal Access for People Affected by HIV/AIDS and Vulnerable Groups from Romania: Supporting Community Sector Involvement and Advocacy*) which is a review of the people situation living with HIV and AIDS from Romania. The author presents statistical data, the barriers faced by medical providers and social services, prevention and intervention strategies. From this point of view, are analyzed the levers that public institutions and NGOs develops and implements focusing especially on access to medical and social services.

The evolution of social services in South Africa, especially for children and young people at risk are discussed in article prepared by Rika Swanzen (*The Co-Existence of the Social Work and Child and Youth Care Professions*). The author reviews the changes in the system that took place the last decade highlighting both positive and sensitive aspects. The same problems are presented also in the article signed by Folami Olakunle Michael (*Criminal Exploitation of Children in Contemporary Nigeria*) dealing with the exploitation of children in Nigeria.

As times passes and as different surveys shows, the age of onset for tobacco usage is decreasing also for Romania. As a result, the policy makers and representatives of different organizations interested in preserving the health of adolescents and ensuring a smoke-free environment have to adjust their measures to this target group. The article *On the way from words to facts. Focus groups on smoking prevention & cessation interventions for teenagers* by Theodora Ene is presenting the findings of a series of focus groups conducted during the previous year in a rural area in Călăraşi County for an European project which is looking to create a framework of existing smoking prevention and cessation methodologies while targeting adolescents and their families, considering also different gender, lifestyle and contemporary cultural issues related to smoking

Due to the study prepared by Bala Raju Nikku (*Social Work Education in South Asia Insights from Nepal*), we find the difficulties encountered by social work in South Asia, specifically in Nepal as well as the fact that the field has professionalized over the last twenty years.

Letnie Rock and Karen Ring *(Evaluating the One-Year Block Placement in Field Instruction)* examines the way in which future social workers should be trained. Therefore, theoretical studies must be accompanied by practical levels that students can apply the information coupled with supervision. Moreover, it is emphasized the relevance of teamwork and multidisciplinary training. In this context, the authors point out the importance of developing a curricula in which the accent should be placed on skills and abilities, and especially on formation of a personality profile where the vocation for the social work profession to be a central place.

Adjusting to a new environment can be a difficult task for immigrant and refugee youth. Social services traditionally employ formal strategies of therapy, which sometimes show its limits. The article signed by Andrea Colin and Betty Blythe (*Mentoring as an Alternative to Therapy for Immigrant and Refugee Youth*) presents and analysis of mentoring as an alternative solution to overcome the barriers that immigrant and refugee youth encounter upon arrival in a host country, as opposed to the traditional mental health services that are usually provided. The article also discusses the similarities between the therapeutic and mentoring relationship, the outcomes of the mentoring programs and a case example which enables to better understand the process and its benefits.

Following the same pattern of youth care, next is an article written by Anamaria Szabo (*Health Promotion for Young Prisoners in Romania*) that highlights the main policies, practices and initiatives on health promotion for the incarcerated youth with the age between 14 and 24 years in Romania. The structure of criminal justice system, main criminal sanctions and institutional arrangements are presented, followed by a national statistical background on young people in prisons. Topics such as HIV prevention and harm reduction among IDUs, tuberculosis control and mental health are addressed.

When and who acknowledges the end of the criminal career of an ex-offender? Is this acknowledgement important for the desistance process? What legal procedures should be used? These questions are addressed by Martine Herzog-Evans in his article (*'Institutionalizing the Redemption Ritual': Judicial Rehabilitation in France*) that analyses the types of measures which expunge criminal records in France. A special focus is made on the judicial rehabilitation: its conditions, the procedure and its effects.

The criminal justice system is a special field in which social workers have traditionally activated. The connections between the two domains are found at both organizational and professional levels, as it is analyzed by Fergus McNeill, Denis Bracken and Alan Clarke in their article about *Social Work, Criminal Justice and their Reconfiguring Relationships*. They are mainly focusing on the English-speaking jurisdictions, but also touch other regions such as Europe and Africa. Although we can talk about criminal justice social work, it is argued that the main objective of correction services, meaning rehabilitation, is lost and covered in a certain form of managerialism that mainly focuses on risk and criminogenic needs, the offender as a person being left aside.

Criminological research has come a long way since in the past three decades. But, improvements are still needed, as its present focus on the analysis of risk factors and its reductionist dichotomy with protective factors portrays a somehow simplistic way of understanding offending. An interesting article signed by Stephen Case and Kevin Haines (*Protection, Prevention and Promotion: The Restricted Evolution of the Protective Factor in Criminological Research*) addresses the potential of independently-exploring factors

that promote positive outcomes. A more holistic strategy for reducing offending is said to be better pursued through promoting protection and positive behaviour rather than focusing on reducing risk.

Professionals that activate within probation services need to have a complex base of knowledge and skills. Traditionally, social work training has served as main background for probation officers in England and Wales after the post-war period. A radical change was made in 1998 when the Diploma of Probation Studied was introduced. The article written by Lol Burke (*No Longer Social Workers: Developments in Probation Officer Training and Education in England and Wales*) is analysis this shift in the training of probation officers, concentrating on the main concerns that followed.

Criminal justice systems have developed differently worldwide. The same can be said about the role of social work within penal institutions. A group of three articles are analysing the way criminal justice social work is structured. The case of Scotland, with its long tradition and recent developments, is presented in the article signed by Trish McCulloch and Fergus McNeill (*Criminal Justice Social Work in Scotland*). The position of social workers in the criminal justice system, with a special interest in the organization and functioning of the Prison and Probation Service, is addressed by Kerstin Svensson is her article about Sweden (*Performing Caring Power in a Scandinavian Welfare State*). The probation system in Slovakia, a young and promising start, and its connection with the social work education are described in the article signed by Martin Lulei (*Current Developments of Probation and Social Work in Slovakia – Theoretical Enthusiasm and Practical Scepticism*).

Editors

Part One

Social Work: Global Challenges and Practical Insights

Social Work in the New Millennium: a Global Perspective

DORU BUZDUCEA[*]

The profession's validation and legitimating process

As a science and profession, the social work has modern origins; however, as activity to support the poor, it has a long history, being associated with the charity and philanthropy activities, attested by many ancient documents and religious writings. Practically, all world civilizations were involved in activities to support their neighbours, some of which having developed real social insurance mechanisms.

After the building of the feudal states, they became systematically involved in supporting the poor, thus, initiating the mechanisms of administrative organization of the profession. The most frequent reference is made to *The Poor Law* from the beginning of the XVII-th century. An important role had the religious institutions of the different denominations which, based on biblical principles, and the Greek philosophy have supported both the needy people in the communities and the people migrating toward areas that were promising socio-economical advantages; we may include here as an example the colonial population from the beginning of the USA history (Leiby, 1978). Later on the Industrial Revolution had generated new technical and scientific discoveries that have influenced the social work evolution.

At the beginning of the past century, Abraham Flexner (1915, *National Conference of Charities and Corrections*) considered that the social work is not a profession because it does not have the specialized set of knowledge that can be applied to solving the social problems. In the same period, Mary Richmond and Jane Addams were trying to identify the basic skills needed in the social work intervention to benefit the individual and family and to develop the social work institutions and services, respectively. We should mention here the Charity Organisation Society movement that started in Buffalo (New York) created by Richmond at the national level, as well as the first book of social work intervention techniques (*Social Diagnosis*). In the same period, the Settlement House Movement was created and represented by Addams, the only social worker that had ever won the Nobel Price for Peace. These social movements have promoted the training of specialists in social work as well as the creation of the

---

[*] Faculty of Sociology and Social Work, University of Bucharest, 9 Schitu Măgureanu Street, sector 1, Bucharest, Romania, Tel: 021-3153122/int.104, E-mail: dbuzducea@yahoo.com

specialized institutions and services. Their work had a major impact on developing the social work throughout the world. Now, the social work can be defined from many perspectives: as science, as profession or as a system that involves a certain architectural structure (institutional network, services, benefits, social workers, beneficiaries and normative framework).

As a science, social work has a set of fundamental theories, principles, methodology and study field that provides legitimacy and a well deserved status among the social sciences (Shaw et al., 2006).

> "Modern social work is perceived by its practitioners and by the public as a social science. It has strived to acquire the characteristics of science" (Epstein, 1999, 8).

As a profession, social work is unique as it distinguishes itself by its needed multidisciplinary character in responding to the complexity of the social problems. The social workers are always concerned with the existing social problems affecting the society, with the causes, the solutions and the impact that these have on the people, families and groups, organizations and communities. The International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) have elaborated during the Montreal General Assembly the following definition, accepted by most international social work communities:

> "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" (IFSW, 2009, 1).

In the above definition, the focus is on promoting social change, as social workers act as the interface between the individual and its social environment. By solving social problems, the profession contributes to social change – in social work, there is a multitude of intervention domains depending on the subject problem area (DuBois, Miley, 2007). By utilizing in practice the systemic theory, one can adapt the social work interventions to any society and local community. Social work addresses the social transactions that occur between the people and the contexts where they belong. The profession's mission is to "empower" the people to function at their optimal parameters from the psycho-social perspective. The definition also underlines the theoretical basis related to the dual psychological and social nature of human well-being as well as the importance of human rights and social justice. Affirming the relevance of providing both social support and respect for the individual values represents the fundament of the social work profession. We may conclude that IFSW promotes that social work is a well-articulated system between theories, values and practice.

For sure there is a set of values that are included in the deontological code of the profession that guides the social worker's interventions (Meacham, 2007). Social work profession is grounded on a series of considerations and philosophical ideas, was born from humanistic ideals and aspirations, and its values are based on respect, self-determination, dignity, confidentiality, equality among people, cooperation etc (Banks,

2006). The social work services and benefits aim to fulfil the human needs and to develop human potential, while the respect for human rights and social justice motivates and justifies the social workers' interventions. The solidarity with the vulnerable, socially disadvantaged people takes shape in the form of poverty reduction and social inclusion promotion programs (Ambrosino et al., 2007).

At the same time, the basis of the specialised practice, aside from values, also includes a set of theories that explain the human behaviour and the complexity of the interactions between people and the context they come from (Payne, 2005). In addition, there are the specific social work theories (problem solving, crisis intervention, task centred etc.) on which the social work intervention process is based.

Social work addresses mainly people confronting difficulties, social inequalities and social injustice (Doel, Shardlow, 2005); it represents an answer to the crises, emergencies and personal problems from the day-to-day life. Social work utilizes a series of models, methods and techniques of concrete intervention as well as planning and development of social policies (Stepney, Ford, 2009; Hall, Midgley, 2004). We include here the entire social work services portfolio, from counselling to mediation and facilitation to absorption of social benefits by the state institutions.

The social work practice can be defined from the perspective of the different levels where it may be implemented:

• At the micro level: it includes the clinical social work and the immediate intervention activities in reaction to the lack of resources.

• At the medium level: interventions at the community level. Recently, there are more and more visible deficiencies determined by natural disasters or by contingencies such as military interventions, terrorism, that require immediate intervention to alleviate humanitarian crisis and ensure basic resources by state institutions or non-governmental organizations, to the victims of these disasters. Here we can include building of social houses, or state-subsidized homes, social-medical support centres, vocational schools, placement centres or maternal centres, emergency shelters for the victims of domestic violence, human trafficking victims etc.

• At the macro level: the social work legislative and institutional reform, intervention policies and action plans focus on the development of programs at the community level. But there are a series of activities conducted to promote the profession, such as conferences, seminars or workshops, publication of studies and specialty books, printing and distribution of leaflets informing about social programs, or specialised services.

Over time there were many definitions elaborated for social work, but adopting a unique definition given the profession's history, the multitude of specializations and jobs, the perspectives, the roles, and the functions accomplished is not too simple. Recent debates promote the interdisciplinary vision in social work and not only the dichotomist manner of presentation between direct and indirect services, clinical and administrative etc.

From a systemic perspective, social work functions interdependently with other social systems: health, education, administration, but in no case is it subordinated to any of them, but rather a partner with distinct identity. Currently the world system is in continuous change generated by the globalization and therefore social work, as an integral part of it is faced with permanent challenges to adapt to the new social configuration.

Social work is the professional activity that supports the people, groups, and communities in developing or re-building their psycho-social functioning capacity. The social work profession is concerned with optimizing the interactions between people and social institutions aiming to empower them to achieve their daily responsibilities, personal and organizational aspirations and values. The specialized intervention is based on practical evidence and involves respecting certain ethical principles and values. By utilizing strategies and techniques for the facilitation of obtaining certain services and social rights, social work supports the beneficiaries in the process of change and adaptation to the living conditions.

The social work systems depend on the influence of complex social phenomena that are unfolding at the international level such as:

• The advancement of modern communication technologies that has become part of the management of social work activities; in certain developed countries, social workers can send *on-line* data on their beneficiaries obtained during home visits in the communities, using modern communication means (PDA, wireless).

• The demographic changes produced continentally asymmetrical. We witness both a process of demographic explosion on certain continents (Africa) and the demographic decline on other continents (Europe); especially, in Europe there is a rapid process of aging population, that leads to increasing the situations of difficulty and to diminishing capability of families to care for the dependent members (children in difficulty, elderly, people with disabilities). In response to this socio-demographic polarization we need to develop effective social work systems, able to absorb the social problems;

• The globalization and information-based economy leads to an over-specialized labour-market that requires a re-thinking of the educational programs (the globalization subject and its relevance for the social work systems will be presented in the next chapter);

• The multiplication of the global social problems contributes to the multiplication of the beneficiaries of the social work systems;

• The internationalization and the explosion of migration and international terrorism with dramatic effects on the psychosocial security of the population (anxiety, fear, incertitude, severe medical problems, disorganized families, delinquency) raises new challenges for the social work systems.

Over the time, the social work adapted to the new contexts and social configurations (Gibelman, 1999). We can mention a series of internal factors that ensure the profession's progress: the "general" social worker tends to be replaced by the "specialist" social worker (increasing sub-specializations), increased competition among the social professionals, the need to incorporate the theoretical research in the practical activity, the bureaucracy associated with the administrative state apparatus receives an increasingly negative connotation and therefore enhances the role of the private practice as an alternative to the social services provided by the state.

In addition to the internal factors involved in the architectural re-projecting of the social work systems, we also see a series of external factors leading toward the same goal: changing the public attitude toward the vulnerable groups, redefining the human need and public responsibility concepts, globalization and reduced governments' roles, technological advancement, the unanticipated events, the economic fluctuations etc.

Recent Debates

Aside of these positive aspects promoted by the social work profession, there were, in time, a series of disparages against the social work. There are researchers (Jordan, Jordan, 2000; Jordan, 2004) that consider that the social workers lost direction, that the social work is facing "a crisis" determined by the social and institutional conditionality, but we know very little about its nature and remedies, we only experience the effects of this crisis in disorientation, demoralization and incertitude among the social workers. This "crisis" should probably be understood in the social, political, organizational and professional context of the changes following the two world wars.

The social work is seen by other social policy commentators as a strange and ripped profession, as there is no consensus and professional consistency among the social workers. It incorporates too many sub-domains, and its inter-disciplinary nature is placing it in too many social and administrative contexts, sometime giving the impression of deficit and lack of consistency. The social work systems are dependent on the socio-cultural traditions that differentiate the operational welfare models. At the same time the social work has a universal conceptual dimension that is releasing it from the ideological and political systems' constrains. Another type of differentiation among the social work systems is related to the organizational culture of the civil society. In many states, the civil society, through its institutional forms of manifestation, contributed to the revival of the social work (NGOs) giving the profession the freedom to growth autonomous from the public administration conditionality and limitations.

At the public speech level, all European states support the need to revise the curricular programs of social work both at the bachelor degree, master and doctorate programs. In this area of social work education IFSW and IASSW have adopted in their Adelaide meeting (2004) the *Global Qualifying Standards for Social Work Education and Training*, that include the necessary framework for developing new social work curricula.

While in the United States the education programs are developed for a long time based on high level quality standards, in many European countries the curricular reform is still at the beginning.

Some social work faculties in Eastern Europe seem to have been trapped in a few traditional disciplines grounded on the social sciences, ignoring the social changes of the last two decades that have generated new social issues that the traditional education programs have not addressed. Too much emphasis is placed on the traditional courses (sociology, psychology, medicine) to the expense of more specialty ones such as international perspectives in social work, corporate social responsibility, trans-national identities and multi-ethnic communities, emotional intelligence in social work, and the list may continue. A needed first step has been achieved by some European universities who have understood the mission of the Bologna process in achieving a European space of superior education where modern social work theories, evidence-based social work, case management, etc. are being taught. In many European countries, the social work curricula need rejuvenation so that the social work graduates are better able to adapt effectively to their professional contexts as required by the social work systems' beneficiaries. There are disciplines based on fundamental research programs that require new standards and qualifications. For sure, there are fundamental changes in the

production, economy, labour market division, changes that add up to a new modernization wave; social work is also on this agenda as it supports the vulnerable groups in the process of adapting to the radical social changes. Europe needs practitioners, researchers, professors and managers that are competent for social work.

Recently, the private social work providers are mentioned more often, alongside with the corporate social responsibility, marketing and global welfare etc. Decentralization, standardization and privatization of the social work seemed to be until recently marginal themes of the debates. Currently, however, in Europe these are a "new professional wave", of maximum urgency, although superficially debated (Schwartz, Kinnevey, 2003). In essence, the social work is not a liberal profession, but its practice may also take a private form – social workers may also be authorized private professionals (according to the legal procedures) that may compete for the different social projects of the local or central public authorities. There is also the possibility, still hypothetical for the time being, that the state social insurance budget reimburse the costs of the social services provided to the beneficiaries by the private social work offices. The public social services concept still prevails, as it is normal, marginalizing the concept of privatization of social work services. The debates around this issue, however, are leading the way to another change in the social work policies paradigm, and the "fascination" that the case management currently entails in Europe is a part of the policy that relates to the concept of privatization o social work services. We do not believe that it would be possible for "the entire social work to be privatized" but for certain services provided in certain social work departments. Privatization of social work is not a novelty – in the United States, it is a long-term practice in the clinical social work (i.e. counselling, therapy).

Such debates regarding the social work crisis are not common to Europe, but on the international arena, even in the states that do not have such developed social work systems like the USA, Canada (Munday, 2003, Rondeau, 2000). We do not deny the fact that there are states where social work is in crisis that takes different forms, such as the lack of recognition for the profession, the lack of professional social workers, the failure to recruit future social workers in the universities, less than optimal working conditions, weak employment rate of social workers in the public local institutions, eroded professional borders, lack of resources, etc. However, we consider that the social work is going through a critical stage in its organizational evolution and not a crisis regarding its scientific and professional structure and identity. Therefore, the current European debates related to introducing a new set of recognized social work qualifications will contribute, not by itself, but by bringing on the agenda the scientific and professional debate regarding the profession that will result in an international crystallization of the profession.

The evidence shows that the social workers can act efficiently in a variety of multidisciplinary and organizational contexts. The ethics and basic principles are far more important than the structures and the organizational or institutional arrangements.

The profession's emphasis on the inequality and on the poverty produced by the economic and social system is due to the increasing gap between poor and rich in the modern society, leading to exclusion and marginalization of the underclass. This is the reason for giving social work a significant role in the social policies. We are also seeing a change in the paradigm from the bureaucratic vision of the welfare state, associated with the social dependency of the vulnerable groups, to the prevention and innovation in the social

services. The non-governmental organizations are playing an active role in fostering the development of social support community networks and innovative social projects.

In addition to the globalization and the international perspectives of social work, the specialized conferences are also discussing themes related to rural social work, still relevant for many European countries where there are large percentages of the population living in the rural areas, characterized by poverty, social exclusion, poor health, and limited economic opportunities. The factors contributing to perpetuating a rural perspective are: the geographical positioning of the communities, the distribution of resources, and the difficult access to social services.

There are, as it is expected, different opinions related to the internationalization of social work practice and the universality of the social. The raising question, taking into account the cultural differences, is whether or not the social work may be developed in all countries, such as Iraq, China, in the absence of interventions as standardized by the Anglo-American researchers to the practical evidence of the communities? The answer is *yes* as all approaches tend to include intervention processes that can be easily adapted to all societies.

The social work systems, however, varies not only from one continent to another, but also within the same region, from the European bureaucratic systems, to the community-based, but overly formalized American systems, and to the Asian systems that prefer to approach the beneficiary as a member of his/her community and family. In most countries, whether they do have or not a strong social work tradition, there are professional organizations that protect the rights of their members.

Any country confronts social problems that eventually generate loss and grief for the people. The loss and grief is a theme that is always current for the social work as it passes through all times and human civilizations (Lyons, Manion, Carlsen, 2006; Kellehear, Collyer, 2007).

> "Loss is an integral part of the lifelong learning process, shaping our identities and personalities" (Bruce, Schultz, 2004, 15).

The loss is an internationally relevant concept for all social work systems as it affects families, groups, communities and even nations. Such an example is the situation generated in 2004 by the tsunami that happened in the Indian Ocean, that produced disasters of a magnitude that were never met before, affecting large population groups, huge trauma and losses at all levels. But the pain and the loss are met in schools, in the placement centres, in social shelters, in the elderly homes or the hospitals for the HIV/AIDS infected patients. Multiple losses are related to poverty, human trafficking, homeless people, people in conflict with the law, elderly, in general all types of exploitation and social exclusion. The most obvious situations in which the suffering and loss may be relevant are those of the patients in terminal stages, abused and maltreated children, refugee communities confronting uprooting and changes in their life style or communities in war-affected areas.

In a global evaluative framework, we can consider that the modern social work systems are characterized by the following:

• The existence of a social contract that connects the rights with responsibilities, a contract that aims at changing the focus from fighting the poverty to fighting social

exclusion. According to this contract, the rights must not be lifted beyond the responsibilities as such approach may lead to over-charging the state and transforming it in "an old man bent by the weight of the social problems". Therefore we must increase the investment in the social capital by creating equal opportunities, but also increase the personal responsibilities and mobilize the citizens and communities;

• They function in a given social, economic, political and cultural context. Between these context and the larger, external contexts there is a direct relationship. On one hand, the socio-political and economics contexts are influencing the goals, priorities and objectives of the social work interventions; on the other hand, the structural elements of the social work system influence the existing social context at any given time. Looking from this perspective, we may say that the social work contributes to social justice and reform (Ferguson et al., 2005);

• There are countries that have a tradition in developing social services, and countries where such services are missing. We can see states that have invested important financial resources in developing social work services and, therefore, they currently have advanced interventions, but there are also states that, either because of the poverty or the lack of interest for this matter, have neglected these services, thus, confronting serious social problems that can hardly find a solution;

• The politico-ideological, administrative and legislative systems, the recognition of the social needs, as well as the degree of country's overall development have a determinant role in the evolution of social work. This can be exemplified by the experience of the ex-communist European states and the dramatic changes in the Romanian social work system;

• Social work is a recognized need by most of the world's governments, a vital social service for the communities' development alongside with the health and education, a credible partner of the civilized world;

• Shifting the focus form the provision of specialized services to the prevention.

International Social Work

As a result of the globalization and its consequences, the social work became international. The practical interventions and, especially, the policies have passed the national borders for some time now. The global inter-dependence has created both new areas of responsibility and international opportunities for the social work (Dominelli, 2008). Thus, currently there are situations that can be described as follows:

• a social worker in a placement centre in Bucharest may be presented with the case of a refugee minor from Bangladesh needing shelter,

• a social worker, working for an agency in Los Angeles, sends periodic child reports to Kenyan public authorities responsible for inter-country adoptions,

• social workers from different countries are working as volunteers in humanitarian actions around the world,

• social workers organized in different professional associations are involved in prestigious European projects etc.

It is obvious that the internationalization of the social problems, as well as the modern ways of collaboration require new responses, adapted to the given situations. In

this context, we are talking about the need for innovation in social work. The creativity will take a lead role in the upcoming decades in the social work systems, both in the practical interventions and in the development of specialized service networks. For sure, the training of effective social workers must include:

• familiarizing with the history, purpose, functions and field of social work;

• knowing the differences and similarities in the public organization of the different international social work systems;

• knowing the important international agencies involved in social work;

• familiarizing with the modern theories and basic intervention methods as well as with the new concepts such as globalization, social development, human rights and trans-nationalism;

• knowing the role of the international organizations involved in setting up the social work standards and policies.

Although marginal until the early 90s, the concept of international social work has been launched after the Second World War. The global social changes have brought back the concept on the public agenda. The international social work is a complex concept (Healy, 2008) that includes multiple dimensions such as: comparative analysis, global social issues, international practice, humanitarian social work, both public and private, conferences and international professional collaborations, inter-governmental relationships, global vision.

> "International social work can also be defined as the composite of major concepts that inform its practice. Along with the body of social work theories and practice skills, concepts central to international social work are globalization, development, human rights, and transnationalism" (Healy, 2008, 16–17).

The current state of the modern social work systems must be seen in the larger context of the globalization, as this directly influences, by its modern forms of manifestation, the social work systems through the development of modern management and infrastructure, global communication, the creation of means for the development of effective human capital with expertise in the field, but also the generation of new social issues and thus, new categories of beneficiaries.

The concept is materialized in the actions that the specialized international forms, the networking in the field, as well as the global social problems.

The development, human rights, trans-nationalism, include social and humanitarian actions, being compatible with the social work values, mission and practice. The concepts are related to reducing poverty, economic and social wellbeing, as well as social justice.

We will analyze bellow a few aspects that constitute the object of the international social work:

• *global social problems generated especially by conflicts and natural disasters.* The conflicts and the dramatic events that are being registered at the international level, such as terrorist attacks, or the natural calamities such as the hurricanes, tornados, major earthquakes, fires or floods, have generated new social issues and thus victims, new categories of beneficiaries for the social work systems. Some of them are well known due

to their magnitude: the September 11, 2001 terrorist attacks on the USA; the Asian tsunami; the hurricanes and the tornadoes that have devastated cities like New Orleans – Katrina hurricane, the most devastating one on the American history; the devastating earthquakes in Turkey, Iran and China; the forest fires that have destroyed large areas and even cities; world wars; floods that affected especially Europe – just to mention the recent floods in Banat area; and the list of events and disasters can continue. In this context, we must mention that the human security concept is associated to the international social work one.

• *classic social problems (poverty, social and economic inequality etc.) that take a new shape and form, requesting innovative practices and interventions from the social work services.* Most states are confronting the housing issues, aging population, changes in the family structures, unemployment, social dependency, refugee camps, HIV/AIDS, environment issues etc.

• *the military, economic and social actions of a state directly affect the entire world* (exponential increase in the oil prices, financial crises, the military intervention of Russia in Georgia, the farmers and agriculture workers strikes, the strikes of the French students).

• *global communication*: the possibilities for professional interactions among communities of social workers have even exceeded the predictions of Jules Verne (internet, wireless, international databases, advanced search engines, video-conferences).

• *international public and private assistance*: we mention here the organizations such as UNICEF, USAID, UNAIDS, UNDP etc. that develop and implement technical assistance programs for the developing countries. In addition to the organizations that are being supported by the UN or by the national or federal governments, we would like to mention that there are private international organizations like CARE International and World Vision that implement social projects in many states of the world that do not have sufficiently developed social services to respond to the existing social problems in their communities. There are bilateral agreements among states regarding many aspects of the social life, including social protection agreements. We would like to mention here the European PHARE, POSDRU programs, and the LLP, FP7, ENOTHE research programs.

• *international specialized conferences that are frequently held on different themes, either under the patronage of IFSW or organized by other national structures, but with international participation.* These conferences are extremely important, as they facilitate the creation of cross-border relationships, *know how* exchange, dissemination of results of excellence research and specialized practices, the development of formal and informal networks, debates on the most recent themes. For example, in September 2008 in Baltimore (USA) was organized the international conference *International Social Work in the 21st Century* discussing the practical evidences in social work, the international child welfare issues, repatriation, immigration, housing, adoption, and other social work transnational issues. In April 2009, in Croatia, the European Conference *Social Action in Europe: Different Legacy and Common Challenges?* was organized. We have mentioned just a few of the meetings, but, annually, there are hundreds of such national, regional or international meetings that discuss global themes or specific aspects of the social work. The names of the organizations demonstrate the international themes and interests of the social work communities and we can mention here the professional network *International Consortium for Social Development.*

• *global vision:* all the above-mentioned aspects contribute to the development of a global vision in social work, innovative strategies and programs that can develop the services capable to

address the consequences and to prevent the manifestation of other global social problems. IFSW, as the international representative of the social work, has affiliated associations in 80 states and 470000 members from Europe, North and South America, Asia, Africa, CIS.

Conclusion

Our intent was not to close the discussion here, but rather to re-open the debate on the professional challenges and opportunities, at the beginning of the third millennium. We note a "fall in the future" of the profession, as it experiences permanent crises and issues related to its identity, despite the fact that its scientific status is well outlined and stabilized; the profession is naturally related to the social and the administrative-organizational contexts. There will definitely be new social services developed, especially with a role in prevention, but the social workers, especially those working in the local public authorities' institutions will continue to experience professional dilemmas and disillusions generated by the rigidity, resistance and inertia of the public administration institutions.

The social workers can respond to the general globalization-led trends by setting up a common identity and representative similarities in the context of acceptance of the differences between the states. The circle seems to close because social work is once again perceived as a social movement, as it was legitimated and validated one century ago. The national and international social work structures are very active both in Europe and North America, but now also in Asia and Africa. A new social work system is on the make, in addition to the Anglo-American one, the Afro-Asian system, with its own socio-cultural limits and characteristics.

The modern social work systems have a rather integrative function, as integrated social work systems operating under the influence of the globalization process.

In a culture of rapid and uncertain changes, social work remains a humane and creative profession, based on imagination, empathy and commitment, supported by the evidences that come especially from the emotional capital of the vulnerable groups.

References

Ambrosino, R., Heffernan, J., Shuttlesworth, G. and Ambrosino, R. (2007) *Social Work and Social Welfare: an Introduction*, 6th edition. Brooks/Cole Publishing.

Banks, S. (2006) *Ethics and Values in Social Work*, third edition. Palgrave Macmillan.

Bruce, E. J., Schultz, C. L. (2004) *Through Loss.* ACER Press.

Doel, M., Shardlow, S. M. (2005) *Modern Social Work Practice: Teaching and Learning in Practice Settings*. Ashgate Publishing Company.

Dominelli, L. (2008) Capacity building in the profession: an issue for international social work, in *International Social Work*, London: Sage/IASSW, ICSW, IFSW, 51, 4, 573–576.

DuBois, B. L. and Miley, K. K. (2007) *Social Work: An Empowering Profession*, 6th edition. Boston: Allyn & Bacon.

Epstein, L. (1999) The Culture of Social Work, in Chambon, A. S., Irving, A., Epstein, L. (eds) *Reading Foucault for Social Work*, New York: Columbia University Press, 3–26.

Ferguson, I., Lavalette, M., Whitmore, E. (2005) *Globalisation, Global Justice and Social Work*. London: Taylor & Francis.

Healy, L. (2008) *International Social Work. Professional Action in an Interdependent World,* 2th edition. Oxford: Oxford University Press.

IFSW (2009) *Definition of Social Work.* http://www.ifsw.org/f38000138.html, accesat în data de 06.12.2009.

Jordan, B. and Jordan, C. (2000) *Social Work and the Third Way: Tough love as social policy.* London: Sage.

Jordan, B. (2004) Emancipatory Social Work? Opportunity or oxymoron, *British Journal of Social Work*, UK: British Association of Social Workers, 34, 1, 5–19.

Kellehear, A., Collyer, F. (2007) Death, Dying and Loss in the 21st Century, *Health Sociology Review*, December. Australia: Content Management Pty Ltd, vol. 16, Issue 5.

Leybi, J. (1978) *A History of Social Welfare and Social Work in the United States, 1815–1972.* New York: Columbia University Press.

Lyons, K., Manion, K., Carlsen, M. (2006) *International Perspectives on Social Work. Global Conditions and Local Practice.* New York: Palgrave, Macmillan.

Meacham, M. G. (2007) Ethics and Decision Making for Social Workers, in *Journal of Social Work Values and Ethics,* 4, 3.

Munday, B. (2003) *European Social Services: a map of characteristics and trends.* Strasbourg: Council of Europe.

Payne, M. (2005) *Modern Social Work Theory*, 3th edition, Macmillan Palgrave.

Rondeau, G. (2000) *Challenges that Confront Social Education in Canada.* www.casw-acts.ca/SW-Forum/CdnSWForum-Challenges.

Schwartz, I. and Kinnevey, S. (eds) (2003) *Privatization in Social Services*. London: Praeger.

Shaw, I. F., Arksey, H., Mullender, A. (2006) *Recognizing Social Work*, in The British Journal of Social Work, February, UK: British Association of Social Workers, 36, 227–246.

Stepney, P. and Ford, D., eds. (2000) *Social Work Models, Methods and Theories: A Framework for Practic.* Lyme Regis: Russell House.

Systemic Perspectives on Social Work

MICHAEL KLASSEN[*]

In respect of the range of systems theories, generally there are two system-theoretical approaches which are prevalent within the German-speaking academic community of Social Work, albeit not equally so.

On the one hand, there is Luhmann`s theory of social systems (social work scholars: Dirk Baecker (1994), Michael Bommes und Albert Scherr (2000), Reto Eugster (2000), Frank Hillebrantd (1999), Peter Fuchs (2000), Heiko Kleve (2000) etc.) and, on the other hand, there is Bunge's system theory (social work scholars: Silvia Staub-Bernasconi (1995, 1998, 2002), Werner Obrecht (1996, 2001), Kaspar Geiser (2000) etc.).

Luhmann`s theory represents in particular a very popular approach within the social work theory and practice in Germany, Austria, Switzerland, Denmark and Italy.

This theory is intended to provide a basis for a specific social work domain.

Within the theory of Niklas Luhmann, „social systems … consist of communications and nothing but communications – not of human beings, not of conscious mental states, not of roles, not even of actions. They produce and reproduce communications by meaningful reference to communications" (Luhmann, 1987, 113). There are so many realities as observers, for every one of these is "a construction of an observer for other observers". There is no objective truth. The individual relates only to his own constructs and is not a member of the society and is being included or excluded depending on functional needs of the various social systems.

Social systems are autopoietic (self-organizing), self-referential, and autonomous, or impervious to external stimuli.

In the light of the theory of Niklas Luhmann, social work can be seen as a specific method of communication which has the aim to identify the reasons for necessary and legitimate help (Bommes & Scherr, 2000, 131). Social work is within this theoretical framework limited in its autonomy since it depends largely on social-political resource allotments

Regarding to the question of *social work and control,* the Luhmann' scholars in German social work Bommes & Scherr (2000, 45) emphasise that only those can be helped who are willing and able to be controlled. What it is a legitimate reason for help it

---

[*] University of Applied Sciences, Department of Social Work, Management Center Innsbruck, Universitaetsstrasse 15, 6020 Innsbruck, Austria, Phone: +43.512.2070-3410 +43.512.2070-3410, E-mail: michael.klassen@mci.edu

is defined by legal regulations. Social work provides assistance for conformity with the society rules.

Another Luhmann scholar – Baecker (1994) points out that there is no direct intervention in social work. Every success of a social work intervention is a result of a self-adaption of the problematic system.

In our opinion, many scholars who embrace this theory are distancing themselves from an objective understanding of social problems and limit themselves to analyse merely the communicative (media and political) construction of social problems.

The constrains of this theoretical framework are evident, since this approach limits itself to descriptions of theoretical strategies and does not provide a sufficient explanation towards better understanding of social problems and developing strategies for their resolution. The results of an empirical study, based on the analyses of the social problems of immigrants in Germany, show that Luhmann's theory proves itself inadequate for the social work practice and diminishes the role of the social work profession. In this study (Klassen, 2004), empirical evidence for the real and not medially constructed existence of social problems of the migrants was found. Some of these problems (unemployment, bad living conditions, domestic violence) are impacting on others and therefore are not "a construction of an observer for other observers". As for the autonomy of social work, social workers who have been interviewed emphasise that their decisions are primarily based on professional knowledge and skills. Where social-political resource allocations do not allow them to take specific actions some creative ways to implement professional social work decisions are sought. Considering the question of social work and control we found out that those migrants who are not willing and able to be controlled can also be helped. Some legal regulations which according to Luhmann (1997a, 1997b) are supposed to provide a legitimate reason for social work practice are against social and human rights of migrants and therefore to be opposed instead of complied with them as required by the UN-Manual (1992). In the study it was found that there is a direct intervention in social work. Further, this intervention is often necessary in order to prevent further damage (e.g. in the case of domestic violence).

But why is this theory so popular among the social science scholars and the field social workers? For social work academics, its complex and abstract structure promises to equip social work theory with a scientific foundation needed to be accepted in the scientific community of social sciences. On the other hand, for some social work professionals the implementation of Luhmann's theory is an easy way to abandon all responsibility for social work action since according to Luhmann´s approach a direct intervention into a system is not possible so that the consequences of social work action can be neither regulated nor foreseen (Staub-Bernasconi, 2002).

However, there is no need to abolish completely a systemic perspective in social work. There are alternatives that do not demand so many serious and unprovable assumptions as Luhmann's theory does.

One of these alternatives is the social systems theory developed by Mario Bunge (1996, 1998). This approach seems to be a more appropriate systemic view within the theoretical and practical fields of social work due to its ontological description and explanation of the processes relating to the fields of social work.

Bunge (1996, 20f.) defines a system as follows: "a complex object, where the parts and components are connected with other parts of the same object in a way that the whole has some characteristics, which are missing from its components – emergent properties".

In the sociological context, the concept of system used by Bunge is described as follows:

> "A social system is a concrete system, which is composed of social animals. These animals (a) share a common environment and (b) interact with others members of the system in cooperative ways.... A human social system is a social system which is composed of a human beings and their artefacts" (Bunge, 1996, 271).

This theoretical approach is analysed as follows

Mario Bunge´s Theory of Social Systems and Social Work

Prior to the further elaboration of social systems and Social Work it is necessary to clarify the view of those circumstances that Social Work tries to alter, i.e. what is its subject in a closer sense? In Social Work, these – according to Bunge´s scholars Staub-Bernasconi (1983, 1995, 1998), Obrecht (1996) and Geiser (2000) – are social problems, their determinants and consequences. Thereby social problems are "in language, pictures and terms covered and assessed mute, subjective distress of people in and from society and culture, which go back to unaccomplished needs and wishes" (Staub-Bernasconi, 1995, 105).

Social problems imply that either the problem itself has a social dimension, e.g. unemployment, isolation, or the problem results from a social mechanism, e.g. unequal access to education, repression.

Pursuant to Staub-Bernasconi (1983, 1995, 1998) and Geiser (2000) the following problem dimensions can be identified:
a) Skills and accouterment problems
b) Inter-exchange problems
c) Power problems
d) Socialized values – criteria problems.
These problem dimensions are described in depth in the following paragraphs.

a) Skills and accouterment problems are connected with the different participation of individuals in health related, medical, mental, social and cultural resources of society. Staub-Bernasconi (1998b, 15ff.) specifies the following dimensions of skills and accouterment of an individual, which can become the origin for Social Work:

• The physical accouterment with attributes like health, integrity, sex, age, colour of the skin etc.

• The socio-economical (education, work, income, property) and socio-ecological accouterment (accouterment of the particular context, for example of the specific housing area)

• The accouterment with capacities of cognition based on brain features coming from the central nervous system

• The symbolic accouterment as ability to use terms, statements and statements-systems

• The accouterment with decision-making and responsibility.

"Social Problems in the accouterment area can be first described summarily as qualitative and quantitative deficits or surpluses of accoutement primarily of individuals and secondarily of social systems…" (Staub-Bernasconi 1998, 17f).

    a. Inter-exchange problems: "Problems of asymmetry give and take and therewith inter exchange relationship which are not based on mutuality" (Staub-Bernasconi 1995, 106).

    b. Power problems: individuals stand both within a social system and between social systems in vertical and hierarchical relationships, respectively. So some possess more goods and (or) they represent a controlling decision authority. The availability of powerful recourses is together with the roles and social positions of the resources crucial to determine, whether they stand in power or in powerlessness position (cf. Staub-Bernasconi, 1983, cp. Geiser, 2000).

Whether power is problematic depends on the rules with which resources/goods, human beings/positions, ideas/values as well as methods of enforcement (award and punishment) are linked and controlled.

In this context, Staub-Bernasconi distinguishes (1998, 29) between rules and power of confinement and hindrance.

• Confinement rules "(…) provide all human beings with the right to use (…) the resources of their (the) society, but at the same time impose the duty on everybody to do their best, to care for themselves and their dependants (…); they care in the broader sense that individuals are not able to abolish and arrange accoutement at the expense of others" (Staub-Bernasconi, 1998b [1994], 29).

• Rules of hindrance limit downwards and de-limit upwards. Therefore, they are socially selective.

Social problems of disadvantage or preference result in connection with these rules.

• Socialized values – criteria problems

All human beings are able to process cognitively the real existence and to accomplish the analysis and the comparison of the as-is state with the target state, so that they can create their individual and common perception of the "good" as the favoured states and processes. These perceptions or semantic systems are values. Values can become part of a culture or sub-culture if they are shared by all, many or some people. Values which are qualified within the scope of corporate processes of negotiation for all or a specific group are as general and binding manifested and achieved with a controlling accessory are criteria.

If you consider value and criteria topics inherently, you can expound the following points:

• the difficulty of the collectivisation of values to criteria which either exclude each other;

• the lack of values and criteria and consequently the impossibility of articulation of the unfulfilled basic needs, the animadversion of illegitimated wishes, injustice, ideology and bondage etc.;

• the non-fulfillment or disrespect of already existing criteria and accordant norms;

• the disposing in the appliance of criteria and the strategic renaming of the accordant values;

• the active deconstruction of existing values: either in the form of trivialisation or in the form of demonisation of values (cp. Staub-Bernasconi, 1998, 39f).

In the next step, we will analyse how Bunge's approach in social work can be applied to the social problems of migrants and refugees in Austria, in order to show how this approach can be made to work in Social Work.

Social Problem Dimensions and Migrants: an example

The conceptualisation on the basis of Bunge's system theory should first address the understanding of migration. Here I will refer to the Obrecht's comments (2000) that describe and analyse migration from the perspective of Bunge's system theory.

Migration on the basis of Bunge's system theory

Relating to migration, Obrecht (2000, 72) itemises the following:

1. "Migration is an omnipresent process and it appears in two shapes, as internal or internal migration (…) and as intersocietal in particular as international peregrination (migration). (…)

2. Concerning migration two aspects have to be explained: i) the rate and ii) the 'direction' of migration processes whereas measuring rates assumes that there is a dimension of space in which the streams are moving.

3. Since migration is a movement in the physical space (indeed, the physical space of the present) it is however completely socially structured (territorial nation states) and migration furthermore seeks social (vertical) changes, it can reasonably be pictured on a coordinate plane that includes the dimension of social space."

In terms of migration's determinants on a *personal level,* Obrecht (2000) mentions various reasons for these movements. For foreigners in Austria – as well as for all other migrants – it is true that the main reasons for leaving their country originate from the "chronic failure of fulfilment of needs"(idem, 72).

As mentioned earlier, according to Staub-Bernasconi (1983, 1995, 1998) and Geiser (2000) the following problem dimensions can be identified:

a) Skills and accoutrement problems
b) Inter-exchange problems
c) Power problems
d) Socialized values – criteria problems.

These dimensions can be applied to the phenomenon of migration in the following way:

Skills and accoutrement problems of the migrants and refuges in Austria

• The physical accoutrement means often in the case of migrants and refuges that they are frequently discriminated against because of their colour of the skin, but also sex since women are more likely to be discriminated against in Austria, especially if they are

of foreign nationality. Often, the migration population suffers from bad health conditions because of the lack of appropriate health care at home but also in Austria, especially if they are illegal migrants. In many cases, however, migrants' only one source of power is their health and body which allows some of them take on heavy manual work in industry but discriminates against them in terms of working conditions.

• The socio-economical (education, work, income, property) and socio-ecological accoutrement means in our analytic case that migrants and refuges are often less educated and more frequently unemployed in comparison to general population in Austria. Concentration in specific housing areas contributes to their segregation and isolation.

• The symbolic accoutrement as ability to use terms, statements and statements-systems is probably the most important one in this framework: It can be stated that many social problems of migrants and refuges in Austria are linked to their insufficient language skills. Language barriers can be considered determinant for numerous social problems. The insufficient language skills are certainly skill problems but they are also accoutrement problems since there are not enough resources for language training and preparation. In the case of refugees, it might be even an intended outcome of resources allocation since often integration is not an ultimate goal but eventual deportation to their home country.

Inter-exchange problems – spatial and social isolation

Spatial and social isolation – limited chance of interaction and possibility of exchange – is one of the most crucial social problems migrants and refugees experience after they arrive in Austria. Especially, refugees are often put in isolated camps where they have to stay until the decision on their case is determined.

After entering the country social interaction is often predominantly confined to fellow countrymen and so it is not possible to get in contact with the local Austrians. It is essential here to find out through social work research, if this social isolation is experienced as spatial segregation through proximity to other migrants. Another question is whether this spatial segregation and social isolation intensifies in a way that leads positively to cumulative interdependencies.

Power problems – intrafamilial tension, exchange asymmetries and intergenerational as well as gender related power issues

Because of changes in the social family network, a lot of intrafamilial tension appears among foreigners of non-EU-countries since different generations in migrant families go through the process of integration at different speeds so that children and youths who are linguistically and socially better and faster acculturated have suddenly, against their tradition, more to say and even act as intercultural mediators (cp. Schmitt-Rodermund und Silbereisen 1999). The parents' loss of competence in the eyes of their children could possibly lead to familial tensions and generation gaps and even to a breakdown of kinship solidarity.

Furthermore, the possible intrafamilial patriarchal power and possibly violent relationships have to be verified or falsified.

Socialized values – criteria problems

Criteria problems arise leading to some rights e.g. the human rights of the migrants are being denied or abolished or ridiculed. In this case according to Staub-Bernasconi (2002) Social Work has to identify these problems, make them public and advocate for social change and universal social and human rights even if against the national and local legislation.

In particular, that means:

• Challenging the non-fulfillment or disrespect of already existing criteria and accordant norms such as human and social rights as well as engaging in anti-discriminatory practice as adopted by the UNO and the EU in relation to migrants and refugees.

• The disposal in the appliance of criteria and the strategic renaming of the accordant values: the value of autonomy and freedom is suddenly of no relevance for those refugees who are not allowed to leave their first-time-registration camps without approval of the authorities.

• The active deconstruction of existing values: either in the form of trivialisation or in the form of demonisation of values: the human rights of religious tolerance, freedom, and understanding are all of sudden of no value if a Muslim community intends to build a mosque in an Austrian community.

The above text represents an attempt to show how different the system approaches in Social Work are and what they can (and what they cannot) contribute to the solving of social problems.

Further research needs to be done in order to identify more underlying social problems and - more importantly - to explain them.

References

Baecker, D. (1994) Soziale Hilfe als Funktionssystem der Gesellschaft. Zeitschrift für Soziologie, 23. Jg., 93–110.

Bommes, M. & Scherr, A. (2000) Soziologie der Sozialen Arbeit. Eine Einführung in Formen und Funktionen organisierter Hilfe. Weinheim: Juventa.

Bunge, M. (1996) Finding Philosophy in Social Science. New Haven / London: Yale University Press.

Bunge, M. (1998) Social Science Under Debate: A Philosophical Perspective. Montreal: University of Toronto Press.

Eugster, R. (2000) Die Genese des Klienten. Soziale Arbeit als System. Bern: Haupt.

Fuchs, P. (2000) Systemtheorie und Soziale Arbeit. In: R. Merten (Ed.). Systemtheorie Sozialer Arbeit. Neue Ansätze und veränderte Perspektiven (S. 157–175). Opladen: Leske + Budrich.

Geiser, K. (2000) Problem- und Ressourcenanalyse in der Sozialen Arbeit: eine Einführung in die systematische Denkfigur und ihre Anwendung. Luzern: Verlag für Soziales und Kulturelles; Freiburg im Breisgau: Lambertus.

Hillebrandt, F. (1999) Exklusionsindividualität. Moderne Gesellschaftsstruktur und die soziale Konstruktion des Menschen. Opladen: Leske + Budrich.

Klassen, M. (2004) Was leisten Systemtheorien in der Sozialen Arbeit?. Ein Vergleich der systemischen Ansätze von Niklas Luhmann und Mario Bunge. Bern: Haupt.

Kleve, H. (2000) Die Sozialarbeit ohne Eigenschaften: Fragmente einer postmodernen Professions- und Wissenschaftstheorie sozialer Arbeit. Freiburg im Breisgau: Lambertus.

Luhmann, N. (1975) Formen des Helfens im Wandel gesellschaftlicher Bedingungen. In: N. Luhmann. Soziologische Aufklärung 2, Ansätze zur Theorie der Gesellschaft (S. 134–149). Opladen: Westdt. Verlag.

Luhmann, N. (1987) The Evolutionary Differentiation Between Society and Interaction. In J. C. Alexander, B. Giesen, R. Münch & N. J. Smelser (Eds.) The Micro-Macro Link. (112–134), Berkeley: University of California Press.

Luhmann, N. (1988) Soziale Systeme: Grundriss einer allgemeinen Theorie (2. Aufl.). Frankfurt a. M.: Suhrkamp.

Luhmann, N. (1997) Die Gesellschaft der Gesellschaft, Erste und Zweiterr Teilband. Frankfurt a. M.: Suhrkamp.

Obrecht, W. (2000) Soziale Systeme, Individuen, Soziale Probleme und Soziale Arbeit. Zu den metatheoretischen, sozialwissenschaftlichen und handlungstheoretischen Grundlagen des „systemischen Paradigmas der Sozialen Arbeit". In: R. Merten (Ed.). Systemtheorie Sozialer Arbeit. Neue Ansätze und veränderte Perspektiven. (S. 207–223). Opladen: Leske + Budrich.

Ritscher, W. (2002) Systemische Modelle für die Soziale Arbeit. Heidelberg: Carl-Auer-Systeme.

Staub-Bernasconi, S. (1994) Soziale Arbeit als Gegenstand von Theorie und Wissenschaft. In: W. R. Wendt (Ed.). Sozial und wissenschaftlich Arbeiten. Status und Positionen der Sozialarbeitswissenschaft (S. 75–104). Freiburg im Breisgau: Lambertus.

Staub-Bernasconi, S. (1995) Systemtheorie, Soziale Probleme und Soziale Arbeit: lokal, national, international oder: vom Ende der Bescheidenheit. Bern: Haupt.

Staub-Bernasconi, S. (1998 [1994]) Soziale Probleme – Soziale Berufe – Soziale Praxis. In: Heiner, M., Meinhold, M., von Spiegel, H. & Staub-Bernasconi, S. Methodisches Handeln in der Sozialen Arbeit. 4. Auflage. (S. 11–137). Freiburg im Breisgau: Lambertus.

Staub-Bernasconi, S. (2000) Vom gescheiterten MAI-Vertragswerk zum erfolgreichen WTO-Liberalisierungsprogramm?. SozialAktuell, 9, 2–6.

Staub-Bernasconi, S. (2001a) Soziale Arbeit im Rahmen einer neuen globalen Ordnung. Nachlese zu einer Joint Conference of IASSW und IFSW in Montreal/Canada, 30.07–03.08.2000. SOZIALextra, 4, 36–38.

Staub-Bernasconi, S. (2001b) Was wäre zu tun, wenn sich die Soziale Arbeit transnationalisieren würde?. SozialAktuell, 5, 5ff.

Staub-Bernasconi, S. (2002) Vom transdisziplinären wissenschaftlichen Bezugswissen zum professionellen Handlungswissen am Beispiel der Empowerment-Diskussion. In: *Hochschule für Soziale Arbeit Zürich* (Ed.): Themen der Sozialarbeitswissenschaft und ihre transdisziplinäre Verknüpfung (S. 34–47), Fachtagung vom 5. März 2002, Zürich: Hochschule für Soziale Arbeit.

United Nations (1992) *Human Rights. Teaching and Learning about Human Rights*. A Manual for Schools of Social Work and the Social Work Profession. A publication of the U. N. Centre for Human Rights in cooperation with the Intern. Federation of Social Workers and the Intern. Association of Schools of Social Work, New York.

Individualism and Social Work:
The Case of the Third Way in the UK

BILL JORDAN[*]

The central values of the social work profession – such as self-determination and the equal value of each person – concern individuals' rights to make choices and fulfil potentials. These rights are asserted against the power of others with authority – derived from family roles, cultural traditions, kinship and tribal structures, or government organisations – to dominate, oppress or restrict, to injure or abuse. They also limit the power of social workers themselves, both as state officials and as representatives of class, faith or ethnic interests and ideologies.

These values are of special importance in the former communist countries of Central and Eastern Europe, where citizens endured several decades during which individual liberties were sacrificed to collective purposes, and social work scarcely existed. The human rights, which replaced such statist regimes in the new constitutions, drafted after 1989 paid special attention to the freedoms of individuals under democratic forms of government. These still differentiate constitutional democracy from the situation in those autocratic, theocratic and one-party states which survived that transformative moment in world political history.

Yet it is now coming to be recognised that individual rights to choice and self-determination are necessary but not sufficient conditions for a good society, and for the quality of life of populations. Many of the issues which social work exists to ameliorate – poverty, exclusion, mental and physical distress, emotional cruelty, neglect, violence, dishonesty, alcohol and drug abuse – are now recognised as being exacerbated by individualism, defined as the assertion of individual claims to resources, roles and social advantages against the requirements of civility, community, solidarity and mutual responsibility. In this sense, individualism comes to be seen as the negative side of freedom, just as authoritarian was the price paid for socialist collectivism.

In the United Kingdom (UK), several recent publications have emphasised these negative features of individualism. For instance, Wilkinson and Pickett (2009), in a systematic comparison of both national statistics and data from states of the USA, found that those with the highest rates of income inequality also had the highest rates of crime, violence, mental disorder and family disruption, as well as the lowest rates of self-

---

[*] University of Plymouth, UK, School of Applied Psychosocial Sciences, The Cloisters, St Luke's Campus, Heavitree Rd, Exeter, Devon, EX1 2LU, Telephone:+44 (0) 1392 262873, E-mail: bill.jordan@plymouth.ac.uk

assessed well-being. These phenomena in turn were linked to forms of individualism expressed in claims to self-ownership and self-realisation of various kinds, from the brittle, insecure assertiveness of youth to be defensive, possessive materialism of middle and older age. Layard and Dunn (2009, 6) related the finding that the UK and USA ranked lowest among 25 rich OECD countries for child well-being to "excessive individualism", which put making the most of one's own life before contributing to the good of others, and promoted striving for competitive advantage over care for each other. And a survey by the Joseph Rowntree Foundation of Contemporary Social Evils found that a cross-section of the UK population blamed individualism for the worst of these problems (Unwin, 2009, 4).

In this article, I shall argue that the political movement, which promised to transcend these negative consequences of individualism, by reconciling global capitalism with the values of justice, equality and opportunity, and community – the Third Way –, has failed to do so. In the aftermath of the financial crisis of 2008–2009, it is possible to recognise the dimensions of this failure, as the USA and UK enter a period of relative austerity, with rising unemployment and poverty. Especially in the UK, where the New Labour governments of Tony Blair and Gordon Brown held office from 1997 to May, 2010, individualism is coming to be seen as an enduring feature of Third Way regimes, and the root of many of their shortcomings.

Furthermore, social work itself was compromised by its uncritical acceptance of the rash promises of Third Way governments. Using examples from the UK, I shall argue that the Blair-Brown programme to "modernise" social services involved the adoption of forms of funding, management, target-setting, inspection and accreditation which undermined professional social work practice, and substituted judgement, evaluation and critique by mechanistic, impersonal processes (Jordan, 2010). Both public and charitable (voluntary) sector organisations were infected by an obsession with targets and outcomes, electronic recording and managerial oversight, all justified in terms of individual "choice", "independence" and "self-responsibility" (Jordan, 2007).

It is rather surprising that the political challenge to the individualistic basis of the Blair-Brown New Labour reforms of the social services in the UK should have come from the party of Margaret Thatcher. The scourge of state socialism in Central and Eastern Europe before 1989, she also attacked the collectivism of the welfare state as a champion of individual choice. But, as leader of the Conservative Party, David Cameron has redefined its message, emphasising community, association, mutuality and solidarity as the new bases of citizenship, and for public and voluntary services (Cameron, 2009, 2010).

In this he has drawn on the work of a former lecturer in theology, Phillip Blond (2009a, b and c, 2010), who attacks both Thatcher and New Labour for undermining the traditional loyalties of working-class districts, and the traditional virtues of working-class cultures, and substituting them with atomised and rootless forms of individualism, which allow no sense of support and belonging, no participation or engagement. I shall argue that some of Blond's criticisms do apply to developments in social work in the UK; and that although social workers have good reasons to fear that the new coalition government, led by David Cameron, will impose damaging cuts on the provision of services to those in need, there is real justification in the criticisms of New Labour's approach, and of the profession's willingness to adopt its principles.

The Third Way: Contracts and Management

The Third Way emerged in Australia (Latham, 2001) and the USA (Waddan, 1997) under Paul Keating and Bill Clinton before it was adopted by Tony Blair, under the guidance of the sociologist Anthony Giddens (1998). Blair claimed it as new moral project for reconciling global economic forces with the (modified) values of socialism and feminism – "equality, opportunity for all, responsibility and community" (Blair, 1998, 3).

Underpinning these claims were ideas about new forms of individual identity which had emerged in the 1980s. According to Giddens (1991, 18–19), "late modern" selves were "post-traditional"; they constructed and realised themselves through reflexive narratives of "authenticity". Such individuals were not bound by traditional norms or loyalties, but negotiated the terms of their relationships with others. The social order was no longer made up of collectivities, based on kinship, class, district or nation, but on 'intimate' partnerships and households (Beck and Beck-Gernsheim, 1995; Jamieson, 1998), and contractual arrangements. People's affiliations to groups were based on choices, and such units were fluid and shifting, allowing easy entry and exit.

As Niklas Rose (1996) has pointed out, this allowed New Labour (and its imitators in Europe, including Gerhard Schroeder in Germany, and Silvio Berlusconi in Italy) to develop new ways of governing – by getting citizens to be "self-responsible" and 'self-improving', to be 'independent', providing for their needs from work, private pensions and bank loans, rather than turning to the state for support. Indeed, New Labour defined a New Contract for Welfare (DSS, 1998, 80), in which each individual and family had a duty to seek such self-reliance, with the state helping only those who had tried but failed in this endeavour.

The role of government was defined in terms of regulating economy and society in ways which supplied such individuals with the information and incentives that would allow them to make the best of themselves in a competitive-environment (rewarding enterprise and initiative), and yet bring about socially desirable outcomes when all their choices were summed together – 'the "101" of behavioural change, and the co-production of outcomes, is information plus incentives' (Halpern, 2010, 241). This approach to social policy mirrored that of New Labour's economic management, especially in relation to the regulation of the financial sector (Stiglitz and Greenwald, 2003).

These ideas contributed to an impersonal, mechanistic view of the tasks of government, which infected the redesign of the social services. Blair and Brown were influenced by the theories of "economic psychologists" and "behavioural economists" (Cialdini, 2001); they aimed to construct a "choice architecture", favouring certain options, as in the design of supermarket layouts (Thaler and Sunstein, 2008). This led to the assembling of massive IT programmes, with comprehensive databases about citizens as users of public facilities, and the drawing up of a panoply of targets, standards and checklists for practitioners in services.

So the aim of the reforms of the social services was to promote voluntary exchanges between individuals for their reciprocal advantage, and this was seen as best achieved by means of contracts. On the one hand, public agencies contracted with each other, and with commercial firms, to supply specific units of service, according to detailed specifications and costs. On the other, a new range of contracts was imposed on

those who were deemed to have lived up to their responsibilities as "independent" citizens – parenting contracts, learning contracts, behaviour contracts, job-search contracts, and so on. These arrangements were often defined in terms of the behavioural patterns that they sought to change; they aimed to alter actions derived from the cultural life of dysfunctional families, groups or communities. In this way, contract was seen as connecting culture (seen as a bad influence on behaviour, as in "dependency culture", "gang culture", "drug culture', "gun culture" etc). Contracts influenced individuals towards self-responsibility, and allowed sanctions against those who slid back into group-orientated activities.

This did not imply that New Labour ignored the positive potential of communities. In relation to deprived distinct, it recognised the links between members as potentially important forms of "social capital" (Putnam, 2000; Helliwell and Putnam, 2005), as long as these in turn connected them with the mainstream (through employment, home ownership and consumption). This implied that "bridging" social capital, creating loose networks, was more beneficial than "bonding" social capital, in which cultures developed against the mainstream, between members of marginal or deviant groups, and where networks became "too strong" (Giddens, 2001, 63). Bridging social capital, enabling things to be done informally, on the basis of trust, constituted the "hidden wealth of nations" (Halpern, 2010), but society as a whole should be made up of sovereign, autonomous individuals, status should be negotiable, groupings temporary and shifting, and people should constantly be choosing and moving between districts, facilities, amenities and service providers, constructing their life projects in a pick-and-mix fashion, rather than becoming constrained by loyalties to the norms of a district, a faith or an ethnicity.

This model was reflected in the organisation of social care. Policy promoted a diversity of suppliers of domiciliary support and residential provision, and aimed to allow service users to combine elements of these in their own ways, through individualised care budgets (Department of Health, 2005). Although this resembled systems in Germany and the Netherlands at the individual level, it lacked the collective funding achieved in those countries in the early 1990s, when risks of needing such care were pooled within Social Insurance systems. In England and Wales, people with savings had to fund their own support; only in Scotland was care-provided at public expense to all citizens.

In child protection, managers sought to monitor risk by gathering detailed information, and offering structured programmes of support. Assessments of children in need noted age-related measures of development, based on a model focused on milestones and stages. It was criticised for atomising the child, fragmenting information about the family, and assessing parents in terms of "strengths" and "deficits", but not relationships, interactions or histories (Hall et al., 2010). All this fitted in with an approach to "investing in children", aimed at improving their employment potential, but often cut across the kinds of concerns, which had informed child care practice in longstanding practice cultures.

These developments opened up Third Way policy in general, and the reformed social services in particular, to the criticism that they comprised a dense network of surveillance (symbolised by CCTV cameras, far more prevalent in public spaces than anywhere else in Europe), regulation and sanctions (such as the criminalisation of minor

infringements), and the conversion of professional practice into a mechanistic process of formalised procedures, over-managed and target-driven, with many perverse incentives and unintended negative consequences.

Above all, while there was a great deal of coordination, partnership and strategic networking between the senior managements of social service agencies, and many joint plans and collaborative structures were established, citizens faced these complex systems as individuals, and were assessed for each service by separate (often lengthy) processes. The experience of seeking help over problems spanning a number of issues was a daunting and often frustrating one, inducing feelings of isolation and powerlessness. The Big Society was essentially a response to these perceptions.

The Origins of the Big Society Idea

In UK politics, the Conservative Party has found it difficult to transcend the combination of market-friendly reforms and strongly nationalistic postures, which characterised Margaret Thatcher's administrations. On the face of it, the party was an unlikely milieu for the emergence of a critique of the Third Way programme, based as that was on an orthodox microeconomic analysis of social interactions between rational individuals in pursuit of maximum utility, leading to efficiency and value-for-money in the public services. In all these respects, New Labour had faithfully adopted an updated version of Margaret Thatcher's approach - as modified by the World Bank (Stiglitz, 2001, 2002) – and attempting to introduce redistributing by stealth (Newman, 2002), mainly through tax credits.

However, a number of social phenomena – failing marriage and rising divorce rates, increasing prison populations, public disorder, drunkenness and drug abuse, child protection scandals – rang alarm bells and stirred pre – Thatcherite concerns about the family, public order and civility in the Conservative Party. The former leader, Iain Duncan Smith, set up the Centre for Social Justice (CSJ) to address these issues, and consulted with a range of experts and opinion-former outside Conservative circles, including the highly respected social worker and community organiser, Bob Holman (2000).

The work of the Centre was soon complemented by that of a lecturer in theology, Phillip Blond, a self-proclaimed "Red Tory" who published a series of provocative and original articles in leading newspapers and journals (Blond, 2009 a, b and c). His impact was quickly recognised by David Cameron, who brought him to London, and set him up in a think-tank to develop these ideas.

Blond's key notion was that Thatcherism had ultimately failed, because its attempt to democratise capitalism, by redistributing wealth from big banks and corporations to individuals, associations and communities, had never been realised. Instead, the monopoly state of Old Labour had been replaced by monopoly capital, leaving ordinary people as poor and powerless as ever. The solution was to devolve power and resources to a new set of local organisations – mutuals, cooperatives, social enterprises, charities and neighbourhood associations, as well as local authorities.

He placed this analysis in the context of an intellectual tradition going back to Burke at the end of the eighteenth century, but including Romantic Tory radicals, Disraeli, Ruskin, and the Catholic Distributists, Belloc and Chesterton. Appearing during

the ferment of ideas provoked by the financial melt-down, his was a distinctive new voice, which immediately attracted attention. It argued against individualism and the economic approach to social issues as much as against state-imposed systems, and for a revival of the kinds of working-class collective action which had been neglected and despised by the Blair and Brown governments.

There are obvious synergies between Blond's ideas the Duncan Smith/CSJ concerns. Although Blond does not write much about poverty and demoralisation, he appeals to the nineteenth century traditions within which working class solidarities were formed – self-help organisations such as friendly societies, building societies, funeral clubs, Christmas clubs, and mutualities and cooperative associations generally. Above all, he proposes the reconstruction of the fabric of civil society through the associative principle – the creation of a strong network of interdependence between members of communities, based on common stakes in various kinds of trusts and funds, shared between members.

This appeal to the idea of a moral order built through face-to-face interactions within institutions which embody the ideals of trust, reciprocity and the pooling of risks and benefits. In so far as this is a Conservative tradition at all, it is not a twentieth-century one, and it flies directly in the face of the individualism, rational self-interest and acquisitiveness of Thatcherism. But it also appeals to forms of Labourism (including the trade union and cooperative movements) which have been marginalised and dishonoured by New Labour.

Blond has been both criticised (Kettle, 2009) and satirised (Raban, 2010) from the left of the political spectrum, because of his alleged naivety about the economic basis for his proposed social order, and because of his backward-looking appeal to an age of village-style relationships, local banks and shops, and the integrating role of the parson and postmistress.

But – in an election campaign in which ideas about the future of society were conspicuous by their absence – Blond's were the only new ones paraded by the party leaders. They are of interest to social work because they point towards justifications for practice in terms of interdependence and the pooling of risks in communities, which have been kept alive mainly in poor countries (Midgely, 1990), and by community organisers like Bob Holman.

How the Big Society Might Work

The concept of the Big Society has been justifiably criticised for its vagueness - policy implications of the approach have been spelt out in only the broadest terms. In the Conservative Party election manifesto of May, 2010, the goal of building the Big Society was described in terms of redistributing power, reforming public services and stimulating new organisations. "We will use the state to help stimulate social action, helping social enterprises to deliver social services and training new community organisers to help achieve our condition of every adult citizen being a member of an active neighbourhood group. We will direct funding to those groups that strengthen communities in deprived areas, and we will introduce National Citizen Service, initially for 16 year olds, to help bring our country together" (Conservative Party, 2010, 37).

The tone of this passage is almost Maoist, conjuring up as it does an image of "community organisers' going from door to door to drum up unwilling volunteers to perform their civic duties and conscripting apathetic youths. But the document portrays the thrust of these measures as being to redistribute power from the state to society, 'from the centre to local communities, giving people the opportunity to take more control over their lives,' in order to 'mend our broken society, and rebuilt trust in politics (ibid)".

Social work's role in these transformations is far from clear. On the one hand, 'community organisers' might be drawn from the profession, especially if the emphasis of training shifted from the technocratic competences of the New Labour orthodoxy back towards a broader understanding of the social origins of individual problems. The only other clue lies in the proposal, under the heading 'public service reform,' to involve social enterprises, charities and voluntary groups to play a leading role in delivering services and tackling deep-rooted social problems,' funding those developments from a Big Society Bank, using unclaimed back assets (37).

But another aspect of this agenda is the idea that productivity and value-for-money in the public services can be improved by enabling staff to develop co-operations and mutualisation as a way of transforming public assets and revenue streams. "We will encourage them to come together to form employee-led cooperatives and bid to take over the services they run. This will empower millions of public sector workers to become their own boss and help them to deliver better services – the most significant shift in power from the state to working people since the sale of council houses in the 1980s" (Conservative Party, 2010, 27).

These are large claims, and to understand how they might work out it is necessary to turn to education, the area in which these policies are developed in most detail, and where they have been implemented immediately following the Queen's Speech of 25 May 2010. Here the programme allows all schools to apply to be 'academies', which means that they win independence of local authority control, and gain the 10 percent of funding which would otherwise go to these authorities. It also enables teachers, parents or firms to apply to set up new schools, also independent of local government control.

The inspiration for these innovatory projects comes partly from Sweden, where a similar programme led quickly to the creation of 150 new schools, mostly run by commercial companies; and partly from the USA, where Charter Schools have been set up by teachers and parents. The precedent most quoted by the new Secretary of State for Education, Michael Gore, was that of New Orleans where – following the devastation of Hurricane Katrina – the whole schools system was taken over by mainly young and idealistic educationalists, who immediately produced attainments far higher than those recorded by the previous Schools Board administration, with mainly disadvantaged pupils.

The manifesto claims about the scope of public sector transformation anticipated from these measures suggest that major shifts in social work organisation and practice are envisaged. Advocates for the proposals argue that they have allowed the enthusiasm and dedication of staff to be harnessed to the work in ways that were impossible under earlier systems, which were over-managed and over-standardised. Critics suggest that the startling improvements achieved in New Orleans are unsustainable – stress and burn-out will soon afflict staffs who work excessive hours, under unrealistically high expectations.

David Cameron is keen to emphasise that the Big Society approach is a long-term project, a culture-shift which aims at nothing less than changing social relations. "If we stick the course and change this country then we will have a national life expanded with meaning and mutual responsibility. We will feel it in the strength of our relationships – the civility and courtesy we show each other ... and we will feel it in our culture – a new can-do and should-do attitude where Britons once again feel in control of their lives. This is not the work of one parliamentary term, or even two ... It will take more than a generation" (Cameron, 2009, 2).

Here again the emphasis is on shifts in public culture, away from individualism towards stronger communal bonds, of civility as well as self-help. It remains to be seen to what extent these idealistic appeals disguise the kinds of cuts to social services - in the name of transfer of responsibilities to the voluntary sector - which occurred under George W. Bush in the USA. Social work has plenty to fear from yet further re-organisation, and there are no clear indications of how it will gain from this shift. The prospect of being accountable to local bodies which are themselves not democratically elected or under public scrutiny will raise more fears. There will certainly be losses as well as gains from any such transformation.

Conclusions

The 'excessive individualism which researchers have identified as underlying a malaise in UK society is also associated with reforms in public services which are now being partially reversed. I have argued that the Big Society was a specific response to the direction taken by New Labour policies, especially 2002, with the expansion of spending on the public services. The very technocratic, formal, managerial and economistic approach, using information, incentives and contracts, together with surveillance and sanctions to influence individual behaviour, invited a riposte in terms of localism, mutuality, participation and enthusiasm, as well as professional expertise and judgement. In order to mobilise around these ideas, David Cameron had to convince his party that the bit of the Thatcher legacy encapsulated in her notorious denial of the existence of society must be jettisoned. In the event, the coalition with the Liberal Democrats helped him to accomplish this.

New Labour further discredited itself with the scandals around MPs' expenses, and the attempt by ex-ministers to sell themselves (as 'taxis for hire') to a bogus lobbying consultancy; if their systems of regulation could not control their own insiders' actions, they must be flawed. Public service scandals such as the avoidable deaths and neglect of patients in hospitals recently given a prestigious status, and the death of Baby Peter, a child under close observation by the social work services in Haringey, London, revealed that positive assessments by inspection bodies such as the Healthcare Commission and Ofsted were misguided; and costly IT schemes at the Home Office, Department for Education and Skills and the National Health Service did not deliver promised benefits. Despite the improvements in the performance of these services by many measures, voters did not identify with them, or feel engaged in their practice.

The Blair-Brown years came to be associated with the access to vast wealth for the few, and the bank collapse meant that the many had to pay for the bail-out of the

sector most associated with greed. The electorate had grown tired of New Labour's mantras on choice and independence; individualism had not proved to be a sustainable basis for the social order.

> "The self-regulating market of neo-liberal economic theory is a phantom, whose pursuit has led to a shameful increase in inequality and eventually to a catastrophic fall in employment and output ... It is not only monstrously unjust, it is also unsustainable – not only economically, but politically, environmentally and, above all, morally" (Marquand, 2010, 27).

Yet Cameron's Conservatives have only half-adopted the approach advocated by Blond. They have embraced the idea that collective action, based on mutuality, loyalty and solidarity, is a key part of any citizenship which addresses the problems of a fragmented social order. They have even recognised that the state has a key part to play in promoting these forms of cooperation and associations. But they have not committed themselves to reliable sources of funding for their proposals, and they have certainly not accepted Blond's recommendations for breaking up banks and industrial corporations, and redistributing the proceed to local trusts, investment funds and social enterprises.

From a social work perspective, the Big Society approach does offer an escape from the cul-de-sac represented by the Third Way. Social work can never afford to become the instrument of policies designed by people with mechanistic views of human behaviour, who devalue human bonds and emotions, and think in abstract principles. It will always be more comfortable with an understanding of action which is grounded in experience and intuition (Gladwell, 2006), which acknowledges the social origins of the moral order (Grist, 2009), and which balances formal organisations and quantified design by empirical observation and by empathy (McGilchrist, 2009).

But the Big Society, in its present form, has serious limitations. In social work terms, the most obvious of these is its under-estimation of the importance of national, universal, inclusive solidarities. This has been demonstrated in the debate, the month before the general election, about the proposals for a National Care Service. Although this was a rather original New Labour after thought, given the 13 years that its government had done nothing towards a scheme (like those established in the early 1990s in Germany and the Netherlands) to supply reliable funding for all those who need care through disability or frailty in old age, it did challenge the Conservatives to show their true colours. In the event, they withdrew from negotiations towards a political consensus on the issue, and declared that they favoured the voluntary insurance principle – an approach which can at best hope to include no more than 90 per cent of the population (as in France).

The legacy of the dominant economic orthodoxy of the past 40 years (Buchanan, 1965; Cornes and Sandler, 1986) has been a society in which people have been encouraged to switch and shift between schools, hospitals and care providers, much as between get the best deals only by choosing to share with others of similar incomes and needs profiles to their own. This is why Barack Obama found it so difficult to achieve universal health care in the USA; citizens should rather hazard paying far more their treatment than share risks with others of whose lifestyles they disapproved (such as welfare mothers), or who faced greater dangers (such as construction incorporated a 'death tax' masked a similar resistance to inclusiveness.

I have argued that ethical and effective social work is ultimately as much undermined by the excesses of individualism and competition as it is by those of statist collectivism. With its strategy for promoting a citizenship of individual self-realisation and self-responsibility, and its public sector reforms which imposed managerial surveillance on staff and mechanistic procedures on service users, New Labour in the UK came close to combining the worst of both worlds. But it remains to be seen whether the new coalition government can achieve a better balance during a period of austerity.

References

Beck, U. And Beck-Gernsheim, E. (1995) The Normal Chaos of Love, Cambridge: Polity.

Blair, T. (1998) The Third Way: New Politics for the New Century, London: Fabian Society, Pamphlet 588.

Blond, P. (2009a) 'The New Conservatism Can Create a Capitalism that Works for the Poor', The Guardian, 3 July, 33.

Blond, P. (2009b) 'Without a Concept of Virtue our Politics and our Banks are Doomed', The Independent, 1 June.

Blond, P. (2009c) Rise of the Red Tories', Prospect, February 28, Issue 155.

Blond, P. (2010) Red Tory: How the Left and the Right BrokenBritain and How We Can Fix It, London: Faber and Faber.

Bolton, P. and Dewatripont, M. (2005) Contract Theory, Cambridge, MA: MIT Press.

Buchanan, J. M. (1965) 'An Economic Theory of Clubs', Economica, 32, pp. 1–14.

Cameron, D. (2009) 'The Big Society', Hugo Young Memorial Lecture, London, 29 November.

Cialdini, R. (2001) Influence: Science and Practice, New York: Allyn and Bacon.

Conservative Party (2010) An Invitation to Join the Government of Britain, London: Conservative Party.

Cornes, R. and Sandler, T. (1986) The Theory of Externalities, Public Goods and Club Goods, Cambridge: Cambridge University Press.

Department of Health (1998) Modernising Social Services: Promoting Independence, Improving Protection, Raising Standards, Cm 4169, London: Stationery Office.

Department of Health (2005), Independence, Choice and Well-being: Our Vision for the Future of Social Care for Adults in England, Cm 6499, London: Stationery Office.

Department of Social Security (1998) A New Contract for Welfare, Cm 3805, London: Stationery Office.

Giddens, A. (1991) Modernity and Self-Identity: Self and Society in the Late Modern Age, Cambridge: Polity.

Giddens, A. (1998) The Third Way: The Renewal of Social Democracy, Cambridge: Polity.

Giddens, A. (2001) The Third Way and its Critics, Cambridge: Polity.

Gladwell, M. (2006) Blink: The Power of Thinking Without Thinking, Hammondsworth: Penguin.

Hall, C., Parton, N., Peckover, S. and White. S. (2010) 'Child-Centric Information and Communication Technology (ICT) and the fragmentation of Child Welfare in England', Journal of Social Policy, 39 (2), pp201-21.

Halpern, D. (2010) The Hidden Wealth of Nations, Cambridge: Polity.

Jamieson, L. (1998) Intimacy: Personal Relationships in Modern Societies, Cambridge: Polity.

Jordan, B. (1984) Invitation to Social Work, Oxford: Martin Robertson.

Jordan, B. (1990) Social Work in an Unjust Society, Hemel Hempstead: Harvester Wheatsheaf.

Jordan, B. (2007) Social Work and Well-being, Lyme Regis: Russell House.

Jordan, B. (2008) Welfare and Well-being: Social Value in Public Policy, Bristol: Policy Press.

Jordan, B. (2010) Why the Third Way Failed: Economics, Morality and Public Policy, Bristol: Policy Press.

Jordan, B. with Jordan, C. (2000) Social Work and the Third Way: Tough Love as Social Policy, London: Sage.

Kemshall, H. and Pritchard, J. (1996) Good Practice in Risk Assessment and Risk Management, London: Jessica Kingsley.

Kettle, M. (2010) 'The Big Society is Bound to End Up Something Meaner', The Guardian, 2 April, 37.

Laffont, J. J. and Martimort, D. (2002) The Theory of Incentives: The Principal-Agent Model, Princeton, NJ: Princeton University Press.

Latham, M. (2001) 'The Third Way: an Outline', in A. Giddens (ed.), The Global Third Way Debate, Cambridge: Polity, 25-35.

Layard, R. and Dunn, J. (2009) A Good Childhood; Searching for Values in a Competitive Age. London: Good Childhood Enquiry/ Penguin.

Marquand, D. (2010) 'Green, Socialist, Republican: the New Politics Needs a Relignment of Mind', The Guardian, 26 May, 27.

McGilchrist, I. (2009) The Master and his Emissary: The Divided Brain and the Making of the Western World, New Haven, CT: Yale University Press.

Putnam, R. D. (2002), Bowling Alone: The Collapse and Rebirth of American Community,

Parton, N. And O'Byrne, P. (2000), Constructive Social Work: Towards a New Practice, Basingstoke: MacMillan.

Raban, J. (2010) 'Parson Blond's Foggy Sermon', The Guardian, Review Section, 14 April, 18.

Rose, N. (1996) Inventing Ourselves: Psychology, Power and Personhood, Cambridge: Cambridge University Press.

Stiglitz, J. E. (2001) 'The Agenda for Development in the twenty-First Century', in A. Giddens (ed.), The Global Third Way Debate, Cambridge: Polity, 340-57.

Stiglitz, J. E. (2002) Globalisation and its Discontents, London: Allen Lane.

Thaler, R. H. and Sunstein, C. R. (2008) Nudge: Improving Decisions about Health, Wealth and Happiness, London: Penguin.

Unwin, J. (2009) 'Introduction', in D. Utting (ed.), Contemporary Social Evils, York: Joseph Rowntree Foundation, 1-4.

Waddan, A. (1997) The Politics of Social Welfare: The Collapse of the Centre and the Rise of the Right, Cheltenham: Edward Elgar.

Wilkinson, R. and Pickett, K. (2009) The Spirit Level: Why More Equal Societies Almost Always Do Better, London: Allen and Unwin.

Worley, C. (2005) 'It's Not About Race, It's About the Community: new Labour and 'Community Cohes.

The Neoliberal Ideology and the Challenges for Social Work Ethics and Practice

CHRISTIAN STARK[*]

An attempt to define Neoliberalism

Coined by the economists Friedrich August von Hayek, Wilhelm Röpke, Walter Eucken et al. at a conference in Paris in 1938, the term *Neoliberalism* was developed as an economic counter concept to Keynesianism[1]. The economic theory of John M. Keynes stated that the deficits of capitalism were in the inability of the market to set up an effective production and distribution system which would ensure security for the whole of the population. In view of this inability, Keynes said that complementary intervention by the state was necessary[2].

Although Friedrich A. von Hayek can be seen as the founder of neoliberal ideas, there is no one school of neoliberal thought. On the contrary, there is a manifold, institutionalised network, where different manifestations may exist side by side. The central theory of neoliberalism is based on neoclassic theory and the monetarist principles of the Chicago School. Negt describes neoliberalism as capitalism which has been freed from all democratic and social inhibitions and scruples:

> "Nowadays, for the first time, capitalism finds itself in a situation in which the logic of capital works in exactly the way that Marx described. For the first time the logic of capital has been freed from all the inhibitions which have long been applied both internally and externally[3]."

Neoliberalism can be described as an economic project for the capitalist elite which have the following main points:

[*] University of Applied Sciences, Garnisonstraße 21, 4020 Linz, Austria, Tel: +43 (0)732.2008-2270, Fax: +43 (0)732.2008-2205, E-mail: christian.stark@fh-linz.at

[1] cf. Hennecke (2000), 137–139; Dixon (2000), 7–9.
[2] cf. (more comprehensively): Wilke (2002): John Maynard Keynes, 30–126.
[3] Negt (1997), 38.

Main elements of neoliberal thought
The economisation of all areas of life – the universal organisation of the market

The principle of the neo-liberal economy is claimed to be valid for all areas of life. Altvater refers to the imperialism of the economy[4]. All areas of life are subject to the logic of the market, the logic of economic optimisation and the individual maximisation of utilisation. Even the individual is seen in the light of the logic of the market – transformed into human capital. The individual becomes an entrepreneur. A person becomes a firm, to a constantly self-optimising 'I, Ltd.' The relationship to himself and others is only seen in terms of money.

The lean state: Less state, more private enterprise?

According to neoliberal thought, it is not the job of the state to act as an entrepreneur. The public sector should be limited in favour of the private sector. Privatisation of nationalised companies is encouraged as well as that of national monopolies and holdings in the telecommunication, transport, energy or water industries. The state has to fulfil the tasks defined by the neoliberal economists. Its function is to ensure and secure the conditions necessary for the free market. Under the neoliberal concept, the welfare state becomes a national competitive state, whose function is, through its policy, to ensure that it remains competitive on the world market. The state therefore furthers neoliberal private business interests.

Economic globalisation

Neoliberal thinking endorses globalisation as the encouragement of free trade between the states, either through global organisations such as the WTO with its agreements like GATT, GATS or TRIPS, whether supporting free trade or special business zones. Borders should be opened for the global transport of goods, services, capital and investment. Regulations and laws which hinder free trade, such as protective duties or state subsidies to certain branches of the economy, should be eliminated, as they are an obstacle to investment. Globalisation is seen as a process of natural growth which forces industrial states to lower both social and environmental standards in order to remain competitive on the world market. The dismantling of social services and the reduction of the state deficits, which are seen as a handicap to performance, are a means to this end.

However, these measures are only carried out for as long as they serve the purpose of neo-liberal economies: countries of the so-called Third World are required to provide free trade, and, at the same time, protective duties are set on goods from these countries in the USA and also, agriculture in the EU is highly subsidised.

---

[4] cf. Altvater (1981), 15.

Deregulation

Deregulation does not mean the relinquishing of state regulations, but rather that they concentrate on supporting competitive economic performance and profit from capital. In order to encourage investment and competitiveness, taxes for companies are reduced and obstacles such as worker representatives and state intervention are minimised. Regulations concerning health and safety or environmental protection are seen as obstacles to investment and limiting the freedom of the market for the entrepreneur.

What kind of freedom for the entrepreneur is required? The freedom to exploit workers? The *freedom* of the wolf to poach among the *free* chickens in the *free* chicken coop?

Unlimited autonomy for those owning money and the means of production is to be enforced against the interests of the majority of the population.

Neoliberalism and social policy

Poverty is seen in neoliberal thought as a destiny brought upon oneself; it is basically a just punishment for refusing to work or for the inability to sell oneself or one's work successfully on the free market.

The state and the enterprises are relieved of the responsibility for realising ethical or social principles – this is solely the responsibility of the individual: "*Indeed a major aim of the liberal is to leave the ethical problem for the individual to wrestle with*"[5].

Creating mass unemployment or leaving people to starve is not seen as a lack of help, but as a side effect of the free market and as such beyond criticism[6].

The only social responsibility of enterprises is, according to Friedman, to make profit for the shareholders:

> "There are few developmental tendencies which can undermine the foundations of our society as thoroughly as the idea that businesses can have any other responsibility other than to make as much profit as possible for their shareholders"[7].

Friedrich A. von Hayek cannot understand the term 'social' at all:

> "I have spent more than 10 years searching intensively for the meaning of the term 'social justice'. I have failed in this or, rather, I have come to the conclusion that the term has no meaning for a society of free people (…) Social does not refer to a definable ideal, but today only serves to take away the meaning of the regulations of free society, to which we all have to be grateful for our affluence. Even if some people will be horrified to hear it, I have to say that I cannot think 'socially', because I do not understand what that means"[8].

Demands for social justice limit the right to unlimited private property. Altruism and solidarity are described as low collective morals and tribal instincts; and, according to

---

[5] Friedman (1962): p.12
[6] cf. Gerlach (2000): URL: www.kritische-psychologie.de/texte/tg2000a.pdf, p.1 f (7.1.2007)
[7] Friedman (1971), 176.
[8] Hayek (1979): p.16, cited in Kurz (2001), 752.

Darwin's social evolution theory, are even a rebellion against higher standards of civilisation and to be seen as amoral[9].

The formation of the neoliberal Project

The formation of the neoliberal project – after the downfall of the classical liberalism in the first third of the 20th century – can be traced to the thirties when the economists got together in 1938 at the above-mentioned conference in Paris, under the leadership of Friedrich von Hayek, in order to found a counter concept to Keynesianism. In 1947, Hayek founded the Mont Pelerin Society as a 'think tank' in order to propagate and further his ideas.

As a consequence, an international network of foundations (e.g. Heritage Foundation 1973 in Washington D.C.), institutes (*Institute of Economic Affairs* 1971 in London), research centres, print media, academics and PR agents was founded devoted to the cause of neo-liberal ideology. The political break-through was achieved with the help of a series of Nobel Prize winners for Economics – awarded for the first time in 1969. Among those were a number of neoliberal economists such as Friederich von Hayek in 1974 and Milton Friedman in 1976[10].

In this way, neoliberal thinking achieved control of the discourse in economics and was exported into the area of practical politics and among the movers and shakers in the media influencing all areas of life.

Chile was the laboratory in which neo-liberal economic policies were first tested. From 1975, the so-called Chicago Boys, the representatives of the Chicago school, were able to undertake a neoliberal re-structuring with the aid of the military junta of General Pinochet.

The Chicago Boys under the tutelage of Milton Friedman accepted an extreme, authoritarian regime in support of their plan to introduce their model of an economy. Pinochet´s regime was considered extremely positive as a vehicle for the application of this model. De Castro, a member of this working group, was quoted in 'Il Mercurio' (15th Feb. 1976): *"...the real freedom of the person is only guaranteed by an authoritarian regime, which exercises its power by means of norms which are the same for all."*[11]

With the entry into office of Margaret Thatcher in 1979 and the election of Ronald Reagan as US President in 1980, the neoliberals achieved the transfer of their project from the periphery to the centre. Reagan and Reagonomics and Thatcher and Thatcherism were the first significant political actors to apply neo-liberal doctrines in industrial states. The breakdown of Soviet Communism was decisive in establishing neoliberalism as the dominant economic ideology.

The Construction of a Consensus – the Acceptance of Neoliberal Thought

The pushing through of the neoliberal project was in the end due to the successful "Fabrication of a Consensus"[12]. The representatives of Neoliberalism sought a more

---

[9] cf. Blankenburg (1997): p.79.

[10] cf. Michalitsch (2002): URL: www.attac.at/uploads/media/neoliberalismus michalitsch_02.pdf, p.1f. (7.1.2007).

[11] cited acc. Valdés (1995), 51.

[12] Chomsky/Achbar (1996): Wege zur intellektuellen Selbstverteidigung. Medien, Demokratie und die Fabrikation von Konsens.

powerful grip on social definitions and ways of thinking. Poisonous tales about social abuses, debates about saving money and resources and slogans were generalized and permeated the public consciousness. Gradually, both the individual and society were subjected to and accepted this ideological transformation.

In this sense, the mental poison of blackmail using slogans reflecting attitudes drives numerous economies into a race based on undercutting the competition. Talk of debates about savings is being misused to the shattering of the social state and the talk of the abuse of the social system and of scroungers is a diversion from the really guilty party. It makes the victims the offenders: not the multi-nationals avoiding tax and the multi-millionaires ruining the community but the victims themselves are being turned into the guilty: the unemployed, those on social security are responsible for the empty public purse. Politicians and managers speak about having to "tighten our belts," about "living beyond our means," while they themselves have filled their pockets[13].

Labour law and social rights such as protection against unlawful dismissal, unemployment benefit, sick pay – not the private fortune of multi-millionaires – have become the possession of the unexplained dismantling of laws protecting employees, while at the same time, no attempt is made to make savings on the bureaucracy disciplining the unemployed and those on social security nor on the EU administration. The barbed slogans of neo-liberal ideology are designed to undermine relations of social solidarity and to transform the solidarity to a profit-based dependence on those above and ruthlessness to those below[14].

Social manifestations considered as negative are no longer denied, rather regarded as socially unavoidable conditions, the so-called "material constraints." Mrs. Thatcher's bon mot „There is no alternative"– underlines this alleged inevitability. Political dealing which is driven by specific interests is passed off as the unavoidable operation of anonymous forces pointing in the direction of the only possible and sensible way out.

These negative events bolstered by euphemistic forms of speech are represented as desirable: everything will be made flexible and rationalized. Impediments to investment will be removed, companies must become leaner and fitter, employees must be 'released.' The worker always available for work can be called up at any time on an hourly or daily basis. Workers must become fitter, that is more productive, and for that they must be content with less pay.

The concept of reform which was associated with the former plan aimed at achieving more social justice, better educational opportunities and a social safety net is now a synonym for cuts in social services.

Neoliberal myths and dogmas join up with these neoliberal toxic notions. It emerges as a type of new world religion with a claim to absolute validity, which is otherwise associated with various forms of religious fundamentalism. These dogmas and myths are reflected in slogans such as: "We can no longer afford the welfare state," "If the economy works well, everybody is better off," "Economic growth produces jobs."

All of these toxic ideas and myths are chanted like mantras by politicians, economic experts and representatives of the media as long as the falsehood gives the lie to the truth.

---

[13] cf. Gerlach (2000): URL: www.kritische-psychologie.de/texte/tg2000a.pdf., p. 5 (7.1.2007).
[14] cf. Gerlach (2000): URL: www.kritische-psychologie.de/texte/tg2000a.pdf., p.5 (7.1.2007).

Bourdieu describes this process as "the symbolic imprint... the journalists and ordinary citizens have had this repeated which in a targeted manner has been brought into circulation by certain intellectuals"[15].This explains why these septic concepts are so deeply anchored in the consciousness of the population, although their empirical experience of what is actually happening and numerous studies contradict them:[16]

- The question concerning the ability to finance the welfare state is not a question of inadequate resources but of political will and distribution.

- The current gulf between rich and poor – not only within the state but also between states – contradicts the dogma that a flourishing economy is a blessing for all and that growth brings jobs.

- If companies make a profit, the share price rises, which means that not everybody is better off – only the board of directors, the managers and the shareholders. Despite this, workers are laid off.

- If the welfare and woe of an economy depends on the low wages or the additional costs of pension and social insurance payments, as the neoliberals argue, then countries like Bangladesh or Somalia would have had full employment long ago and be living in luxury.

Consequences for Social Work
The Dismantling of the welfare state

One consequence of neoliberal politics is the dismantling of the welfare state and the deepening of the gulf between rich and poor, not only between states but also within the state. Ulrich Beck observed in his book "The Risk Society" (1986) of a social elevator effect which had lifted all classes and social strata together as one. In respect of the later development of the global community since 1986, it is more accurate to speak of a Paternoster Effect: to the extent that as one manages to rise, then the other falls[17].

As a consequence, new forms of social difficulty have emerged and with them more tasks for social work but in a context where resources have been either frozen or cut.

Economization of social work – New public management

Under the „economization of social work", I understand the reality that social work has been subjected to the logic of the profit motive and the market. This is connected to strengthened methods and concepts of business management and running social work as a private company which has found an entry with its promises of more effectiveness and efficiency and linked to that the visible improvement of quality in social work.

Since the beginning of the 1990s in Austria, managerialism has penetrated into the area of community social policy under the label „New Public Management" hereafter

---

[15] Bourdieu (1998), 39.

[16] cf. u.a. WIFO-Weißbuch (2006); Reimon/Felber (2003): Schwarzbuch Privatisierung; Stiglitz (2003): Die Schatten der Globalisierung; Die Armutskonferenz/ATTAC/BEIGEWUM (2004): Was Reichtümer vermögen.

[17] cf. Butterwegge (2006): URL: www.sozialearbeit.at/ butterwegge_wandelsozialarbeit.pdf", S.6 (7.1.2007).

NPM (the new control model of targeted management). NPM follows management rationalism in which public administration is regarded as a type of service industry, in which there is an attempt to apply the instruments of modern management.

Competition instead of Solidarity

Social associations and institutions have been transformed into companies based on managerial thinking and action by the use of performance related contracts and invitations to competitive tender. This has led to the economization of the institutions in which the philosophy of cost efficiency leads in turn to competitive relations between the social service organizations. Competition, therefore, in this context, has taken on a greater significance without sufficient public awareness that to a degree this has a destructive effect. Community organizations compete with each other and also increasingly with commercial suppliers of services. The central, provincial or local governments, who pay the bills, hence have expectations that increased competition will improve the efficiency of the staff and the effectiveness of the service provided which above all will result in lowered costs.

This competition can lead to so-called „Creaming" – effects in the support system in the area of marginal groups: specifically to the displacement of the weakest clients in benefit of those more easily cared for with positive results for these clients. Only those are treated and advised who have not crudely and negligently been the cause of their own plight and for whom the sponsor can be charged in a cost effective way.

Accordingly, those responsible for supporting social rights become the individual purchasers of social services, who have to pay for these services which are determined by supply and demand.

Public goods, which the welfare state legally guarantees its citizens in respect of social provision ensuring life-conditions fit for human beings, have become goods which have to be bought. Citizens with inalienable rights have become economic citizens who have rights only over what they can buy. Social work´s clients have mutated into customers and as such they are themselves responsible for the causes of their difficulties, but above all, for the solution of their problems and with that their success or failure.

The Economy before Professionalism

In the analysis of the economic processes of social work since the 1990s too little attention has been paid to the fact that the point of departure is not the wellbeing of the client and an improvement in the quality of the social work but more to the pressure to save resources.

The economization of social work is a kind of Trojan horse. Professional social work is used to follow aims inimical to the profession: cost savings instead of help related to need in promoting conditions of life fit for human beings.

Strict housekeeping, costs – and not the professional diagnosis principally determine what is said to be useful, efficient and feasible; as a rule, making successful savings is placed before success in providing help. Social work is being driven by the logic of the administration of finance which finds expression in competitive contracts, the formalization of advisory and supervisory services as a product, similarly as in the

standardized production of these services: instead of building a relationship with the client, it is all about the most efficient possible management of the case. The result is that the social work activity and everything connected with it neglects the clients[18].

The Dynamic Welfare State – Workfare instead of Welfare

In place of an active welfare state enters the dynamic welfare state.

By means of the neoliberal neologisms such as "Promote and demand", "Help only for the really needy," "Get people moving towards self-help and using their own initiative", "an end to the state benefit mentality" have unemployment and poverty, according to the Social Darwinist canon, become problems of the individual, of character weakness and a lack of readiness to perform in a job.

In a crisis of unemployment where jobs, but not those willing to work, are missing, the pressure to work is strengthened by reference to these slogans without any attempt to improve the life chances of the socially disadvantaged.

The community becomes divided into a welfare state market, on the one hand, and into a charity state on the other.

Those citizens, who can afford it, buy social security (i.e. care for the aged). In contrast, the work-fare state offers only a minimum of service protecting people from starving and freezing who otherwise are handed over to private charitable organizations. Though reference is made to "personal responsibility," what is meant is an extra burden for those working and those on the lowest pensions.

„Activation"amounts in a broader context to a kind of authoritarian withdrawal of social rights: Help to find work is transformed into threats of forced labour. Hence, the welfare stat becomes a goal-oriented workfare state which is focused on the functions of repression and social exclusion[19].

The Reaction of Social Work

The reaction of social work to the economization of the social sphere is varied. Kleve speaks of the ambivalent relation of social work to economization[20]:

"The neo-liberal transformation of the welfare state community cannot from the perspective of the social worker be explicitly condemned nor greeted with pleasure"[21].

Dimmel refers to an Adaptation position, which does not criticize the economization of social work in the sense of its effectiveness, but the neoliberal understanding of it[22].

Another strategy has described it as a largely untested adoption of business concepts and apparatus applied to social work. Neoliberal dogma is repeated parrot fashion

---

[18] cf. Schnurr (2005): p.239f.
[19] cf. Dimmel (2006): URL: www.sozialearbeit.at (7.1.2007)
[20] cf.. Kleve (2003), 46-51.
[21] Kleve (2006), 14.
[22] cf. Dimmel (2006): URL: www.sozialearbeit.at (7.1.2007)

and the efficiency and effectiveness of the neoliberal economy is relatively uncritically presented without reflecting on where efficiency and effectiveness really stand in the equation. The public and private sponsors of social service departments bring in consultants who have no idea about social work but who believe they are qualified to evaluate if jobs should be cut or not. Dimmel describes these cases as an Assimilation position[23].

A final reaction is the renewal of the socially-critical political function of social work[24]. Social work is understood as a "Human rights profession" as Staub-Bernasconi calls it[25]. Pierre Bourdieu offers the view that in this context social work is a refutation of the "neoliberal invasion" oriented towards social justice[26].

Conclusions

Peter Drucker, one of the most renowned management gurus, defined the difference between effectiveness and efficiency as follows: "*To be effective is to work on the right things; to be efficient is to do the things right; to be efficient and effective means doing the right things, right*"[27]. Drawing on this definition, I would like to ask the proponents of the neoliberal economy the following: how effective and efficient is the world economy dominated by neoliberal ideology when 18,000 children starve every day, while at the same time food surpluses are destroyed?[28]

How effective and/or efficient is an economy which sees to the production and export of huge amounts of food in Third World countries as feed for European livestock while the local population vegetates under the subsistence level and to some extent starves?

How effective is a global economy which is destroying the environment and ruthlessly exploits labour in the interest of profit-maximization and which is also responsible for 186 million children working in conditions not far from slavery to enlarge the profits of multinational companies?[29]

Other examples of how efficiently labour is exploited, the environment ravaged, public goods privatized can be found in detail in: *The Black Book – Privatization or Company Brands*[30].

Almost daily we are presented with, and often by the media, how money is efficiently and effectively squandered by various companies.

Is it really necessary for social work to orientate itself to these standards and lower itself to the level of neoliberal efficiency and effectiveness which is contemptuous of mankind? It goes without saying that social work should always pose the question if it is doing the right things and if it is doing them right and to reflect and evaluate them in a scientific and professional manner. But not under the overall control of managers and

---

[23] cf. Dimmel (2006): URL: www.sozialearbeit.at (7.1.2007).

[24] cf. Haupert (2002); Lindenberg (2000); Kruse: (2004).

[25] Staub-Bernasconi (1995), 57ff.

[26] Bourdieu (1998): Gegenfeuer. Wortmeldungen im Dienste des Widerstands gegen die neoliberale Invasion.

[27] Drucker (1955): http://www.qualisci.com/aboutus.asp?xYu3P=bcpvuvt (7.1.2007)

[28] cf. FAO (2005), 6f.

[29] cf.. International Labour Organisation – ILO (2002): Jedes Kind zählt.

[30] Werner/Weiss (2006):Das neue Schwarzbuch Markenfirmen. Die Machenschaften der Weltkonzerne; Reimon/Felber (2003): Schwarzbuch Privatisierung.

business management fetishists for whom efficiency means profit-maximization and effectiveness only "do the job as economically as possible."

The logic of social work is not the logic of the market and profit. Whether or not someone receives the means to lead a life fit to be lived must not be decided by the market. Social work is not a service with the same character as saleable goods, but the result of the collective effort of all involved – social worker and client – in a simultaneous arrangement and management of circumstances which make the success of the endeavours more likely. Business management is at most a complementary science and must not be allowed to become the science leading social work.

Social work as an integral part of social policy must be understood as more than a repair company for the amelioration of negative social and economic consequences. For social work this means that in the context of the analysis of causes of social problems and their solution, it must direct its gaze at structural, social factors, publicize them, propagate them in current socio-political debates and thereby construct a critical, alternative public domain. A better-integrated network of social workers and social institutions could generate pressure on the responsible politicians so that social workers' concerns are noted and taken seriously. A central aim of social work must be the capacity to resist any further worsening of the basic social conditions in the form of cuts in social services[31].

This is also for the IFSW (International Federation of Social Work) a central task of the professional operation of social work:

> "Social workers have the duty to draw the attention of their clients, decision makers, politicians and the public to situations in which resources are inadequate or the distribution of resources standards and practices is oppressive, unjust or damaging"[32].

References

Altvater, E. (1981) Der gar nicht diskrete Charme der neoliberalen Konterrevolution, in: *Prokla*, 44, 5–23.

Blankenburg, S. (1997) Der Neoliberalismus als theoretisches Konzept und Wegbereiter des modernen Rechtsextremismus. Freier Markt und Meinungsführerschaft, in: Schui, H. Ptak, R. Blankenburg, S. Bachmann, G. Kotzur, D.: *Wollt ihr den totalen Markt? Der Neoliberalismus und die extreme Rechte*, München, 53–111.

Bourdieu, P. (1998) Der Mythos „Globalisierung" und der europäische Sozialstaat, in: Bourdieu, P.: Gegenfeuer. *Wortmeldungen im Dienste des Widerstands gegen die neoliberale Invasion*, Konstanz, 39–52 .

Butterwegge, C. (2006) *Globalisierung, demographischer Wandel und Sozialarbeit im Wohlfahrtsstaat*, URL: www.sozialearbeit.at; butterwegge_wandelsozialarbeit.pdf (7.01.2007).

Chomsky, N., Achbar M. (1996) Wege zur intellektuellen Selbstverteidigung. Medien, *Demokratie und die Fabrikation von Konsens*, München.

Die Armutskonferenz/ATTAC/BEIGEWUM (2004) *Was Reichtümer vermögen. Gewinner und VerlierInnen in europäischen Wohlfahrtsstaaten*, Wien.

Dimmel, N. (2006) *Verbetriebswirtschaftlichung, Privatisierung und sozialarbeiterisches (Doppel) Mandat – ein Bermuda-Dreieck der sozialen Arbeit*? URL: www.sozialearbeit.at (7.1.2007).

---

[31] cf. Butterwegge (2006): URL: www.sozialearbeit.at/ butterwegge_wandelsozialarbeit.pdf; 15.

[32] IFSW (2004): Ethics in social work, URL: www.sozialarbeit.at (7.1.2007)

Drucker, P. (1955) *The Practice of Management*, New York URL:
        http://www.qualisci.com/aboutus.asp?xYu3P=bcpvuvt (7.1.2007)

Dixon, K. (2000) *Die Evangelisten des Marktes. Die britischen Intellektuellen und der Thatcherismus*, Konstanz.

Food and Agriculture Organisation (2005) *The State of Food Insecurity in the World 2005*, Rome.

Friedman, M. (1962) *Capitalism and Freedom, Chicago; zit. n. Rösch, Michael (o.J.): Was verstehen wir unter Neoliberalismus*? URL:tiss.zdv.uni-tuebingen.de/webroot/sp/barrios/themeA2a-dt.html – 14k – (7.1.2007).

Friedman, M. (1971) *Kapitalismus und Freiheit*, Stuttgart.

Gerlach, T. (2000) *Denkgifte. Psychologischer Gehalt neoliberaler Wirtschaftstheorie und gesellschaftspolitischer Diskurse*, Dissertation, Universität Bremen, URL: www.kritische-psychologie.de/texte/tg2000a.pdf. (7.1.2007)

Haug, W. F. (1996) Das neoliberale Projekt, der männliche Arbeitsbegriff und die fällige Erneuerung des Geschlechtervertrags, in: *Das Argument*, 217, 683–696

Haupert, B. (2005) Gegenrede: Wider die neoliberale Invasion der Sozialen Arbeit, URL: http://www.qualitative-sozialforschung.de/haupert.htm, (7.1.2007).

Hennecke, H. J. (2000) Friedrich August von Hayek. *Die Tradition der Freiheit,* Düsseldorf.

IFSW (2004): *Ethics in social work*, Adelaide, URL: www.sozialarbeit.at (7.1.2007)

International Labour Organisation (2002): Jedes Kind zählt, Genf.

Kleve, H. (2003) *Sozialarbeitswissenschaft, Systemtheorie und Postmoderne*, Freiburg i.B.

Kleve, H. (2006) Systemisches Case-Management, in *SiÖ 1*, Wien.

Kruse, J. (2004) Soziale Arbeit als disziplinierende Simulation. Eine kritische Analyse der Ökonomisierung Sozialer Arbeit, in: *Soziale Arbeit 7*, Berlin, 256–262.

Kulbach, R. (2000) Ökonomisierung sozialer Arbeit, in: *Soziale Arbeit 1*, Berlin, S.16–21.

Kurz, R. (2001) *Schwarzbuch Kapitalismus. Ein Abgesang auf die Marktwirtschaft*, München.

Lindenberg, M. (2000) *Von der Sorge zur Härte. Kritische Beiträge zur Ökonomisierung Sozialer Arbeit*, Bielefeld.

Michalitsch, G. (2002) *Was ist Neoliberalismus*?, URL:
        www.attac.at/uploads/media/neoliberalismus_michalitsch_02.pdf (7.1.2007).

Negt, O. (1997) Neuzugänge zum Marx'schen Denken, in: *Z.: Zeitschrift Marxistische Erneuerung*, 30, 38–46.

Reimon M., Felber C. (2003) *Schwarzbuch Privatisierung*, Wien.

Rösch, M. (o.J.): *Was verstehen wir unter Neoliberalismus*, URL: tiss.zdv.uni-tuebingen.de/webroot/sp/barrios/themeA2a-dt.html – 14k – (7.1.2007)

Schmidt, R., Klie, T. (1999) Folgen der Ökonomisierung des Sozialen, in: *Theorie und Praxis der Sozialen Arbeit 1*, Bonn, 14–17.

Schnurr, S. (2005) Managerielle Deprofessionalisierung? in: *Neue Praxis*, 3, 239–242.

Staub-Bernasconi, S. (1995) *Systemtheorie, soziale Probleme und Soziale Arbeit: lokal, national, international oder: vom Ende der Bescheidenheit*, Bern/Stuttgart/Wien.

Stiglitz, J. (2003) *Schatten der Globalisierung*, München.

Valdés, J. G. (1995) *Pinochet's Economists. The Chicago School in Chile*, Cambridge/New York/Melbourne.

Werner, K., Weiss, H. (2006) *Das neue Schwarzbuch Markenfirmen. Die Machenschaften der Weltkonzerne***,** Wien/Frankfurt a. Main.

WIFO (2006) *WIFO-Weißbuch. Mehr Beschäftigung durch Wachstum auf Basis von Innovation und Qualifikation*, Wien, URL:
        http://test.wifo.ac.at/wwa/servlet/wwa.upload.DownloadServlet/bdoc/S_2006_WEISSBU CH_ZUSAMMENFASSUNG_27639$.PDF

Wilke, G. (2002) *John Maynard Keynes*, Frankfurt a. Main.

Wilken, U. (1998) Faszination und Elend der Ökonomisierung des Sozialen, in: *Blätter der Wohlfahrtspflege* 11+12, Frankfurt a. M., 226–230.

"Another Social Work is Possible!"
Reclaiming the Radical Tradition

IAIN FERGUSON[*]

Introduction

For more than two decades, the notion that 'there is no alternative' to the free market as a basis for organising both economy and society, has exercised an extraordinary influence over almost every aspect of social life and thought – economic, political and academic. Such market fundamentalism, or neoliberalism as it is more usually known, has become a kind of global 'common sense', reinforced on the one hand by 'end of history' theories of the sort advanced by US State Department official Francis Fukuyama in the wake of the fall of communism in 1989 (Fukuyama, 1992), on the other by postmodern analyses which dismiss any attempt to make sense of this 'new world order' as antiquated "grand narratives", at best misguided, at worst the harbingers of a new totalitarianism (Lyotard, 1984).

Social work, like other social professions, has been profoundly affected by this neoliberal onslaught. As one would expect, the specific forms in which these ideas and policies have shaped social work services and forms of practice have varied from country to country and been to some degree, in the words of McDonald and her colleagues, 'contingent on context' (McDonald *et al*, 2003). In the Global South, the context has usually been one of Structural Adjustment Programmes, imposed by the International Monetary Fund, which have required governments to privatise whole swathes of the public sector. By contrast, in the West, 'neoliberal social work' has mainly been the product of the twin processes of marketisation and managerialism, underpinned by theories of New Public Management. Despite these regional variations, however, the global prescriptions of the 'Washington Consensus' have left few countries, and few welfare regimes, unaffected (Ferguson et al, 2004).

This dominance of neoliberal ideas, policies and practice has not gone unchallenged. At a global level, the anti-capitalist (or global justice) movement which came into existence following the protests against the meeting of the World Trade Organisation in Seattle in 1999 has sought, through regional and global social forums

over the past decade, to offer an alternative model of globalisation, based on a rejection of markets and militarism (Callinicos, 2003). Within the narrower field of social welfare and social work, while resistance to neoliberal ideas, values and policies has been less than one might have hoped, there is, nevertheless, evidence of growing resistance to the ways in which these ideas and policies have moved social work further and further away from its core values. Some of the specific forms that that resistance has taken will considered in the final section of this chapter.

Until recently, however, the resistance to neo-liberalism has been hampered by two factors. Firstly, while there is widespread consensus on the weaknesses and limitations of the 'pure' form of capitalism which neoliberalism represents, there has been much less agreement on what form (or forms) an alternative might take. As Wilkinson and Pickett note in their ground-breaking discussion of the effects of inequality, *The Spirit Level: Why More Equal Societies Almost Always Do Better*, "For several decades, progressive politics have been seriously weakened by the loss of any concept of a better society" (Wilkinson and Pickett, 2009, 240). That lack of clarity was reflected in the message of a placard carried on one anti-WTO demonstration "Smash capitalism – and replace it with something nicer".

The second factor has been the apparent capacity of the neoliberal form of capitalism for indefinite expansion and its seeming ability to have overcome the tendencies to crisis inherent in classical capitalism first identified by Marx over 150 years ago. According to Nobel Prize-winning economist Robert Lucas in his presidential address to the American Economic Association in 2003, for example, "the central problem of depression-prevention has been solved, for all practical purposes" (cited in Krugman, 2008, 9), a view shared until recently by many leading economists and politicians, including British Prime Minister Gordon Brown. In the face of this apparent success, whatever criticisms might be made of neoliberal globalisation (most obviously the huge inequalities it has generated) could be met with the response that 'it works', at least for a section of the world's population.

For in 2007 a crisis began in the US sub-prime housing market which has since led to the unravelling of the entire global financial system, the collapse or *de facto* nationalisation of some of the world's biggest banks, and the development of what is now generally recognised to be the deepest crisis of capitalism since at least the 1930s. The roots of that crisis have been explored elsewhere (see, *inter alia*, Krugman, 2008; Turner, 2008; Choonara, 2009). While different writers offer alternative explanations for the roots of the crisis, what can be stated unequivocally is that its effects will be felt most strongly by the poorest and most vulnerable sections of society, both directly through the effects of rising unemployment, house repossessions and cuts in services and indirectly through, for example, the increased racism and xenophobia to which the crisis is already giving rise. And this relates to the first factor noted above.

At a societal level, the collapse of the neoliberal certainties of the past two decades makes the need to develop alternative notions of 'the good society' much more urgent. The same holds true of social welfare and social work. Many of those affected by the crisis will be forced to seek support from a range of social professions, including social work. However, as I have indicated above and shall argue in more detail below, the forms of social work practice that have developed over the last twenty years are often

woefully inadequate in their ability to address people's needs, and will be of even less help in responding to the much greater levels of need that we are likely to see in the near future. Faced with that situation, in this chapter I will argue that we need to look afresh at the tradition within social work which does not shy away from addressing these wider political and economic realities and which seeks to place issues of social justice at the heart of what we do: namely, the radical social work tradition.

The Radical Kernel

Radical social work, as a distinct and consciously articulated model or approach within social work, only really emerged in the 1970s, above all in Britain, Canada and Australia. The reasons for its emergence at that time and in these places, as well as the specific forms that it took, will be explored in the next section. Since its earliest beginnings, however, social work has mirrored wider ideological conflicts and debates within society regarding the roots of social problems and how best to address them. Not surprisingly then, alongside the dominant models of theory and practice, which, reflecting Marx's dictum that 'the ruling ideas in every age are the ideas of the ruling class', have often been fairly conservative or at best reformist in content, there have also been more radical conceptions of the role of social work, as a brief discussion of the early British and American experiences will illustrate.

Social Work in Britain 1870–1914

The earliest social work organisation in Britain was the Charity Organisation Society (COS), founded in 1869. COS displayed all the prejudices of the English middle-classes of the late Victorian era. Thus, its members' primary concern was less with addressing the factors producing the poverty and squalid housing conditions which affected so many people in the poorer areas of Britain's largest cities (described so powerfully by a young Frederick Engels almost thirty years before – Engels, 1844/2009)) than with ending what they saw as the scandal of 'indiscriminate alms-giving' which they saw as undermining individual character and self-sufficiency. The main aim of the 'scientific' casework method which they developed, therefore, was to distinguish between the 'deserving' poor (those whom they judged would use the financial help given in ways that were felt to be appropriate) and the 'undeserving' poor (those who did not). Not surprisingly, many applicants went away empty-handed. Consistent with this individualist and often punitive approach, COS was also opposed to any measures by government which were seen as undermining individual character, including, for example, the provision of free school meals and old age pensions. (Stedman Jones, 1971; Jones, 1983; Lewis, 1995).

Such a harsh ideology, however, was not without its critics. Opposition to the ideas and practices of COS came from three main sources. Firstly, there were those within the organisation who had reservations about its approach. These included individuals such as Maude Royden, a volunteer in the 1890s with the Liverpool Central Relief Society. The Liverpool Society shared many of the same ideas as the London-based COS. Despite coming from a wealthy background, Royden seems to have struggled with the philosophy and practice of the Society. She hated, for example, the class

superiority which underpinned its 'friendly visiting' and wrote to a friend that "I shouldn't be grateful if Lady Warwick, e.g., came to see me every week, to get me to put a few shillings into a provident fund… I should be mad" (cited in Pedersen, 2002, 86). While it is difficult to quantify the extent of such dissatisfaction with COS ideology on the part of volunteers like Royden, the fact that, according to Jones, a major reason for the introduction of professional social work training in the early 1900s was to prevent the 'contamination' of friendly visitors by those with whom they were working (in the sense of becoming too friendly) suggests she was not an isolated case (Jones, 1983).

A more significant challenge to COS came from the Settlement Movement, usually seen as the second major source of contemporary social work in both Britain and the USA. Like COS, its aim was to promote social harmony though active citizenship, an aim which was to be achieved by persuading the educated middle-class young from Universities to spend a period of time living and working amongst the poor, assisting them through education and example, and promoting social reform on their behalf (Powell, 2001, 38–40). It was initiated by Canon Barnett in the wake of the rise of mass unemployment in the early 1880s and reflected his growing conviction that state aid, rather than the 'scientific philanthropy' practised by COS, was necessary to eliminate poverty. While it would be wrong to exaggerate the differences between the views of the leaders of COS and individuals like Barnett, it is probably fair to say that in general, the approach of the Settlement movement was more humanistic and less punitive than that of COS, and it is often seen as the precursor of later community development approaches (Mullally, 1997, Powell, 2001).

The third source of opposition to the ideas and approach of COS came from socialist and feminist campaigners, whose concerns often went beyond the immediate amelioration of hardship (though they were also involved in activities that sought to do just that), and envisaged wider structural and economic change. In that sense, they were often explicitly political (though hardly less so than the leadership of COS, one of whose leading members described the theory and practice of casework as, "The antithesis of mass or socialistic measures and…proving that there is still much that can be described as individualism" - Milnes, quoted in Walton, 1975, 150)

Campaigners such as Clement Attlee, Sylvia Pankhurst and George Lanbury often made little distinction between their political agitation and their social work activities.

These activities included the establishment of communal restaurants providing cheap and nourishing food; the organisation of soup kitchens for the families of striking dockers; the creation of hostels and meeting places for the poor, where they were given help and support with their individual problems; and the establishment of co-operative dressmaking businesses for young women. Alongside such communal activities, they were also frequently involved in individual casework and advocacy.

As we have argued elsewhere: "Atlee, Pethick-Lawrence, Hughes, Pankhurst, and Lansbury are relatively well-known as political activists from the east end of London. Yet they are not viewed as part of any social work tradition. The demarcation of a 'professional history' has led to their campaigning, social and voluntary work being excised from a broader social work history. But there is no doubt that they (and many of their followers) offer a glimpse of another, more radical, social work past. Their committed advocacy and community action strategies to address the needs of

local communities and poor working class 'clients' prefigures developments often associated with the next period of social work radicalism in the 1970s" (Ferguson and Lavalette, 2007, 19).

"The Road Not Taken": Social Work in the USA

Social work practice in the United States of America is often assumed to be innately conservative, limited to individualistic, clinical approaches carried out in private practice settings. While much contemporary practice undoubtedly does take this form, it is very far from being the whole picture, whether now or in the past. Not only does such a portrayal fail to address the activities of social workers within the public sector, but it also ignores the rich tradition of community organising in the US, much of it based on the ideas of the ideas of the radical writer and activist Saul Alinsky (Alinsky, 1971). Moreover, as Reisch and Andrews have shown in their important study *The Road Not Taken: A History of Radical Social Work in the USA* (2002), at particular points over the last 100 years, radical ideas have exerted an important influence both on social work education and practice, often in the face of fierce opposition from the State and from more mainstream social work colleagues and organisations. One example is the Settlement Movement in the period before the First World War.

While the inspiration for the Settlement Movement in the USA came from the British experience, in practice, US Settlements, including the most famous of them, Hull House in Chicago, developed in a much more radical direction than their British counterparts. Thus, for example, they developed a progressive education system, concerned not only with helping immigrants integrate more easily into American society but also with helping them challenge sweatshop and child labour systems. According to Reisch and Andrews, the Settlements were regarded with suspicion by more traditional social workers, including the American counterparts of COS:

> "Perhaps this was because they were not engaged in social service in the traditional sense. In a manner reflected in the late twentieth century by proponents of empowerment theory and practice, radical social workers did not work for their clients and constituents but with them…They recognised the strengths of low-income groups and the potential to establish mutual interests and mutual goals. This clearly represented a threat to traditional conceptions of charity" (Reisch and Andrews, 2002, 27).

The 1970s: the emergence of radical social work

As the examples cited above suggest, social work has always harboured a radical potential or kernel, which has manifested itself at different times and in different places. It was not until the 1970s, however, that radical social work really began to emerge as a distinct approach to practice. The first part of this section will explore some of the reasons why this new form of theory and practice should have emerged at this particular time. Next, the key elements of radical social work will be discussed, along with examples of the forms of practice to which they gave rise. Finally, some of the reasons for the decline of radical social work in the early 1980s will be considered.

"Be realistic – demand the impossible!" The experience of the 1960s

Several factors contributed to the emergence of more radical forms of social work practice in the late 1960s and early 1970s. Within the UK, these included the 'rediscovery of poverty' by researchers in the mid-1960s; the re-organisation of social work services based on new legislation in both Scotland and England, which led to the creation of large, generic teams, giving workers a stronger sense of their collective strength and professional identity; and the appearance of influential studies of service users' views. The most important of these was Mayer and Timms' *The Client Speaks: Working Class Impressions of Casework* (1970) which was highly critical of the then dominant psychosocial approaches for their failure to address problems of material poverty.

The fact, however, that radical social work movements appeared at the same time in Canada, Australia and to a lesser extent, the USA, suggests that other, more global forces were also at work. Foremost amongst these were the end of the 'long boom', the period of sustained economic growth which followed the Second World War, leading to the re-emergence of economic crisis in may parts of the world, and also the growing global movement of resistance to America's long war in Vietnam. These factors helped bring about the most radical decade in world history since the years immediately following the First World War. The period between the mid-1960s and the mid- 1970s saw the emergence of social movement after social movement, movements which fed into and inspired each other, partly through the influence of television (Harman, 1988; Kurlansky, 2004). Thus, the black civil rights movement in the US in the early 1960s was followed by the appearance of the women's liberation movement (and also inspired the civil rights movement in Northern Ireland), the Gay Liberation Front took its name from the National Liberation Front in Vietnam, and so on. These movements in turn were linked to, and fuelled by, the emergence of a global student movement, with students playing a key role both in the 'Prague Spring' of 1968 in Czechoslovakia and also in re-igniting the French workers movement in May of the same year, leading to the largest General Strike in history, which caused the country's then President, General de Gaulle, to flee in panic to a military base in Germany!

The radicalisation of social work

Social work was profoundly affected by these global convulsions, particularly in the countries mentioned above. At an ideological level, the growing popularity of sociology as an academic discipline meant that prospective social workers were often exposed to new and radical ideas about the family, mental illness, the impact of structural factors on individual behaviour, and the socially constructed nature of 'deviancy'. At the level of practice, the recognition that many clients' problems were rooted in their material circumstances and experience of oppression, rather than in alleged personal inadequacies, alongside the daily evidence of the effectiveness of collective struggle, led to a growing critique of casework approaches and to a greater appreciation of the potential of community work and community action to bring about change. That critique was most clearly articulated in *Radical Social Work*, a diverse collection of writings edited by social work academics Roy Bailey and Mike Brake which appeared in 1975 (Bailey and

Brake, 1975). The book addressed such issues as the potential of systems models to be a basis for more radical practice; the limits and potential of community development approaches; the relationship between sociological theories and social work practice; and issues of gay rights and social work. The connecting thread, however, was a concern with the way in which the then dominant casework approaches individualised and pathologised clients and ignored the structural factors contributing to their problems (a concern reflected also in the title of the main radical social magazine of the period, *Case Con*). By contrast, radical social work was defined as "essentially understanding the position of the oppressed in the context of the social and economic structure they live in" (Bailey and Brake, 1975, 9).

Other elements of radical social work, articulated in the *Case Con Manifesto* attached as an Appendix to the book, included its critique of the oppressive and controlling aspects of the welfare state; its call for a different relationship between workers and clients, both at the individual level (predating current models of user involvement) - and in respect of alliances between social workers and collective user organisations; its emphasis on collective approaches to addressing clients' problems, including community work and community action, which contributed to the rise of movements such as the disability movement in the 1980s; and its insistence that social workers involve themselves in trade unions and build links with other groups of workers.

It is difficult to quantify the impact of these arguments on day-to-day social work practice, whether on the UK or elsewhere, though a subsequent volume edited by Bailey and Brake did provide examples of what such radical practice might actually look like (Bailey and Brake, 1981). What is certainly true is that the 1970s saw much greater interest in collective approaches in social work, reflected both in the increased adoption of groupwork and community work approaches as a means of responding to clients' problems, and also in the rapid expansion of trade union organisation amongst social workers. Where the impact was perhaps greatest, however, was in social work education and training where welfare rights and community work teaching became core elements of the curriculum on many training courses, and radical or Marxist texts, such as Corrigan and Leonard's *Social Work Practice Under Capitalism* (1978) or Simpkin's *Trapped Within Welfare: Surviving Social Work* (1982) were standard texts on many reading lists (with the latter going into a second edition within four years).

The 1980s: radical social work in decline

Radical social work, both as an approach to practice and as an informal social movement, suffered a decline in the early 1980s. There were two main reasons for this. The first, and by far the more important, was the shift to the right in all areas of social and political life following the election of a Conservative government under Margaret Thatcher in the UK in 1979, and a Republican government under Ronald Reagan in the USA the following year. Social work in particular became a synonym for all that New Right politicians and ideologues such as Charles Murray perceived as problematic about the welfare state, above all, its alleged encouragement of 'dependency' (Murray, 1990). In such a climate, defending social work in any form, never mind radical social work, was a considerable challenge.

The second reason for the decline of radical approaches was a rather different, albeit related, one. The defeat of the class-based, trade union struggles of the 1970s in Britain, France, Italy and elsewhere (with the low point in the UK being the crushing of the 1984–5 miners' strike by Mrs Thatcher and her allies) led to a widespread disillusionment with class-based politics. That disillusionment took different forms.

In France, for example, it was expressed in the rise of the 'noveaux philosophes', a group of philosophers (some of them former Marxists) whose disappointment at the failure of the struggles of the late 1960s and 1970s to overthrow the existing order led to a profound pessimism concerning both the possibility and the desirability of radical social change, articulated in a worldview which became known as postmodernism (Callinicos, 1989). In the UK, the USA and other English-speaking countries, an emphasis on class was increasingly replaced by an emphasis on *oppression*, *identity* and *difference* (Williams, 1996). Within social work, the radical movement of the 1970s was increasingly criticised for having over-emphasised class at the expense of a range of oppressions, notably women's oppression and oppression on the basis of 'race'. Consequently, some radicals within social work began to prioritise issues of 'race', gender and disability. Some measure of their success in this respect can be seen in the prominence given to anti-oppressive practice within the new Diploma in Social Work, introduced in 1989. While in some ways this was a step forward, the fact that the Diploma also ushered in a much more mechanistic, competence-based approach to social work education, more in keeping with the market-based approaches to social welfare then being introduced, suggests that the inclusion of anti-oppressive practice was to some extent a fig-leaf concealing the generally much less radical implications of the new qualification. (For a discussion of the Critical Social Work approaches which also emerged in Australia and Canada during the 1990s, see Ferguson, 2008, chapter 7).

Neoliberalism, managerialism and social work

At the same time as adherents of postmodernism were proclaiming the 'end of grand narratives', in the sense of theories which seek to explain the world as a totality, a new and very powerful 'grand narrative' of neoliberal globalisation was establishing its dominance – ideological, economic, political and social – in almost every corner of the globe. Its origins lay in the world economic crisis of the mid-1970s and the confidence which that crisis gave to that (hitherto marginal) section of the ruling elite which argued for a return to the 'pure capitalism' of the pre-Keynesian period. In practice, such neoliberalism, as it became known, involved governments in seeking to remove all perceived barriers to the free operation of market forces, primarily through privatisation of previously state-owned utilities, such as electricity, water and rail services, and also through the weakening of trade unions (Harvey, 2005; Harman, 2008).

Such policies were given a huge boost by the collapse of the communist regimes of the former USSSR and Eastern Europe in the late 1980s. The following decade was characterised by the dominance of a 'Washington Consensus', implemented through the mechanisms of the World Trade Organisation and the International Monetary Fund, which emphasised, *inter alia*, privatisation, financial deregulation, and fiscal discipline as the basis for economic growth in every country, whatever its particular situation (Hubbard and Miller, 2005).

Unsurprisingly, welfare regimes, including their provision of social work services, were profoundly affected by these changes. A study of social work in nine different countries published in 2004, for example, showed that none had been left unaffected (Ferguson, Lavalette and Whitmore, 2004). In countries of the Global South such as India and Senegal, policies of trade liberalisation had often destroyed local industries, such as the fishing industry in Kerala, while a reduction in State support for social work had led to increased reliance on NGOs often funded by foreign donors. Meanwhile, in advanced capitalist countries such as Britain and France, the push for labour market flexibility was undermining the traditional roles of social workers and contributing to 'deprofessionalisation', in the sense of the creation of new layers of less-skilled, poorly-paid workers.

Within the UK, the main vehicle through which neoliberal ideas, policies and practices were introduced into the public sector generally, and social work in particular, was New Public Management (NPM), or, as it became more popularly known, managerialism. Broadly defined, managerialism is the idea that "managers should be in control of public organisations and that they should run those organisations in line with business principles and concerns" (Evans, 2009, 146). More specific elements of NPM approaches identified by McDonald include an emphasis on generic management skills rather than professional expertise; an emphasis on quantifiable performance measurements and appraisal; the break-up of traditional bureaucratic structures into quasi-autonomous units dealing with one another on a user-pays basis; market testing and competitive tendering instead of in-house provision; strong emphasis on cost-cutting; and limited-term contracts for state employees instead of career tenure (McDonald, 2006, 69).

In his study of the development of the 'social work business' in the UK, Harris has provided a convincing account of the ways in which professional social work practice, organisation and education were subordinated to, and transformed by, the imperatives of managerialism (with a more recent publication highlighting some of the nuances and contradictions of this process – Harris, 2003; Harris and White, 2009). Three separate studies from the past decade have vividly highlighted how these changes have impacted on the actual practice of social work.

In the earliest of these studies, conducted ten years after the passage of the NHS and Community Care Act 1990 which laid the basis for more market-based approaches, Jones interviewed forty, very experienced, frontline workers (minimum eight years post-qualification experience) across the North of England to see in what ways, if any, their jobs had changed as a result of these reforms. He found a group of highly stressed workers, unhappy at the way in which their jobs had changed and frustrated by their inability to work in the ways which they believed were in the best interests of their clients. Importantly, at the root of these workers' frustration was not the content of their interactions with their clients but rather the nature of the agencies within which they worked, and the highly procedural forms that their work now took: "We are now much more office based. This really hit home the other day when the whole team was in the office working at their desks. We have loads more forms which take time to complete. But we social workers also do less and less direct work with clients. Increasingly the agency buys in other people to do the direct work and we manage it" (Jones, 2004, 100).

As this last point suggests, at the core of social work reform in the UK has been the introduction of a purchaser/provider split, meaning that local authorities now purchase care from private or Third Sector organisations, rather than providing it directly. In the process, social workers have become primarily care managers, co-ordinating care rather than working directly with clients – the reason, of course, many came into social work in the first place. One worker summed up the frustration to which this gave rise: "I feel so deskilled because there are so many restrictions over what I can do. Yes I go out and do assessments, draw up care plans, but then we aren't allowed to do anything. I can't even go and organise meals on wheels for somebody without completing a load of paperwork, submitting a report to a load of people who would then make the decision as to whether I can go ahead and make the arrangements. I just wonder why I am doing this. It's not social work. Many of my colleagues in the adult team are looking to get out of social work altogether. They say they don't want to take this garbage any more. That's how they feel. The will to do social work is still there. They are still committed to work with people in distress. That heart felt warmth has not gone away, but the job is so different" (*op.cit,* 102).

As noted, Jones' study took place at the end of the 1990s. More than six years later, however, the authors of *Changing Lives*, a major report into the state of social work in Scotland commissioned by the (then) Scottish Executive, came up with very similar findings: "Working to achieve change is at the heart of what social workers do. Identifying needs and risks through assessment and developing and implementing action plans to address these will achieve nothing without an effective therapeutic relationship between worker and client…Yet social workers consistently told us that it is this very aspect of their work which has been eroded and devalued in recent years under the pressure of workloads, increased bureaucracy and a more mechanistic and technical approach to delivering services" (Scottish Executive, 2006, 28).

Finally, similar findings have emerged from a survey of 369 children and families' social workers carried out in 2009 by the trade union UNISON as part of its submission to an official enquiry following the death a child 'Baby P' at the hands of his carers in 2007. Alongside discontent about the size of caseloads and the lack of resources, workers also complained about the level of bureaucracy associated with managerial systems and approaches: "The focus of social work has become entirely procedural and the meaning of the work has been lost. The needs of children have become secondary to the needs of agencies responsible for protecting them. The contents of assessments appear insignificant as agencies are far more concerned about whether they are completed on time" (UNISON, 2009, 9).

"I didn't come into social work for this": reclaiming social work

As the studies cited above show, the direction taken by social work over the past two decades has left many social workers feeling dispirited and demoralised. Nor is such despondency confined to the UK, even if the development of social work as a business has gone further there than in most other advanced capitalist countries (with the obvious exception of the USA). In the past few years, however, there have been encouraging signs of resistance to the dominance of social work by managerial values and priorities. Here, I shall mention three of these.

The first is a growing re-assertion of social work as a value-based profession. Central to the neoliberal transformation of social work has been the minimisation or excision of values, and an emphasis instead on social work as a largely *technical* process, based on skills, knowledge and a concern with 'what works' (with the latter approach closely linked to the Evidence-Based Practice movement – Webb, 2001; Sheldon, 2001). 'What works', at least in the sense promoted by New Labour governments in the UK, has tended to involve a focus on prescribed behavioural change, to be achieved through pre-packaged programmes which can be bought and 'rolled out', with little concern either for the relationship between the workers and service users involved or for the factors, structural and otherwise, that give rise to the disapproved-of behaviours. In contrast, social workers have begun to emphasise the ethical content of their work. An obvious example is the rightly-celebrated inclusion of the statement that "Principles of human rights and social justice are fundamental to social work" in the International Federation of Social Workers' 2001 Definition of Social Work (quoted in Ferguson et al, 2004, 207). Another is the work carried out in defence of asylum seekers, refugees and 'erased' groups by social workers and social work academics in Britain, Australia, and Slovenia, often in direct opposition to the racist and scapegoating policies of their national governments: UNISON/BASW, 2006; Briskman et al, 2008; Zorn and Cebron, 2008). Finally, social work academics at Nottingham Trent University in England have been involved in organising a biennial 2, 000-strong conference entitled 'Affirming our value base in social work' (Barnard et al, 2008).

Secondly, resistance to dominant trends has also come from organisations and movements of service users who have not only challenged medicalised, paternalistic modes of service and practice but also the narrow consumerist, and often tokenistic forms of involvement which officially-approved forms of 'user involvement' have created for them (Beresford, 2007; McPhail, 2007).

A third source of resistance (in which the current writer has been directly involved) seeks to incorporate both the value-based critique of managerialism referred to above, as well as the active involvement of service users as participants in a collective movement, into a new, or revitalised, model of practice. Its origins lie in a meeting which took place in Glasgow, Scotland in late 2004, entitled 'I didn't come into social work for this!' The basis for the meeting, at which Chris Jones presented the research findings discussed earlier, was that it was necessary to move beyond simply lamenting the current crisis of social work and to begin to actively challenge current trends. The meeting, attended by around sixty social workers and social work academics, adopted a manifesto entitled "Social Work and Social Justice: a Manifesto for a New, Engaged Practice". The Manifesto was placed online and within a very short space of time, more than 700 people had added their names to it (Ferguson and Lavalette, 2007, 197).

Out of these humble beginnings, the Social Work Action Network (SWAN) was born. The Network does not seek to compete with, or replace, existing organisations of social workers, be they professional associations or trade unions. Rather, it is a radical, campaigning voice within social work, made up of social workers, academics, students and service users. Since 2006, the Network has organised three major national conferences, each attended by over 250 participants. In addition there have been major local SWAN events in Bristol (where 300 people attended a conference on radical social

work), and in Liverpool and Glasgow (both 200- strong, around the case of Baby P, a child whose death in 2007 at the hands of his carers was the occasion for a new bout of scapegoating of social workers). SWAN also organised an online petition against such scapegoating, and the Network's website has hosted a lively debate over how best social workers can help to protect vulnerable children (www.socialworkfuture.org). Evidence that concern over the impact of neo-liberal policies and ideas on social work as discussed in the Manifesto is not confined to the UK is shown by the fact that the Manifesto has now been translated into several languages including Spanish, Greek, Slovenian, Cantonese, Japanese and Bangla!

Conclusion: Radical social work in the 21st Century

Like similar organisations and social movements that have emerged over the past decade, SWAN often seems clearer on what it is opposed to – the marketisation and managerialism of social work – than what it is for, other than a fairly broad belief that 'another social work is possible' (mirroring the slogan of the global anti-capitalist movement that 'Another world is possible'). To address, this two of us, however, have recently sought to summarise what we would see as four key elements in a new, radical practice for the twenty-first century (Ferguson and Woodward, 2009, 153-163). It seems appropriate to end on these points.

Radical practice is retaining a commitment to good practice

Collective approaches, such as groupwork and community work, have not been the only victims of the budget-driven managerial approaches which have dominated social work for two decades. So too has good casework practice, which, at best, can provide individuals with an empathic, trusting relationship in which they can explore issues that may be troubling them. 'Someone to talk to' was identified by service users with mental health problems as the most important component of a social crisis centre in East Scotland (Stalker et al, 2006). The fact that traditional features of social work such as an emphasis on relationship, process and values have also been undermined by neoliberal practices means that many workers who would not otherwise have seen themselves as 'political' have also been radicalised in recent years. In a climate of managerialism and technocratic approaches, humane and holistic value-based approaches can also be radical.

Radical practice is 'guerrilla warfare' and small-scale resistance

Good social workers have always sought to find ways within the rules and regulations that govern their practice to get the best deal for their client, even if that means 'bending' the rules on occasion. For that reason, one writer in the 1970s referred to social workers as 'middle-class bandits' (Pearson', 1975) while, in a much-cited study, Lipsky sought to demonstrate the ways in which 'street-level bureaucrats', including social workers, exploited the discretion available to them to obtain resources for their

clients (Lipsky,1980).In a more recent study which explored the views of experienced frontline workers, some respondents felt that, even though some of the 'spaces' previously available to them had been curtailed or even closed down by managerial practices, there was often still scope for imaginative and creative practice: "Our team has very strong social work values…we're unafraid to challenge the internal system and we have an excellent manager as well so we can see ourselves as a force…insisting on creating that kind of dialogue" ('Kathryn', quoted in Ferguson and Woodward, 2009, 74).

Radical practice is working alongside service users and carers but not when they do not need social workers

Working alongside, and learning from the experience of, service users and carers has to be at the heart of any new radical practice. The ideas and practices of new social welfare movements, such as the disability movement or the mental health users' movement, have underpinned many of the most progressive developments in service provision over the past decade. That does not mean there will not from time to time be tensions and debates over the best ways to achieve the end goals of increased autonomy, for example, in relation to approaches such as individualised budgets but these issues need to be addressed in a spirit of open and friendly discussion. It also means recognising that social workers need to know when to back off – most people prefer to live their lives without a social worker around!

Radical practice is collective activity and political campaigning

As noted above, individual approaches can be radical in bringing about changes in people's personal situations and in the way in which they see themselves. However, collective approaches have a qualitatively greater potential for change at the community and structural level, a potential which has been almost completely lost over the past two decades (Ferguson, 2008). Collective approaches are relevant for social workers at three levels. Firstly, there is the use of community work as a method of practice. In the UK at least, community work theory and practice has fallen off the curriculum of most social work programmes and has also disappeared from many agencies (other than in the very narrow, top-down form of 'consultation' with service users). We need to apply pressure to restore radical, campaigning community work to its rightful place within social work. Secondly, there is the issue of the collective organisation of social workers, primarily through trade union involvement. Radical social work practice cannot take place in a vacuum. On the one hand, it needs resources; on the other, those involved in it will, from time to time, need protection from managers who are less than enthusiastic about workers who are active in advocating on behalf of their clients. Strong workplace-based trade union organisation continues to provide the best means of achieving both these goals. Finally, social workers need to be involved with wider social movements. In the past, social work has benefited enormously from the energy and ideas of the women's movement, the disability movement and so on. In the early years of the twenty-first century, the real critique of neoliberal globalisation came not from politicians but from

the activities of the anti-capitalist or global justice movement, a social movement born out of the demonstrations against the World Trade Organisation in Seattle in 1999. Similarly, social workers today who wish to see a real alternative to the neoliberal models of social work which currently dominate need to be involved in, and to learn from, such wider movements for social justice.

References

Alinsky, S. (1971) *Rules for Radicals*, New York: Vintage Books.

Bailey, R. and Brake, M. (eds.) (1975) *Radical Social Work*, London: Edward Arnold.

Bailey, R. and Brake, M. (eds.) (1981) *Radical Social Work and Practice*, London: Sage.

Barnard, A., Horner, N. and Wild, J. (eds.) (2008) *The Value Base of Social Work and Social Care*, Berkshire: Open University Press

Beresford, P. (2007) *The Changing Roles and Tasks of Social Work from Service Users' Perspectives: A Literature Informed Discussion Paper*, London: Shaping Our Lives National User Network

Briskman, L., Latham, S. and Goddard, C. (2008) *Human Rights Overboard: Seeking Asylum in Australia*, Victoria: Scribe Publications.

Callinicos, A. (1989) *Against Postmodernism: a Marxist Critique*, Cambridge: Polity Press.

Callinicos, A. (2003) *An Anti-Capitalist Manifesto*, London: Polity.

Choonara, J. (2009) *Unravelling Capitalism*, London: Bookmarks.

Corrigan, P. and Leonard, P. (1978) *Social Work under Capitalism: a Marxist Approach*, London: Macmillan.

Engels, F. (1844/2009) *The Condition of the Working Class in England*, London: Penguin Classic

Evans, T. (2009) 'Managing to be professional? Team managers and practitioners in modernised social work', in J. Harris and V. White (eds.) *Modernising Social Work: Critical Considerations*, Bristol: Policy Press, 145–164.

Ferguson, I. (2008) *Reclaiming Social Work: Challenging Neo-liberalism and Promoting Social Justice*, London: Sage.

Ferguson, I., Lavalette, M. and Whitmore, E. (eds.) *Globalisation, Global Justice and Social Work*, London: Routledge.

Ferguson, I. and Lavalette, M. (2007) '"The Social Worker as Agitator": the Radical Kernel of British Social Work' in M. Lavalette and I. Ferguson (eds.) *International Social Work and the Radical Tradition*, London: Venture Press, 11–32.

Ferguson, I. (2008) *Reclaiming Social Work: Challenging Neoliberalism and Promoting Social Justice*, London: Sage.

Ferguson, I. and Woodward, R. (2009) *Radical social work in practice: making a difference*, Bristol: Policy Press

Fukuyama, F. (1992) *The End of History and the Last Man*, Harmondsworth: Penguin.

Harman, C. (1988) *The Fire Last Time: 1968 and After*, London: Bookmarks.

Harman, C. (2008) 'Theorising Neoliberalism', *International Socialism*, 117, 87–121.

Harris, J. (2003) *The Social Work Business*, London: Sage.

Harris, J. and White, V. (2009) *Modernising Social Work: Critical Considerations*, Bristol: Policy Press.

Harvey, D. (2005) *A Brief History of Neoliberalism*, Oxford: Oxford University Press.

Hubbard, G. and Miller, D. (2005) *Arguments Against G8*, London: Pluto Press.

Jones, C. (1983) *State Social Work and the Working Class*, London: Routledge and Kegan Paul.

Jones, C. (2004) 'The neo-liberal assault: voices from the front-line of British social work' in I. Ferguson, M. Lavalette and E. Whitmore (eds.) *Globalisation, Global Justice and Social Work*, London: Routledge.

Krugman, P. (2008) *The Return of Depression Economics and the Crisis of 2008*, London: Penguin.

Kurlansky, M. (2004) *1968: The Year that Rocked the World*, London: Jonathan Cape.

Lewis, J. (1995) *The Voluntary Sector, the State and Social Work in Britain*, Aldershot: Edward Elgar.

Lipsky, M. (1980) *Street-Level Bureaucracy: Dilemmas of the Individual in Public Services*, New York: Russell Sage Foundation.

Lyotard, J. F. (1984) *The Postmodern Condition: a Report on Knowledge*, Manchester: Manchester University Press.

McDonald, C. (2006) *Challenging Social Work: the context of practice*, London: Palgrave.

McDonald, C. Harris, J. & Wintersteen, D. 2003, 'Contingent on Context' Social Work and the State in Australia, Britain and the United States', *British Journal of Social Work*, **33**, 191–208.

McPhail, M. (ed.) (2007) *Service User and Carer Involvement: Beyond Good Intentions*, Edinburgh: Dunedin Academic Press.

Mayer, J. E. and Timms, N. (1970) *The Client Speaks: Working-Class Impressions of Casework*, London: Routledge and Kegan Paul.

Mullally, R. (1997) *Structural Social Work: Ideology, Theory and Practice* (2nd ed.), Oxford: Oxford University Press.

Murray, C. (1990) *The Emerging British Underclass*, London: Institute of Economic Affairs.

Pearson, G. (1975) 'Making Social Workers: Bad Promises and Good Omens' in R. Bailey and M. Brake (eds.) *Radical Social Work*, London: Allen and Unwin.

Powell, F. (2001) *The Politics of Social Work*, London: Sage.

Reisch, M. and Andrews, J. (2002) *The Road Not Taken: a History of Radical Social Work in the United States*, New York: Brunner-Routledge.

Scottish Executive (2006) *Changing Lives: Report of the 21st Century Social Work Review*, Edinburgh: Scottish Executive.

Sheldon, B. (2001) 'The Validity of Evidence-Based Practice in Social Work: a Reply to Stephen Webb', *British Journal of Social Work*, 31, 801–809.

Simpkin, M. (1983) *Trapped Within Welfare?* 2nd ed., Basingstoke: Macmillan.

Stalker, K, Patterson, L. and Ferguson, I. (2006) *'Someone to talk to': a study of social crisis services,* Unpublished study, University of Stirling.

Stedman-Jones, G. (1971) *Outcast London*, Oxford: Clarendon.

Turner, G. (2008) *The Credit Crunch: Housing Bubbles, Globalisation and the Worldwide Economic Crisis*, London: Pluto Press.

UNISON/BASW (2006) *Asylum in Scotland: Children's Welfare Paramount?*, Scotland: UNISON/BASW.

UNISON (2009) *Still Slipping Through the Net? Front-line Workers Assess Children's Safeguarding Progress*, London: UNISON.

Walton, R. G. (1975) *Women in Social Work*, London: Routledge and Keegan Paul

Webb, S. (2001) 'Some Considerations on the Validity of Evidence-based Practice in Social Work', *British Journal of Social Work*, 31, 57–59.

Wilkinson, R. and Pickett, K. (2009) *The Spirit Level: Why More Equal Societies Almost Always Do Better*, London: Allen Lane.

Williams, F. (1996) 'Postmodernism, feminism and difference', in Parton, N. (ed.) *Social Theory, Social Change and Social Work*, London: Routledge.

Zorn, J. and Cebron, U. (2008) Once Upon an Erasure: From Citizens to Illegal Residents in the Republic of Slovenia, Ljubljana: Studentska Zalozba.

Risk, Security and Resilience Work in Social Work Practice

MALCOLM PAYNE[*]

Introduction

The papers explore an area of great concern for social workers: the management of risk in practice. I aim to complement these papers by examining risk work, that is, social work practice that focuses on risk, and possible developments of it focused on security and resilience. Seeing risk work as important in social work raises questions about the aims of risk work, the nature of risk and concern about complicity with oppressive surveillance in society. I propose a focus on security and resilience alongside risk work as a contribution to resolving some of these problems and outline some possibilities of security work as a future for social work with at-risk groups.

Aims of risk work

What are the aims of working on risk in social work and who sets them? Concern about risk may become an issue in the arena of policy formation, or it may emerge from professional responses to issues with a particular client group. In the policy arena, governments may respond to public concern about a social issue. To understand this policy response we may need to examine how the issue came to public concern, the nature of that concern and how it came to be a political issue, and how the various alternative potential actions led to a risk-oriented approach. This social construction approach to social problems emphasises that identifying an issue as problematic and designing social responses to it are not neutral social processes, but profoundly affected by social values and political debate. These political processes turn claims about an issue into a problem that requires a social policy response, that in turn may specify a role for a social agency to work with an 'at-risk' group (Spector and Kitsuse, 2006). This is then taken to justify social and public intervention with that group. But how do these social processes lead to an assessment of the nature and severity of the risks that may justify interventions and what kinds of interventions are acceptable?

---
[*] Policy and Development Adviser, St. Christopher's Hospice Visiting Professor, Opole University, Poland, 51-59 Lawrie Park Road Sydenham, London SE26 6DZ, Telephone +44 208768 4500, Email: m.payne@stchristophers.org.uk

In the professional arena, practitioners or managers may become aware of concerns about the experiences of a particular group, seeing them as endangered in some way. This then leads to action to manage or mitigate that danger. But where do the awareness and action come from? Are they requested by clients themselves, or perhaps by their families, whose interests might be different or do professionals identify a risk that clients and communities do not see? Again, how a social issue is identified and the social processes it goes through on the way to the adoption of a risk-oriented intervention are not unproblematic. Practitioners must at the least understand and perhaps question the adoption of risk work as the policy and practice response to a social issue.

Who is at risk? If we look at the example of women and children who are trafficked there are risks of humiliation, abuse, disease, social exclusion, loss of family and human rights for women and children affected. There is also a social risk of family and community dislocation in the country of origin. Societies where women and children are trafficked to may see a rise in social dislocation through increases in prostitution or domestic slavery. Organised trafficking may create income flows for organised crime, growth in violence and criminal activity, not only in the countries of origin or destination, but also in transit countries. Responses may therefore come from different concerns: governments may be responding more to the risks of social dislocation, whereas practitioners may be more focused on the emotional and physical dangers for women and children. Conflicts of priority and about the right approach to take may result from these different interests.

The nature of risk

Issues may also arise for practitioners over the nature of risk. Risk is the likelihood of physical or psychological damage. To focus on risk is an example of problem-focused social work using deficit language: we look at the problems and what might go wrong. It seems to clarify and set an objective in the situation: removing factors in the situation that present risks increases safety. But risk is a matter of probability: a risk is the likelihood, not the certainty, of something happening. Assessing a risk means saying that it is more or less likely. Also, the objective probability of a risk and the subjective perception of those risks differ, and people in different circumstances may assess risk differently. If an assessment of risk brings a successful outcome, there will be no problem, but if things go wrong, hindsight allows people to identify all the things that might have been taken into consideration and to vary the judgment made at the time. We often worry more about preventing the risk of unlikely but morally reprehensible actions such as child abuse rather than concerning ourselves with preventing likely but blame-free actions, such as a child falling (Macdonald and Macdonald, 1999).

Some further points: we are usually looking at a risk of harm rather than positive risks. Also, there is often a benefit to taking a risk. And the problems assessed as presenting risk might not lead to something going wrong, so we will have intervened unnecessarily and perhaps oppressively in some cases.

These point become clearer when we turn our gaze from social evils such as trafficking to look at broad client groups, such as older people. We all age and are all affected in different ways, so becoming old is not an objective social category defined by

some clearly identifiable risk factor. The fact that ageing is universal raises the question: should we intervene to prevent or manage risks that might arise through ageing? An older person may become physically or mentally frail, and they may lose their capacity to make decisions in their own best interests. What level of risk justifies our intervention in spite of respect for the client's self-determining autonomy? Should we intervene if self-neglect leads an older person to poor nutrition? Or should we wait until this leads to more serious disease? What factors might justify forcing them to accept help to prevent later ill-health? Should we persuade them assertively to accept unwillingly a place in a care home where they will be unhappy but safe from falling? In such situations, practitioners have to balance many different factors and possibilities. They will also have to balance differing points a view. Relatives of an older person may be fearful or want to avoid risk that the older person themselves would happily accept. Other professionals or politicians may prefer safety rather than the happiness of an insecure sense of freedom from interference.

There may also be differences in values that raise questions about risk work. For example, a hospice caring for dying people may seek to reduce the risk that its clients might commit suicide. The reasons for doing so are various. An important one is that many dying people suffer from depression and anxiety about their situation, which might lead to psychological distress and attempts at suicide. Effective symptom management and psychosocial help might enable them the lead a satisfying life during this last phase of their lives and to die well; this might also prevent distress in their family. Preventing suicide offers an opportunity for intervention that might help dying people to make these positive achievements (Reith and Payne, 2009). There may well be other social factors in the concern about suicide risks. For example, a hospice might also be concerned about the possibility of public criticism if many of its patients were able to commit suicide: it might be said that the hospice was facilitating euthanasia, and this might lead to a loss of public support that is essential for doing its work. Moreover, there is public debate about the right of people to take their own life, either at all, or in order to avoid illness, frailty and pain. Some people and most religions regard this as an immoral act, while other people and systems of thought regard people as free to take their own lives. Relatives of the dying person who is thinking of suicide might take different points of view. How are we to evaluate their distress at a loved one's decisions against the rights of the person making a decision for suicide? So, accepting suicide too readily might be seen as inconsistent with the fundamental values of an organisation caring for dying people. All these matters may justify an appropriate intervention with people attempting suicide at the end of life, or to other people may require a judicious standing aside from interference.

It is clear then that social work must balance different forms of risk: risk to individuals, risk to society, risk to social care organisations, risk to practitioners. Whatever a social care organisation does or fails to do may, therefore, affect public perception of its role and the objectives and practice of social work. This has been a concern across many European countries in dealing with risk of child abuse and neglect (Kuijvenhoven & Kortleven, 2010). In the UK, social workers have experienced public criticism for early intervention or failing to intervene. Moreover, the outcomes of intervention are not neutral factors. Public care and residential care often do not have positive outcomes: is it better to leave children in poor, but not extremely dangerous, home conditions rather than admitting them to children's homes that may not have a good outcome?

Issues about risk and protection for children who are being abused or neglected raise concerns about the balance of responsibility between parents, other relatives and official intervention. Risk work raises similar issues in many different situations because social work is an apparently positive form of intervention aiming to help people, but may conceal official interference in personal and social freedoms.

Social work and surveillance

Gilliom (2001) has made the point that, throughout history, welfare services, including social work, have been used to maintain surveillance of the poor and of groups in society that potentially present problems of social order and social disruption. Since social workers may focus on risk because they fear criticism for things that go wrong. There are two things about such criticism: it is usually of people who are socially excluded or whose behaviour is seen as morally wrong. Patterns of social oppression mean that powerful groups and opinion formers in society use moral and social failings to reinforce their power. They also exercise power by blaming professionals for failing to prevent risks from materializing as actualities. Such criticism is always made with hindsight: the critics know that the situation actually went wrong, even though there was a low risk of the worst happening. Social workers and other officials dealing with risk develop approaches to protect themselves from criticism; such approaches include formal assessment tools or emphasizing administrative and legal responsibilities for protecting vulnerable people.

The modern state represents a shift from personal forms of social control toward bureaucratic and organizational control (Dandeker, 1990), in which social workers and all helping professions play a part through their bureaucratic agencies. Foucault's (1979) work on prisons and the social control of sexuality made clear that helping and caring activities are often managed in such a way or seduced into ways of working that support the needs of the state for social order. Social order benefits many people, including those whose freedoms are limited, and people feel more secure in a socially ordered state. For example, people who live in violent and physically deteriorating neighbourhoods may well be strong supporters of surveillance and risk-avoiding practice. However, that order is always a balance between advantages and restrictions. This is particularly so when the restrictions are secret or partially concealed. One of the concerns about the social control achieved by helping and caring activities is that the benefits of caring may be outweighed by loss of autonomy and the fact that a caring attitude hides social restrictions that come along with it.

Graham and Wood (2003) have suggested that official records and closed circuit television (CCTV) are crucial aspects of surveillance in the modern state. People are categorized by these apparently neutral technical devices, particularly according to the spaces that they occupy, and particularly where inequalities label them as potentially dangerous, difficult, or in need, surveillance. For example, if you go to the information service of your local government offices, you can often select your own information or receive leaflets and advice freely. If, however, you go to a social work agency, a record of your identity and some assessment of your needs is retained. If you live in or visit areas where there have been problems of disorder or crime, shops and the local police may be able to see CCTV records of

your visit and your actions. Some of this may be helpful or desirable, but the use that agencies make of these records may disadvantage you or limit your freedoms.

Security rather than risk management

A more positive option than risk assessment and management is to practice with a focus on security and resilience rather than risk. If practitioners think about risk all the time, they will concentrate on what may go wrong, and this may lead to blaming behaviour, by practitioners or powerful people in society, if things go wrong: blaming the client, client groups, practitioners, their agency or society. At-risk groups may be made to feel responsible for being at risk.

Risk, therefore, has its limitations as a concept for doing social work by, but is security any better? Security is people's belief that they will be safe from harm and exploitation in their social environment and remain free to make choices that develop their self. Security is closely connected with the human rights. This is partly because physical and legal security is also important dimensions of equality (Equalities Review, 2007). People who are insecure about their physical safety are oppressed by others; people who do not believe that they will be protected by the law against intolerance or by fair administrative procedures will feel insecure. Our self is closely bound up with the valuation of our personal identity, and developing and maintaining that identity is closely connected with national, family, and spiritual identities that are protected by charters of human rights. Ontological security means being able to maintain in our personal identities a thread of meaning and a stable sense of our self-identity (Thompson, 1996). Giddens (1991, 214) refers to a 'life politics' in which people seek a lifestyle that reflects their self-actualized identity in an ordered environment. Ferguson (2001) has proposed a social work based on helping people to make positive choices, and Webb (2006) has referred to trust and confidence as an important aspect of service provision and a significant aim in social work. Smith (2002) has pointed out, though, that the security of making our individualized choices in a relatively secure life environment means that we come to rely on the state or organized social institutions to maintain a wide social order that permits us to make these lifestyle choices. Thus, the development of our own secure self in our own secure environment requires a secure social order surrounding us.

If security requires a secure social order, social work needs to concern itself with what that order consists of. Insecurity limits our lives. Economic and psychological insecurity means that personal and family development cannot be fulfilled. An insecure child cannot grow; insecure people with mental illness or older people cannot take risks to improve their quality of life.

Restricting social work to security work may be too idealistic when practitioners face demands for risk assessments where children or vulnerable adults need protecting. Therefore, I propose a focus on security as part of rather than in place of risk assessment and management (Payne, 2010). Instead of looking only at factors in the situation that might present a risk, we can also look for factors that will offer security. This is for three reasons: one is that these may balance the risk factors. Second, looking at security might suggest positive factors that can be enhanced, positive behaviours to be strengthened by empowerment techniques such as support groups or by cognitive-behavioural techniques.

Third, the absence of security and of possibilities for achieving it may strengthen the confidence we place in a risk assessment.

Gilbert (2005) has distinguished between active and passive safeness. He sees safeness as a psychological state in which we feel safe, and from that position, we can explore how to meet our needs in a way that maintains our sense of feeling safe. As a consequence, he would say that you cannot become secure except from a safe situation; someone who has felt insecure for whatever reason in will not be able to achieve safeness. In a safe situation, people can actively explore, become affiliated with people, and play; passively, they are tolerant and accepting. Where there is threat, people become distressed; seek reassurance; and more passively, appease or submit to others' wishes.

Security work

The practice of security work aims to increase people's control over their lives so that they can attain a quality of life that is important to them. This implies overcoming psychological ambivalences and an uncertainty in people's thinking so that they may aim for their own objectives. For example, Goldson (2004) has pointed to an important ambivalence about children: we often see them as victims of the social order that adults create or as threats to it. A similar point might be made about vulnerable adults. We see and treat most adults most of the time as autonomous beings, capable of making their own security, whereas once we define them as vulnerable, they become liable to interventions to create security for them. When we see them as difficult, for example, mentally ill people, we ourselves become insecure and want to imprison or restrict them in other ways them to protect ourselves; then the security we aim at is for us rather than for them.

Sustaining a completely therapeutic focus for social work is not possible, because it always contains these elements of social control. Therefore, transparency of all the elements of practice actions is important. Informed consent, helping people to participate in decisions that affect them and seeking their views about how they should be cared for and treated through advance care planning is part of this. Achieving equality in relationship through dialogue with clients is also an important counterbalance to excessive control in social work. Because records are an important aspect of surveillance, making records accessible to enable clients to check and put their interpretations into them is an important aspect of due process in social work practice. Moreover, transparency with records can be a useful way to enter dialogue with clients about interpretations of their situation. Similarly, hearing their own interpretations through narrative practice and through creative work can also contribute to transparency.

Therefore, it is important for social work practice to start from transparent engagement through dialogue with the narratives of clients and the people around them about their lives, rather than our own assumptions about them, because this can help to create the security that we are part of a safe environment for them. These can then lead to a focus on what will make them feel secure. It is important to engage in dialogue about several different aspects of security:

• Physical security, for example, avoiding unwanted change, accidents, violence, or fear of them;

• Legal security, for example, feeling that the law and administrative procedures protect them;

• Self-security, or being respected and valued by others.

Resilience as an aim in security work

Another positive factor that is becoming increasingly important in social work is resilience, the ability to bounce back from adversity. Knowing that they have resilience helps people to feel and to be more secure. Fraser, Richman & Galinsky usefully define resilience as "unpredicted and markedly successful adaptations to negative life events, trauma, stress, and other forms of risk" (1999, 136). This analysis points out that we talk about resilience only when people do better than expected at responding to adversity or to the risk of adversity. We do not refer to resilience when people react in a negative way to adversity. Ideas about resilience, therefore, assume that there will necessarily be adversities in people's lives that things will not always go well. Resilience assumes a norm of reaction that some people, whom we see as resilient, will improve on.

Resilience connects with a recent policy focus on well-being and healthy living (Greene & Livingston, 2002), and has been widely used in family and community work. It is useful because it is a positive idea that assumes that people have capacities to respond to difficulties. Therefore, a problem does not mean incapacity, and it may even stimulate strong and effective responses. In the context of the discussion of risk, it is interesting that the National Resilience Resource Center (2009) at the University of Michigan refers to people and communities being at promise rather than at risk.

The conventional resilience approach looks mainly at individual and family resilience, for example, in family work, developing mutual support and psychological strengths, such as by promoting more shared activities and supportive behaviours (Walsh, 2006). One study with adolescent girls, many of whom were sexually exploited, focused on listening carefully to their experiences, maintaining their integrity so that their behaviour was not out of line with their moral preferences, and helped them negotiate more effectively to achieve their preferred outcomes in relationships (Watkins, 2002). Walsh's (2006) account of resilience practice in families starts from three main family processes:

The family's belief systems, that is, how the family achieves agreement about the meaning of adversity. Resilient families focus on resilience coming from their relationships and on developing a greater transcendent or spiritual meaning of their experiences of adversity rather than looking for rugged individuals to maintain a positive outlook.

The family's organizational pattern, that is, their crisis shock absorbers. This includes their flexibility to change direction, their connectedness and mutual support, and their social and economic resources.

The family's communication processes, that is, how they facilitate working together. These include clarity and consistency in the messages they give one another, the ability to share emotions openly, and a collaborative approach to problem solving.

In another perspective building on residential care practice, Ungar (2009) helpfully identifies accessibility to resources as the main focus of resilience. He includes the following:

• People's ability to navigate through society to resources that improve their well-being;

• The ability of people's physical and social systems to provide resources for their well-being;

• The ability of people, their families, and their communities to negotiate culturally acceptable ways to share resources.

Another Australian approach focuses on resources in communities (Hegney et al., 2008) drawing on research findings on how to stimulate community strength. Among appropriate techniques are: strengthening social networks and mutual support in communities, viewing problems and challenges, and accumulating learning from experience and seeking new learning. Leadership in developing shared beliefs are also important.

Conclusion

Social work is pressed to respond to risk, by social pressures that may, however, be oppressive but also by the recognition of important dangers to individuals and in many of the social groups where social work is an valuable resource for social improvement. The papers in this volume identify clearly the needs and issues that risk work with many groups raise. Risk work is important therefore, but needs to be balanced by a concern also for security and resilience, so that individuals, groups and communities working with social workers can work towards positive aims in their lives alongside risk assessment and management techniques.

References

Dandeker, C. (1990) *Surveillance, power and modernity: Bureaucracy and discipline from 1700 to the present day*. Cambridge: Polity.

Equalities Review. (2007) *Fairness and freedom: The final report of the Equalities Review*. London: Cabinet Office.

Ferguson, H. (2001) Social work, individualization and life politics. *British Journal of Social Work*, 31, 1, 41–56.

Foucault, M. (1979) *Discipline and punish*. Harmondsworth: Penguin Books.

Fraser, M.W., Richman, J. M., & Galinsky, M. J. (1999). Risk, protection, and resilience: Toward a conceptual framework for social work practice. *Social Work Research*, 23, 129–208.

Giddens, A. (1991) *Modernity and self identity*. Cambridge, UK: Polity.

Gilbert, P. (2005) Compassion and cruelty: A biopsychosocial approach. In P. Gilbert (Ed.), *Compassion: Conceptualizations, research and use in psychotherapy*. New York: Routledge, 9–73.

Gilliom, J. (2001) *Overseers of the poor: Surveillance, resistance and the limits of privacy*. Chicago: University of Chicago Press.

Goldson, B. (2004) Victims or threats? Children, care and control. In J. Fink (Ed.), *Care:Personal lives and policy*. Bristol, UK: Policy Press78–109.

Graham, S., & Wood, D. (2003) Digitizing surveillance: Categorization, space, inequality. *Critical Social Policy*, 23, 227–248.

Greene, R. R., & Livingston, N. C. (2002) A social construct. In R. R. Greene (Ed.), *Resiliency: An integrated approach to practice, policy, and research.* Washington, DC: National Association of Social Workers Press, 63–93.

Hegney, D., Ross, H., Baker, P., Rogers-Clark, C., King, C., Buikstra E., et al. (2008) *Building resilience in rural communities: Toolkit.* Toowoomba: Centre for Rural and Remote Area Health, University of Southern Queensland, University of Queensland.

Kuijvenhoven, T. & Kortleven W, J. (2010) Inquiries into fatal child abuse in the Netherlands: a source of improvement? *British Journal of Social Work* 40, 4, 1152–73.

Macdonald, K. I., & Macdonald, G. M. (1999) Perceptions of risk. In P. Parsloe (Ed.), *Risk assessment in social care and social work*. Philadelphia: Kingsley, 17–68.

National Resilience Resource Center. (2009).*National Resilience Resource Center.* St. Paul: College of Continuing Education, University of Minnesota. Retrieved from http://www.cce.umn.edu/National-Resilience-Resource-Center/index.html.

Payne, M (2010) *Jumanistic Social Work: Core Principle in Practice*. Chicago: Lyceum.

Reith, M. & Payne, M. (2009) *Social Work in End-of-life and Palliative Care*. Chicago: Lyceum.

Smith, C. R. (2002). The sequestration of experience: Rights talk and moral thinking in "late modernity." *Sociology*, 36, 1, 43–66.

Spector, M. & Kitsuse, J. I. (2006) *Constructing Social Problems*. New Brunswick, NJ: Transaction.

Thompson, N. (1996) *People skills*. Basingstoke: Palgrave Macmillan.

Ungar, M. (2009, August) Resilience practice in action: Five principles for intervention. *Social Work Now*, 32–38.

Walsh, F. (2006). *Strengthening family resilience* (2nd ed.). New York: Guilford.

Watkins, M. L. (2002) Listening to girls: A study in resilience. In R. R. Greene (Ed.) *Resiliency: An integrated approach to practice, policy, and research.* Washington, DC: National Association of Social Workers Press.

Webb, S. A. (2006) *Social work in a risk society: Social and political perspectives*. Basingstoke: Palgrave Macmillan.

The Quest for Evidence-Based Practice: We Are All Positivists!

BRUCE A. THYER[*]

In a paper prepared by Professor Hans-Uwe Otto concerning the focus of the conference on *What Works – Modernizing the Knowledge Base of Social Work,* held at the University of Bielefeld, Germany, he noted that "public services are legitimized by their effects rather than by the mere fact that they are consumed" (Otto, 2005). He and his colleagues later published this view saying "…social work interventions into the life conduct of human beings may only be legitimized against the background of their effects" (Otto, Polutta & Zeigler, 2009, 472). It would seem that on both sides of the Atlantic Ocean our common field of social work is no longer seen as supportable merely as a manifestation of individual or societal "caring" for those in need, but more in terms of the results, effects, or outcomes it produces among those it attempts to serve. In some ways, this view brings us back to the verificationist principle of the logical positivists of the Vienna Circle, in their assertion that the only scientifically meaningful questions were those susceptible to empirical verification or refutation. By seeking to justify a social work program in terms of the effects it produces or the measurable results obtained from it, as opposed to the intentions of the providers of the service or the needs of the recipients of care, in some way we are returning to a more positivist orientation to our field. In my opinion, this is a good thing.

It is interesting to recall that in the early 1800s, Auguste Comte's original term for the discipline he later labeled *sociology* was *social physics*, reflecting his view that in principle, human affairs were as susceptible to successful investigation using the tools of naturalistic inquiry as were the mathematical, biological, and physical sciences (Pickering, 1993). Of course, human phenomena can be seen as vastly more complicated than the subject matters encompassed by these other disciplines, but Comte's views of a positive philosophy of science proved vastly influential for the developing field of social work, particularly in its seminal role in the emergence of American liberalism and the progressive movement (Harp, 1995). Comte's term for his philosophy, *positivism*, came from *positif*, which in French has more of a connotation of material reality than the implications of certainty implied by the English word *positive*. Thus, the philosophy of

positivism dealt with developing natural or material explanations for human phenomenon, as opposed to meta-physical or theological ones, and in developing societal applications of positive science (Ebenstein, 2001). It does not imply, as is commonly construed, the development of definitive, complete, or absolutely certain answers to questions.

The logical positivists adopted some aspects of this Comtean perspective. For example, Vienna Circle member Carl Hempel (1969, 167) contended that "there is no fundamental difference in subject matter between the natural sciences and the psychological and sociological disciplines", a view echoed by fellow logical positivist Rudolph Carnap, who claimed that "all laws of nature including those that hold for organisms, human beings, and human societies, are logical consequences of the physical laws" (Hempel, 1969, 188).

Even more assertive is Hempel's claim, found in his essay titled "The Logical Analysis of Psychology" (as cited in Jeffrey, 2000, 173), that all psychological statements which are meaningful – that is to say, which are in principle verifiable – are translatable into propositions which involve not psychological concepts but only the concepts of physics. The propositions of psychology are consequently physicalistic propositions. Psychology is an integral part of physics.

Glashow (1989) provided a more contemporary summary on the views of positivism:

> We believe that the world is knowable, that there are simple rules governing the behavior of matter and the evolution of the universe. We affirm that there are eternal, objective, extra-historical, socially neutral, external and universal truths and that the assemblage of these truths is what we call…science. Natural laws can be discovered that are universal, invariable, inviolate, genderless, and verifiable. They may be found by men or women. (24E)

Compare this with a related statement, made by the distinguished American social worker Frank Bruno, over 50 years earlier:

> Social work holds as its primary axiom that knowledge of human behavior can be acquired and interpreted by the senses and that, inferences drawn from such knowledge can be tested by the principles of logic. The difference between the social work of the present and of all preceding ages is the assumption that human behavior can be understood and is determined by causes which can be explained. We may not have at present a mastery of the methods of understanding behavior, but any scientific approach to behavior presupposes that it is not in its nature incomprehensible by sensory perception and inference there from. (Bruno, 1936, 192–193)

The founding of the American Social Science Association (ASSA) in 1865 by Frank Sanborn and others was consciously guided by positivist philosophy. Among the goals of the ASSA were to aid the development of Social Science, and to guide the public mind, obtaining by discussion the real elements of Truth; by which doubts are removed, conflicting opinions harmonized, and a common ground for treating wisely the great social problems of the day. (Clark, 2004, 18)

According to Chaiklin (2005, 130), the dominant intellectual mode of the ASSA was a combination of idealism and positivism. The ASSA was the first national organization in the United States concerned with social welfare (Haskell, 2000), and from

it emerged the Conference on Charities (1879) and successor organizations, the National Conference on Charities and Correction (in 1889), described by Germain (1970, 9) "as a forum for the communication of ideas and values connected with scientific charity"; the National Conference on Social Work (1917); and the National Conference on Social Welfare (1957). This latter initiative dissolved in the mid-1980's, having been replaced in some respects by the National Association of Social Workers (NASW), founded in 1956. The NASW was itself an amalgamation of seven other professional social work organizations, including the Social Work Research Group, established in 1949 and which, according to Tyson (1992, 542), had "adopted the positivist philosophy of science as its guiding research paradigm."

Even Jane Adams, one of the icons of professional social work in the United States, was influence by positivism. According to one biographer of Jane Addams, "Positivism, the outgrowth of the speculation of Auguste Comte, had begun to interest her; she saw in it a connection between the Democracy she loved, and the Christianity she longed to understand." (Linn, 1935, 77) While Comte might shudder at the link between positivism and Christianity, Addams was not the first to find support for organized religion from the methods and findings of science.

The interests of the Social Work Research Group were to be protected within the larger NASW by a formal Research Section, renamed in the mid-1960s as the Council on Social Work Research. When the NASW was founded it was confidently claimed that "among the many things that are now within reach of social work, one must surely mention first a broader, more intensive research effort" (Towley, 1956, 11). Sadly, by 1974 the Council on Social Work Research had died a lingering death within the NASW, which had evidenced an ambivalent attitude toward the entire social work research enterprise from its inception (see Graham, Al-Krenawi, & Bradshaw, 2000 for an excellent history of the Social Work Research Group).

The decline of attention and resources to research activities by the NASW led a number of social workers to establish, in 1994, an independent organization called the Society for Social Work and Research (SSWR). The formation of SSWR struck a responsive chord within the field, and it has grown to over 1300 members over the past ten years, primarily from North America but most certainly welcoming to social workers from other countries (http://www.sswr.org).

One of the explicit goals of the SSWR is to promote evidence-based social work practice, and one of the membership benefits SSWR members may enjoy is a subscription to the journal *Research on Social Work Practice*, a peer-reviewed bimonthly periodical established in 1991 and focused on publishing studies in the field of intervention research (http://rsw.sagepub.com/). The American Evaluation Association also has a modest and growing Topical Interest Group of social workers interested in evaluation research, so in many respects the American social work research enterprise is enjoying significant growth and development (http://www.eval.org/aboutus/organization/tigs.asp)

Throughout the history of professional social work in the United States, we have seen the conscious advocacy, by leading members of our profession, of the value of a scientific that is, a positivist, and orientation to the provision of social services. The *zeitgeist* of an annual meeting of the National Conference on Charities over 100 years ago was described by Frank Bruno (1964, 26–27) as follows:

Most of the leaders of the conference accepted the implications of a scientific approach to social work problems. They acted on the tacit assumption that human ills-sickness, insanity, crime, poverty could be subjected to study and methods of treatment, and that a theory of prevention could be formulated as well.... This attitude raised these problems out of the realm of mysticism and into that of science.... As a result of the adoption of this scientific attitude, conference speakers and programs looked toward progress, not backward toward a golden age. They believed in the future; that it was possible, by patient, careful study and experimentation, to create a society much better than the one they lived in.

In 1880, about the same point in time, Charles D. Kellogg asserted that "charity is a science, the science of social therapeutics, and has laws like all other sciences" (as cited in Germain, 1970, 9). A paper presented at the 1889 meeting of the National Conference of Charities and Correction was titled "Scientific Charity," and an 1894 article appearing in the journal *The Charities Review* was titled "A Scientific Basis for Charity." In 1921, Mary Richmond received an honorary master's degree from Smith College for "establishing the scientific basis of a new profession," that of social work (as cited in Germain, 1970, 12). Clearly, these early social workers embraced the broad notion that social work rightly aspired to base its practices on scientific principles (Bremmer, 1956). This perspective was not unique to the United States. In Germany during the late 1930's, Alice Salomon, the distinguished social work educator, noted that even in the non-university-based vocational and professional schools of social work, "everywhere the belief in science, in learning and in the scientific spirit is in evidence" (Salomon, 1937, 33).

Social work historian John Graham claimed that the professionalization of social work became possible only because of our field's adoption of a scientific orientation to practice, and this was what separated professionals from the volunteer layperson: "Differentiating the former from the latter was a *scientific knowledge base* and specialized skills which were the social worker's alone" (Graham, 1992, 304, emphasis added).

That social work deals with an objective world, not simply a socially constructed one, was the principal view. The noted social work educator Bertha Capen Reynolds contended that "a second characteristic of scientifically oriented social work is that it accepted the reality of forces outside itself with which it must cooperate" (1942, 24), a view also held by Mary Richmond (1917/1935, 39): "Thoughts and events are facts. The question of whether a thing be fact or not is the question of whether it can be affirmed with certainty."

Richmond also advocated other positions associated with positivistic science, such as the value of operationally defining terms, and in the quantifiable measurement of phenomena:

> To say that we think our client is mentally deranged is futile; to state the observations that have created this impression is a possible help. (Richmond, 1917/1935, 362)

Special efforts should be made to determine whether abnormal manifestations are increasing or decreasing in number and intensity, as this often has a practical bearing on the management of the case. (Richmond, 1917/1935, 435)

Another influential social work educator, Edith Abbott, was an early advocate of using experimental research methods in social work:

The faculty and students of a professional school of social work should together be engaged using the great method of experimental research which we are just beginning to discover in our professional educational program, and which should be as closely knit into the work of a good school of social work as research has been embodied in the program of a good medical school. (Abbott, 1931, 55)

Indeed, some 75 years later the design and conduct of randomized controlled clinical trials by social workers, in the evaluation of some approach to psychosocial treatment or in the evaluation of a program of social care, no longer causes comment as an unusual event.

Doctoral education in social work in North America and Europe is considerably expanding, with most such existing and new degree programs aimed at providing training in scientific research, as opposed to training in practice or administration (Labonte-Roset, 2005; Thyer, 2002b; Thyer & Arnold, 2003), and more general research-oriented social work training in Europe is also growing, as exemplified by an entire recent issue of the *European Journal of Social Work* (Hackett & Matthies, 2005) being devoted to this topic. A further positive development was the conference held at the University Magdeburg-Stendal in April 2004, devoted to *Social Work Education in Europe: Towards a Stronger Research Orientation*.

I submit that the above review of our history and contemporary developments in research, with direct applications to social work practice and to social welfare policy, represent considerable advances in our quest for evidence-based practice. I further submit that the general tenets of evidence-based practice, as exemplified by the work of the Centre for Evidence-Based Medicine, and that of the Campbell and Cochrane Collaborations, which has applications across the entire spectrum of human services, including social work, represents a dramatic and positive (no pun intended) development for our field to fulfill its long-professed but too-little-acted-upon mandate to be a science-based principle. If you have not read the work by Sackett, Straus, Richardson, Glasziou, and Haynes (2005) on evidence-based medicine, reviewed the websites of the Centre for Evidence-Based Medicine (http://www.cebm.utoronto.ca/) and of the Cochrane and Campbell Collaborations, and of recent social work textbooks dealing with evidence-based practice, such as Gibbs (2003) or Cournoyer (2004), along with the ancillary CDs, links to databases, syllabi, and systematic reviews, guides to posing answerable questions and to critically analyzing research studies, or Eileen Gambrill's (2006) work on critical thinking, I cannot emphasize enough the remarkable developments that have occurred both within and without our field, along with urging you to familiarize yourself with these resources. Reading primary sources such as Sackett et al. (2005) will reveal a far different picture on what evidence-based practice is really about than if you only peruse secondary sources or critiques.

The rise of the evidence-based practice movement over the past decade places within the hands of the social work profession the opportunity to move dramatically ahead in our century-long quest for grounding our humanistically motivated field more solidly on a scientific foundation. The dramatic increase in the use of experimental methodology (admittedly, such studies remain a small proportion of overall research output), the establishment of vigorous professional associations and other entities dedicated to promoting a scientific approach to policy and practice (e.g., the Society for

Social Work and Research, the Campbell Collaborations, the Coalition for Evidence-Based Policy, in the United States and the National Institute for Health and Clinical Excellence [http://www.nice.org.uk/] in the United Kingdom), new research-oriented social work journals, the proliferation of well-crafted systematic reviews and evidence-based practice guidelines, advances in information and computer technology permitting greater access to the latest developments in practice knowledge (databases, search engines, on-line systematic reviews that are regularly updated), and the growth of doctoral-level social work education, are all converging influences that have the potential to move us dramatically forward.

Having said that, I would like to offer a few suggestions to move the field forward a bit more rapidly.

Embrace and Contribute to the Evidence-Based Practice Movement

We should willingly embrace the philosophical assumptions and scientific methodologies associated with the evidence-based practice movement and cease our misguided efforts at criticizing such approaches as inherently incompatible with the values and objectives of professional social work. Relative to the amount of results, as defined by completed systematic reviews, the fields of social work and social welfare lag considerably behind the accomplishments in the disciplines of health care, education, and criminal justice. In part this is because of our endless professional wrangling over inherently unresolvable philosophical issues. This has been fun, but there comes a time when fruitless discussions become harmful and an impediment to progress.

Recently, acting upon recommendations provided by the Coalition for Evidence-Based Policy, the U. S. Department of Education has established a formal priority to fund randomized controlled trials in the evaluation of educationally based interventions, as opposed to research involving other design methodologies. A similar priority should be established for funding research grant proposals aimed at evaluating programs of social work and social welfare.

Reduce Our Attention to a Theory-Driven Research Agenda

We should shift the primary focus of social work research from efforts aimed at advancing theory to more practical efforts aimed at evaluating the outcomes (initially) and then the processes (of those interventions and policies producing desired outcomes) of social services. The Department of Social Policy and Social Work at the University of Oxford offers the MSc and PhD in evidence-based social policy and social work and is one example of how this recommendation could be more widely implemented. It is an interdisciplinary degree program that focuses on how interventions may be assessed and evaluated, and how critical appraisalcan test the claims of "evidence-based practice." It tackles the difficult issues involved in transforming research findings into usable interventions for practice, and facilitating practitioner access to the information about evidence which they need to make their decisions. ("Department of Social Policy & Social Work," 2005)

This website also lists 18 MSc theses completed by graduate students in this program during 2004, most of which took the form of Campbell Collaboration – style systematic reviews. I should add that this perspective on the Oxford social work program, as one more focused on practice research and less on theoretical developments, is my own personal interpretation of their orientation, and not one that they may accept. Regardless, they are doing really good work at Oxford, and their model is worthy of serious attention by social workers worldwide.

Whole-Heartedly Collaborate with the Cochrane and Campbell Collaborations

Our professional social work associations such as the NASW, the Council on Social Work Education, and the Society for Social Work and Research should become much more proactive in collaborating with organizations promoting evidence-based practice, such as the Cochrane and Campbell Collaborations. At present, there are virtually no formal linkages and few if any examples of these associations devoting any efforts toward commissioning systematic reviews in the areas of social work and social welfare.

Adopt Ethical Standards Supporting the Right to Effective Treatment

The Code of Ethics of the NASW should emphasize the principles of evidence-based practice. The Code of Ethics for the profession of behavior analysis (Bailey & Burch, 2005, 65–66) contains the following principles which could be clearly adopted by social work practitioners and policymakers:

The behavior analyst always has the responsibility to recommend scientifically supported most effective treatment procedures. Effective treatment procedures have been validated as having both long-term and short-term benefits to clients and society.

Clients have a right to effective treatment (i.e., based on the research literature and adapted to the individual client). Behavior analysts are responsible for review and appraisal of likely effects of all alternative treatments, including those provided by other disciplines, and no intervention.

Analogous ideas have been presented within the social work literature for some time (see review by Myers & Thyer, 1997; Thyer, 1995, 1996) but thus far have sparked little serious consideration. In part this may be due to the fact that to date there is no apparent legal precedent for claiming that social work clients have a right to effective treatment (Corcoran, 1998). This could change overnight if a social worker was successfully charged with professional malpractice for providing a non-empirically-supported intervention, in a client circumstance in which one or more empirically-supported treatments had been established and known to be appropriate for the given client. This would be an interesting advocacy issue for our professional social work associations to embrace.

Adopt An Evidence-Based Approach to Social Work Education

The Educational Policy and Accreditation Standards of the Council on Social Work Education in the United States should similarly emphasize the principles of

evidence-based practice in its accreditation and curriculum standards. The model presented by faculty at the George Warren Brown School of Social Work of Washington University at St. Louis provides many valuable guidelines as to how this could be accomplished (Howard, McMillen & Pollio, 2003) and is also worthy of serious attention by social work educators around the world.

Give Up Seeking Discipline-Specific Knowledge – Focus on Assisting in Interdisciplinary Efforts at Solving Problems

We should give up the futile quest for disciplinary-specific knowledge, that is, of pursuing research designed by and for social workers, on social work practice, with the intent of carving out some sort of unique turf, disciplinary role, or set of functions that are somehow uniquely "ours." I do not believe that it is possible to develop a knowledge base that we can legitimately claim is specialized and different from that of other professions and that somehow reflects our field's unique set of values, approaches to research, and interventions (Thyer, 2002a). Claims to the contrary are usually made by persons unfamiliar with the strong sense of social mission adopted by other disciplines, and their strong involvement in fields traditionally seen as our own. Social problems are not discipline specific, and interventive knowledge knows no departmental boundaries. No matter what the issue may be, but taking child welfare as a common example, professional social workers are but one among many disciplines who practice in this area. The majority of practitioners in child welfare are not social workers, and most social workers do not practice in child welfare. I note, for example, that a call for papers in the June 2004 issue of the journal *European Psychologist* solicited papers on the topic of the "effects of domestic violence on the physical, mental and emotional development of children," an area of social work interest from the beginnings of our field. The competencies being proposed for a "Bologna Declaration-complaint" European Diploma in psychology (see Bartram & Roe, 2005) are extremely congruent with the practice skills of professional social workers, thus illustrating the overlap between these two disciplines. Effective investigation and intervention into a given field will likely benefit from the perspectives of researchers and practitioners from diverse disciplines. As I have argued elsewhere, I think it would be a mistake for social work to climb aboard the practice guidelines bandwagon and try and develop practice guidelines by and for social workers, based primarily on research done by social workers (Thyer, 2003). We should, instead, proactively collaborate with other groups in the development of interdisciplinary, empirically-supported practice guidelines, and not sit watching from the sidelines as these are developed by psychiatrists, psychologists, or nurses without significant social work input.

Summary

For over 100 years, from the beginnings of the social work profession, we have adopted a positivistic and scientific orientation to the discovery of knowledge relevant to social work practice. Much of this early advocacy of science was premature, in that we lacked the methodological tools, a sufficiently sustaining academic and professional infrastructure, and enough intellectual resources to match the rhetoric. This is now

changing. In many important areas of social work practice, we have good guidance as to what does not seem to work and, in some cases, what does seem to be helpful. Some of this knowledge is being developed with the help of social workers, but much is not. We can and should do more.

Evidence-based practice is far more than simply scientifically determining what seems to work and asserting that social workers should follow these leads. Evidence-based practice involves having all of us, students, practitioners, and researchers alike, learning to ask answerable questions related to assessment and intervention; learning to find the best available evidence and to critically appraise it; to integrate this knowledge with our own professional expertise and client values, preferences, and unique circumstances; to make the best possible decision about social work interventions; and then to evaluate our success in these activities, including systematically appraising the outcomes of our services. Evidence-based practice does not demand that we only employ interventions supported by "perfect" evidence, but it does assert that we seek out the best *available* evidence and make use of it in our overall decision-making process. Hardworking social workers around the world active within the Campbell Collaboration, the Cochrane Collaboration, the Society for Social Work and Research, and related organizations, represent the blooming of a century-old intellectual tradition dedicated to the integration of science and social work. Heretofore these efforts have been primarily aspirational, but are now positioned for fulfillment.

In his 1920 book *The Scientific Spirit and Social Work,* Arthur Todd stated that "science does not claim to have complete knowledge of the world or to have established perfect order out of chaos in this world. It is less an accomplished fact than an attitude" (71). A similar view can be seen as valid for the concept of evidence-based practice. But by adopting the perspectives of evidence-based practice, we will make better progress toward fulfilling the view held by social workers for over a century that we can and should be a science-based field. Caring attitudes and liberal views are also essential, but they are not sufficient. I believe that it will be by combining these with an evidence-based practice orientation that we will become truly professional.

References

Abbott, E. (1931) *Social welfare and professional education.* Chicago: University of Chicago Press.

Bailey, J. S., & Burch, M. R. (2005) *Ethics for behavior analysts.* Mahwah, NJ: Lawrence Erlbaum.

Bartram, D., & Roe, R. A. (2005) Definition and assessment of competencies in the context of the European Diploma in Psychology. *European Psychologist,* 10, 93–102.

Bremmer, R. H. (1956). Scientific philanthropy: 1873–93. *Social Service Review,* 30, 168–173.

Bruno, F. (1936). *The theory of social work.* New York: D.C. Heath.

Bruno, F. (1964). *Trends in social work: 1874–1956.* New York: Columbia University Press.

Chaiklin, H. (2005) Franklin Benjamin Sanborn: Human services innovator. *Research on Social Work Practice,* 15, 127–134.

Clark, T. F. (2004) *The significance of being Frank: The life and times of Franklin Benjamin Sanborn.* Retrieved August 26, 2004, from http://www.ameribilia.com/sanborn/

Corcoran, K. (1998) Clients without a cause: Is there a legal right to effective treatment? *Research on Social Work Practice,* 8, 589–596.

Cournoyer, B. R. (2004). *The evidence-based social work skills book.* New York: Allyn & Bacon.

Department of Social Policy and Social Work. (2005). Retrieved October 15, 2005, from http://www.spsw.ox.ac.uk/students/prospective/courseinfo/msc-mphil-ebsi.html

Ebenstein, A. (2001) *Friedrich Hayek: A biography.* New York: Palgrave.

Gambrill, E. (2006) *Critical thinking in clinical practice: Improving the quality of judgements and decisions* (2nd ed.). San Francisco: Jossey-Bass.

Germain, C. (1970) Casework and science: A historical encounter. In R. Roberts & R. Nee (Eds.), *Theories of social casework.* Chicago: University of Chicago Press, 3–32.

Gibbs, L. E. (2003) *Evidence-based practice for the helping professions.* Pacific Grove, CA: Brooks/Cole.

Glashow, S. (1989, October 22) Positivism lives: We believe that the world is knowable. *The New York Times*, 24E.

Graham, J. R. (1992) The Haven, 1878–1930: A Toronto charity's transition from a religious to a professional ethos. *Histoire Sociale [Social History],* 25, 283–306.

Graham, J. R., Al-Krenawi, A. & Bradshaw, C. (2000) The Social Work Research Group/NASW Research Section/Council on Social Work Research, 1949–1965: An emerging research identity in the American profession. *Research on Social Work Practice,* 10, 622–643.

Hackett, S., & Matthies, A.-L. (Eds.). (2005) Towards research-oriented social work education in Europe [Special issue]. *European Journal of Social Work,* 8, 3.

Harp, G. J. (1995) *Positivist republic: Auguste Comte and the reconstruction of American liberalism, 1865–1920.* University Park: University of Pennsylvania Press.

Haskell, T. L. (2000) *The emergence of professional social science: The American Social Science Association and the nineteenth century crisis of authority.* Baltimore: Johns Hopkins University Press.

Hempel, C. G. (Ed.). (1969) *The Isenberg Memorial Lecture Series, 1965–1966.* East Lansing: Michigan State University.

Howard, M. O., McMillen, C. J., & Pollio, D. E. (2003) Teaching evidence-based practice: Toward a new paradigm for social work education. *Research on Social Work Practice,* 13, 234–259.

Jeffrey, R. (Ed.). (2000) *Carl G. Hempel: Selected philosophical essays.* Cambridge, UK: Cambridge University Press.

Labonte-Roset, C. (2005) The European higher education area and research-oriented social work education. *European Journal of Social Work,* 8, 285–296.

Linn, J. W. (1935) *Jane Addams: A biography.* New York: Appleton-Century.

Myers, L. L. & Thyer, B. A. (1997) Should social work clients have the right to effective treatment? *Social Work,* 42, 288–298.

Otto, H.-U. (2005, November). *What works: Modernizing the knowledge base of social work.* Paper presented at the International Conference on Modernizing the Knowledge Base of Social Work, University of Bielefeld, Germany.

Otto, H.-U., Polutta, A. & Ziegler, H. (2009) Relexive professionalism as a second generation of evidence-based practice: Some considerations on the special issue of "What works? Modernizing the knowledge base of social work". *Research on Social Work Practice,* 19, 473–478.

Pickering, M. (1993) *Auguste Comte: An intellectual biography, Volume 1.* New York: Cambridge University Press.

Reynolds, B. C. (1942) *Learning and teaching in the practice of social work.* New York: Farrar & Rinehart.

Richmond, M. (1917/1935) *Social diagnosis.* New York: Russell Sage.

Sackett, D. L., Straus, S. E., Richardson, W. S., Glasziou, P. & Haynes, R. B. (2005) *Evidence-based medicine: How to practice and teach EBM* (3rd ed.). Edinburgh, UK: Churchill-Livingstone.

Salomon, A. (1937) *Education for social work.* Zurich: Verlag fur Recht und Gessellscaft A.-G.

Thyer, B. A. (1995) Promoting an empiricist agenda in the human services: An ethical and humanistic imperative. *Journal of Behavior Therapy and Experimental Psychiatry,* 26, 93–98.

Thyer, B. A. (1996) Guidelines for applying the empirical practice model to social work. *Journal of Applied Social Sciences,* 20, 121–127.

Thyer, B. A. (2002a) Developing discipline specific knowledge for social work: Is it possible? *Journal of Social Work Education,* 38, 101–113.

Thyer, B. A. (2002b) Doctoral social work education in the United States. *Journal of International and Comparative Social Welfare,* 18, 153–168.

Thyer, B. A. (2003) Social work should help develop interdisciplinary evidence-based practice guidelines, not discipline-specific ones. In A. Rosen & E. K. Proctor (Eds.), *Developing practice guidelines for social work intervention: Issues, methods and research agenda.* New York: Columbia University Press, 128–139.

Thyer, B. A. & Arnold, T. G. (Eds.). (2003) *A program guide to doctoral study in social work.* Alexandria, VA: Council on Social Work Education.

Todd, A. J. (1920) *The scientific spirit and social work.* New York: Macmillan.

Towley, L. (1956) NASW: A professional step. *Social Work,* 1, 109–112.

Tyson, K. B. (1992) A new approach to relevant scientific research by practitioners: The heuristic paradigm. *Social Work,* 37, 541–556.

Measuring Effectiveness in Direct Social Work Practice

BRADFORD W. SHEAFOR[*]

Introduction

As social work has evolved, at least in industrialized nations, simply asserting that we are doing well when serving our clients is increasingly viewed with suspicion. When called upon to prove that our interventions make a difference for clients, social workers are often hard-pressed to uphold their claims of success-or defend against others' claims of our failures.

How can we accurately determine if we are truly helping our clients? One approach is to ask the opinions of the clients who clearly have an important perspective on our work. However, there are serious limitations to client assessments of the social worker's performance. Clients may not have an accurate basis of comparison to other service providers, may base their judgments on liking the social worker as opposed to assessing his or her competence in addressing the issues, and the client's assessment may be subject to manipulation as social workers often are in a position to reward or punish clients.

Another approach to worker assessment is to depend on supervisors or managers in our employing organization who may regularly evaluate our work and base employment retention, salary increases, and promotions on the outcome. Yet, if these assessments are to be objective the organization must develop protocols for the evaluation that may minimize creativity and be more focused on efficiency (lowest cost for a unit of service) than effectiveness (client improvement). Social work practice, then, becomes shaped by the protocol and the activities rewarded by the agency, yet may have limited relevance to the clients being served.

Also, social workers should be responsible for assessing their own work through their informed professional judgments. A downside of self-assessment is that for most social workers the motivation for entering a helping profession is a passion for contributing to the improvement of the quality of life for the people served. With that strong bias, the tendency is for social workers to overestimate the improvement of clients and/or their social functioning.

How, then, can social workers be responsive to the demands to produce objective evaluations of their practice effectiveness and still practice with the flexibility of

---

[*] School of Social Work, Colorado State University, 119 Education Building, Fort Collins, CO 80523, USA, Tel (970) 491-5654, e-mail: sheafor@cahs.colostate.edu

professional judgment to best serve clients? One approach is to focus the measurement on client change, rather than on direct judgments about the worker, at least as one important indicator of practice effectiveness.

Evidence-Based Practice

The growing demand for documentation of practice effectiveness is part of the movement of social workers and other professionals. This involves basing practice decisions on systematic reviews practice effectiveness and is traced an English physician, Thomas Beddoes, who in 1808 argued for the systematic indexing of medical facts and increasing the publication of scientific research (Goodman, 2003). The popular term for this movement, "evidence-based practice," was introduced in the medical profession in Great Britain in the 1990s (Guyatt, Cairns, Churchill, et al., 1992) and then spread to other helping professions. Sometimes expressed under different terms (e.g., empirically supported treatment, research-based practice), the basic intent of evidence-based practice is that the art of social work practice should be combined with the science of carefully researched outcomes. Gambrill (1999) has helpfully distinguished the difference in these approaches. She depicts evidence-based practice as interventions where the social worker initially informs his or her practice decisions from the professional literature versus authority-based practice in which the authority of the individual social worker's knowledge judgment is the primary source of practice decisions.

In the United States, for example, evidence-based practice has become institutionalized in the Educational Policy Statement associated with accreditation standards of the Council on Social Work Education (CSWE, 2008). These standards require schools of social work to demonstrate that they prepare their graduates with the competency to "engage in research-informed practice and practice-informed research" (CSWE Competency 2.1.6). Further, the National Association of Social Workers (NASW) maintains a website as part of its Social Work Policy Institute that keeps an updated comprehensive list of evidence-based practice registries and databases (http://www.socialworkpolicy.org/research/evidence-based-practice-2.html#EVP). Internationally, the highly respected work of the Campbell Collaboration (http://www.campbellcollaboration.org/frontend.aspx) provides evidence of effective intervention approaches in specific practice situations that have undergone evaluation through rigorous protocols. The United Kingdom's Social Care Institute for Excellence also provides a very useful database at http://www.scie.org.uk.

For many social workers the term evidence-based practice has become a concept used in so many contexts that its meaning has been diminished. It is useful to understand the focus of evidence-based practice in three different phases of the social change process: assessment, intervention, and evaluation.

Evidence-Based Assessment: At the root of effective work with clients is careful assessment of the client and the client situation that is the purpose of the social work practice.

We have considerable well-researched evidence about human growth and development, social interaction, family functioning, and the cultural uniqueness of different population groups to aid in understanding the clients with whom we work. We are also having considerable information about many of the social issues our clients'

experience (e.g., poverty, child protection, discrimination, mental illness, physical disability, and aging). This evidence has been generated primarily through traditional forms of research based on application of the scientific method. Social workers clearly must be skilled in evaluating the literature reported in this research and able to make judgments about its applicability to the specific clients we are serving.

Evidence-Based Intervention: We are now beginning to develop evidence about the relative effectiveness of different intervention strategies or approaches in work with specific client groups or related to specific issues these clients are experiencing. This "best practices" research is largely based on meta-analysis research and suggests to social workers the services that are likely to be most effective is specific practice situations. While not offering conclusive evidence that any intervention approach(es) will be successful, this evidence clearly helps the social worker give serious consideration to using the documented best practices.

Evidence-Based Evaluation: Once the intervention has begun an entirely different form of evidence-based practice can be used to monitor the client's progress (or lack thereof) and to draw final conclusions about change the client experienced when the work is terminated. As opposed to research based on the scientific method that is based on carefully selected control and experimental groups and the application of (sometimes) sophisticated statistical analysis, direct practice evaluation is largely focused on tracking change during the time of the intervention in the important conditions affecting the specific individual, family, or small group being served by the social worker. This approach is in its "infancy," or perhaps "early childhood," but shows promise for the social worker documenting for clients, supervisors, and especially for himself or herself the effectiveness of services delivered to clients.

Pros and Cons of Evidence-Based Direct Service Evaluation

The emergence of evidence-based evaluation for direct practice has not been without controversy. On one side of the argument are those social workers who consider the work of this profession to be primarily an art form based primarily on the worker's natural abilities for building helping relationships and drawing on intuition and practice. At the other extreme are those who view social work as requiring much more science at its base and contend that the direct practice evaluation tools are too primitive to provide useful data. Both views are partially valid, yet neither perspective helps to answer the larger concerns about the need to accurately assess our practice outcomes.

More specifically, the ongoing arguments about the merits and demerits of empirical direct practice evaluation center around the following issues.

Depersonalization of the client. When specific client conditions are measured (e.g., depression, self-esteem, family relations) the focus of practice moves to those factors being measured and the client as a "whole person" is neglected and the social worker's artistic expression in practice is minimized. Countering that view is the perspective that clients are involved with social workers to address specific issues and practice should be focused on addressing those issues and the best evidence (science) available should be brought to bear on those issues.

Empirical evaluation is time consuming. One position argues that social workers invariably have heavy caseloads and time spent in activities other that face-to-face interaction with clients deprives clients of a needed resource. Especially when beginning to use these evaluation tools it takes time to construct the study designs and collect data, although that time commitment decreases with practice. However, if a social worker learns what works and doesn't work with his or her clients, in time he or she becomes both more efficient and effective thus making the up-front investment of time payoff.

The practitioner/scientist dilemma. Some question the utility of expecting the social worker to simultaneously be both a practitioner and a scientist. Indeed, the thought processes required for temporarily entering the lives of others to develop empathy, inspire hopefulness that change can occur, and achieve other characteristics of effective helping relationships is different than the need for the researcher to stand back and objectively observe the change that is occurring. Others contend that developing empirical evaluations of practice does not require "rocket science" and that professionally educated social workers are surely capable of being both caring with clients and being objective in their evaluations. In fact, social workers are expected to be both practitioners and scientists--whether depending on their traditional impressionistic assessments or increasing the objectivity through empirical assessments.

Limitations of the evaluation tools. Some social scientists contend that direct practice evaluation is at such a preliminary stage of development that it risks basing important practice decisions on faulty evidence that is not powerful enough to establish a cause and effect relationship between the intervention and the client's situation. Few would argue that measuring change in one client or client group can yield information generalizable to all other clients, or that it is possible to control for enough external variables in the client's life, or that the measurements obtained are completely accurate representations of the factors being addressed. We can, however, identify an association between the initiation of our intervention and change in the client's condition as partial evidence of the effectiveness of practice. Ehen assessing client outcomes we can provide a layer protection to the process if empirical evaluations are considered only one vantage point for judging our client change. A useful concept for this check and balance, *triangulation,* is borrowed from the field of surveying and simply suggests bringing at least three different perspectives to the judgment. In addition to the empirical evidence, for example, the perspectives of the client, the client's family members, the client's associates such as teachers or employment colleagues, the social worker and/or the worker's supervisor, and so on should be considered. When these perspectives are in alignment, the empirical data can be more trusted and provide more specific information on degrees of change.

Steps in Conducting Empirical Direct Practice Evaluation

Many of the actions taken in direct practice evaluation are identical to what one does in practice when not undergoing this evaluation. The primary differences are in formalizing questions for which the answers will inform one's practice, using numerical measures of change in the relevant client conditions, organizing the measurements in a format that will facilitate interpretation of the data, and adding the empirical evidence to other perspectives (i.e., triangulation) of the client's situation. The following steps capture the process.

Step 1: Analyze the practice situation. Practice begins with understanding the client and the client's situation. As indicated above, the particular client must be understood in the context of his or her culture, gender, age, sexual orientation, family constellation, and other factors relevant to the practice situation. The practice situation to be addressed, too, must be fully understood and related to evidence about that condition as found in the evidence-based literature. These activities should occur regardless of the form of evaluation to be used.

Step 2: Generate Research Question(s). Sound empirical evaluation forces the social worker to be clear about the practice questions to be answered through the empirical research and the purpose for asking those questions. Usually this is to either monitor what is transpiring in the practice to inform what the worker does with the client being served (i.e., formative research) or to provide a summary at the point of termination to report the changes the client has made and to inform work with future clients (i.e., summative research).

Some questions relate to the client(s) being served. For example, "To what extent does Mrs. M's level of depression change when the services of a Hospice worker are provided?" Or, "To what extent do the Johnson's family relations change when Jack (a foster child) is placed in the home?" Or possibly, "To what extent do members of a group perceive that the outcomes they considered important were met through the group experience?"

Other questions might be framed in a way to make judgments about the effectiveness of different intervention approaches or combinations of approaches. For example, "To what extent is the cognitive behavioral approach effective in working with Mary in relation to strengthening her self-esteem?" "To what extent is combining the cognitive behavioral approach with an assertiveness training group effective in strengthening Mary's self-esteem?" Or, "To what extent were the goals that Steven, his teacher, and the social worker established for the intervention attained?"

Finally, questions may relate to identifying the social worker's areas of strength and weakness. A worker might ask "To what extent do my clients perceive that they have achieved their goals for each of the ten practice outcomes expected to be addressed in this unit of the hospital?" Or, a supervisor might ask "As viewed by clients, to what extent is each of the social workers on my unit successful in helping clients achieve each of the ten outcomes the workers are assigned to address?"

Step 3: Select tools for measuring client change. Perhaps the most difficult part of empirical practice evaluation is measurement. Some factors social workers address are tangible and already in a numerical format. For many other client conditions, however, we must have people rate the degree of pain, emotion, problem, or other pertinent factors and those ratings must reflect at least ordinal-level (ranking) data. These measurements are found in three distinct formats.

Frequency counts. Often numerical data are already maintained in agency records such as a school's count of the number of times a child is tardy for his/her classes, or police reports of the number of domestic violence calls to a household. If data are not already available, we may keep track of indicators of the issue being addressed or we may help clients keep such records. Keeping track of events such as arguments among siblings or bedwetting episodes for an older adult in a journal or on a calendar can provide useful

information of patterns or trends. So long as the data are truthful and consistently collected, frequency counts can be accurate indicators of the intensity or duration of a problem.

Individualized scales. With a little practice, it is not difficult for a social worker to construct scales that measure an important factor in the practice activity. Some factors are best expressed in the client's own words so that when the degree of emotion or frequency of feelings is measured over time, the client's reference point is revisited and the measurements are consistent (Nugent, Sieppert, & Hudson, 2001; Bloom, Fischer, & Orem, 2009). This "face validity" strengthens the usefulness of the measurements. The terms that anchor the numerical scores on each scale can also be indicated by some language that is commonly accepted in a culture. The essential characteristic of these anchor points is that they provide at least ordinal data (i.e., ranking) where each term captures a progression of the amount of the factor being rated. The anchor points may also be symbols (e.g., for children or people who are very ill (smiley/frowny) faces with a progression of expressions), thermometers showing amounts of the factor, or numbers-- although numbers (e.g., "Rate your degree of anger between 1 and 10") without anchoring terms or symbols tend not to be very accurate.

Typically three to seven anchor points on any scale are identified. Two factors should be considered when establishing the number of anchor points. First, how many degrees of difference in the factor can the respondent accurately differentiate? For example, children, older adults, and people with a mental disability may have difficulty in discriminating between more than three or four points on a scale, while others may have greater ability to accurately identify differences. In general, more valid points on a scale yield a greater amount of data to help identify change. Second, should there be an odd or even number of points on the scale? Odd number scales are used most frequently, yet they have the limitation of the respondent selecting the midpoint and not really considering if he or she leans one direction or the other on that factor. An even number scale forces a choice. When creating a scale, the number of anchor points should depend on nature of the factor(s) being assessed.

Standardized scales. At the most sophisticated level, a surprisingly large set of carefully developed self-rating scales has been developed in relation to many factors that social workers and their clients address (Corcoran & Fischer, 2009; Hudson, 1997). Through rigorous psychometric testing the factor to be measured is isolated from other factors, usually 20 to 25 simple questions are selected to represent dimensions expressions of the concept, and an appropriate rating scale with anchor points created. Through testing with various population groups the reliability and validity of the scale is established, the standard error or measurement to be used in interpreting the amount of instrument error when analyzing results determined, and, in some cases, cutting scores are established indicating when clinical intervention is likely to be needed and when the respondent is in severe crisis. These are useful assessment tools and, in addition, repeated application can yield scores that track changes in the factor or condition the client experiences.

Step 4: Select an appropriate tool for organizing the measurements. The question(s) asked in Step 2 will, to some degree, determine the format for data organization. The social worker equipped to select any of the following formats should be

able to compile measurements for meaningful monitoring of the change during the intervention or summing up the change at the point of termination. (Note: A more complete description of these four tools with examples of their application may be found in recent editions of Sheafor, B.W. & Horejsi, C. H., *Techniques and guidelines for social work practice*. Boston: Pearson/Allyn and Bacon.)

      Service Planning Outcome Checklist (SPOC). The SPOC involves the use of a checklist at the initiation of service on which clients are asked to identify items on a menu of possible goals or outcomes that might be addressed. The menu is created as a list of the services an agency or a social worker typically offers. Clients are asked to mark the items they would like to address with the social worker and then to select the two or three highest priority items. While this format can be used with a single client, it is most useful when applied to groups of clients. With client groups, the percent marking each item he or she wants to address can be identified and the percent selecting each item as a priority item can also be determined. By adding together the two percentages an Importance Index is constructed and the items on the menu can be organized in order of their importance to the group.

      When items are ordered by importance, the Importance Index becomes a useful tool for determining what to emphasize in the group sessions or identifying what clients view as the most important issues for them to address. At the point of termination the clients are again given the menu and asked to rate (usually on a five or seven point scale) the degree to which they believe they achieved each menu item. A mean score for achievement, when compared to the Importance Index, readily identifies areas where the clients believe they were or were not successful. If given to all of a social worker's clients for a period of time, this information can lead to worker to evaluate where he or she needs to strengthen his or her practice competence.

      Task Achievement Scaling (TAS). Particularly when adopting the task-centered approach (Epstein & Brown, 2002), but also when using other practice approaches, social workers and clients may agree on tasks or specific activities to be completed between sessions. By creating five-step scales of increasing success in completing each agreed upon task, it is possible to measure success in achieving each task. For example, if a client reaches step three (of five) in the task of obtaining rent-subsidized housing, he or she has achieved 60 percent of the task. When the client actually moves into the housing (if that was the final task on the scale), he or she would have achieved 100 percent of the task. Assuming that more than one task is being addressed at any one time, a percentage of overall task accomplishment can be computed as an indicator of the client's overall task achievement.

      Goal Attainment Scaling (GAS). As compared to the short-term nature of tasks, social work practice might be focused on achieving long-term goals. A measure of practice success, then, is the degree to which the client attains the identified goals. Typically a practice situation involves an effort to address three to five goals. For example, working with a child experiencing problems at school might reflect a goal of enhancing self-esteem, reducing anger outbursts with peers, and decreasing the frequency of discipline referrals. The child's self-esteem might be measured by a standardized or individualized scale, while the other two goals could be reflected in numerical counts of anger outbursts and discipline referrals recorded by the client and/or teachers. In Goal

Attainment Scaling these factors are measured early in the helping process and again when service is terminated with five-point scales reflecting change for each goal (Bloom, Fischer, & Orem, 2009; Kiresuk, Smith, & Cardillo, 1994).

Recognizing that all goals do not make an equal contribution to client success, Goal Attainment Scaling incorporates weighting the importance of each goal to overall success. Thus if a student's self-esteem is viewed as critical for improving his or her relations with other students or avoiding discipline issues, the weights might be 50 for change in self-esteem and 25 for each of the other two goals. Then when the overall goal attainment score is computed, the actual weighted change can be compared to the possible weighted change and an overall percent of change is completed reflecting the differential importance of the goals.

Single-Subject Designs (SSD). The most well-known and most versatile of the tools for organizing measurement data are the single-subject designs (also know as time-series designs, single-case designs, or single-system designs). This format allows the social worker to visually track periodic measurements of one or more factors being addressed in a practice situation and, in some cases, to perform statistical analysis of changes (Bloom, Fischer, & Orem, 2009). If anticipated change is not occurring, the social worker and client can use this information to determine if the service should be continued or if a different intervention approach should be used. Or, if the change is progressing in the desired direction, to reinforce what is being done and encourage the client to continue with the intervention.

Typically social work practice begins with the identification of factors in the client's life that the intervention is intended to help change. By developing baseline measurements of those factors, change can be traced by conducting measurements of those variables on a periodic basis. This baseline score is charted on the y-axis of a grid and across the bottom (x-axis) the dates the measurement was taken are noted. Thus by connecting the points of measurement, a simple line-graph of the variable(s) is created.

The usual procedure is to designate the baseline score(s) as the A phase of the change process, then labeling the measurements taken while each intervention approach is being used as the B, C, D, and so on phases. If more than one intervention is used at a time, the combination can also be identified. For example, if a cognitive-behavioral approach (B intervention) is the initial intervention and the client later also enters an anger management group (C intervention), while the two interventions are simultaneous this would be graphed as the B/C phase. A strength in this form of evaluation is that the design can be adapted to follow what occurs in practice. The goals are to develop an empirical record of what change is occurring in important client variables and to determine if there is an association between desired change and a particular intervention approach of combination of approaches.

Conclusion

Social work and other human services professions are increasingly under pressure to demonstrate that what they do truly makes a difference for their clients. Our "professional judgment" assertions that we positively affect client outcomes may be

correct, but clients, taxpayers, agency boards of directors, and insurance companies that contribute to paying the cost of our services rightfully demand more objective evidence. The call for "evidence-based evaluation" is often resisted by social workers and it implies inserting a scientific approach into our practice activities for measurement to occur when the social worker's art of helping is critical to the helping process. Our challenge is to provide empirical evidence without compromising the quality of services we deliver to our clients.

Clearly, social work is in the early stages of developing tools for measurement of client change that are not terribly invasive or demanding of the client. In fact, these evaluation tools are often resisted more by the worker than the client. Just as most patients of physicians do not resist having their blood pressure measured on a routine basis and even want to know the results, so, too, social workers' clients are interested in the outcome of our empirical measures. Also, relatively simple tools now exist for organizing these measurements to increase the ability to analyze the patterns of change. It is quite possible for the social worker to find a middle-ground between being a scientist and a practitioner in order to both be flexible in servicing clients and, at the same time, measuring client change.

References

Bloom, M., Fischer, J. & Orme, J. G. (2009) *Evaluating practice: Guidelines for the accountable professional*, 6th ed. Boston: Pearson/Allyn and Bacon.

Corcoran, K. & Fischer, J. (2009) *Measures for clinical practice: A sourcebook,* 4th ed. New York: Oxford University Press.

Council on Social Work Education (2008) Educational policy and accreditation standards. Alexandria, VA: CSWE.

Epstein, L. & Brown, L (2002) *Brief treatment and a new look at the task-centered approach.* Boston: Allyn and Bacon.

Gambrill, E. (1999) Evidence-based practice: An alternative to authority-based practice. *The Journal of Contemporary Human Services*, 80, 341–350.

Goodman, K. W. (2003) *Ethics and evidence-based medicine: Fallibility and responsibility in clinical science.* New York: Cambridge University Press.

Guyatt, G., Cairns, J., Churchill, D., et al. (1992) Evidence-based medicine: A new approach to teaching the practice of medicine. *Journal of the American Medical Association* 268: 2420–2425.

Hudson, W. W. (1997) *WALMYR assessment scales scoring manual.* Tallahassee, FL: WALMYR Publishing. Also available at www.walmyr.com.

Kiresuk, T. J., Smith, A., & Cardillo, J. E. (1994) *Goal attainment scaling: Applications, theory, and measurement.* Hillsdale, NY: Erlbaum.

Nugent, W. R., Sieppert, J. D., & Hudson, W. W. (2001) *Practice evaluation for the Twenty-First Century*. Belmont, CA: Brooks/Cole.

Sheafor, B. W. & Horejsi, C. R. (2008) *Techniques and guidelines for social work practice*, 8th ed. Boston: Pearson/Allyn and Bacon.

Swings and Roundabouts: from Evaluation to Evidence-Informed Practice in Social Services

ALISON PETCH[*]

Introduction

This paper traces the emergence of evaluative research and of strategies for the use of evidence in the social services. It outlines opposing ideological positions which have emerged at both stages and seeks to relate these to the realities of everyday practice. To some extent the exploration reflects the personal journey of the author, many years spent *doing* research before deciding for the last decade of her career to focus on seeking to ensure that the findings of research are implemented in practice. This was initially through Research in Practice for Adults, a research utilisation organization funded by local authorities and based at Dartington in England, and currently at the Institute for Research and Innovation in the Social Sciences, funded by the Scottish Government.

Evaluation: an emerging agenda

The publication of *Evaluating Social Work Effectiveness* by Cheetham et al. (1992) was the culmination of seven years research and reflection by the four authors during the initial years of the Social Work Research Centre. With a brief to evaluate the effectiveness of social work, this was jointly funded by the Economic and Social Research Council and the Scottish Office and located, following a competitive tender, at the University of Stirling. Although the concept of evaluation in social services may now be considered commonplace, its application in the mid eighties in the UK was more tentative. There was a tendency to provide services according to well-established routines rather than any exploration of performance, with focus on inputs, possibly outputs and rarely outcomes. The work of the Centre involved both large and small-scale evaluations, and embraced social work with children and families, with adults (including older people) and with those working in the criminal justice field. Seeking to respond to the brief of the Centre, to evaluate the effectiveness, including cost-effectiveness, of social work interventions and to explore the utility of different methods, the authors emerged with their own particular perspective on evaluation.

A number of studies in earlier years, primarily in the USA, had sought to evaluate a range of interventions using the traditional experimental model, well established as the 'scientific' approach, to identify 'what works'. Results had been disappointing in demonstrating any differences amongst the experimental groups and had led to a dispiriting

conclusion that 'nothing works'. The initial response in the UK was to generate a more sophisticated formulation of the underpinning question, namely 'what works, with whom, in what circumstances'. As the principle of evaluation became more commonplace, however, it soon emerged that there were radically different approaches to the evaluation process itself. In one camp were those arguing the supremacy of the experimental approach and the ideal of the randomized control trial. One of the leaders of this approach was Sheldon (1983; 1986). In his 1986 review he cites a second wave of experimental studies post 1972 which demonstrated more positive results. He identified a number of features common to these studies: smaller samples, a more highly selected group of clients, the use of specially constructed measures, better quality preparatory work in establishing the trial, and, of particular importance, clearer specification of the intervention itself.

A rather different perspective emerged amongst those adopting an interpretivist approach, concerned with the subjective understandings given by those using services to what they experienced. For this camp, the 'black box' experiment where the nature of the input was often ill-defined was at odds with an increasing concern to empower the service user. Qualitative methods were more naturally attuned to this giving of 'voice' and to the collection of their stories and experiences. Characterized in the early classic *The Client Speaks* (Mayer and Timms, 1970), this gained momentum over the years with the emergence of distinctive fields of disability research (Barnes and Mercer, 1997), participative and emancipatory research (Oliver, 1997) and, most recently, user-led evaluation and survivor research (Sweeney et al., 2009).

The approach adopted by Cheetham et al. (1992) can be considered as rather more pragmatic, and indeed eclectic. They concluded that the constant jousting from these different ideological corners was somewhat of a false dichotomy. The nature of social work practice is such that while the single case or the quasi-experimental design may be feasible, the achievement of a full experimental design in the form of a randomized control trial is rarely an option. Often there are ethical considerations that may militate against randomly allocating to scarce resources; more fundamentally the notion of random allocation sits uneasily alongside the outcomes-focused and person-centred approach that current practice would advocate. Much paper and many hours have been spent in debating the relative merits of quantitative versus qualitative methods. Cheetham et al. argue that this too is usually a false debate. The key consideration should be the nature of the research question that is to be answered and in particular, in the context of evaluation, the objectives that are being scrutinized. More often than not, once the question has been framed, the appropriate methodologies fall into place. In crude terms, the quantitative end of the continuum focuses on mapping at the larger scale – how many and how often, correlations and associations and statistical inference; the qualitative approach, by contrast, asks questions about how and why, what was the experience like, and processes, meanings and actors' definitions. The approach characterized above, selecting the methodology according to the question under scrutiny, can be summarized by the vernacular 'horses for courses'. More explicitly the authors conclude:

> …the Centre's experience so far leads us to believe that eclectism of design and method is not simply a transitory phenomenon, a confusion of paths to be trod before a clear and simple way can be identified. Rather, it is the only way in which substantial progress can

be made in exploring and evaluating, in any depth, the impact of social work (Cheetham et al., 1992, 139–140).

Cheetham et al. (1992) outline different evaluative strategies which might be suited to different situations. These range from the different variants on experimental designs and cross-institutional studies to case studies to longitudinal designs. Within each a number of different methods may be employed. Of particular interest is the emergence of what was termed 'pluralistic evaluation' (Smith and Cantley, 1984). For the first time this explicitly acknowledged that different stakeholders are likely to hold rather different concepts of success in respect of any particular intervention. A finance manager for example may be primarily driven by cost effectiveness; for an individual social worker the goal might be closing the case; for the service user success might be achieving a job placement or increased access to their children looked after away from home.

Pluralistic evaluation may be seen as surfacing complexity rather than necessarily achieving a consensus. It challenged the traditional notions of objectivity and consensus and 'rather than struggling to force the illusion on unwilling subjects brings centre stage the multiple, possibly conflicting criteria of success of different parties of the process' (34). It can also perhaps be seen as an early forerunner of the outcomes-based approach, currently a policy priority in the UK. Cheetham et al themselves, recognizing that evaluative research is critically dependent on the selection of outcomes measures, drew a key distinction between service-based and client- (user-) based outcomes. They presented this as an alternative formulation to the common distinction between intermediate and final outcomes, arguing that 'an intermediate outcome in one sphere may become a final outcome in another; an intermediate outcome implies a progression to a final outcome which may be inappropriate' (62). Service-based measures included basic service measures, outcomes measured by the achievement of objectives, and quality of care. Client-based outcomes embrace user response, client state, and quality of life, the two latter often captured through a range of standardized measurement scales. Two decades later, the progress of the debate on outcomes is exemplified, in the context of the evaluation of health and social care partnerships, by Dickinson (2008).

The focus on evaluative research in social work strengthened throughout the eighties and nineties, supported by the emergence of a number of key texts (for example Phillips, Palfrey and Thomas, 1994; Everitt and Hardiker, 1996; Shaw and Lishman, 1999). Fundamental to all these discussions is the extent to which there is support for a hierarchy of research methods, with the randomized control trial the gold standard at the apex and systematic reviews (Petticrew and Roberts, 2006) the preferred strategy for determining effectiveness. A radically different alternative, a 'new evaluation paradigm' was proposed by Pawson and Tilley (1997) in the form of realistic evaluation. At the risk of over simplification, this can be seen as located between positivism and relativism and concerned with the identification of underlying causal mechanisms, how they work and under what conditions. Context is regarded as key, with a 'weaving process' knitting this together with the elements of decisions, actions and mechanisms. Outcome is seen as a key product of mechanism plus context. Trinder (2000) has written at greater length on the juxtaposition of these different approaches.

From evaluation to implementation

Beyond the ideological debates on appropriate evaluation methodologies is an even more important consideration: are the lessons from evaluations being transferred into practice? Over the last decade there has been a growing interest in research utilisation. This is reflected in the emergence of a new vocabulary: knowledge transfer, brokerage, evidence-based practice, evidence-informed practice, evidence-inspired practice. This can be placed within a wider context of what has been termed knowledge management,

> 'the creation and subsequent management of an environment which encourages knowledge to be created, shared, learnt, enhanced, organized and utilized for the benefit of the organsiation and its customers'
> (NHS National Library for Health: Specialist Library Knowledge Management, 2005)

More succinctly, knowledge management is about getting the right knowledge to the right people at the right time. The use of the findings from evaluations can be seen as a subset of this wider activity. Pawson et al (2003) sought to identify the types and sources of knowledge in social care. They presented the question to be asked of any piece of knowledge in the form of the acronym TAPUPAS:

- Transparency   is it open to scrutiny?
- Accuracy   is it well grounded?
- Purposivity   is it fit for purpose?
- Utility   is it fit for use?
- Propriety   is it legal and ethical?
- Accessibility   is it intelligible?
- Specificity   does it meet source-specific standards?

Further, they suggested that the knowledge for social care could be classified into five different types: organisational knowledge; practitioner knowledge; user knowledge; research knowledge; and policy community knowledge.

Nutley and colleagues at the Research Unit for Research Utilisation (www.ruru.ac.uk) have produced a number of the key texts on research utilisation (Davies, Nutley and Smith, 2000a; Davies, Nutley and Smith, 2000b; Nutley, Walter and Davies, 2007). In particular they have developed three core models which differentiate approaches to the use of research in practice (Walter et al, 2004). These are defined as:

- the research-based practitioner model
- the embedded research model, and
- the organisational excellence model.

The first argues that it is primarily the responsibility of the individual to keep up-to-date with research and to ensure that it informs their practice. The use of research is primarily conceived as a linear process, one of accessing, appraising and applying. Access to appropriate knowledge resources is often a major focus. The embedded research model suggests that the key to getting research used is through translating research into the policies, procedures and tools of standard practice processes. Responsibility in this case is seen to lie with policy makers and local service managers. In the third model, organizational excellence, the core is the development of an organizational culture that

values 'research-mindedness'. Responsibility for the achievement of the model is located within local service delivery organizations who will generally adapt research findings and other learning for the local context. These are of course ideal types rather than specific realties; Nutley, Walter and Davies (2007) suggest that

> In practice, a comprehensive approach to research use in practitioner settings may involve aspects of all these models, for example, specialist research-based practitioners being used as change agents in an overall organisational excellence approach, with embedded research where this is feasible and negotiable (227).

Wider intelligence suggests, however, that the research-based practitioner model alone is unlikely to achieve desired outcomes. The organisational excellence model, supplemented by elements of the other two, is regarded by many as the most appropriate strategy to pursue.

A cyclical model similar to that often presented for the process of evaluation is a useful starting point for any consideration of this use of evidence. This is exemplified in Figure 1 below which illustrates the ongoing process of appraisal, implementation and review inherent in an evidence-informed practice cycle.
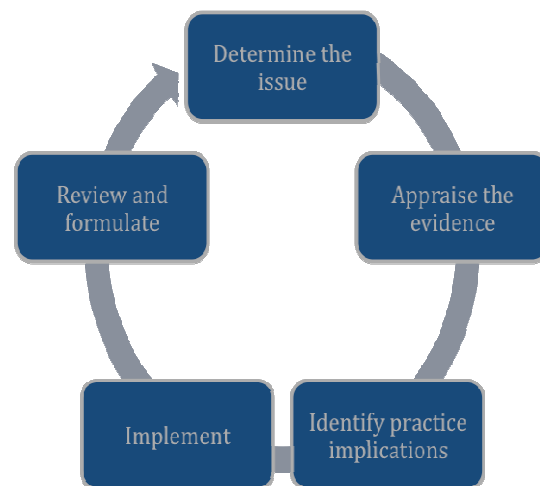
Figure 1. The Evidence-informed Practice Cycle

Critical is a discussion of what is meant by evidence in this context. Increasingly many in social services are using the term 'evidence-informed practice' rather than the more traditional 'evidence-based practice'. In doing this they are seeking to acknowledge the complexity of the social services world and of the variety of factors that impinge on the decision-making process. This use of evidence-informed practice highlights the contribution of three key components (see Figure Two). There is of course the use of the *best available research evidence*, culled from relevant evaluations and other research as identified above. There is attention to *user and carer views*, experiences and opinions of the direct receipt of care and support services, which may have been formally collected through an evaluation study or may have been expressed more informally in the course of daily practice. The third component is *practitioner wisdom*, the tacit knowledge acquired by professionals in the course of their career.

Figure 2. Key Components of Evidence-informed Practice

This distinction between evidence-informed practice and evidence-based practice reflects the discussion of different approaches to evaluation outlined earlier. Indeed it can be seen as a parallel manifestation of the hierarchy of evidence debate. The model is not universally accepted within social services. Sheldon has argued for a more rigid model of evidence-based practice based solely on research evidence (Sheldon and Chilvers, 2000); he pursued this model in his role as Director of the Centre for Evidence Based Social Services (CEBSS). Traditionally this presentation of evidence-based social work has been aligned with evidence-based medicine. Interestingly, however, Evans and Hardy (2009) argue that this is a false association; evidence-based medicine, they suggest, has always valued the contribution of professional judgment in addition to the research base.

> As originally developed in medicine, evidence-based practice entails balanced judgments based on external evidence for research and theory and internal evidence gathered through clinical experience. In EBSW, practice and theory are treated with suspicion and downplayed. (Evans and Hardy, 2009, 47)

Moreover, reflecting the challenges outlined above in conducting experimental methods in social services, they conclude that 'EBSW points to a bright new dawn of good quantitative evidence, but one that is always just over the horizon' (52). Gibbs and Gambrill (2002), however, have mounted a vigorous defence to the arguments against the evidence-based practice approach. They suggest that often rejection is based on a false understanding of the approach and present counterarguments to 27 potential objections.

An important contribution to this debate as to what constitutes valid evidence has been made by Glasby and Beresford (2006). After rehearsing arguments not dissimilar to those above – the disputed nature of objectivity in research, the validity of hierarchies of research evidence, and the limitations of systematic reviews – the authors suggest that a preferred terminology to 'evidence-based practice' would be 'knowledge-based practice'.

> …our traditional quest for quantitative, 'objective', systematic knowledge will need to be replaced with a more questioning approach which constantly asks which stakeholders may be able to contribute to the debate, whose voice usually get heard in such debates and who decides what constituted valid knowledge (282).

As with the earlier debates on the pursuit of evaluation in social services, the emergence of evidence-based and evidence-informed social work has generated a number of more practice-focused texts, for example Gomm and Davies (2000), Smith (2004), Newman et al. (2005), Social Exclusion Task Force (2008). The latter, targeted in particular at those commissioning and providing support services, seeks to develop a culture of critical appraisal of research findings, of 'research-mindedness', amongst those for whom research evidence should be an essential resource. *Think Research* includes a grading tool for research studies which seeks to indicate the strengths and weaknesses at different levels.

1. Positive reports from service users and practitioners at follow-up.
2. Several positive pre-post studies comparing performance at baseline to follow up.
3. Positive evaluations by several studies featuring comparison groups.
4. Positive evaluations by several randomized controlled trials.

5. Intervention positively evaluated by at least one systematic review or meta-analysis.

Closer to home, IRISS has developed a toolkit, *Confidence through Evidence*, (http://toolkit.iriss.org.uk/) which guides the user through the commonly used sequence for the use of evidence: acquire, assess, adapt, and apply.

While the conceptual debates continue, those closer to practice seek to develop a greater awareness of the value of evidence-informed practice and the strategies through which it can be achieved. Two key organizations in England are Research in Practice (www.rip.org.uk) and Research in Practice for Adults (www.ripfa.org.uk). Through the Change Project methodology developed by Research in Practice, the Firm Foundations for implementing evidence-informed practice have been identified (Barratt and Hodson, 2006). Five key elements for the development of a receptive environment were identified in the course of a practice development project, detailed in Figure Three below. The role of leadership is key; evidence-informed practice (and policy) should be embedded at the heart of the organization, not considered an optional extra.

A second project by Hodson and Cooke (2007) has focused on the elements contributing to this effective leadership for the implementation of evidence-informed practice. More generally, Petch (2008) has suggested eight laws for progressing the adoption and implementation of an evidence-informed approach.

Figure 3. Firm Foundations for Evidence-informed Practice (Barratt and Hodson, 2006)

• Make sure there is a common understanding of what evidence-informed policy and practice means (first law).

• Establish expectations at all levels of partner organisations that policy and practice will be evidence-informed (second law).

• Highlight evidence-informed practice as an essential component of continuing professional development (third law).

• Identify and nurture a network of evidence-informed champions (fourth law).

• Identify and disseminate simple examples of evidence-informed practice – 'evidence stories' (fifth law).

• Ensure in-house intranets and newsletters routinely feature details of evidence-informed practice (sixth law).

• Have a regular discussion spot for an evidence example at team meetings (seventh law).

• Use supervision sessions to routinely discuss the evidence base for specific decisions and actions (eighth law).

It may be useful at this point to illustrate the value of evidence-informed practice through two case studies. The first focuses on employment for individuals with mental ill-health. Traditionally there has been a range of alternative provisions designed to assist

people back to work. There is now a robust body of evidence (see for example Burns, White and Catty, 2008) confirming that one of these, Individual Placement and Support (IPS) is markedly superior in respect of outcomes for the individual than the alternatives.

• Sheltered workshops – universally poor vocational outcomes.

• Pre-vocational training – no advantage over standard care in enabling people to move into competitive employment.

• Supported employment (IPS) – more effective than pre-vocational training at helping people to obtain and keep competitive employment.

A second example is reablement (see for example Glendinning and Newbronner, 2008). Reablement refers to the provision of a short period of intensive support designed to assist individuals to do things as independently as possible following illness or injury. The evidence derived from a number of evaluations suggests that it both reduces the longer term need for formal home care support (and therefore associated costs) and improves the quality of life for the individual. Case examples of this type can provide a compelling argument for the benefits of an evidence-informed strategy.

Practitioner research

Of relevance to any discussion of evaluation and evidence-informed practice is the notion of practitioner research, individuals who primarily work as practitioners undertaking an element of research alongside their daily work. This is considered one of the options that will enhance what is often referred to as the research-mindedness of the practitioner community. The details of an early project which, funded by the Joseph Rowntree Foundation, supported social work practitioners in Scotland to complete a piece of research were described by Fuller and Petch (1995). Underpinning the programme was the suggestion that individuals learn about research heuristically, namely by doing it. Initial input with participants sought to demystify the research process, confronting widely held myths about research and working closely with individuals to ensure the definition of a feasible research question. Careful attention was paid to the similarities and differences between practice and research and the advantages and disadvantages of the practitioner perspective were collated. Advantages were considered to be a research agenda rooted in knowledge of practice; complementary problem analysis and disaggregation skills; interviewing and recording skills; and access to data. Against this there are the disadvantages of closeness to social work practice and terminology; lack of familiarity with formulating research questions; a different focus; and different kinds of sensitivity.

A particular feature of this programme was the mentoring process which over nine months provided one-to-one contact around the detail of the project. This supplemented three workshop events for the group, at the beginning, half-way point and end, and sought to overcome previous practitioner research schemes where despite initial enthusiasm projects were rarely completed. Despite the lack of award or other accreditation, there was a high completion rate amongst participants on this programme over a number of years and a number of significant pieces of research were completed.

A critique of practitioner research by Shaw (2005) seeks to place the activity within the wider conceptual landscape outlined above. He highlights, for example, the

less than enthusiastic reception by some to the 'methodological pragmatism and perceived political complacency of much practitioner inquiry' (1234). He also cites the tensions inherent in the role of practitioner researcher as both insider and outsider and the danger of the practitioner-researcher being marginalized. Nonetheless he is optimistic about the potential contribution. He outlines four strategies for enhancing the strength of practitioner research, necessary he argues if it is to operate as more than a 'fringe operation – a 'street market' version of mainstream research' (1245). The first he terms 'research as practice as research', suggesting there are potential synergies between the approaches of practice and of research which should be exploited. A second requirement would be an increase in the capacity for practitioner research, working with colleagues in related fields, developing practitioner research networks (he cites experience in Denmark) and exploring more robust funding opportunities. The third strategy is the recognition of a more nuanced understanding of what it means to influence the practice agenda, acknowledging that the separation of theory and practice can be a false dichotomy. Finally, Shaw argues that practitioner research needs to promote critical practice, to embrace the challenges posed by user researchers. A subsequent paper by Shaw and Faulkner (2006) concludes:

> Evaluation capacity building, the kinds and quality of knowledge in professional work, relations between universities and professional practice agencies, intellectual property rights, and the regulatory conventions governing postgraduate evaluation in universities all appear to be challenged by the prevalence, form, and identity of practitioner evaluation (62).

Most recently, Mitchell, Lunt and Shaw (2010) have reported on a systematic mapping and review of practitioner studies in social work. Their discussion is based on 23 studies, 18 employing qualitative methodologies, two mainly quantitative and three a mix of the two. An important consideration is that these were examples of research which had reached the public domain. Nonetheless the authors conclude that a number of important considerations still endure: managing ethical review; identifying with dual roles; expectations with regard to minimum methodological standards; balancing quality with utility; and maximizing the impact of the studies. They advocate the need for mechanisms for 'mentoring and mutual association' between practice and academic-based research partners. A detailed study conducted by the same authors on facilitating practitioner research by staff of Children 1st, a major children's voluntary sector agency in Scotland, can be accessed at www.iriss.org.uk/files/Children1stEvaluation_Final.pdf.

Conclusions

The title of this paper, swings and roundabouts, was chosen for a number of reasons. Firstly it seeks to reflect the shifts in priorities and approaches over the years, the ebb and flow that are often seen as characteristic of both policy and practice. Colloquially the expression that is often heard is 'what goes around comes around'. Certainly many older social workers identify elements within the current personalization agenda as a re-emergence of the focus of their early training and practice which they subsequently felt had

been lost. Likewise evaluation and evidence-informed practice are different manifestations of the same agenda; their relative priority will wax and wane over the years as other issues take temporary precedence but their contribution should remain fundamental. Secondly the roundabout reflects the cyclical process that underpins many of the concerns of social services: evaluation; evidence-informed practice; commissioning. Monitoring and review – the feedback loop – is essential, but often the most neglected element of the cycle. And finally, and hopefully productively, there is the exchange back and forth between research and practice, between policy and implementation.

References

Barnes C. and Mercer G. (eds.) (1997) *Doing Disability Research*, Leeds: The Disability Press.

Barratt M. and Hodson R. (2006) *Firm Foundations: A practical guide to organizational support for the use of research evidence,* Dartington: Research in Practice.

Burns T., White S. and Catty J. (2008) Individual Placement and Support in Europe: the EQOLISE trial, *International Review of Psychiatry*, 20, 498–502.

Cheetham J., Fuller R., McIvor G. and Petch A. (1992) *Evaluating Social Work Effectiveness,* Buckingham: Open University Press.

Davies H. T. O., Nutley S. M. and Smith P. C. (eds.) (2000a) *Evidence-based Policy and Practice in Public Services,* Bristol: Policy Press.

Davies H. T. O., Nutley S.M. and Smith P.C. (eds.) (2000b) *What Works? Evidence-based Policy and Practice in Public Services,* Bristol: Policy Press.

Dickinson H. (2008) *Evaluating Outcomes in Health and Social Care,* Bristol: Policy Press.

Evans T. and Hardy M. (2010) *Evidence and Knowledge for Practice,* Cambridge: Polity Press.

Everitt A. and Hardiker P. (1996) *Evaluating for Good Practice*, Basingstoke: Macmillan.

Fuller R. and Petch A. (1995) *Practitioner Research: The Reflexive Social Worker,* Buckingham: Open University Press

Gibbs L. and Gambrill E. (2002) Evidence based practice: Counterarguments to objections, *Research on Social Work Practice,* 12, 3, 452–476,

Glasby J. and Beresford P. (2006) Who knows best? Evidence-based practice and the service user contribution, *Critical Social Policy,* 26, 1, 268–284.

Glendinning C. and Newbronner L. (2008) The effectiveness of home care reablement – developing the evidence base, *Journal of Integrated Care*, 16, 4, 32–39.

Gomm R. and Davies C. (2000) *Using Evidence in Health and Social Care,* London: Sage and Open University.

Gomm R., Needham G. and Bullman A. (2000) *Evaluating Research in Health and Social Care,* London: Sage.

Gray M., Plath D. and Webb S. (2009) *Evidence-based Social Work: A Critical Stance,* London: Routledge.

Hodson R. and Cooke E. (2007) *Leading Evidence-informed Practice: A handbook,* Dartington: Research in Practice.

Mayer J. and Timms N. (1970) *The Client Speaks*, London: Routledge and Kegan Paul.

Mitchell F., Lunt N. and Shaw I. (2010) Practitioner research in social work: a knowledge review, *Evidence and Policy,* 6, 1, 7–31.

Newman T., Moseley A., Tierney S. and Ellis A. (2005) *Evidence-Based Social Work: A Guide for the Perplexed,* Lyme Regis: Russell House Publishing.

Nutley S. M., Walter I. and Davies H. T. O. (2007) *Using Evidence: How research can inform public services,* Bristol: Policy Press.

Oliver M. (1997) Emancipatory research: Realistic goal or impossible dream? In C. Barnes and G. Mercer (eds.) *Doing Disability Research*, Leeds: The Disability Press.

Pawson R. and Tilley N. (1997) *Realistic Evaluation,* London: Sage.

Pawson R., Boaz A., Grayson L., Long A, and Barnes C. (2003) *Types and quality of knowledge in social care,* SCIE Knowledge Review 3, London: Social Care Institute for Excellence,

Petch A. (2008) Eight laws for evidence-informed practice in integrated working (with apologies to Walter Leutz), *Journal of Integrated Care,* 16, 4, 30–31.

Petticrew M. and Roberts H. (2006) *Systematic Reviews in the Social Sciences*, Oxford: Blackwell

Phillips C., Palfrey C. and Thomas P. (1994) *Evaluating Health and Social Care,* Basingstoke: Macmillan.

Shaw I. (2005) Practitioner research: evidence or critique? *British Journal of Social Work,* 35, 8, 1231–48.

Shaw I. and Faulkner A. (2006) Practitioner evaluation at work, *American Journal of Evaluation,* 27, 1, 44–63.

Shaw I. and Lishman J. (1999) *Evaluation and Social Work Practice,* London: Sage.

Sheldon B. (1983) The use of single case experimental designs in the evaluation of social work effectiveness, *British Journal of Social Work*, 13, 477–500.

Sheldon B. (1986) Social work effectiveness experiments: review and implications, *British Journal of Social Work,* 16, 223–42.

Sheldon B. and Chilvers R. (2000) *Evidence-based Social Care: A study of prospects and problems,* Lyme Regis: Russell House Publishing.

Smith D. (ed) (2004) *Social Work and Evidence-Based Practice*, London: Jessica Kingsley.

Smith G. and Cantley C. (1985) Pluralistic evaluation, in J Lishman (ed.) *Evaluation,* London: Jessica Kingsley.

Social Exclusion Task Force (2008) *Think Research: Using research evidence to inform service development for vulnerable groups,* London: Cabinet Office.

Sweeney A, Beresford P, Faulkner A, Nettle M and Rose D (eds.) (2009) *This is Survivor Research*, Ross-on-Wye: PCCS Books

Trinder L. (2001) Evidence-Based Practice in Social Work and Probation, 138–162 in L Trinder and S Reynolds (eds.) (2001) *Evidence-based Practice: A Critical Approach*, Oxford: Blackwell Science.

Walter I., Nutley S., Percy-Smith J., McNeish D. and Frost S. (2004) *Improving the use of research in social care practice,* SCIE Knowledge Review 7, London: Social Care Institute for Excellence.

Evaluation "in" Social Work. A Positive Connection with Experiences of Continuing Education in Italy

ANNAMARIA CAMPANINI[*]

Introduction

The evaluation of social services is a very significant topic all over Europe and in many countries these evaluations are more targeted towards the analysis of the impact of social policies or social programmes, as well as to finding evidence based research. Good practices are at the base of the hierarchy of evidences.

To have a good service or a good program many factors have to be considered: for example, the juridical framework, the organizational context and the relationship between different professions involved, but it is also important to consider that one of the variables involved in the process is the intervention carried out by social workers that can affect the outcomes of the social services.

From this perspective it would be very important to consider not only the quality of the outcomes, but also to explore the use of the conceptual framework or the methodological approach and the adequacy of professional tools in building individual and collective projects. The logic to be taken to develop quality is to encourage social workers to activate learning processes to improve their skills, enabling evaluation processes not only from "outside", but from "inside " social work (Qureshi, 1998).

Evaluation in social work

From an analysis of the books available in Italy and abroad, it is possible to state that authors publishing theories and reports about experiences of the evaluation of social work hail chiefly from the English-speaking world. In literature, a number of paradigms exist for these evaluative experiences, and there are also a large number of attempts at classification (Guba, Lincon, 1994, Kazi, 2000). We will not take into consideration this aspect of the debate, in relation to the different models of evaluation and the different classifications undertaken, neither will we consider the contrast between quantitative and qualitative evaluation approaches. We will, however, discuss the importance of the theoretical orientation from which evaluation takes its cue; in relation to the coherence

[*] European Association of Schools of Social Work and University of Milano Bicocca, Via Bicocca degli Arcimboldi 8, 20126 Milano, Italy, phone +39-02-64487432, E-mail: annamaria.campanini@unimib.it

required of the principles and values of social work. As Shaw and Crompton (2003) argue to great effect, the choice to be made is complex and can always elicit some criticism. For example, a theory may allow evaluators to focus their attention upon a limited number of specific aspects. At the same time important elements of the reality under examination may be neglected.

Guba and Lincoln (1994) define these paradigms of research as thought systems, or as visions of the world guiding the research, not just in relation to choice of method but in relation to ontological and methodological choices. Despite the need for caution we would emphasize that there are a variety of methodological approaches that might be profitably used, according to the type of evaluation one wishes to carry out.

To this end, the work of Hansen (2005) is of particular interest. Faced with a great variety of evaluative proposals, she highlighted a number of criteria which could help when making this choice. What is the purpose of the evaluation: to develop learning, or to provide an account of the performance of the operators? What are the characteristics of the "subject" to be evaluated? Which problem does the object of the evaluation need to resolve? The answer to these questions will provide guidance in the choosing of a suitable evaluative design. The author, again recommends taking into consideration other variables in regard to the negotiation processes which may take place between the various individuals involved. Alongside this, one must take into account the appropriateness of the evaluative design, how readily transferable it is compared to other successful experiences.

Similarly, Qureshi 's work is useful here (Qureshi, 1998, 137*).* He defines evaluation as,

> 'the systematic revision of the expected and unexpected effects of an intervention, service or policy with regards to the activities undertaken to attain the pre-set objectives'

and identifies two types of evaluation for social work, one internal and one external. He then goes on to state that both these methods have their advantages and disadvantages. Whilst an evaluation undertaken from the outside may guarantee a clear image, less contaminated by the dynamics of the organization, an internal evaluation may have greater potential for identifying spaces in which to implement activity, owing chiefly to its in-depth knowledge of the context. Another difference concerns time taken over the evaluation, whilst the evaluation of social work might be of an occasional nature; an external evaluation will require specific personnel, and may see a period of time elapse before results are communicated to individuals involved in the evaluation. With an internal evaluation, it may be possible to implement continuative processes in which the social workers themselves develop evaluative actions. These can then be put to immediate use. External evaluation will lead to the creation of formal reports, which may then provide a basis for scientific publication, whilst the outcome of an internal evaluation is often less visible and results frequently remain within the service itself. As other scholars (Love, 1998, pointed out, this vision for evaluation could be integrated into daily practice, producing organizational learning and increasing the competencies of social workers. Furthermore we can couple this approach with the reflective practice (Schön, 1987; Sicora, 2005) thus expanding the ability to self-assess the professional work.

We will not enter the debate developed by various authors, and in particular, examined by Shaw and Lishman (1999), on the relationship between evaluation and research, until later. The collective conclusion is that the domains involved in this process have loosely defined borders, consisting of a vast range of methods often suited to both ambits. What we wish to emphasize is the importance of evaluation becoming an integral part of the professional commitment of each social worker, both as an element of his or her professional practice, updated for and with service users, and as research for the development of theory and knowledge.

The Italian situation

Italian social work in the last decade began to show an interest in evaluation as an effect of maturation of the professional community (Merlini F, Ranci Ortigosa F., 2001; De Ambrogio, 2003; Campanini A. 2006, 2007; De Ambrogio, Bertotti, Merlini, 2008). Having obtained formal recognition (university education, establishment of the professional register, adopting the code of ethics) and consolidation and considerable enrichment of the theoretical under-pinnings of their profession, they are now free to look into questions related to the effectiveness of its intervention and to the quality of its operations.

At a more general level, in Italy also, the neoliberal approach and managerial attitude (Lorenz, 2006, Dominelli, 2004), as well as the serious cuts in budget, required social work to prove its effectiveness and efficiency. For these reasons, many activities have been carried out to evaluate social services (Stame, 1998; Palumbo, 2000), but often without the active participation and involvement of social workers as prime movers of this research.

In spite of the considerations outlined above, some resistance to evaluation still remains (see Gabor et al, 1998). For example, it is sometimes felt that evaluation cannot be applied in a useful manner or one appropriate to social work practice, often viewed as more of an art than a science. Debate on this subject has been long running in Italy (Campanini, 1999, Fargion, 2009). Further skepticism surrounds the fact that evaluation is frequently perceived as a check upon an individuals work, and therefore it becomes 'something to be afraid of', since the individual may not feel sufficiently secure and may fear judgment. But also in a period of financial cut backs there may be concerns that structurally imposed evaluations are the fore-runner of cutting a service which cannot sufficiently prove its worth.

Developing evaluative processes in the social work field brings a number of problems; however the complexity of the field should not discourage individuals from carrying out research in this area, but perhaps instead, should encourage them to single out priority issues and choose the most appropriate methods (see Cheetam at al, 1992).

Other problems may result from an inability on the part of social workers to express objectives, methods and results in precise language. This is not always easy, some concepts may be vague and a lack of clarity exists in much social work terminology. In particular, objectives and results appear difficult to define when these terms are used within a social work sphere. Social workers are often engaged in the process of empowering people rather than consider the 'final results". They tend to work with the clients towards increasing awareness of the situation and their access to the social services, protecting them from a number of difficult situations, or assisting them in their

plight to make their families function in a suitable fashion. These aspects of social work may be vague or intangible, so it is quite difficult to assess whether they have been attained or not. It is thus necessary to break them down, identifying a series of more measurable results. However it is important this is done without trivializing the results, and consequently only managing to produce a reflection upon small changes in behavior, in limited or artificial situations.

In this paper I want to present an attempt, undertaken in Italy and linked to continuing education, to develop in social workers a mental habit of evaluating their practice. The starting point is the importance of evaluation "in social work" and particularly of self-evaluation.

Continuing education experiences: some methodological aspects

I will refer to courses for continuing education, organized by the employers of three different groups of social workers, working in social services for the community in north and central Italy.

All these courses were commissioned by social services organizations with the aims to improve knowledge and practice of evaluation between social work employees. Furthermore there was the expectation to create, through these experiences, some concrete tools to be used in professional activity. The emphasis has been mainly on the evaluation of the processes in place to assist the user, by setting up training courses for social workers which include active inductive methods and strong engagement of the participants.

The methodology chosen proses classes with theoretical lectures, groupwork activities and some meetings in small groups between one class and the other to help social workers to reflect by their own on their practice.

The first step in developing evaluation processes is done through a work of reflexivity, oriented to a self-evaluation process, aimed at highlighting the professional quality of intervention at various stages of the methodological process and also aimed at identifying the possible indicators of this.

The adopted logic aims to encourage workers to learn from their own social work activities and thereby to support social workers in improving their professionalism, hence activating the process of evaluation in social work from the inside (Qureshi, 1998).

Self-evaluation has been characterized as a starting point, and as a key step in the process, as it facilitates both a testing time and from this, systematic learning, oriented also to improve the quality of the relationship with their organization and community resources. During the courses, the trainer proposed to analyze the daily work following a grid, already presented in a previous paper (Campanini, 2002), aimed to detect the activity carried out by the social worker in each different step of the methodological process [analysis of the situation, assessment, definition of the project, contract with the user, realization of the project, monitoring the situation, conclusion].

I will present here some steps of the grid used during the courses, as a systematic review of the work done by social workers.

The exploration of the professional role within the organizational context, called for reflection on the clarity of the institutional mandate, on the awareness of the mission and specific objectives to be pursued in daily activities to achieve the organization's aims.

This framework is indeed a prerequisite so the social worker can work properly and develop self-assessment, can uncover and make explicit contradictions and confusing areas in their work, and also make concrete working styles, for example whether the professional orientation is towards casework or community and / or group interventions.

It also allows clarity about modes of operation which often pass unnoticed, but which can hide problems such as the overlapping of roles, improper activity or bureaucratic styles.

The next point of the grid qualifies as a reflection on the use of theoretical models for practice, and the clarity of the various stages that characterize the methodological process. From here on the trainer with the participants reviewed, step by step, the professional conduct adopted in different stages of the helping process: assessment of the situation, the preparation of the draft project, definition of a contract, the implementation of the process until the conclusion, not to mention the possibility of activating pathways for follow-up. For each of the stages, were found, in a participatory process, indicators that highlight the form, timing and quality with which the professional action is performed, the adequacy of documentation, but also the opportunity to further the relational dimension, the ability to engage institutional resources and network in the community, the proactive attitude towards the organization and innovation processes, as well as of ethical aspects.

The response to the stresses imposed by the grid analysis was the first step to achieve greater awareness of the institutional position, of the presence/absence of a theoretical model for practice and of the correctness of the methodological process.

Through the comparison with colleagues, then began a journey of discovery of some quality parameters that, far from being a rigid schematization of the helping process could contribute to improve their standards of professional intervention.

Some selective results

We intend to present in this context, some reflections produced during the different learning experiences outlined above, and also consider some specific tools, created by social workers participant to these training courses and accepted to be put into practice within their organizations on a trial basis (Campanini, 2006).

These experiences, in which I have been involved directly as a trainer, were designed to address some of the criticisms mentioned above.

The first of these difficulties was the lack of a common language: a system of shared meanings, often lacking even in those who carry out their roles within the same organization.

A contribution to solve this problem was the utilization of the first Dictionary of Social Work, directed by Maria Dal Pra Ponticelli (2005) that focused on key concepts of the discipline, thus challenging the difficulty of defining concepts and share meanings, offering strong support to develop a common under standing, which is invaluable when facing the challenges of evaluation research in social work.

Another problem was that social workers, who had applied for and were involved in attempting to improve their own professional competencies, struggled with the difficulty of verbalising the distance between theories, which instruct the social worker on how to be methodologically correct, and the everyday professional practice of intervention.

Although within a protected environment where the opportunity to recognize weaknesses and shortcomings, also in social work theory, had not a direct impact on professional recognition at the institutional level, often in the discussion the misconduct or wrongdoing at methodological level were attributed to difficulties in context and issues related to the organization. This projection onto the outside ('blaming' behaviour) can be viewed as a defence mechanism. On the one hand the social workers wanted to improve the quality of their professional behaviour, but on the other hand they feared changes that can alter a routine which is perhaps not satisfactory, but requires serious application to be amended.

Concerning the position that social workers had into the organization it was also evident that in many situations the knowledge of the "mission" of the organization and the clear identification of specific objectives and roles which should be fulfilled within the specific service, were not well assumed and internalized. It was therefore essential during the courses to give explicit examples of the way the professional social worker plays their part, by responding to local needs and priorities established by the organization, promoting wellness and independence and avoiding falling into a process of building dependence and chronicity.

It was not always easy to overcome these pitfalls, especially in the initial phase of the experiences that required a significant commitment from both trainers and participants. A further observation that emerged from these experiences is on the dimension of time. The more the operation is marked by the urgency, by chasing the case, by haste and breakdown in the transition from one phase to another of the methodological process, without an investment of time in reflection and documentation, the more the social worker is likely to become involved in a chronic relation with the client.

Without touching that professional autonomy and discretion that make the social worker's intervention flexible in relation to the specificity and uniqueness of each situation (as well as to the peculiarities of both problems and resources), it is worth considering if it might be useful to set up support structures oriented to the achievement of good practice.

We are not claiming the introduction of procedures that will rigidly standardize time for interviews or for the passage from the situation assessment to the project definition, but that can play a leading function for the social worker and may qualify as entitlement and defense, with respect to, for example, the more unreasonable or improper claims on the worker's time made by organizations.

During one of the courses mentioned above many social workers have been involved in different editions and have produced different tools as a means of self evaluation of their own activities.

One group reflected on the need, as a precondition for a proper assessment, to have a social folder, common to all social workers, well articulated, to guide the practitioner, whether in the collection of information, in the clear definition of assessment, project, contract, and so on, as well as the more usual professional recording activities.

This social folder, the group suggested, would be an essential tool to accompany the operator in the process, to help facilitate not only storing information, but also in implementing the process of self-reflection or sharing (case discussion, team, supervision), so important to ensure both the correctness of the professional intervention

and the possibility of developing material for evaluation, as well as for teaching and theorizing practice.

The idea was to develop, in anticipation of the computerization process of folders, a tool that would allow the emergence of the specific methodology of social work, allowing data collection not only for statistical or administrative purposes, but oriented also to assess the quality of professional procedures, the results of interventions implemented and the proper use of resources.

The hypothesis of social folder was tested and partially produced and will become part of the wealth of experience which will build on a common social folder for all the social workers of that province.

Another group of social workers undertaking the course, prepared a questionnaire to be submitted to the clients, concerned the time of first contact, identified as an important starting point for developing a collaborative relationship between the citizen and the social worker.

A grid was drafted by a third group to assess the inter-institutional collaboration at the stage of reporting and submission of the client to other professionals or social services.

Another table has been designed to facilitate the social worker to establish an appropriate, concise, but comprehensive intervention project, being seen as crucial to develop the evaluation of the outcome of the social worker interventions.

Finally a group made an intensive study on the assessment stage, specifically with regard to parenting skills, for which it was noted that there is shortage in the development of indicators that can help the social worker to exceed the dimensions of subjectivity and self-referenciality in play this important task. At the end the group had produced a checklist for guidance.

In a second context, where social workers can document the case using a social folder set up on the computer, the course on evaluation led to the decision to include, within a social directory, some specific items that allow the gathering of information on professional conduct enacted by the social worker, within the framework of evaluation, oriented to professional self-improvement. This initiative was meant as a pre-trial for the introduction of a more specifically tool directed to evaluation of outcomes.

An interesting product of a third training course is a comprehensive informatics' social folder that goes in the direction of making more transparent and measurable, the client situation, reducing the levels of discretion that may also affect equal treatment of citizens and making possible evaluation of changes in the client situation.

This quite complex work has been inspired by an experience conducted in Sweden by the social workers of the Goteborg Municipality. The logic that inspired the initiative is based on the recognition of professional skills of social workers that shared and compared with theory, can become the starting point for the construction of a documentation system that qualifies as a tool for professional social workers, and provides a complete description of the situation of the user.

It is believed that it is impossible to carry out an assessment and then highlight the results, without common and well-organized documentation. The articulation of the folder structure was designed to be usable in different areas and was predisposed to a computer application, so as to allow a collection of information at central level and the development of that information in relation to different objectives (knowledge of the

clients characteristics, quantification of the interventions in place, correlation between these variables and the results of intervention).

The Italian social workers during the course, after having agreed that a good assessment should be a pre-requisite for a good project and also for evaluating the outcome of the intervention, decided to define in a very precise manner the variables that constitute the significant areas of the person's life: housing, economic situation, work/education, physical and psychological health, family relationship, social relationship, daily life abilities, juridical situation, substances or other form of abuse (food, gambling). For each variable the social workers, looking at theirs experiences found some indicators and gave them a statistical weight.

Through an informatics system it was possible to reach a picture of the single situation: for each area, filling out the questions, social worker can have a guide and from the data of each area it is also possible to see a holistic representation that makes evident which are the most critical aspects and which are the strengths of the client.

Filling in again the folder after some interventions allows the changes and the improvement of the client situation to be shown.

It is also possible in this way to have an overview of the client's characteristic, to research specific areas, to collect quantitative data, but also to follow in a more qualitative way the single helping process and to keep suggestion for initiatives and projects, also at preventive level, involving different clients and the community.

The second step was even more interesting. Following the experience of DUR, the social workers decided to engage the client in a dialogical evaluation, asking to fill a form assigning to each different area a score in a scale from 1 to 7 and then sharing with the client the results of the radar, creating a holistic representation derived as an output of the data collection. This offers the opportunity to capture the user perception that, compared with the social worker, opens the way for dialogical interaction, both on content and relationship. Repeated regularly (every three months is suggested) gives the opportunity to highlight the changes that occur in the face of project aid, and still ensure with these that the client remains in a dialogical evaluation.

In this way the social workers could reach genuine participation with the client in the needs assessment, and also continue with this after the implementation of the project in the evaluation of the results.

The cards, inserted into the computer folder, allow for the extraction of quantitative data, to link the change with specific actions, but also with the type of users, providing valuable information on "what works".

Additionally the use of such relational forms, develops empowerment, makes the citizen an involved a conscious creator of the helping process.

These reported experiences, then, highlight the importance of using further education training as a context and opportunity to develop a greater awareness and a more definite orientation towards evaluative processes by social workers.

Some conclusive remarks

The Bologna Process (1999) and many subsequent declarations (Campanini, 2007) focused on competence based education and underlined the importance of Lifelong Learning processes to improve the quality of the professionals.

Until evaluation becomes part of the disciplinary content in the curricula of degree courses in Italy, and in other countries, as well as fundamental and common knowledge for all social workers, continuing education experiences can play an important role in drawing attention to this issue and in activating self-reflexivity. Taking inspiration from some Swedish experiences, which were for us good examples, we think that the relation between initiatives of continuing education and the development of a mental habit of evaluating professional practice among social workers could be of interest also for other countries.

It is clear that these initiatives can not replace and do not come into conflict with the implementation of evaluation research on particular topics or projects and initiatives in place by social services.

What is certain is that these pathways develop empowerment, improve professional skills, raise the evidence of the work carried by social workers, highlight the scientific and theoretical foundations of practice and can contribute to the strengthening and enrichment of social work knowledge.

Last but certainly not least; these experiences could help social workers to take an evaluation perspective, and focuses attention on the quality of the action and to the effects that can generate in people's lives.

References

Campanini A. (1999) *Servizio sociale e Sociologia. Storia di un dialogo* [Social work and sociology. History of a dialogue]. Trieste: Lint.

Campanini A. (2002) *L'intervento sistemico* [The systemic intervention]. Roma: Carocci

Campanini A. (2006) (ed.) *La valutazione nel servizio sociale* [The evaluation in social work]. Roma: Carocci.

Campanini, A. (2007) Evaluating outcomes in social work education, in: Frost, E., Freitas, M. J, Campanini, A. (eds.). *Social work education in Europe.* Roma: Carocci, 38–35.

Campanini, A. (2007) Introduction. Education Social Workers in the Context of Europe, in: Frost, E., Freitas, M. J, Campanini, A. (eds.) (2007). *Social work education in Euro*pe, Roma: Carocci, 9–20.

Cheetam, J. et al. (2002) *Evaluating Social Work Effectiveness*. Buckingham: Open University Press.

Dal Pra, M. (2005) *Dizionario di Servizio Sociale* [Social Work Dictionary]. Roma: Carocci.

De Ambrogio, U. (2003) *Valutare gli interventi e le politiche sociali* [Evaluating intervention and social policies]. Roma: Carocci.

De Ambrogio, U., Bertotti, T. and Merlini, F. (2008) *L'assistente sociale e lavalutazione* [The social worker and the evaluation]. Roma: Carocci.

Dominelli L. (2004) *Social work: Theory and Practice for a changing profession*. Cambridge: Polity Press.

Fargion, S. (2009) *Il Servizio sociale. Storia, temi e dibattiti.* [Social Work History, issues, debates] Bari: Manuali Laterza.

Hansen, H. F. (2005) Choosing Evaluation Models. *Evaluation*. 2, 4, 447–462.

Gabor, P. A., Unrau, Y. A. and Grinnell, R. M. Jr. (1994) *Evaluation for social workers*. Boston: Allyn e Bacon.

Guba, E. C., Lincoln, Y. S. (1994) Competing paradigms in qualitative research. In Denzin, N. K., Lincoln, Y. S. (eds.), *Handbook of qualitative research*. Thousand Oaks: Sage.

Karlsson, P. Å., Sjuhärad, Ä. Beijer, E., Eriksson, B. and Leissner, T. (2008) Evaluation Workshops for Capacity Building in Welfare Work – Some Swedish Examples. *Evaluation,* 4, 483–498.

Kazi, M. A. F. (2000) Contemporary perspective in the evaluation of practice. *British Journal of Social Work.* 30, 755–768.

Lorenz W. (2006) *Perspectives on European Social Work*. Opladen: Barbara Buldrich Publishers.

Love, A. J. (1998) Internal evaluation: Integrating Evaluation with social Work Practice. *Scandinavian Journal of Social Welfare*, 7, 2, 145–151.

Merlini, F., Ranci Ortigosa, E. (2001) La valutazione dell' assistente sociale [The evaluation of social worker]. *Prospettive Sociali e Sanitarie* [Propspects for social and health], 17, 15–20.

Palumbo, M. (a cura di) (2000) *Valutazione 2000* [Evaluation 2000]. A.I.V. Milano: Franco Angeli.

Pawson, R., Tilley, N. (1997) *Realistic Evaluation.* Thousand Oaks: Sage.

Qureshi, H. (1998) Internal and external evaluation. *Scandinavian Journal of Social Welfare*, 7, 2, 137–144.

Shaw, I., Lishman, J. (1999) *Evaluation and Social Work Practice*. London: Sage.

Shaw, I., Crompton, A. (2003) Theory, Like Mist on Specacles, Oscure Vision. *Evaluation,* 9, 2, 194–204.

Shaw, I. and Faulkner A. (2006) Practitioner Evaluation at work. *American Evaluation,* 27, 44–63.

Sicora, A. (2005) *L'assistente sociale "riflessivo". Epistemologia del servizio sociale* [The reflexive social worker. Episthemology of social work]. Lecce: Pensa Multimedia.

Stame, N. (1998) La Valutazione in Italia: esperienze e prospettive[Evaluation in Italy: Experiences and prospects]. In Bezzi C., Palumbo M. (a cura di). *Strategie di valutazione* [Strategy of evaluation]. Perugia: IRRES Gramma.

http://www.goteborg.sc/wps/portal/dur

Self-evaluation of Social Work Practice through Reflection on Professional Mistakes. Practice Makes "Perfect"?

ALESSANDRO SICORA[*]

Introduction

Good social services have their roots in competent practitioners. In every field, professional skills are the main ingredient to define the quality of the help given to the users. Also in social work, reflective practice is the most effective bridge able to link theory and experience, social needs and services provided. The debate on this issue has been enriched by ideas from authors like Dewey, Freire, Habermas, Polanyi, Schön, Argyris, Archer and many others. From different perspectives (philosophical, psychological, educational, sociological) they have given the theoretical background to understand how we can learn while doing (Redmond, 2006; Sicora, 2010).

Being able to activate processes of reflexivity and, consequently, progressive professional development is an essential feature of any social worker who can address the challenges arising from a continuously changing environment. Such a reflexive social worker is capable of *knowing-in-action and of reflection-on-action and in-action*.

The "evaluation"[1] *of their work empowers the practitioners in the organization and enhances their ability to produce change and innovation*. This may occur when the worker becomes able to be aware of the theories underlying the individual and organizational actions but also when, with the idea of "reflective research" as described by Schön (1983) or by use of conscious strategies of structured reflection, the social worker activates processes of systematic self-assessment and self-evaluation on his or her skills and performances.

The importance of this kind of a habit is of primary importance for the quality of the welfare system and of all organizational structures established for the delivery of personal social services. The best social services are, in fact, the ones where good practice is established and disseminated and where the reflective practice is widely used.

Reflection vs. evaluation?

Reflect is to turn the mind, to pay attention to situations, problems, opportunities. In philosophy, reflection is a cognitive act by which the spirit or the mind, returning on itself,

---

[*] University of Calabria, Department of Sociology and Political Science, Via P. Bucci, Cubo 0/B-1/B, 87036 Arcavacata di Rende (CS) – Italy, phone number: + 39 0984492531, E-mail: alessandro.sicora@unical.it
[1] The word is in quotation marks to distinguish its most informal meaning given here from the evaluation with scientific criteria, as later specified in this paper.

becomes conscious of its operations and their characters (Zingarelli, 1986). It is an activity of introspection through which the object of the mind's operations (thinking, doubting, believing, etc.) is the mind itself and the function of which is to reveal the inner nature of reality, the unity of subject and object realized in an immediate self-consciousness.

As widely known, evaluation is "the process through which information is obtained and judgments made on whether an intended course of action is producing the desired results. Evaluation is the main source of evidence through which social work agencies decide whether their programmes and practices are effective or not" (Pierson & Thomas, 2002, 179). Palumbo (2001) distinguishes between "common" evaluation made in everyday life and scientific evaluation. This last is a cognitive activity aimed to provide a judgement on an action (or a set of coordinated actions) carried out intentionally and destined to produce external effects. This is based on the methods of social sciences research and follows strict and coded procedures.

What is the relationship between reflexivity and the professional evaluation? There are a lot of criticisms on self-evaluation, which is a kind of evaluation made by the agent in a process of finalized action. Although some value is recognized in it in social and training contexts, strong doubts remain about the plausibility of this kind of activity (Bezzi, 2003). Other elements that characterize the connection, but also the distance between evaluation and the sphere referred to "reflexivity", include the spontaneity, the formalization and the scientific dimension. Based on these criteria Bezzi (2009, 210, 215, 209) distinguishes between:

● *implicit* (or submerged) evaluation which consists of a spontaneous formulation of judgments made by individuals in their daily lives. It has no scientific dimension and is filled with prejudices, unlike the spontaneous and the formal evaluation;

● *spontaneous* (or informal) evaluation is a form of informal evaluation expressed without the use of scientific criteria (as opposed to formal evaluation), but with explicit arguments (unlike the implicit evaluation);

● *formal* (or institutional) evaluation is any form of explicit and scheduled evaluation based on scientific rules, procedures and techniques. It is aimed at drawing up an evaluation report and is opposed to implicit or spontaneous evaluation.

Reflexivity can be located on a continuum between the two poles of "implicit" and "spontaneous" in relation to the degree of awareness and use of systematic methods used in the self-evaluation. The more the prejudgment is recognized and, at the same time, the underlying criteria of the implicit evaluation are brought to awareness, the more the worker is able to bring to light the knowledge guiding the choices of interpretation and action expressed in his or her professional practice. However, what seems to animate and direct reflection on personal experience is not an abstract need to achieve knowledge as "an end in itself", but rather the attempt to weigh the pros and cons. This can bring one not only to give a meaning to the actions done and the events that occurred, but also to help one face future challenges with the conviction to be equipped with more refined "tools".

In fact, *every evaluation is related to the analysis of the effects produced by the professional action and also to the reproduction of the action itself*. Every social worker, but also any other helping professional, self-evaluates his or her intervention because of his or her interest in the reproduction of some of the techniques and methods successfully applied to the social services users.

This is *the core of the idea of reflexive practice*: "we learn by thinking about things that have happened to us and seeing them in a different way, which enables us to take some kind of action" (Jasper, 2003, 2). In other words it is "the ability to stand back and look critically at one's own practice" (Pierson & Thomas, 2002, 396).

On the other hand, while performing acts, any professional evaluates his or her own action and can incorporate such a judgement in the next step. In many circumstances such a process is fed by a deeper awareness and in a systematic way that makes it possible not only to self-correct the practice, but also to express interpretations and hypothesis that can be later verified with more rigorous and scientific methods. The operation of a systematized reflection does not replace but rather upholds the process of scientific evaluation. In both cases, these cognitive operations are targeted, although in different ways, to improve the quality of services provided to the users.

Reflection, reflective practice and social work

Social reality is changing. It is a banal but true statement and every social worker has to deal with it. Aging society, huge migration streams, welfare state crisis, structural transformation of political systems are all phenomenon we have often met in the last two decades. Before that there were other problems and other challenges. Complexity and ambiguity are two of the main aspects that every social worker has to face in his or her daily work where there is a structural and constant need to revise knowledge and theories. *Turning away from easy certainties is essential because interventions based on them often produce inadequate performances and the failure to solve the problems of the users.*

This is one of the main reasons why reflection has to be an ever present attitude in every social worker's action. But reflective practice is also a good medicine for a frenzy full of activity but not of results. In fact, in many services there is more attention to the process rather than the outcomes so the evaluation made is more related to efficiency rather than efficacy. And in this case, when the practitioners work hard but without thinking too much, it is much easier to fall into a sense of uselessness and lack of meaning.

"If one does not know to which port one is sailing, no wind is favorable", said the Roman philosopher Lucius Annaeus Seneca in one of his letters. To stop and reflect is surely the most important thing to do when a social worker is pursuing an intervention. So prejudices can also be revealed and the underlying and implicit criteria by which the operator looks at the users can be brought to awareness. This is the only way to bring out the knowledge that guides the choices of interpretation and action expressed in professional practice.

While reflective investigations are ongoing, it is important not only to think about what you do and how, but also to search for the conceptual assumptions that implicitly lead professional conduct.

An essential condition for the use of reflexive strategies is certainly represented by the activation of processes aimed to examine experiences and beliefs of the person thinking and acting, but also to trace the basic assumptions by which consciously or not the choices we made are warranted. All this is done in order to transform the experience, or the direct and natural way of living in the horizon of the world, in experience that takes shape as the experience becomes an object of reflection and the person knowingly appropriates it to understand its meaning (Mortari, 2003).

Walking along this path is not so easy but it leads us to recognize and make visible the multitude of connections that links the small portion of reality known to the wider context we all are living in. It's as if, while observing a drop of water, we understand the properties of the sea from which that particle was taken. Staying in this metaphor, one could say that the social worker engaged in processes of reflexivity is similar to that observed drop and that it regards itself to capture the connections between itself and the world in which it forms a part of a sequence that leads progressively from the micro to the macro.

Such a gradual approach is well expressed by Goodman (1984) when he describes *three different levels on which to conduct an analysis aimed towards a better reflexive understanding of a "case", the action done and the results attained*:

● *first level reflection*: the examination is limited to the description of the facts (history and emotions) and aims to evaluate (in terms of efficiency, effectiveness, accountability) and discuss (usually in groups and/or with a supervisor);

● *second level reflection*: by the exploration and explanation of the facts through theoretical concepts, the reflection is directed to help learn through the identification of values (individual, professional, organizational) and of the basis for action underlying the episode in question. The findings are transferable to other cases;

● *third level reflection*: here the aim is to identify the influence of factors related to ethics and social policy (for example, resources, institutional and organizational structure) of the specific situation under consideration.

The practitioners, however, not only express thoughts and evaluations, but, above all, they do actions. For this reason we speak of "reflective practice" as a practice in which experience and reflection is added to the action. Then, this action, plus the occurrence of further experience and reflection, leads to further action and so on ad infinitum. This cyclical process, the so-called ERA cycle (Experience – Reflection – Action) is the basis for reflective practice. This can be succinctly defined as the composition of three elements:

● what happens to the person (experiences);

● the processes of reflection, enabling the person to learn from these experiences;

● the action that is undertaken because of the new perspective gained.

Reflective practice is a concept introduced in many professions since the eighties and has had considerable development thanks to Kolb and his work on experiential learning (Jasper, 2003).

As an important consequence of reflective practice social workers, but also the other practitioners working in health and social services, can narrow the rift between theory and practice that often characterizes the experience in the educational systems and that in the profession.
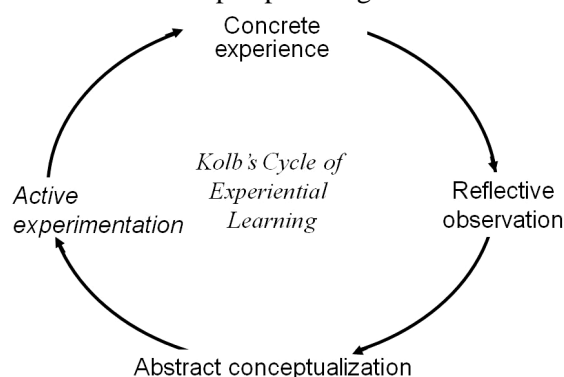
Figure 1. Kolb's Cycle of Experiential Learning
(Kolb, 1984)

Critical incidents and mistakes as stimuli for reflective practice

How can we turn from reflexivity as an abstraction to a reflective practice in health and social services? We need to focus our attention on a specific fragment of our experience, an event that can be especially meaningful and that can help us to better understand the whole from a small part of it.

This "portion" is what Flanagan (1954, 327) called a "critical accident", that is "any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act. To be critical, an incident must occur in a situation where the purpose or intent of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little doubt concerning its effects".

Our mistakes are a special kind of critical accident and the reflection on them and our failures is a promising field in which to develop strategies for the reinforcement of our professional skills, as social workers. Why? Because every mistake, especially those producing some forms of damage, are like open questions to our way of looking at the world and acting in accordance to it. They urge us to answer to the question "why?", "what can I do to reduce its negative effects?" and "what can I do not to let it happen again?" By the way, not all the mistakes are "bad". The metaphor of Columbus discovering America "by mistake" while looking for a new route to India can help develop a better comprehension of the potentialities of this kind of reflection and help social workers find new ways to face the complex problems of the users.

But, first of all, what is a mistake? An error is an assertion, action or belief leading to a deviation that is an unintentional departure from the right from the norm. The agent does not want to deviate from what is right, correct and true.

The image of a road through a field may better help us focus on what was said above. The road is what is "right", which leads towards a goal, a better understanding of the reality or, in social and health services, an effective help to people in need. Moving away from this "road" is an error.

Who decides what is correct and what is not? Certainly the social worker, but also:
● the users;
● the institution or the agency the social worker is a part of and where the action is activated for help;
● the wider community the social worker is a member of.

There are different opinions regarding the role played by the users: some say that the users are not sufficiently competent to judge the work of a professional and there are those who say the opposite and, moreover, state that the user must be always involved in this evaluation because he or she is the ultimate recipient of the intervention (Pignatto & Ragazzo, 2002; Bezzi, 2003). Probably a middle position could be the most correct: when you want to know if an error was committed or not, the user has to be listened to because he or she is the one that is always suffering the positive or negative effects of the professional intervention.

Another group of ideas revolves around the organization where the practitioner works. This domain is simultaneously both a constraint and a resource, but is most frequently considered the former rather than the latter. In fact, sometimes, as a form of

rejection of the reversal found between the means and the aim, some social workers seek to escape from some procedures which appear more formal than substantial. Even in personal services, practices and procedures should be adjusted when they are no longer fit to the function of help which they were established for.

Inside the agency where the social worker is employed, an important factor is represented by the colleagues, belonging to the same or to another profession. They are colleagues who are sometimes critical and colleagues who are facing criticism. These criticisms are more or less benevolent, depending on the type of relationship established. Sometimes the criticism is expressed not in order to contribute to improve skills or performance of the other, but rather to be a weapon of attack/defence and more or less effective depending on the organizational contexts. This is very important especially in context of inter- and multidisciplinary work. Synergies between different professions are particularly profitable on a wide range of cross-cutting issues such as, among many, fatigue, burn-out and the sense of aid and, indeed, the error.

The last subject which may be considered is the community and this may be the scientific community or the professional body to which the person belongs. *On the basis of errors made in breach of the code of ethics disciplinary proceedings may lead in extreme cases to the removal from the professional body*.

Community also refers to the community according to the territory that, broadly, may coincide with the so-called public opinion through newspapers or newscasts. Another manifestation of this dimension is that of the State expressing the legal rules that say what crime should be punished and what not.

In search of learning strategies from mistakes and other critical incidents

In *order to explore how mistakes are seen by social workers and other practitioners*, in October and November 2009 twenty subjects working in different Italian health and social services (five for each of the following professions: social worker, professional educator, nurse, psychologist) underwent a *semi-structured interview* about their *perception of the causes and effects of errors* and *the role of intuition in determining success or failure of interventions*. They also had been asked to tell some *episodes related to their mistakes*. Moreover, the dilemma inherent about what to do when a colleague is wrong has been addressed with a specific question (Sicora, 2010).

This *qualitative research was not limited to social workers, but other helping professions have been included*, since problems and opportunities are widely shared in this field. Furthermore, a common reflection could be very useful to improve the quality of the help provided by teams with different training, professional skills and roles.

For this reason the group of the respondents was as more heterogeneous as possible in terms of gender, age, experience, territory and service (e.g. rest house, mental health centre, juvenile justice department, emergency unit, oncology department, municipal social services, social services for children, drug addicted, disabled adults or other kind of users).

The views expressed and the episodes narrated by the respondents cannot be considered fully representative of the varied world of helping professions. However, they can be very useful to understand the most common dynamics in the field.

The *transcripts of the interviews were analysed with the help of the Weft QDA software* in order *to classify the experiences collected and find similarities and differences among them*. Categories and subcategories of analysis (e.g. causes of mistake: time, anxiety, lack of training etc.) have been created for a better understanding of the phenomenon. A special attention has been made in the search for strategies already successfully in use for a structured reflection on mistakes.

In fact, *the result of this qualitative research and the review of some strategies for a structured reflection* (Sicora, 2010) *show that*:

1. Sometimes social workers "need" to make mistakes, because paradoxically, in many cases it is the only way to help the client in a long term perspective and to learn how to reduce negative outcomes in health and social services.

2. Both intuition and rational reasoning are needed in social work practice, but they often produce systematic errors. Reflecting on these mistakes makes us better understand how we think and feel and help to correct our practice. The dual-process model of Kahneman (2002) gives a framework for a better understanding of the whole process.

3. Open and structured discussions with colleagues about mistakes improve the quality of "learning organization" where people can express and receive criticism using effective strategies**.**

How to begin to learn from our mistakes? As in Philo's law expressed by the famous humorist Bloch (2003, 8) "to learn from your mistakes, you must first realize that you are making mistakes". Ignoring that something went wrong is much more dangerous than taking it into consideration, reflecting and taking the necessary steps.

On this issue the words of a young social worker interviewed during the research mentioned above are very significant (Sicora, 2010, 65):

> There is the mistake that may be of assessment in the assessment phase, the design stage of a journey with a person, a project, for example, an individual one. There are things that perhaps could be considered. Otherwise ... But, I repeat, these mistakes in the assessment will almost never be followed by a failure, are the cause of the failure. The ability to straighten the path in consequence of a deep reflection on that mistake: this makes the difference.
> The project may fail when you forget it, leave gaps, lack continuity on the project, missing checks, and skip the checks. Not because of the wrong assessment made at the beginning.

For that reason, social workers cannot escape the need to reflect constantly. This is a condition that stems from the desire to find effective responses to the users' requests and from the need to seek the reasons for the large and small failures encountered on that road. Reflection can overcome the inevitable discomfort felt when things "went wrong" and leads to a deeper level of understanding of the dynamics in the field, thus enabling a restart to obtain better results.

How can this happen? How to pass from the slogan into its realization? The reflection can be a moment of meditation on oneself, but there are many forms of reflective writing and they can be powerful and useful tools for a reflective social worker. In this way, or by registering and ordering facts, emotions and evaluations, it is possible

to reconstruct a unified picture from scattered fragments of events. In other words, the construction of narratives comes from experiences linked together so to give shape to a more colourful and significant sight. The sheet in front of the operator becomes a sort of mirror in which to reach a deeper understanding of himself or herself and of his or her professional practice. As one practitioner says:

> At one point, I realized that, beyond the official record, it was necessary that I also found a space, even during the workday, a writing that somehow fell outside of what one writes in the official record. And then I started to take a small notebook and started writing down feelings and impressions produced by many situations and that I could not write in the official record. I wrote these small texts about some cases. [...] Then it becomes a kind of self-analysis [...] I think it's a small space that should be devoted to listening to themselves in relation to another. It does not require a long time because you can do it between interviews and the other. I can do. It does not take long. (Sicora, 2010, 100)

Both as a guide for reflection on oneself or in written form, questions and reflexive frameworks (i.e. Borton's key questions, Gibbs's reflective cycle) are of primary importance.

Every process of reflexivity starts when the subject articulates questions addressed to himself. The questions guide the research, the selection of information and the exploration into the episode you want to examine in depth.

There is often more need of "right questions" than "right answers". In fact the "right answer" will be usually appropriate for a specific situation but not for another, while a "right question" can be applied to a wider variety of contexts. An effective question is of great value because it activates a process of analysis and review of memories of facts and emotions that may help to identify interpretive trails that were previously overlooked.

Among the many "frameworks" built to reflect on exemplary or problematic critical incidents, here can be cited the three key questions of Borton and Gibbs's reflective cycle. In all three cases the framework is represented by a series of questions that the subject addresses itself to deeper reflect on the experience under consideration.

The *three key questions* identified by Borton (1970) are:

● *What*? This question is set at a descriptive level and refers to more specific questions that all begin with "what" such as, for example, what happened? What have I done? What did the others? What I felt inside of me? What I was trying to do? What is good or bad in the experience?

● *So what*? Here the reflection goes deep beyond the experience to continue the exploration on a more theoretical and conceptual level. Sample questions are: So what is the meaning of this? So what does this mean for me? And then what more do I need to know about this? So what did I learn?

● *And now*? From the results of discussions held at the previous levels the possible alternative behaviours are taken into consideration in order to make the most appropriate choice of further action. In this context the questions asked can be: Now what can I do? And now what is the best? And now what do I need? And now what shall I do? And now what might be the consequences of this action?

Gibbs's reflective cycle (Gibbs, 1988) has achieved the status of a seminal theory in reflective practice and it would be difficult to find any paper or textbook on reflective practice written in recent years that did not draw on his work in some way. Gibbs's cycle consists of six stages that guide the practitioner through the reflective process by asking a series of clue questions.
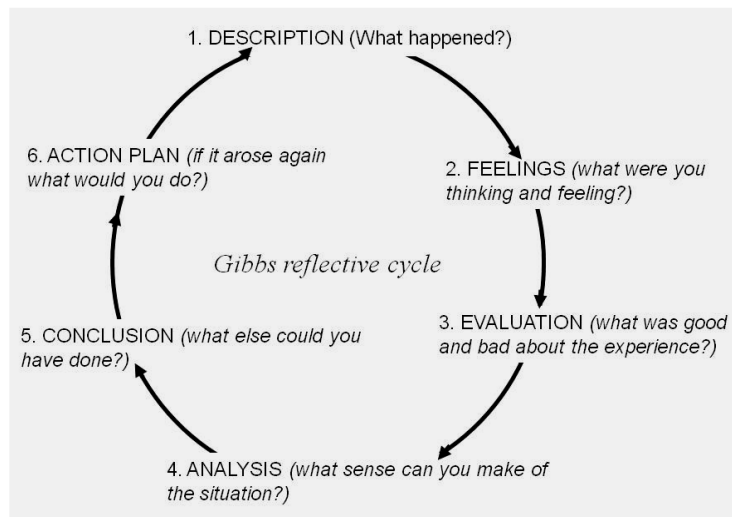
Figure 2. Gibbs reflective cycle (Gibbs, 1988)

For each of these stages Gibbs made a set of questions used to examine in detail the episode under scrutiny.

As said before, Reflection can be done to oneself, which is basically on a mental and meditative base, or verbally, that is talking with others about a significant event. There is a further scope for the development of reflexivity and this is represented by writing. Writing can be defined as "reflective writing" whenever there is a deliberate use of writing strategies as a way of reflection and learning from the experience (Rolfe, Freshwater & Jasper, 2001).

The main methods of reflective writing strategies can be divided into analytical and creative strategies. The first category is characterized by greater reference to objectivity: the social worker starts from the description of the facts to arrive later to more personal and emotional components. The separation between the narration of emotions analysis and reflection itself, and the use of imagination and metaphors characterizes the creative strategies.

Reflective frameworks can also be used in reflective writing. Some of the other most important analytic strategies are (Jasper, 2004):
● journal;
● critical incident analyses;
● dialogical writing (creating a conversation through questions and answers);
● "making a case" (exploring the alternative perspectives of an issue);
● creating an on-going record.
SWOT analysis (a strategy that involves identifying the strengths, weaknesses, opportunities and threats within an experience):
● identifying three-a-day, e.g. three things I have learnt today or from this mistake are… or, three tips I have learnt from this shift are…;

● page-a-day record of experiences;
● writing a word limited summary;
● learning outcomes from an experience;
● identifying new competences.
Examples of creative strategies are (Jasper, 2004):
● writing a letter or an e-mail (without sending it);
● writing to someone, (i.e. to your mother or a close friend);
● writing as if you were another person;
● writing as if you were a journalist;
● telling a story, possibly a fictional story;
● writing poems.

Is reflection an activity to be conducted alone, shut in a real or metaphorical room? The answer is definitely negative. Because the less alone the practitioner is, the less he is exposed to frustration from failures that occasionally occur and could lead to burnout. Furthermore, all forms of dialogue, that is when the social worker receives and offers advice and criticism on the errors committed or observed, can expand the "visual field" of the daily practice and bring one to a better understanding of all the important elements in the practice of the helping professionals.

The social worker does not act alone but is part of a network of relationships with other professions. This network is extended in the service and in the whole organization. Furthermore, what the single person learns is part of the organizational learning. This is not the simple sum of knowledge of individuals, but is the process and the product leading the organization to develop strategies to carry out actions directed to itself and its environment. The so produced organizational culture, then, interacts with the choices of all the professionals working in the organization itself.

This is also the reason why strategies to develop better communication, supervision and sharing of knowledge are of special interest for a higher quality of social services. One interesting field is related to the treatment of criticism among colleagues as suggested by Hathaway (1990) and others (Sicora, 2010).

Conclusions

Work in the world of human needs, discomfort and suffering appears anything but a lightweight enterprise. The complexity faced by the helping professions stems in large part by the uniqueness of people and situations. Dealing effectively with them is not possible using only the theoretical concept and categories of users and issues described in textbooks and emerged as a result of detailed scientific investigations. Every social worker is asked to face his or her daily work by building bridges between theory and practice through the constant implementation of reflective practice.

Reflection, and above all reflection on our mistakes, is not only technically possible but is also ethically desirable because it improves the quality of services provided by us social workers.

Activity is fed by a permanent tension to achieve something impossible: that is the total elimination of any mistakes or the attempt to reach the unreachable horizon. It is a journey that may not lead to any goal, but the ultimate destination of which is

undoubtedly our personal and professional development, the achievement of sharper eyes to look at reality in a more pervasive way and of more capable hands to shape more effective interventions (Sicora, 2010, June).

References

Bezzi, C. (2003) *Il disegno della ricerca valutativa* [The design of evaluation research], (2nd ed.), Milano, Italy: F. Angeli.

Bezzi, C. (2009) *Glossario della ricerca valutativa – versione 5.2 del 02.12.09 [Glossary of evaluation research – version 5.2 of 12/02/2009]*, Retrieved from http://www.valutazione.it/PDF/Glossario.pdf

Bloch, A. (2003) *Murphy's Law.* New York, NY, USA: Berkley Publishing.

Borton, T. (1970) *Read, Touch and Teach*. London, UK: Hutchinson.

Flanagan, J. (1954) The Critical Incident Technique. *Psychological Bulletin,* 51, 327–358, retrieved from http://www.apa.org/pubs/databases/psycinfo/cit-article.pdf

Gibbs, G. (1988) *Learning by Doing: A guide to teaching and learning methods*. Oxford, UK: Further Education Unit, Oxford Polytechnic.

Goodman, J. (1984) Reflection and teacher education: a case study and theoretical analysis. *Interchanges*, 15, 9–26.

Hathaway, P. (1990) *Giving and Receiving Criticism. Your Key to Interpersonal Success. Practical Guidelines for Better Life Management.* Los Altos, Cal., USA: Crisp Publications.

Jasper, M. (2003) *Beginning Reflective Practice*. Cheltenham, UK: Nelson Thornes Ltd.

Jasper, M. (2004) Using journals and diaries within reflective practice. In Bulman C., & Schutz S. (eds.). *Reflective practice in nursing..* Oxford, UK: Blackwell, 3rd ed., 94–127.

Kahneman, N. (2002) *Maps of bounded rationality: a perspective on intuitive judgment and choice*. Nobel Price Lecture. Retrieved from
http://nobelprize.org/economics/laureates/2002/kahnemann-lecture.pdf

Kolb, D. (1984) *Experiential learning as the science of learning and development*. Englewood Cliffs, UK: Prentice Hall.

Mortari, L. (2003) *Apprendere dall'esperienza* [Learning from experience]. Roma, Italy: Carocci.

Palumbo, M. (2001) *Il processo di valutazione: decidere, programmare, valutare* [The evaluation process: decision, planning, evaluation]. Milano, Italy: F. Angeli.

Pierson, J. & Thomas, M. (eds.) (2002) *Collins Dictionary of Social Work.* Glasgow, UK: HarperCollins.

Pignatto, A. & Ragazzo, C. (2002) *Organizzazione e qualità nei servizi socio-sanitari [Organization and quality in health and social services]*. Roma, Italy: Carocci.

Redmond, B. (2006) *Reflection in action: developing reflective practice in health and social services.* Aldershot, Hampshire, UK: Ashgate.

Rolfe, G., Freshwater, D. & Jasper, M. (2001) *Critical reflection for nursing and the helping professions. A user's guide*. Basingstoke, UK: Palgrave .

Schön, D. A. (1983) *The Reflexive Practitioner*. New York, NY, USA: Basic Books.

Sicora, A. (2010). *Errore e apprendimento nelle professioni di aiuto: fare più errori per fare meno danni? [Learning from mistakes in the helping professions: make more mistakes to do less damage?]*. Santarcangelo di Romagna (RN), Italy: Maggioli.

Sicora, A. (2010, June) *Practice makes perfect? Reflection on mistakes in social work.* Poster session presented at the 2010 Joint World Conference on Social Work and Social Development, Hong Kong, China.

Zingarelli, N. (1986) *Il Nuovo Zingarelli: vocabolario della lingua italiana* [Nuovo Zingarelli: Italian dictionary]. Bologna, Italy: Zanichelli.

Utilization-Focused Evaluation
For Social Services and Social Work

MICHAEL QUINN PATTON[*]

Introduction

Utilization-Focused Evaluation begins with the premise that evaluations should be judged by their utility and actual use; therefore, evaluators should facilitate the evaluation process and design any evaluation with careful consideration of how everything that is done, *from beginning to end*, will affect use. This is consistent with standards developed by the Joint Committee on Standards for Evaluation and adopted by the American Evaluation Association that evaluations should be judged by their utility, feasibility, propriety, and accuracy. This article presents the premises of utilization-focused evaluation so that readers of this journal can determine its relevance for evaluation of Romanian social services and social work programs.

The focus of utilization-focused evaluation

Utilization-focused evaluation is concerned with how real people in the real world apply evaluation findings and experience the evaluation process. Therefore, the *focus* in utilization-focused evaluation is on intended use by intended users. In any evaluation there are many potential stakeholders and an array of possible uses. Utilization-focused evaluation requires moving from the general and abstract, i.e., possible audiences and potential uses, to the real and specific: actual primary intended users and their explicit commitments to concrete, specific uses. The evaluator facilitates judgment and decision-making by intended users rather than acting solely as a distant, independent judge. Since no evaluation can be value-free, utilization-focused evaluation answers the question of whose values will frame the evaluation by working with clearly identified, primary intended users who have responsibility to apply evaluation findings and implement recommendations. In essence, utilization-focused evaluation is premised on the understanding that evaluation use is too important to be merely hoped for or assumed. Use must be planned for and facilitated, just as any good social work intervention must be planned and carefully implemented.

Utilization-focused evaluation is highly personal and situational. The skills of a good evaluator have many things in common with the interpersonal skills of a good social

---

[*] Utilization-Focused Evaluation, Saint Paul, Minnesota, USA, 740 Mississippi River Blvd So Seute 15 H, Saint Paul, MN 55116-1029, USA, E-mail: MQPatton @Prodigy.net

work professional. The evaluation facilitator develops a working relationship with intended users to help them determine what kind of evaluation they need. This requires negotiation in which the evaluator offers a menu of possibilities. Utilization-focused evaluation does not depend on or advocate any particular evaluation content, model, method, theory, or even use. Rather, it is a process for helping primary intended users select the most appropriate content, model, methods, theory, and uses for their particular situation. Situational responsiveness guides the interactive process between evaluator and primary intended users. As the entries in this book demonstrate, many options are now available in the feast that has become the field of evaluation. In considering the rich and varied menu of evaluation, utilization-focused evaluation can include any evaluative purpose (formative, summative, developmental), any kind of data (quantitative, qualitative, mixed), any kind of design (e.g., naturalistic, experimental) and any kind of focus (processes, outcomes, impacts, costs, and cost-benefit, among many possibilities).

Utilization-focused evaluation is a process for making decisions about these issues in collaboration with an identified group of primary users focusing on their intended uses of evaluation.

A psychology of use undergirds and informs utilization-focused evaluation. In essence, research on evaluation use (cf. Patton, 2008) indicate that intended users are more likely to use evaluations if they understand and feel ownership of the evaluation process and findings; they are more likely to understand and feel ownership if they've been actively involved; and by actively involving primary intended users, the evaluator is training users in use, preparing the groundwork for use, and reinforcing the intended utility of the evaluation every step along the way. This is similar to social work approaches that involve clients in determining their own futures so as to increase the likelihood that those clients follow through to accomplish their goals.

While concern about utility drives a utilization-focused evaluation, the evaluator must also attend to the evaluation's accuracy, feasibility and propriety (Joint Committee on Standards, 1994). Moreover, as a professional, the evaluator has a responsibility to act in accordance with the profession's adopted principles of conducting systematic, data-based inquiries; performing competently; ensuring the honesty and integrity of the entire evaluation process; respecting the people involved in and affected by the evaluation; and being sensitive to the diversity of interests and values that may be related to the general and public welfare (Shadish et al, 1995).

Basic Definitions

Program evaluation is the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness and/or inform decisions about future programming. *Utilization-focused program evaluation* (as opposed to program evaluation in general) is evaluation done for and with specific intended primary users for specific, intended uses.

The general definition above has three interrelated components: 1) the systematic collection of information about 2) a potentially broad range of topics 3) for a variety of possible judgments and uses. The definition of utilization-focused evaluation adds the requirement to specify intended use by intended users. This matter of defining evaluation is of

considerable import because different evaluation approaches rest on different definitions. The use-oriented definition offered above contrasts in significant ways with other approaches.

Involving Intended Users in Making Evaluation Decisions: The Personal factor

Many decisions must be made in any evaluation of social service programs. The purpose of the evaluation must be determined. Concrete evaluative criteria for judging program success will usually have to be established. Methods will have to select and timelines agreed on. All of these are important issues in any evaluation. The question is: Who will decide these issues? The utilization-focused answer is: *primary intended users of the evaluation.*

Clearly and explicitly identifying people who can benefit from an evaluation is so important that evaluators have adopted a special term for potential evaluation users: *stakeholders.* Evaluation stakeholders are people who have a stake – a vested interest – in evaluation findings. For any evaluation there are multiple possible stakeholders: program funders, staff, administrators, and clients or program participants. Others with a direct, or even indirect, interest in program effectiveness may be considered stakeholders, including journalists and members of the general public, or, more specifically, taxpayers, in the case of public programs. Stakeholders include any one who makes decisions or desires information about a program. However, stakeholders typically have diverse and often competing interests. No evaluation can answer all potential questions equally well. This means that some process is necessary for narrowing the range of possible questions to focus the evaluation. In utilization-focused evaluation this process begins by narrowing the list of potential stakeholders to a much shorter, more specific group of primary intended users. Their information needs, i.e., their *intended uses*, focus the evaluation.

Different people see things differently and have varying interests and needs. This can be taken as a truism. The point is that this truism is regularly and consistently ignored in the design of evaluation studies. To target an evaluation at the information needs of a specific person or a group of identifiable and interacting persons is quite different from what has been traditionally recommended as "identifying the audience" for an evaluation. Audiences are amorphous, anonymous entities. Nor is it sufficient to identify an agency or organization as a recipient of the evaluation report. Organizations are an impersonal collection of hierarchical positions. People, not organizations, use evaluation information – thus the importance of the personal factor.

The personal factor is the presence of an identifiable individual or group of people who personally care about the evaluation and the findings it generates. Research on use (Patton, 2008) has shown that where a person or group is actively involved with and interested in an evaluation, evaluations are more likely to be used; where the personal factor is absent, there was a correspondingly marked absence of evaluation impact.

The personal factor represents the leadership, interest, enthusiasm, determination, commitment, assertiveness, and caring of specific, individual people. These are people who actively seek information to make judgments and reduce decision uncertainties. They want to increase their ability to predict the outcomes of programmatic activity and thereby enhance their own discretion as decision makers, policy makers, consumers, program participants, funders, or whatever roles they play. These are the primary users of evaluation.

Though the specifics vary from case to case, the pattern is markedly clear: Where the personal factor emerges, where some individuals take direct, personal responsibility for getting findings to the right people, evaluations have an impact. Where the personal factor is absent, there is a marked absence of impact. Use is not simply determined by some configuration of abstract factors; it is determined in large part by real, live, caring human beings.

> Nothing makes a larger difference in the use of evaluations than *the personal factor* – the interest of officials in learning from the evaluation and the desire of the evaluator to get attention for what he knows (Cronbach et al., 1980, 6; emphasis added).

The importance of the personal factor in explaining and predicting evaluation use leads directly to the emphasis in utilization-focused evaluation on working with intended users to specify intended uses. The personal factor directs us to attend to specific people who understand value and care about evaluation, and further directs us to attend to their interests. This is the primary lesson the profession has learned about enhancing use, and it is wisdom now widely acknowledged by practicing evaluators (Cousins et al, 1996; Preskill and Caracelli, 1997).

In social work and social services, primary intended users can include social work professionals, program staff, social work clients, collaborating organizations, government officials, and other funders of programs. Community representatives may be included. It is important that participation is genuine and based on authentic interest, not just going through the motions of participation as a compliance job or mandated responsibility.

User-Focused

In essence, utilization-focused evaluation is user-focused. Since no evaluation can serve all potential stakeholders' interests equally well, utilization-focused evaluation makes explicit whose interests are served – those of explicitly identified primary intended users.

Attending to primary intended users is not just an academic exercise performed for its own sake. Involving specific people who can and will use information enables them to establish direction for, commitment to, and ownership of the evaluation every step along the way from initiation of the study through the design and data collection stages right through to the final report and dissemination process. If decision makers have shown little interest in the study in its earlier stages, they are not likely to suddenly show an interest in using the findings at the end. They won't be sufficiently *prepared* for use.

The Steps in a Utilization-Focused Evaluation Process

First, intended users of the evaluation are identified. These intended users are brought together or organized in some fashion, if possible (e.g., an evaluation task force of primary stakeholders), to work with the evaluator and share in making major decisions about the evaluation.

Second, the evaluator and intended users commit to the intended uses of the evaluation and determine the focus the evaluation, for example, formative, summative, or

knowledge generating. Prioritizing evaluation questions will often include considering the relative importance of focusing on attainment of goals, program implementation, and/or the program's theory of action (logic model). The menu of evaluation possibilities is vast; so many different types of evaluations may need to be discussed. The evaluator works with intended users to determine priority uses with attention to political and ethical considerations. In a style that is interactive and situationally responsive, the evaluator helps intended users answer the question: Given expected uses, is the evaluation worth doing? To what extent and in what ways are intended users committed to intended use?

The third overall stage of the process involves methods, measurement and design decisions. Primary intended users are involved in making methods decisions so that they fully understand the strengths and weaknesses of the findings they will use. A variety of options may be considered: qualitative and quantitative data; naturalistic, experimental, and quasi-experimental designs; purposeful and probabilistic sampling approaches; greater and lesser emphasis on generalizations; and alternative ways of dealing with potential threats to validity, reliability and utility. More specifically, the discussion at this stage will include attention to issues of methodological appropriateness, believability of the data, understandability, accuracy, balance, practicality, propriety and cost. As always, the overriding concern will be utility. Will results obtained from these methods be useful – and actually used?

Once data have been collected and organized for analysis, the fourth stage of the utilization-focused process begins. Intended users are actively and directly involved in interpreting findings, making judgments based on the data, and generating recommendations. Specific strategies for use can then be formalized in light of actual findings and the evaluator can facilitate following through on actual use.

Finally, decisions about dissemination of the evaluation report can be made beyond whatever initial commitments were made earlier in planning for intended use. This reinforces the distinction between intended use by intended users (planned utilization) versus more general dissemination for broad public accountability (where both hoped for and unintended uses may occur).

While in principle there is a straightforward, one-step-at-a-time logic to the unfolding of a utilization-focused evaluation, in reality the process is seldom simple or linear. For example, the evaluator may find that new users become important or new questions emerge in the midst of methods decisions. Nor is there necessarily a clear and clean distinction between the processes of focusing evaluation questions and making methods decisions; questions inform methods, and methodological preferences can inform questions.

Negotiating Evaluations to Fit Specific Situations

Utilization-focused evaluation involves negotiations between the evaluator and intended users throughout the evaluation process. This is most obvious, perhaps, at the design stage. The design of a particular evaluation depends on the people involved and their situation. *Situational evaluation* is like situated learning: "action is grounded in the concrete situation in which it occurs" (Anderson et al, 1996, 5). The standards and principles of evaluation provide overall direction, a foundation of ethical guidance, and a

commitment to professional competence and integrity, but there are no absolute rules an evaluator can follow to know exactly what to do with specific users in a particular situation.   That's why Newcomer and Wholey concluded (1989) in their synthesis of knowledge about evaluation strategies for building high – performance programs: "Prior to an evaluation, evaluators and program managers should work together to define the ideal final product" (202). This means negotiating the evaluation's intended and expected uses. This also means being sensitive to the larger social services context and state of social work practice when designing an evaluation. For example, the social work situations in Romania, Russia, and England would be quite different. These differences would be taken into account in the evaluation design and plans for use.

Every evaluation situation is unique. A successful evaluation (one that is useful, practical, ethical, and accurate) emerges from the special characteristics and conditions of a particular situation – a mixture of people, politics, history, context, resources, constraints, values, needs, interests, and chance. Despite the rather obvious, almost trite, and basically commonsense nature of this observation, it is not at all obvious to most stakeholders who worry a great deal about whether an evaluation is being done "right." Indeed, one common objection stakeholders make to getting actively involved in designing an evaluation is that they lack the knowledge to do it "right." The notion that there is one right way to do things dies hard. The right way, from a utilization-focused perspective, is the way that will be meaningful and useful to the specific evaluators and intended users involved, and finding that way requires interaction, negotiation, and situational analysis.

The phrase "active-reactive-adaptive" describes the nature of the consultative interactions that go on between utilization-focused evaluators and intended users. The phrase is meant to be both descriptive and prescriptive. It describes how real-world decision-making actually unfolds. Yet, it is prescriptive in alerting evaluators to consciously and deliberately act, react and adapt in order to increase their effectiveness in working with primary intended users.

Utilization-focused evaluators are, first of all, active in deliberately and calculatedly identifying intended users and focusing useful questions. They are reactive in listening to intended users and responding to what they learn about the particular situation in which the evaluation unfolds. They are adaptive in altering evaluation questions and designs in light of their increased understanding of the situation and changing conditions. Active-reactive-adaptive evaluators don't impose cookbook designs. They don't do the same thing time after time. They are genuinely immersed in the challenges of each new setting and authentically responsive to the intended users of each new evaluation.

This active-reactive-adaptive stance characterizes all phases of evaluator-user interactions from initially identifying primary intended users, to focusing relevant questions, choosing methods, and analyzing results. All phases involve collaborative processes of action-reaction-adaptation as evaluators and intended users consider their options. The menu of choices includes a broad range of methods, evaluation ingredients from bland to spicy, and a variety of evaluator roles: collaborator, trainer, group facilitator, technician, politician, organizational analyst, internal colleague, external expert, methodologist, information broker, communicator, change agent, diplomat, problem solver, and creative consultant. The roles played by an evaluator in any given

situation will depend on the evaluation's purpose, the unique constellation of conditions with which the evaluator is faced *and the evaluator's own personal knowledge, skills, style, values, and ethics*.

Being active-reactive-adaptive explicitly recognizes the importance of the individual evaluator's experience, orientation, and contribution by placing the mandate to be "active" first in this consulting triangle. Situational responsiveness does not mean rolling over and playing dead (or passive) in the face of stakeholder interests or perceived needs. Just as the evaluator in utilization-focused evaluation does not unilaterally impose a focus and set of methods on a program, so, too, the stakeholders are not set up to impose their initial predilections unilaterally or dogmatically. Arriving at the final evaluation design is a negotiated process that allows the values and capabilities of the evaluator to intermingle with those of intended users.

The utilization-focused evaluator, in being active-reactive-adaptive, is one among many at the negotiating table. At times there may be discord in the negotiating process; at other times harmony. Whatever the sounds, and whatever the themes, the utilization-focused evaluator does not act alone. Here again context matters. The nature of the negotiating process varies by cultural and political setting, so the process in Romania, Italy, or Brazil would vary and have to be adapted accordingly.

Process Use

Most discussions about evaluation use focus on use of findings. However, being engaged in the processes of evaluation can be useful quite apart from the findings that may emerge from those processes. Reasoning processes are evaluation's donkeys; they carry the load. If, as a result of being involved in an evaluation, primary intended users learn to reason like an evaluator and operate in accordance with evaluation's values, then the evaluation has generated more than findings. It has been useful beyond the findings in that it has increased the participants' capacity to use evaluative logic and reasoning. "Process use," then, refers to using the logic, employing the reasoning, and being guided by the values that undergird the profession evaluation.

Those trained in the methods of research and evaluation can easily take for granted the logic that undergirds those methods. Like people living daily inside any culture, the way of thinking of those inside the research culture seems to them natural and easy. However, to practitioners, decision makers, and policy makers, this logic can be hard to grasp and quite unnatural. Thinking in terms of what's clear, specific, concrete and observable does not come easily to people who thrive on, even depend on, vagueness, generalities and untested beliefs as the basis for action. Learning to see the world as an evaluator sees it often has a lasting impact on those who participate in an evaluation – an impact that can be greater and last longer than the findings that result from that same evaluation.

Process use refers to and is indicated by individual changes in thinking and behavior, and program or organizational changes in procedures and culture that occur among those involved in evaluation as a result of the learning that occurs during the evaluation process. Evidence of process use is represented by the following kind of statement after an evaluation: "The impact on our program came not so much from the findings but from going through the thinking process that the evaluation required."

Any evaluation can, and often does, have these kinds of effects. What's different about utilization-focused evaluation is that the process of actively involving intended users increases these kinds of evaluation impacts. Furthermore, the possibility and desirability of learning from evaluation processes as well as findings can be made intentional and purposeful. In other words, instead of treating process use as an informal offshoot, explicit and up-front attention to the potential impacts of evaluation logic and processes can increase those impacts and make them a planned purpose for undertaking the evaluation. In that way the evaluation's overall utility is increased.

The groundwork for process use is laid in working with intended users to help them think about the potential and desired impacts of how the evaluation will be conducted. Questions about who will be involved take on a different degree of importance when considering that those most directly involved will not only play a critical role in determining the content of the evaluation, and therefore the focus of findings, but they also will be the people most affected by exposure to evaluation logic and processes. The degree of internal involvement, engagement and ownership will affect the nature and degree of impact on the program's culture.

How funders and users of evaluation think about and calculate the costs and benefits of evaluation also are affected. The cost-benefit ratio changes on both sides of the equation when the evaluation produces not only findings, but also serves longer term programmatic needs like staff development and organizational learning.

Four primary types of process use have been differentiated: 1) enhancing shared understandings, especially about results; 2) supporting and reinforcing the program through intervention-oriented evaluation; 3) increasing participants' engagement, sense of ownership and self-determination (participatory and empowerment evaluation); and 4) program or organizational development (Patton, 2008). These uses of evaluation are especially important for social services where the outcomes for clients are embedded in the processes of interaction between social workers and those they are helping.

An example of process use can be found in the framework of Cousins and Earl (1995) who have advocated participatory and collaborative approaches primarily to increase use of findings. Yet, they go beyond increased use of findings when they discuss how involvement in evaluation can help create a learning organization. Viewing participatory evaluation as a means of creating an organizational culture committed to ongoing learning has become an important theme in recent literature linking evaluation to "learning organizations" (e.g., King, 1995; Sonnichsen, 1993). Social service organizations can improve effectiveness by becoming learning organizations.

Utilization-focused evaluation is inherently participatory and collaborative in actively involving primary intended users in all aspects of the evaluation as a strategy for increasing use of findings. The added attention to process use is how participation and collaboration can lead to an ongoing, longer term commitment to using evaluation logic and building a culture of learning in a program or organization. Making this kind of process use explicit enlarges the menu of potential evaluation uses. How important this use of evaluation should be in any given evaluation is a matter for negotiation with intended users. The practical implication of an explicit emphasis on creating a learning culture as part of the process will mean building into the evaluation attention to and training in evaluation logic and skills.

Summary premises of utilization-focused evaluation

1) Commitment to intended use by intended users should be the driving force in an evaluation. At every decision point – whether the decision concerns purpose, focus, design, methods, measurement, analysis, or reporting – the evaluator asks intended users, "How would that affect your use of this evaluation?"

2) Strategizing about use is ongoing and continuous from the very beginning of the evaluation. Use isn't something one becomes interested in at the end of an evaluation. By the end of the evaluation, the potential for use has been largely determined. From the moment stakeholders and evaluators begin interacting and conceptualizing the evaluation, decisions are being made that will affect use in major ways.

3) The personal factor contributes significantly to use. The personal factor refers to the research finding that the personal interests and commitments of those involved in an evaluation undergird use. Thus, evaluations should be *specifically* user-oriented – aimed at the interests and information needs of specific, identifiable people, not vague, passive audiences.

4) Careful and thoughtful stakeholder analysis should inform identification of primary intended users, taking into account the varied and multiple interests that surround any program, and therefore, any evaluation. Staff, program participants, directors, public officials, funders, and community leaders all have an interest in evaluation, but the degree and nature of their interests will vary. Political sensitivity and ethical judgments are involved in identifying primary intended users and uses.

5) Evaluations must be focused in some way; focusing on intended use by intended users is the most useful way. Resource and time constraints will make it impossible for any single evaluation to answer everyone's questions or to give full attention to all possible issues. Because no evaluation can serve all potential stakeholders' interests equally well, stakeholders representing various constituencies should come together to negotiate what issues and questions deserve priority.

6) Focusing on intended use requires making deliberate and thoughtful choices. Purposes for evaluation vary and include: judging merit or worth (summative evaluation); improving programs (instrumental use); and generating knowledge (conceptual use). Primary information needs and evaluation uses can change and evolve over time as a program matures.

7) Useful evaluations must be designed and adapted situationally. Standardized recipe approaches won't work. The relative value of a particular utilization focus can only be judged in the context of a specific program and the interests of intended users. Situational factors affect use. These factors include community variables, organizational characteristics, and the nature of the evaluation, evaluator credibility, political considerations and resource constraints. In conducting a utilization-focused evaluation, the active-reactive-adaptive evaluator works with intended users to assess how various factors and conditions may affect the potential for use.

8) Intended users' commitment to use can be nurtured and enhanced by actively involving them in making significant decisions about the evaluation. Involvement increases relevance, understanding and ownership of the evaluation, all of which facilitate informed and appropriate use.

9) High quality participation is the goal, not high quantity participation. The quantity of group interaction time can be inversely related to the quality of the process. Evaluators conducting utilization-focused evaluations must be skilled group facilitators.

10) High quality involvement of intended users will result in high quality, useful evaluations. Many researchers worry that methodological rigor may be sacrificed if nonscientists collaborate in making methods decisions. But, decision makers want data that are useful *and* accurate. Validity and utility are interdependent. Threats to utility are as important to counter as threats to validity. Skilled evaluation facilitators can help nonscientists understand methodological issues so that they can judge for themselves the trade-offs involved in choosing among the strengths and weaknesses of design options and methods alternatives.

11) Evaluators have a rightful stake in an evaluation in that their credibility and integrity are always at risk, thus the mandate for evaluators to be active-reactive-adaptive. Evaluators are active in presenting to intended users their own best judgments about appropriate evaluation focus and methods; they are reactive in listening attentively and respectful to others' concerns; and they are adaptive in finding ways to design evaluations that incorporate diverse interests, including their own, while meeting high standards of professional practice. Evaluators' credibility and integrity are factors affecting use as well as the foundation of the profession. In this regard, evaluators should be guided by the profession's standards and principles.

12) Evaluators committed to enhancing use have a responsibility *to train users* in evaluation processes and the uses of information. Training stakeholders in evaluation methods and processes attends to both short-term and long-term evaluation uses. Making decision makers more sophisticated about evaluation can contribute to greater use of evaluation over time. Any particular evaluation, then, offers opportunities to train evaluation users and enhance organizational capacity for use – what has come to be called "process use" – using the evaluation process to support longer term program and organizational development.

13) Use is different from reporting and dissemination. Reporting and dissemination may be means to facilitate use, but they should not be confused with such intended uses as making decisions, improving programs, changing thinking, and generating knowledge.

14) Serious attention to use involves financial and time costs that are far from trivial. The benefits of these costs are manifested in greater use. These costs should be made explicit in evaluation proposals and budgets so that utilization follows through is not neglected for lack of resources.

Issues in doing utilization-focused evaluation
User Responsiveness and Technical Quality

Being responsive to and actively involving primary intended users in an evaluation should not mean a sacrifice of technical quality. A beginning point is to recognize that standards of technical quality vary for different users and varying situations. The issue is not meeting some absolute research standards of technical quality but, rather, making sure that methods and measures are *appropriate* to the validity and credibility needs of a particular evaluation purpose and specific intended users.

Jennifer Greene (1990) examined in depth the debate about "technical quality versus user responsiveness." She found general agreement that both are important, but disagreements about the relative priority of each. She concluded that the debate is really about how much to recognize and deal with evaluation's political inherency: "Evaluators should recognize that tension and conflict in evaluation practice are virtually inevitable, that the demands imposed by most if not all definitions of responsiveness and technical quality (not to mention feasibility and propriety) will characteristically reflect the competing politics and values of the setting (273). She then recommended that evaluators "explicate the politics and values" that undergird decisions about purpose, audience, design, and methods. Her recommendation is consistent with utilization-focused evaluation.

User Turnover: The Achilles Heel of Utilization-Focused Evaluation

The Achilles heel of Utilization-Focused Evaluation, its point of greatest vulnerability, is turnover of primary intended users. The process so depends on the active engagement of intended users that to lose users along the way to job transitions, reorganizations, reassignments and elections can undermine eventual use. Replacement users who join the evaluation late in the process seldom come with the same agenda as those who were present at the beginning. The best antidote involves working with a task force of multiple intended users so that the departure of one or two is less critical. Still, when substantial turnover of primary intended users occurs, it may be necessary to re-ignite the process by renegotiating the design and use commitments with the new arrivals on the scene. Many challenges exist in selecting the right stakeholders, getting them to commit time and attention to the evaluation, dealing with political dynamics, building credibility and conducting the evaluation in an ethical manner. All of these challenges revolve around the relationship between the evaluator and intended users. When new intended users replace those who depart, new relationships must be built. That may mean delays in original timelines, but such delays pay off in eventual use by attending to the foundation of understandings and relationships upon which utilization-focused evaluation is built. These issues arise in social services programs as program staff and policies change. Here, again, culture and history play a role. So the historical emergence of social work in Romania affects how key people are involved in evaluation and what kind of long-term commitment can be nurtured.

Building Capacity for Evaluation Use

Just as students need experience and practice to learn to do evaluations, programs and organizations need experience and practice to become adept at using evaluations for program improvement and organizational learning. The field of evaluation is paying more and more attention to ways of building capacity for evaluation into programs and organizations (Patton, 1994). Openness to evaluation increases as organizations have positive experiences with evaluation – and learn to reflect on and take lessons from those experiences. A common problem in introducing evaluation to organizations has been doing too much (large scale efforts and universal mandates) before capacity was sufficient to support useful evaluation. That capacity includes developing administrative

and staff understanding of the logic and values of evaluation, developing organization-specific processes for integrating evaluation into planning and program development, and connecting evaluation to the latest understandings about organizational learning (Sonnichsen, 2000; Preskill and Torres, 1998).

A quarter-century of research on "readiness for evaluation" (Patton, 2008) has found that valuing evaluation and learning are necessary conditions for evaluation use. Valuing evaluation cannot be taken for granted. Nor does it happen naturally. Users' commitment to evaluation is typically fragile, often whimsical, and must be cultivated like a hybrid plant that has the potential for enormous yields, but only if properly cared for, nourished, and appropriately managed. Utilization-focused evaluation makes such nurturing a priority, not only to increase use of a particular evaluation but also to build capacity (process use) for utilization of future evaluations.

Building the capacity for evaluation becomes especially important in developing countries and places where the historical practice of independent evaluation has been weak.

Negotiations and evaluation

In utilization-focused evaluation, the evaluator is always a negotiator – negotiating with primary intended users what other roles he or she will play. Beyond that, all roles are on the table, just as all methods are options. Role selection follows from and is dependent on intended use by intended users.

Consider, for example, a national evaluation of a social services program to feed low income families. For purposes of accountability and policy review, the primary intended users are members of the program's oversight committees in government and, perhaps, international agencies that are providing assistance. Imagine that the program is highly visible, costly, and controversial, especially because special interest groups differ about its intended outcomes and who should be eligible. Under such conditions, the evaluation's credibility and utility will depend heavily on the evaluators' independence, ideological neutrality, methodological expertise, and political savvy.

Contrast such a national accountability evaluation with an evaluator's role in helping a small, rural leadership program increase its impact. Imagine that this social services program operates in a few local communities. The primary intended users are the local social workers and members of farm families. Now imagine that program improvement to increase participant satisfaction and behavior change is the intended purpose. Under these conditions, the evaluation's use will depend heavily on the evaluator's relationship with local social workers and members of farm families involved in the evaluation. The evaluator will need to build a close, trusting, and mutually respectful relationship to effectively facilitate the team's decisions about evaluation priorities and methods of data collection, and then take them through a consensus-building process as results are interpreted and changes agreed on.

These contrasting case examples illustrate the range of contexts in which program evaluations occur. The evaluator's role in any particular study will depend on matching her or his role with the context and purposes of the evaluation as negotiated with primary intended users. This is especially true where the utilization-focused evaluator and primary intended users agree to include explicit attention to one or more of the four kinds of

process use identified earlier: 1) enhancing shared understandings, 2) reinforcing interventions, 3) supporting participant engagement and 4) developing programs and organizations. Process use goes beyond the traditional focus on findings and reports as the primary vehicles for evaluation impact. Any evaluation can, and often does, have these kinds of effects unintentionally or as an offshoot of using findings. What's different about utilization-focused evaluation is that the possibility and desirability of learning from evaluation processes as well as from findings can be made intentional and purposeful – an option for intended users to consider building in from the beginning. In other words, instead of treating process use as an informal ripple effect, explicit and up-front attention to the potential impacts of evaluation logic and processes can increase those impacts and make them a planned purpose for undertaking the evaluation. In this way the evaluation's overall utility is increased.

But the utilization-focused evaluator who presents to intended users options that go beyond narrow and traditional uses of findings has an obligation to disclose and discuss objections to such approaches. As evaluators explore new and innovative options, they must be clear that dishonesty, corruption, data distortion, and selling out are not on the menu. Where primary intended users want and need an independent, summative evaluation that is what they should get. Where they want the evaluator to act independently in bringing forward improvement-oriented findings for formative evaluation that is what they should get. But those are no longer the only options on the menu of evaluation uses. New, participatory, collaborative, intervention-oriented, and developmental approaches are already being used. In utilization-focused evaluation the new challenge is working with primary intended users to understand when such approaches are appropriate and helping intended users make informed decisions about their appropriateness for a specific evaluation endeavor.

Political underpinnings of Utilization-Focused Evaluation

Utilization-Focused evaluation requires astute political sensitivity in identifying both intended uses and intended users, for evaluation design and use always occur within a political context. Here, then, some lessons from practice.

1) Not all information is useful.

To be power-laden, information must be relevant and in a form that is understandable to users. Organizational sociologist Michael Crozier has observed: "People and organizations will care only about what they can recognize as affecting them and, in turn, what is possibly within their control" (1964, 158).

2) Not all people are information users.

Individuals vary in their aptitude for engaging evaluative information and processes. Differential socialization, education, and experience magnify such differences. In the political practice of evaluation, this means that information is most powerful in the hands of people who know how to use it and are open to using it. The challenge of use is one of matching: getting the right information to the right people.

What of people who are not inclined to use information – people who are intimidated by, indifferent to, or even hostile to evaluation? An utilization-focused

evaluator looks for opportunities and strategies for creating and training information users. Thus, the challenge of increasing use consists of two parts: a) finding and involving those who are, by inclination, information users and b) training those not so inclined.

3) Information targeted at use is more likely to hit the target.

It's difficult knowing in advance of a decision precisely what information will be most valuable. Utilization-focused aims to increase the probability of gathering appropriate and relevant information by focusing on real issues with real timelines aimed at real decisions. In that way, utilization-focused evaluation aims at closing the gap between potential and actual use, between knowledge and action. Targeting an evaluation at intended use by intended users increases the odds of hitting the target.

4) Only credible information is ultimately powerful.

Alkin et al (1979) found that the characteristics of both an evaluation and an evaluator affect use and one of the most important characteristics of each is credibility. Eleanor Chelimsky, one of the profession's most experienced and successful evaluators in dealing with Congress, has emphasized this point: "Whether the issue is fairness, balance, methodological quality, or accuracy, no effort to establish credibility is ever wasted. The memory of poor quality lingers long.... (Chelimsky, 1987, 14). The more politicized the context in which an evaluation is conducted and the more visible an evaluation will be in that politicized environment, the more important to credibility will be an independent assessment of evaluation quality to establish credibility. This amounts to a form of utilization-focused matching in which safeguards of evaluation credibility are designed to anticipate and counter specific political intrusions within particular political environments.

Where possible and practical, an evaluation task force can be organized to make major decisions about the focus, methods and purpose of the evaluation. The task force is a vehicle for actively involving key stakeholders in the evaluation. Moreover, the very processes involved in making decisions about an evaluation will typically increase stakeholders' commitment to use results while also increasing their knowledge about evaluation, their sophistication in conducting evaluations, and their ability to interpret findings. The task force allows the evaluator to share responsibility for decision making by providing a forum for the political and practical perspectives that best come from those stakeholders who will ultimately be involved in using the evaluation.

Utilization-Focused Evaluators Need Special Skills

To nurture evaluation use and keep an evaluation from getting caught up in destructive group processes or power politics, a utilization-focused evaluator needs to be politically savvy, skillful in group facilitation, able to decipher relevant internal organizational dynamics, and a user-friendly communicator Torres et al, 1996). The writings on utilization-focused evaluation (Patton, 2008) often offer concrete practice wisdom about how to make the process of involving primary intended users work. This makes explicit that utilization-focused evaluators need not only technical and methodological skills, but also group process skills and political astuteness – what are sometimes called "people skills for evaluators" (Ghere et al, 1998).

Evaluation Misuse

Utilization-focused evaluation strives to facilitate appropriate use of evaluation findings and processes, so utilization-focused evaluators must also be concerned about misuse. Evaluation processes and findings can be misrepresented and misused in the search for political advantage. Alkin and Coyle (1988) have made a critical distinction between "*misevaluation*," in which an evaluator performs poorly or fails to adhere to standards and principles, and "*misuse*," in which users manipulate the evaluation in ways that distort the findings or corrupt the inquiry. King (1982) has argued that intentional non-use of poorly conducted studies should be viewed as appropriate and responsible. Here are some premises with regard to misuse.

As use increases, misuse may also increase, so utilization-focused evaluators must be attentive lest their efforts to call greater attention to evaluations backfire. When people ignore evaluations, they ignore their potential uses as well as abuses. As evaluators successfully focus greater attention on evaluation data and increase actual use, there may be a corresponding increase in abuse, often within the same evaluation experience. Donald T. Campbell made a similar prediction in formulating "a discouraging law that seems to be emerging: the more any social indicator is used for social decision making, the greater the corruption pressures upon it" (1988, 306).

Working with multiple users who understand and value an evaluation is one of the best preventatives against misuse. Allies in use are allies against misuse. Indeed, misuse can be mitigated by working to have intended users take so much ownership of the evaluation that they become the champions of appropriate use, the guardians against misuse, and the defenders of the evaluation's credibility when misuse occurs.

Policing misuse is sometimes beyond the evaluator's control, but what is always squarely within an evaluator's domain of direct responsibility and accountability is misevaluation: failures of conduct by the evaluator, which brings this discussion to evaluation ethics.

Ethics of Being User-Focused

Sometimes there is concern that in facilitating utilization-focused evaluation, the evaluator may become co-opted by stakeholders. How can evaluators maintain their integrity if they become involved in close, collaborative relationships with stakeholders? How does the evaluator take politics into account without becoming a political tool of only one partisan interest?

The nature of the relationship between evaluators and the people with whom they work is a complex one. On the one hand, evaluators are urged to maintain a respectful distance from the people they study to safeguard objectivity and minimize personal and political bias. On the other hand, the human relations perspective emphasizes that close, interpersonal contact is a necessary condition for building mutual understanding. Evaluators thus find themselves on the proverbial horns of a dilemma: getting too close to decision makers may jeopardize scientific credibility; remaining distant may undermine use.

One way to handle concerns about co-optation is to stay focused on evaluation's empirical foundation. The empirical basis of evaluation involves making assumptions and

values explicit, testing the validity of assumptions and carefully examining a program to find out what is actually occurring. The integrity of an evaluation depends on its empirical orientation – that is, its commitment to systematic and credible data collection and reporting. Likewise, the integrity of an evaluation group process depends on helping participants adopt an empirical perspective. A commitment must be engendered to really find out what is happening, at least as nearly as one can give the limitations of research methods and scarce resources. Engendering such commitment involves teaching and facilitating. The savvy evaluator will monitor the empirical orientation of intended users and, in an active-reactive-adaptive mode of situational responsiveness, take appropriate steps to keep the evaluation on an empirical and useful path.

The Program Evaluation Standards provide general ethical guidance and make it clear that evaluators encounter all kinds of situations that require a strong grounding in ethics that may demand courage. This is true of social work and is also true of evaluation. That is, both social work and evaluation have strong ethical foundations to be effective. Beyond general ethical sensitivity, however, the ethics of utilization-focused evaluators are most likely to be called into question around two essential aspects of utilization-focused evaluation: 1) limiting stakeholder involvement to primary intended users and 2) working closely with those users. The ethics of limiting and focusing stakeholder involvement concerns who has access to the power of evaluation knowledge. The ethics of building close relationships concerns the integrity, neutrality and corruptibility of the evaluator. Both of these concerns center on the fundamental ethical question: Who does an evaluation – and an evaluator – serve?

First, evaluators need to be deliberative and intentional about their own moral groundings and attend thoughtfully to concerns about whose interests are represented in the questions asked and who will have access to the findings. The **active** part of being active-reactive-adaptive invites evaluators to bring their own concerns, issues and values to the negotiating table of evaluation. The evaluator is also a stakeholder – not the primary stakeholder – but, in every evaluation, an evaluator's reputation, credibility and beliefs are on the line. A utilization-focused evaluator is not passive in simply accepting and buying into whatever an intended user initially desires. The active-reactive-adaptive process connotes an obligation on the part of the evaluator to represent the standards and principles of the profession as well as his or her own sense of morality and integrity, while also attending to and respecting the beliefs and concerns of other primary users.

A second issue concerns how the interests of various stakeholder groups are represented in a utilization-focused process. The preferred solution is to work to get participants in affected groups representing themselves as part of the evaluation negotiating process. As noted earlier, user-focused evaluation involves real people, not just attention to vague, abstract audiences. Thus, where the interests of disadvantaged people are at stake, ways of hearing from or involving them directly should be explored, not just have them represented in a potentially patronizing manner by the advantaged. Whether and how to do this may be part of what the evaluator attends to during active-reactive-adaptive interactions.

My experience as a utilization-focused evaluator in social services programs has been especially satisfying because I generally find that social workers are highly motivated to be effective. I find that good social workers are hungry for quality

information to improve programs. They are people of great competence and integrity who are able to use and balance both positive and negative information to make informed decisions. I take it as part of my responsibility to work with them in ways that they can hear the results, both positive and negative, and use them for intended purposes. I don't find them resistant. I find them quite eager to get quality information that they can use to develop the programs to which they have dedicated their energies. I try to render judgments, when we have negotiated my taking that role, in ways that can be heard, and I work with intended users to facilitate their arriving at their own conclusions. They are often harsher on themselves than I would be. Dedicated program staff doesn't want to waste their time doing things that don't work. Good evaluation practice and good social work practice can be mutually reinforcing.

Conclusion

This article has presented the premises of utilization-focused evaluation so that readers of this journal can determine its relevance for evaluation of Romanian social services and social work programs. The fundamental focus of utilization-focused evaluation – working with primary intended users to achieve intended use – has become central to the practice of most professional evaluators. This article has argued that effective evaluation and excellence in social work practice can be mutually beneficial.

References

Alkin, M. and K. Coyle (1988) "Thoughts on Evaluation Misutilization." *Studies in Educational Evaluation,* 14, 331–340.

Alkin, M. C., R. Daillak, and P. White (1979) *Using Evaluations: Does Evaluation Make a Difference?* Beverly Hills, CA: Sage.

Anderson, J., L. Reder, and H. Simon (1996) "Situated Learning and Education." *Educational Researcher*, 25, 4, 5–21.

Barkdoll, G. L. (1980) "Type III Evaluations: Consultation and Consensus." *Public Administration Review* (March/April), 174–179.

Campbell, D. T. (1988) *Methodology and Epistemology for Social Science: Selected Papers*, edited by E. S. Overman. Chicago: University of Chicago Press.

Chelimsky, E. (1987) "The Politics of Program Evaluation." in D. S. Cordray, H. S. Bloom, and R. J. Light (eds.), *Evaluation Practice in Review. New Directions for Program Evaluation*. San Francisco: Jossey-Bass, Summer, 34, 5–22.

Cousins, J. B., J. Donohue and G. Bloom (1996) "Collaborative Evaluation in North America: Evaluators' Self-reported Opinions, Practices and Consequences." *Evaluation Practice*, 17, 3, 207–226.

Cousins, J. Bradley and Lorna M. Earl (eds.) (1995) *Participatory Evaluation in Education*: *Studies in evaluation use and organizational learning.* London: Falmer Press.

Cronbach, L. J. and associates (1980) *Toward Reform of Program Evaluation.* San Francisco: Jossey-Bass.

Crozier, M. (1964) *The Bureaucratic Phenomenon.* Chicago: University of Chicago Press.

Ghere, G., J. Minnema, L. Stevahn, and J. A. King (1998) "Evaluator Competencies." Presentation at the American Evaluation Association, Chicago, IL.

Greene, J. C. (1990) "Technical Quality Versus User Responsiveness in Evaluation Practice." *Evaluation and Program Planning.* 13, 3, 267–74.

Joint Committee on Standards for Educational Evaluation (1994) *The Program Evaluation Standards.* Thousand Oaks, CA: Sage.

King, J. A. (1982) "Studying the Local Use of Evaluation: A Discussion of Theoretical Issues and an Empirical Study." *Studies in Educational Evaluation*, 8, 175–183.

King, J. A. (1995) "Involving Practitioners in Evaluation Studies: How Viable is Collaborative Evaluation in Schools." in Cousins, J. Bradley and Lorna Earl (eds.). 1995b. *Participatory Evaluation in Education: Studies in evaluation use and organizational learning.* London: Falmer Press, 86–102.

Newcomer, K. E. and J. S. Wholey (1989) "Conclusion: Evaluation Strategies for Building High-Performance Programs." in J. S. Wholey and K. E. Newcomer (eds.), *Improving Government Performance: Evaluation Strategies for Strengthening Public Agencies and Programs*. San Francisco: Jossey-Bass, 195–208.

Patton, M. Q. (2008) *Utilization-Focused Evaluation, 4th edition*. Thousand Oaks, CA: Sage Publications.

Patton, M. Q. (1994) "Developmental Evaluation." *Evaluation Practice*, 15, 3 (October), 311–20.

Preskill, H. and V. Caracelli (1997) "Current and Developing Conceptions of Evaluation Use: Evaluation Use TIG Survey Results." *Evaluation Practice*, 18, 3, 209–225.

Preskill, H. and R. Torres (1998) *Evaluative Inquiry for Learning in Organizations.* Thousand Oaks, CA: Sage Publications.

Scriven, M. (1991) "Beyond Formative and Summative Evaluation." in M.W.McLaughlin and D.C. Phillips (eds*.), Evaluation and Education: At Quarter Century*. 90th Yearbook of the National Society for the Study of Education. Chicago: University of Chicago Press, 18–64.

Shadish, W. R., Jr., D. L. Newman, M. A. Scheirer, C. Wye (1995) *Guiding Principles for Evaluators*. *New Directions for Program Evaluation*. Number 66. San Francisco: Jossey-Bass.

Sonnichsen, R. C. (2000) *High Impact Internal Evaluation*. Thousand Oaks, CA: Sage Publications.

Sonnichsen. R. C. (1993) "Can Governments Learn?" In F. Leeuw, R. Rist, and R. Sonnichsen (eds.) *Comparative Perspectives on Evaluation and Organizational Learning.* New Brunswick, N.J.: Transaction.

Torres, R., H. Preskill and M. E. Piontek (1996) *Evaluation Strategies for Communicating and Reporting: Enhancing Learning in Organizations.* Thousand Oaks, CA: Sage.

Constructing a Profession of Social Work:
The Role of Social Work Supervision

REBECCA T. DAVIS[1]

The Status of Social Work in the Transition Countries

Social work education and practice have made tremendous gains since the early 1990's in the countries of the former Soviet Bloc (also called *the transition countries*). Social work has increasingly been seen as a key dimension for reforming social welfare systems in the respective countries to meet international standards of community based care for vulnerable populations that are also consistent with the principles of the Convention on the Rights of the Child (Davis & Blake; 2008; Davis, 2006; Davis & Aulenbach, 2005). Investments in the Region to address the over-reliance on institutional care for vulnerable populations, especially children in need of substitute care, have included human resource capacity-building (Correll, Buzducea & Correll, 2009). Even with these investments and progress, there is much to be done (Correll et al., 2009). It's more than building social work schools. It's also about building workforce capacity. In countries such as Armenia, even with the growing number of university trained social workers, reform-minded leaders expressed concern that the inexperience of young graduates is a major challenge of the social work labor force (Davis & Blake, 2008).

Building an active and viable social work profession has been identified as critical for realizing social sector reforms. Yet, social work's transition from an occupation to a legitimate profession has not been fully realized. Low status, low pay and job functions characterized by administrative tasks contribute to high vacancy and high turnover rates in public services where most social work workers are employed. Further limiting professional legitimacy is the lack of a defined career track, most notably professional supervisory and management positions (Davis & Blake, 2008).

The Status of Social Work as a Profession in the Transition Countries

Across the Region, all countries have some form of social work education, with most programs at the university-level (Davis & Blake, 2008). Most of the social work programs in universities in the Region, including the Former Soviet Union, have joined

[1] Center for International Social Work, School of Social Work Rutgers, The State University of New Jersey, 536 George Street New Brunswick, NJ 08901, New Jersey, SUA, E-mail: redavis@ssw.rutgers.edu

the Bologna Process[2] which has developed professional competencies for social work education programs that serve as the guiding framework for both competency-based learning and supervision (Lorenz, 2005). Even with strides made in social work education, there are major concerns over standards, quality, and accountability in both education and practice. Also recognized as critical for continued growth of the profession are social work specializations in areas such as foster care, juvenile justice, mental health, disability and gerontology (Davis & Blake, 2009).

A parallel theme is the lack of an occupational position for the *social work supervisor*. Social work supervision, well-established as an important component of professional social work practice (Kadushin, 1976; Shulman, 1993), is recognized as important for increasing professionalism of social work and improving the quality of social work practice in the Region. Interviews and discussions with social work educators and practitioners in the Region revealed a clear understanding of the link between quality supervision and improved client outcomes. Professionally competent social work supervision is considered to significantly improve decision-making about clients that reflect basic social work values and ultimately influence social welfare policy based in democratic principles. The lack of professionally-trained supervisory and management positions also limits options for experienced social workers to advance in a career track (Davis & Blake, 2008).

Romania, the only country in the Region with a social work law that is separate from the social protection legislation, and the first to license social workers, does provide educational and experiential criteria for the social work supervisor. The regulation sets the criteria for the level of *Specialist,* a social worker with three to five years of experience that can be a case manager, supervisor, and coordinate a team (National College of Romanian Social Workers, 2005). Although the legislation is an important achievement, establishing the supervisory position as a professional social work position with advanced experience has not been fully achieved (Davis & Blake, 2009).

The Roles and Functions of Social Work Supervision

The literature describes the function of social work supervision as primarily educative, supportive and administrative (Munson, 1981, 1983, 1993; Shulman, 1993). The educational function often refers to issues such as self awareness, improving the knowledge base as applied to specific clients or client-groups, decision-making about specific interventions and expected outcomes, assessment and diagnosis, available resources and appropriate referrals. The administrative function refers to such things as agency philosophy, policies, procedures, monitoring and evaluation of clients, eligibility criteria, and assignment and management of cases (Morales and Shaefor, 1986). Kadushin (1976) stresses the elements of supervision related to "emotional support and helping the social workers at times of discouragement and dissatisfaction (20)." Shulman (1993) further elaborates about the relationship dimensions of rapport, trust, and caring in the supervisory relationship.

---

[2] The Bologna Process is an initiative that aims to modernize European Higher Education and facilitate speedy entrance of educated professionals into the job market (Lorenz, 2005).

Social work supervision is also an important method for social workers to continue to develop and refine their skills after formal education is achieved. Sometimes, junior staff may experience difficulty in reaching conclusive outcome decisions or may lack a sense of confidence. A one-on-one supervisory session is a way for experienced staff to impart their own practice wisdom to a less experienced junior staff member. Through a skillful facilitative process, senior practitioners can offer guidance to those junior to them as a way to move the case towards the desired outcome (Burke, 1997). Through this process, supervision can be used to enhance staff morale and improve service effectiveness (Barker, 2003).

Social work supervision can also assist the social worker, beginning and experienced, in providing effective services that are sensitive to the rights of the client(s) and deliver the services within the administrative framework of the social work and social welfare delivery system.

Sometimes, as ethical dilemmas emerge due to policy or procedural issues, supervision can be used to resolve these issues with the "best interest of the client" as the primary determinant. This can also lend support to social workers when difficult decisions must be made.

Issues of Authority and Power in the Supervisory Relationship

Supervision carries with it power and control. In social work supervision, these issues of authority are constantly present. The supervisor needs to be aware of issues of authority and understand his/her own personal *control issues*, just as the supervisee is expected to develop self-awareness. According to Shulman (1993), it is important for the supervisor to know how to deal with problems that emerge in the supervisory process openly and honestly.

> "Effective supervision, like effective practice, involves catching ones mistakes as quickly as possible" (Shulman, 1993, 251).

The clinical skills of the supervisor are very important in providing effective intervention within the supervisory relationship. The supervisory relationship has many of the same elements of the client-social worker relationship. There is an element of power and authority that the supervisor has over the supervisee. The use of authority by the supervisor over the supervisee is not "bad" or "negative." It's an important part of the relationship and it is very important for the supervisor to be aware of that and respect the power inherent in that position (Shulman, 1993).

Munson (1993) and Shulman (1993) talk about two styles of authority in the supervisory relationship: 1) sanction: powers granted to them by virtue of the hierarchical position and agency; and 2) competence: authority based in the supervisor's knowledge and skill as well as those soundly based in standards of practice. These are further described in locus of control terms: sanction is more external control and competence is more internal control.

Supervisees come to the supervisory relationship with their own history of relationships in which they experience authority and control. It may be hard for

supervisees to move from a position of accepting supervisory authority as competency-based rather than agency-sanctioned because of their own history and lack of awareness. This is especially true of a relatively inexperienced social worker, one that lacks professional education, or one that has personal issues with authority.

A professionally designed and executed job description for a supervisory function that integrates and balances both the control and competence functions in the power relationships can serve to professionalize the culture within a social welfare agency setting. Clearly, issues of authority always come up. Providing both the supervisee and supervisor with professional guidance not only improves the supervisor-supervisee relationship, but also improves the supervisee-client relationships. A primary concern is that authority and power are dealt with openly and serves to improve the care of the client, rather than increase the power of the supervisor (Kaiser, 1992). It is critical that there is a shared understanding about the "use of authority" and its origins and role in each supervisee-supervisor relationship. In the quest for democratic processes that include joint problem-solving, the use of "authority" is always seen as improving client-focused care, thus, serving the client rather than the staff, consistent with the service mission of social work (National Association of Social Workers, 2008).

A related theme in the supervisory relationship is described by Munson (1993) as authority versus autonomy. It is somewhat similar to the empowerment theme with clients. Social workers strive for increased independence in practice. It's important for the supervisor to assist the social worker to develop their professional identity and appropriate level of independence. Munson cautions supervisors to supervise within one's own range of skill and experience. The limitations of a social work supervisor need to be acknowledged, just as the limitations of a social work practitioner needs to be acknowledged. If the supervisor feels less competent in a certain area, the supervisor needs to acknowledge it and find other resources for assisting the supervisee.

Shulman's (1993) description of supervision as "pushing, digging, insisting" (254) lends further support for merging the themes of authority and autonomy, indicating that the supervisory process in which a certain standard or expectation is set is coupled with a facilitative style that includes emotional support and trust. He describes it as interactive and reciprocal. Blome, Wright and Raskin (1998) further this linkage in their model of supervision that *teaches for independence*. The principles that are basic to this model include teaching concepts rather than answers; problem-solving and decision-making; self-evaluation and learning as a conscious process. This further serves to empower the supervisee.

The Supervisee-Supervisor Relationship as a Partnership

Supervision is seen as a process that parallels the social worker-client relationship: the supervisor is to the supervisee, as the supervisee is to the client and family. Similar to the social worker's roles and functions, the supervisor's roles and functions include modeling support, facilitating linkages, advocating for the supervisee and collaborating to solve problems (Children's Mental Health Program, 1999). Just as the social worker-client relationship is a *partnership* (Manning, 1997), so is the supervisor-supervisee relationship. There are times when social workers

must exert professional authority, especially in situations that require actions to protect children or in situations when an adult needs protection from self or others. Sometimes authority is vested in the social worker by a third party, based on the legal status of a certain professional category of social worker (i.e. child protection worker). Most social workers practice within some bureaucratic structure in which there is some degree of prescribed authority, and sometimes, this authority is jointly vested in the supervisor and supervisee. The supervisor potentially depends on the supervisee to provide information for decision-making about service plans, sometimes including the removal of children or other statutory solutions. Controlling access to resources and decisions over family relationships is a very powerful position to be in. The influence social workers and their supervisors have over who gets what services becomes an issue of power and authority over the client. Open discussion and effective use of the social worker's authority is a critical dimension of the supervisor-supervisee relationship. The supervisee is accountable to the supervisor and the supervisor has power and authority over the supervisee. The degree to which there is a shared understanding and openness about the authority of the supervisor contributes to the overall management of authority and power.

In the transition countries, as people begin to depend more on professional help to solve problems and address quality of life issues for themselves and their families, this puts professionals in an ever-increasing powerful position. The power to intervene in people's lives carry with it unique responsibilities to society that are very specific to social work (NASW, 2008). Through shared power and authority between the supervisee and supervisor, the ethics of professional practice of social work and the potential of the use and abuse of power (Manning, 1997, 224–225) can be safeguarded.

Supervision and Job Satisfaction

The relationship between job satisfaction and quality and amount of supervision has been established in the practice of child welfare. Measuring job satisfaction among current child welfare workers provides important clues to understanding the current workforce, and to some extent, what might be done to increase the retention of child welfare workers. Quality and amount of supervision, working in a non-urban area, and having a social work education are all associated with higher job satisfaction (Barth, Lloyd, Christ, Chapman, & Dickinson, 2008, 208). Although these variables account for less than 20 percent of the variance of job satisfaction, it is an established variable that needs more study. Likewise, this leads one to believe that there are many other variables that contribute to job satisfaction in child welfare that have not yet being addressed (Barth et al. 2008).

Increasing the quality and quantity of supervisory training may serve to improve the ability of supervisors to be more effective with their staff, leading to workers' higher job satisfaction and retention. In a field in which decisions have highly significant consequences, supervisors must find a delicate balance between firm guidance and affirmation (Barth et al., 2008), consistent with the autonomy and authority themes.

A Career Track as Incentive for Professional Retention and Recruitment

Promotion arrangements can reward individual behavior by providing security, status, and skill development. They can also benefit the organization by helping it reach its productivity and performance goals. Particularly, promotion arrangements can contribute to retaining employees and motivating them to perform, thus reducing costs of training, recruiting, and turnover (Saporta & Farjoun, 2003). A study conducted by Saporta and Farjoun (2003) on factors that affect an individual's decision to quit a job compared data across three different helping professions: nurses, teachers, and social care workers (of which social workers are included). A key finding was that individuals who were more often promoted in the past were less likely to voluntarily leave the organization. This was especially strong when controlling for other variables that might impact an individual's decision to quit such as seniority and pay. Thus, in this study, being promoted appeared to be a reward that employees valued over salary and served to increase the investment employees had in an organization (Saporta & Farjoun, 2003). Therefore, the lack of a career track that provides employees with the potential for promotions is a disincentive to remain with an organization, thus contributing to turnover.

Social Work Supervision: Application to the Transition Countries

Social work supervision, as defined under a Communist model takes on a different meaning. The word conjures up the meaning of control based in power rather than that of competence and accountability. Not only because of the political and social history, but also because of the lack of a defined knowledge and competency-based practice framework within an organization. Therefore, supervision may be heavily focused on "administrative details" rather than client-based issues. Supervision becomes "supervision of time and tasks". Social workers that are educated and skilled report feeling a great deal of frustration about this since they are not allowed to practice the things they know, and also be supervised in the manner in which they expect. The authority vested in the supervisor can leave the inexperienced, but educated and hopeful social worker, with a great deal of frustration and lack of support (Davis & Blake, 2008).

Social work supervision, well-established as an important component of professional social work practice that contributes to quality of practice (Munson, 1983; Kadushin, 1976; Shulman, 1993) has gained recognition by many social work educators and practitioners in the Region and is seen as critical for moving the social work agenda forward. A recent study on the status of social work education and practice in twenty-one (21) of the former Soviet Bloc countries revealed that there is an overwhelming recognition that social work supervision contributes to quality services. Yet supervision, as practiced in the region, is described primarily as administrative. Although progress is slow, there are good practice models that have been identified within the Region, specifically in Romania, Bosnia & Herzegovina, Croatia and Russia (Davis & Blake, 2008).

In Russia, professional social work supervision and management are recognized as important for providing quality services as demonstrated by the model developed in St. Petersburg, Russia. International and national NGOs in St. Petersburg interested in the

development of the profession have introduced a city-wide model of social work supervision for social workers and other human services professionals using a group supervision model. Every Child in St. Petersburg initiated a monthly city-wide, inter-organizational supervision program for social workers at all levels that work with children and families. This has been shown to be very popular and in great demand for professionals from all public and private social services organizations. An earlier initiative using volunteers from the School of Social Work at V. Poltavets in Kyiv, Ukraine was very popular but is no longer functioning. Although, the sustainability of programs that are informal and voluntary are questioned, these pilots fill a recognized gap for mutual guidance and shared professional experiences for informing practice and supporting practitioners (Davis & Blake, 2008, 25).

A particular concern for social work in Serbia was highlighted in the publication of a research study by the *Inter-University Centre (IUC) Journal of Social Work Theory and Practice*. Brkic & Djuric (2004/2005) were concerned about the prejudices of social workers, especially against Roma. The study investigated attitudes and opinions of social work students compared with the general population. Their general conclusion was that the majority of social workers lacked sufficient information concerning the Roma's problems, their way of life, traditions, value systems, etc. When questioned further, most said they did not feel they needed more information in order to work successfully with them. The social workers' attitudes and knowledge about Roma were consistent with those of the general population. The researchers were concerned about the knowledge and attitudes of the social workers studied, particularly their lack of sensitivity and knowledge related to minorities and minority treatment. Counter to good practice, it was hypothesized that social workers did not feel that their negative views about a group influenced their ability to work with them (Brkic & Djuric, 2004/05). Increasing self-awareness of long-held beliefs and prejudices through *self-evaluation* and *self-monitoring* are critical functions of supervision in social work practice (Bisman, 1994), especially with the novice social worker.

In Bosnia & Herzegovina, the Social Work Departments at the Universities in Banja Luka, Sarajevo, and Tuzla have a Master's degree in Social Work Supervision, offered in collaboration with the University of Gothenburg, Sweden. This program has attracted many social work practitioners from the Centers for Social Work and is seen as providing quality education. The common theme is the lack of opportunity to actually perform the educational and supportive functions of supervision after the students complete the studies. Models of group supervision, similar to the St. Petersburg model, have been proposed, although not fully implemented (Davis & Blake, 2008). Romania has developed a similar Masters-level degree program at the Northern University in Baia Mare. Similar concerns have been voiced about the lack of ability to apply the knowledge and skills acquired through these educational programs. Certainly, the social work law in Romania as described in a previous section (Davis & Blake, 2008) is a step in the right direction. Furthering the development of an occupational code for *social work supervisor* with job functions that reflect the specific educational, supportive and administrative functions of a social work supervisor need to be developed and fully implemented (Davis & Blake, 2008).

The Challenge Ahead

Because of the large numbers of persons working within the social welfare system (governmental and nongovernmental) lacking a social work degree or any degree in a related social science field, advancement of the profession is limited. How can supervision be shaped without a system of well, defined policies and procedures for service delivery, as well as established practice procedures and standards of ethical practice?

Although authority and power are always present in the supervisory relationship, how can social work supervision function and develop within formerly Communist societies when supervision means *primarily* power, authority, and control? What experience has developed that can serve as a resource for the recently educated as well as those whose heart brings them to this work? As the transition countries strive to rekindle the democratic philosophy that so many believe in, what models can best serve the trained and untrained that share the lack of experience but share in a sense of community and personal responsibility? What are some incremental steps that can be taken to move the social work agenda forward?

Social Work Field Education: Role of Supervision

As social work education has been established and community care models have taken hold in the Region, what has not kept pace is the establishment of social work field education that provides the practice education necessary for linking theory and practice. The lack of organized, quality practice placements have been identified across the board as a barrier to the growth of a profession of social work (Davis & Blake, 2008). In Albania, although field education opportunities are welcomed by NGOs and public services, social workers expressed concern that students are often viewed as "passive learners." Training field supervisors on a "developmental approach" to field education and designing more detailed agency/school agreements would help legitimize the student as an *active* learner and team member (Van Hook, Haxhiymeri and Gjermeni, 2006).

Supervision in Social Work Education

Signature pedagogies are types of teaching that organize the fundamental ways in which future practitioners are educated for their new professions (Shulman, 2005). In social work, the *signature pedagogy* is field education (Council on Social Work Education [CSWE], 2008, 8) and field education requires quality field supervision by a qualified professional. Field education is an essential element of social work education. Field education strengthens students' application of skills and understanding of the knowledge, skills and ethics of the social work profession (CSWE, 2008). Given the importance of the role of the field instructor to the overall field experience, understanding the factors that contribute to effective field supervision is crucial. The field instructor plays a critical role in ensuring the success of field education. It is important that field instructors be aware of personality differences and how they may affect supervisory relationships (Moore, Dettlaff, & Dietz, 2004). Students are accountable, not only to their professors, but also to peers, as practitioners are to their supervisors and colleagues

(NASW, 2008). They are expected to actively participate in case discussions and case interventions (Shulman, 2005).

The *Global Standards for Social Work Education* (Sewpaul & Jones, 2004) establishes the important role of field supervision that includes the provision of orientation for fieldwork supervisors and instructors including methods of practice for fieldwork (498). The Standards suggest the need for teaching allocations to take into account fieldwork instruction, supervision and administrative workloads while also making provisions for research and publications. In other words, field instruction and supervision are considered critical for social work education across the globe.

The role of the practice teacher remains central to the assessment of student social workers. Practice teachers assess the students' competence in practice and make judgments based on direct observation, feedback from clients and colleagues, supervision sessions and discussion, process recordings and reports. Effectively, the field supervisor acts as the gatekeeper for entry to the profession and safeguards the interests of clients and employers alike (Furness & Gilligan, 2004).

Although the specific title of field supervisor varies across countries (field instructor, student supervisor, practicum supervisor, practice teacher, fieldwork educator) the significance of the job functions are clear (Dabys & Beddoe; 2000; Lofmark, Morberg, Ohlund, & Ilicki, 2009). A comparative study on the supervisory role in education across three different professions – teachers, nurses and social carers (including social work) – in Sweden provides some interesting insights and parallels. In these three professions that were studied, the link between theory and practice was considered critical within the professional practice setting, and "learning by doing" was seen as an important part of individual development in these professions. The experiential elements of a vocational education to become a teacher, nurse or social worker were considered to have tremendous significance. And supervision of field education was regarded as crucial for good outcomes (Lofmark, et. al, 2009).

The study's analysis of the experience of the supervisors included both power and obstacles for development. The field supervisors expressed feeling a sense of motivation and responsibility, but also a sense of frustration. The field supervisors identified changes that were needed in their specific job functions that would better support the development of the students. The authors suggested that, just like the students, the field supervisors' motivation, responsibility and enthusiasm needed to be supported more fully. The field supervisors considered themselves as the "link between the university and the field" and wanted to see a "two-way flow of information about current policy and practice issues that they felt would improve student development. Another frustration identified was the limited contact between the university teachers and the professionals in the field. Suggestions for more frequent visits by university teachers to support them were highlighted. The research showed that without the strong collaboration and interaction between the university teachers and professionals in the field, there is no guarantee of the quality of student supervision (Lofmark et al., 2009, 121). And conversely, a close link between the university teachers and field supervisors and professionals can have a positive impact on the quality of student supervision, which, in turn, will improve educational outcomes.

Field Supervision as a Career Step and a Building Block

Davys and Beddoe (2000) make a point worth addressing: "student supervision is often seen as a career step for social work practitioners and as an intermediary step between frontline practice and a supervision or team-leadership role" (442). Applied to countries in which professional social work is emerging, but limited by career options and investments in professional supervision and management within the workplace, implementing field supervision as a professional area of practice might be a way to "jump start" the overall job functions for the social work supervisor. With the university in the "driver's seat" and sound evidence that links improved educational outcomes with quality field education, building professional social work supervision in field education it might be a useful place to start. One model that potentially serves as a "stepping stone" is the one developed by Davys and Beddoe (2000) from New Zealand. They have developed a model for student supervision that integrates adult learning theory and Kolb's (1984) experiential learning cycle within the supervision process. They also consider the differences in the two supervisory processes of student and practitioner within the social work agency (Davys & Beddoe, 2000, 442). The model takes the student and field supervisor through the cycles of field supervision: description, clarification, evaluative and implementation (446). The reflexive model of social work supervision, considered as important for the survival of the social work profession, is at the root of this supervisory model (Davys & Beddoe, 2000, 448).

Conclusions

Social work is at an exciting crossroads globally. There are shared problems, methods, and increasingly, shared educational standards. The social work supervisor, both as a practitioner and as a field practice supervisor, has clear roles and functions for improving practice decisions. Overall, the primary goal is improved outcomes for clients (practitioner supervision) and improved educational outcomes for students (student supervision). Given this knowledge, finding creative entry points for moving beyond the lack of occupational codes for social work supervisory positions within public services that are currently experiencing tremendous financial shortfalls, beginning with student supervision has promise. Building on the evidence and agency models that have a scientific base, schools of social work can partner with selected public and non-profit agencies to build a beginning career track for front-line social workers, while enhancing education outcomes for students. It is more than teaching "social work supervision" as a course and technical skill. It is building the culture and philosophy of practice oversight and accountability. Professionalizing field supervision can provide some first steps in building a framework for career development and professional authority as the profession matures.

References

Barker, R. L. (1995, 2003) *The social work dictionary*. Washington, DC: NASW Press.

Barth, R. P., Lloyd, C., Christ, S. L., Chapman, M. V. & Dickinson, N. S. (2008) Child welfare worker characteristics and job satisfaction: A national study. *Social Work*, 53, 3, 199–209.

Bisman, C. (1994) *Social work practice: Cases and principles*. Pacific Grove, CA: Brooks/Cole Publishing Co.

Blome, W. W., Wright, L. & Raskin, M. (1998) *Building supervisory skills*. Washington, DC: Child Welfare League of America.

Brkic, M. & Djuric, A. (2004/2005) Roma people between security and insecurity in Serbia. Inter-University Centre (IUC) *Journal of social Work Theory and Practice*, 10. Retrieved July 26, 2008 from
http://www.bemidjistate.edu/academics/publications/social_work_journal/issue10/articles/5_serbia.htm

Brown, A. & Bourne, I. (1996) *The social work supervisor*. Philadelphia: Open University Press.

Burke, P. (1997) Risk and supervision: Social work responses to referred user problems. *British Journal of Social Work*, 27, 115–129.

Children's Mental Health Program (1999) *Case management for children's mental health curriculum*. Chapel Hill, NC: University of North Carolina at Chapel Hill School of Social Work.

Correll, L., Buzducea, D., & Correll, T. (2009) *The job that remains: An overview of USAID child welfare reform efforts in Europe and Eurasia*. Report for the Social Transition Team, Office of Democracy, Governance, and Social Transition of the united States Agency for International Development (USAID/E&E/DGST) by Creative Associates International, Inc., and the Aguirre Division of JBS International, Inc. Retrieved from http://www.usaid.gov/locations/europe_eurasia/dem_gov/docs/the_job_that_remains_final_092209.pdf

Council on Social Work Education (2008) *Educational policies and accreditation standards*. Alexandria, VA: CSWE. Retrieved from
http://www.cswe.org/Accreditation/Reaffirmation.aspx

Davis, R. & Blake, A. (2008) *Social work education and the practice environment in Europe and Eurasia*. Report for the Social Transition Team, Office of Democracy, Governance and Social Transition of the United States Agency for International Development (USAID/E&E/DGST) by Creative Associates International, Inc., and the Aguirre Division of JBS International, Inc.

Davis, R. (2006) *A comparative country study of the evolution of community-based social services in the former Soviet Bloc*. Report for the Social Transition Team, Office of Democracy, Governance and Social Transition of USAID by Aguirre International.

Davis, R. & Aulenbach, K. (2005) *Emerging Practices in Community Based Services for Vulnerable Groups: A Study of Social Services Best Practices in Armenia*. Report for the Social Transition Team, Office of Democracy, Governance and Social Transition of USAID by Aguirre International.

Davys, A. & Beddoe, L. (2000) Supervision of students: a map and a model for the decade to come. *Social Work Education*, 19, 5, 437–449.

Furness, S. & Gilligan, P. (2004) Fit for purpose: Issues from practice placements, practice teaching and the assessment of students' practice. *Social Work Education*, 23, 4, 465–479.

Hepworth, D. H., & Larsen, J. A. (1990) *Direct social work practice skills*. (3rd ed.). Belmont, CA: Wadsworth Publishing, Co.

Kadushin, A. (1976) *Supervision in social work*. New York: Columbia University Press.

Kadushin, A. (1974) Supervisor-supervisee: A survey. *Social Work*, 19, 288–298.

Kaiser, T. L. (1992) The supervisory relationship: An identification of the primary elements in the relationship and an application of two theories of ethical relationships. *Journal of Marital and Family Therapy*, 18, 283–296.

Kolb, D. (1984) *Experiential learning*. New Jersey: Prentice Hall.

Lofmark, A., Morberg, A., Ohlund, L. S., & Ilicki, J. (2009) Supervising mentors' lived experience on supervision in teaching, nursing and social care education: a participation-oriented phenomenological study. *Higher Education*, 57, 1, 107–123.

Lorenz, W. (2005) Social Work and the Bologna Process. *Social Work & Society*, 3, 2, 224–235. Retrieved from http://www.socwork.net/2005/2/debate/497/Lorenz2005b.pdf

Manning, S. S. (1997) The social worker as moral citizen: Ethics in action. *Social Work*, 42, 223–230.

Moore, L. S., Dettlaff, A. J., & Dietz, T. J. (2004) Field notes: Using the Myers-Briggs type indicator in field education supervision. *Journal of Social Work Education*, 40, 2, 337–349.

Morales, A., & Sheafor, B. W. (1986) *Social work: A profession of many faces* (4th ed.). Boston: Allyn & Bacon.

Munson, C. E. (1981) Style and structure in supervision. *Journal of Education in Social Work*, 17, 65–72.

Munson, C. E. (1983) *An introduction to clinical social work supervision*. New York: Haworth Press.

Munson, C. E. (1993) *Clinical social work supervision* (2nd ed.). New York: Haworth Press.

National Association of Social Workers (2008) *Code of ethics*. Washington, DC: NASW.

National College of Romanian Social Workers (2005) *Legii 466/04.11.2004*. Retrieved on December 7, 2009 from http://www.cnasr.ro/

Saporta, I. & Farjoun, M. (2003) The relationship between actual promotion and turnover among professional and managerial-administrative occupational groups. *Work and Occupations*, 30, 3, 255–280.

Sewpaul, V. & Jones, D. (2004) Global standards for social work education and training. *Social Work Education*, 23, 5, 493–513.

Schwartz, W. & Zalba, S. (1971) *The practice of group work*. New York: Columbia University Press.

Shulman, L. (1993) *Interactional supervision*. Washington, DC: NASW Press.

Shulman, L. (1995) Supervision and consultation. In R. Edwards (Ed), *The Encyclopedia of Social Work*, Washington, DC: NASW Press, 2373–2379.

Shulman, L. S. (2005) Signature pedagogies in the professions. *Daedalus*, 134, 3, 52–59.

Van Hook, M.P., Haxhiymeri, E., and Gjermeni, E. (2006) Sexual trafficking of women. Tragic proportions and attempted solutions in Albania. *International Social Work*, 49, 1, 29–40.

Developing Professional Standards
for Social Services

JUDIT KOZMA[*]

Introduction

This paper is about developing professional standards for personal social services[1]. Professional standards are to serve as a basis for promoting quality of service provision. The inspectors of social services can form judgments about the quality of social services against the standards. For the practitioners, managers and last but not least for the users of social services, standards should provide useful and constructive guidelines for evaluating services which they provide or get.

The history of development of professional standards for social care services goes back to one and half decades in Hungary. The first standardisation project started in the middle of the 1990s with the blooming of non-profit organizations and the first experiments with the quality assurance systems in social services field. The former projects found their models and were built on premises of the British developments of that time. The first standards were worked out for the non-governmental organizations on the basis of a common research project undertaken by the British National Institute for Social Work and the Association of Non-profit Human Services of Hungary[2] in the middle of 1990s. The research project was about adapting standards of social services developed by the NISW[3] for the Hungarian non-profit service providers (Hegyesi-

[*] Institute for Social Policy and Labour, Budapest, Tuzeru. 33–35. 1134 Hungary, e-mail: judit.kozma@szmi.hu, web: http://www.szmi.hu, http://www.modernizacio.hu

[1] The term social services have broader and narrower meanings. In my paper I am mainly speaking about social services in its narrower sense as personal social services.

[2] The Association of Non-profit Human Services of Hungary is one of the largest NGO's umbrella organisations in Hungary with 126 member organisations representing the whole territory of Hungary. It was founded in 1992 for national representation and protection of interests and promoting professional activities on national level of, as well as helping the cooperation between non-profit organisations working in fields of human services. http://www.humszolg.hu/index.php?n=2

[3] The National Institute for Social Work was set up in 1961, following the proposals in the report of the Ministry of Health Working Party on Social Workers in the Health and Welfare Services (the Younghusband Committee) in 1959. It operated throughout the UK and internationally, supporting users and carers, practitioners and managers, policy makers and their organisations with a range of services aimed at achieving excellence in practice and management in social work and social care. The Institute closed in 2003. In the same year (2003) the Social Care Institute for Excellence was set up with the same mission. http://www.warwick.ac.uk/services/library/mrc/ead/463col.htm , http://www.scie.org.uk/ .

Talyigás, 2000). Later Peter Győri, the chief professional consultant of the biggest social services centre in Budapest (Social Services Centre of Budapest) translated and adapted British quality standards for the residential care facilities for elderly. These standards are used even nowadays at several elderly homes in the capital. Although it was obvious that professional standards were adequate tools for quality management in social services field, the products of those projects mostly failed to be widely used.

My experiences are coming from a nationwide project aimed at modernizing social services including development of professional standards which is undertaken by the Institute for Social Policy and Labour, a research and development organization which belongs to the Hungarian Ministry of National Resources. This project is a part of the Social Renewal Operative Program in Hungary[4] and is financed partly by the European Social Fund. In the last three years I have worked as the leader of the team developing professional standards for social services. This paper is summary of our experiences and doubts about our work and an analysis of the possible gains and costs of introducing professional standards into the social services field. In the course of development more than 300 practitioners work with us and they bring their experiences, expectations, concerns and questions into the discussions about our work and achievements. So we have to take into consideration not only the approaches of social policy makers (the contractor of our project) above but we have to link our observations about events of the development process to the experiences of everyday social work practice coming from below.

The background: the Hungarian welfare model and social services

In Hungary social services system is much decentralized because the Hungarian welfare model is mainly based on municipality organized services. We have more than 3000 municipalities and so more than 3000 distinct social services' regulations. These regulations are based on the Social Welfare Act, enacted in 1993 and amended more than 50 times in the last 17 years. The autonomy of the elected local governments was a basic principle of the democratic transition in the last twenty years. Social services are considered to be tools of local governments for handling social problems (arising from the conversion to the market economy), meeting social needs and promoting social integration in the local communities. But somehow personal social services have been always auxiliary because the main and more prestigious services – health care, education, day care – and cash transfers (related to social insurance or social protection) are considered more important. Local social services are serving almost exclusively families and persons for whom other services and social provisions do not get enough for living decent lives acceptable for the majority – namely the poor – or lack supportive networks of families, neighbours, churches because they are living with disability or psychiatric disorder or are lonely elderly or Roma or new comer in the community etc. So social work services in the communities are tightly linked to the social problems and so provide means to control either the problems or the citizens who are suffering from them.

Changes in social services system are in connection with problems perceived by the social policy makers both in Hungarian society and in the evolution of social services

---

[4] Social Renewal Operative Program 5.4.1. see: http://www.modernizacio.hu/

field. The problems of Hungarian society – as they appear in the public discourse and official papers (see: National Strategy Report 2008-2009) – are the very low activity rate (61,9% which is much less than the European Union average), the child poverty, the territorial and housing disadvantages and the aging society. The role of social services in tackling these problems is one of the topics in social policy discourse. The discussion about the value which social services offer for the money is heated by the facts that Hungary has quite big public debt (cc. 80 % of the GDP) and the government has an obligation to tighten control over budgetary expenditures and meets 3.8% budget deficit target in 2010. Social services are financed mainly from the national government's budget so there was always a ceiling – stated in the government budget plan – of spending on social services. But because of the input-led financing and the contradiction between central financing and decentralised spending, the ceiling was always too penetrable so actual spending usually exceeds the planned. In the discourse about financing welfare state services the chief economists have voices too. According to their opinion there is a necessary trade-off between improving Hungary's economic competitiveness and maintaining social services. The evitable conclusion is that welfare state is too expensive and cannot be affordable in the previous state and level. On the other scale pan lies the issue that social cohesion is also a very important topic in the Hungarian public discourse because of the poverty which hits cc. 30% of the Hungarian people. Although poverty risk – measured against the 60% of the income median – is only 12% in Hungary, taking into account the low level of income (in comparison with European countries with similar poverty risk level) the material deprivation – lack of appropriate resources for meeting basic needs – is serious at and below this level (Hungarian Central Statistical Office 2009). Especially problematic the situation of that cc. 8% of the Hungarian people who face long-term poverty and multiple deprivation (Blaskó, 2010). Long term poor are detached from the labour market, socially excluded, and in many cases, facing discrimination which keeps them from reintegrating into the labour market. The long-term poor in Hungary are comprised of several distinct social groups: the homeless, rural population particularly those living in micro-communities, unemployed or withdrawn from the labour market, households with more than three children, single parent families, single elderly females, and the Roma. One fourth of the long-term poor are of Roma ethnicity, and three out of ten Roma household belonged to the extremely poor (Ladányi, 2007), even though this group is only approximately 5 percent of the Hungarian population. The analysis of the labour market confirms the connection between long-term unemployment and long-term poverty. These challenges for Hungary are complicated by decentralization, which may lead to unequal treatment of the poor, with less financing available where social programs are most needed (World Bank, 2001). Where the needs are greatest for quality services, there are the least possibilities to get them.

Some years ago the Socialist government tried to work out a new social services act and to define minimum social rights of all citizens wherever she/he was living but after some year's preparation work the initiative ceased and so far the access to social services has been extremely unequal in Hungary. Social workers who work at deprived rural communities usually have no proper qualifications, have very heavy case-loads and have no time for working with the most problematic families because generally one social worker provides services in several villages and they lack resources because at these poor

communities the social support networks are very weak and the other services are also missing or poorly equipped and staffed. That is why the turnover rate in these rural communities' social services is very high (Kozma and associates 2010).[5]

When considering the background of our project aiming at modernising social services system it is necessary to sum up the recent changes in the social services field. At the Millennium the main fields of social services system were:

1. Elderly care – home-based services: home-delivered meals, personal care, including dressing and bathing, additional home support services, nursing care, day care; residential care: elderly homes, temporary accommodations, voluntary assistance

2. Child welfare and protection: local child welfare services and children homes

3. Family assistance services: social work services for families at risk, community work

4. Homeless shelters and rehabilitation facilities, street work.

In the last 10 years the social services field changed a lot. First of all with the emerging *market of social services* the non-governmental sector has begun to develop either in the service sectors where users frequently are able and willing to pay for better services such as residential care facilities for elderly or in newly opened service's fields, such as community care services for elderly, people with disability and psychiatric problems. For example the share of non-governmental providers is cc. 35%, and rising in residential elderly care; 58% in community support services for people with disability, 70% in day care services for psychiatric patients, 56% in operating wireless alarm systems for elderly and people with disability, 73% in community care services for people with drug or alcohol abuse problems, 89% in street work services (Yearbook, 2008). Newly opened services at the beginning were financed from development funds of the Ministry of Social Affairs while later their expenditure was built into the ordinary budget of social services system. Spreading of new services put growing burden on the central government's budget so the input-led financing partly was changed lately to output-led one via introducing tendering process which includes assessment of needs in targeted areas.

So in the last decade the *variety of the social services has grown fast*. Besides the mentioned new services, such as community care services for people with disability, drug or alcohol abuse or psychiatric problems, new services have been added to the older providers' supplies. For example job-related services for long term unemployed persons and debt-related counselling were added to the family assistance services' supplies. There were experiments with the integration of social and employment services. Although these experiments ceased, they were very important because the lack of integration and cooperation were big problems in the social services system which seriously hampered the efficiency and effectiveness of these services.

Our project – aimed at modernizing social services, including development of professional standards for social services – can be explained in that context. The project addresses several problems in social services field and although it is not a cure-all initiative it can contribute to tackling a number of these issues. The following list summarises what professional standards are for and shows the connections with the issues on which setting professional standards can have an effect.

---

[5] About the problems of social services working with families living in extreme poverty we conducted an extended research program in the last years. (Judit Kozma and associates 2010)

What are professional standards for?

Professional standards are to inform social policy makers, financiers, local authorities, social services' managers, social workers, inspectors, other professionals obliged to cooperate in services delivery, and last but not least, the users of social services about

• *what the services are for, that is what are the expected outcomes of the service delivery.* This means clearing up what the *value* is which social services give *for the money.* This information can support decision-makers in planning, can provide a frame of reference for the service users in evaluation of the services they get, can strengthen the social workers' sense of mission, and can improve the cooperation between service providers.

• *what the basic principles are which shape social service delivery.* A clear view about what *professional values* define how social services should be provided, empowers service users and social workers for negotiations about services delivery and *decreases their vulnerability* against oppression.

• *what the necessary actions and procedures are on the basis of the available and evidence-based professional knowledge which should be undertaken for achieving agreed outcomes.* Clarifying what the contents of services are can be a basis of sound financing arrangements, can *empower users* for negotiation about the contents and forms of services, can provide a framework for coordinating common actions of different service providers and can support *professionalization of social work.*

• *what the necessary conditions – physical and human resources and support – are for appropriate service delivery.* Clarifying the terms of *quality services* can substantiate the decisions about organizing, financing and monitoring service delivery; can generate coordinated actions of service users, social workers and other stakeholders for improving the conditions of service delivery. Improved conditions of service delivery in return can improve the accessibility to quality services.

• *what the criteria and indicators are which can be observed in monitoring as proofs of the conformity with the professional standards in the actual service delivery.* Professional monitoring can be a basis of *accountability* and *improving quality* in service delivery and contribute to the *professionalization of social services.*

What are the possible gains and costs of introducing professional standards into the social services field?
Value for money

This principle is about the efficiency and effectiveness of social services, in other words it is about what the expected outcome of work is and whether it is worth the money spent. Transparency of what social services actually do for what aim and according to what principles is a prerequisite for effective decision making, planning service provision and spending public money responsibly in social services field. As mentioned above, in Hungary social services are mostly financed by the state – residential care and some community services are financed partly by the local authorities and service users – and said to be quite expensive. This fuels debates about the value which social services offer for the money.[6] It

---

[6] In the Hungarian public discourse "money" refers not to the taxpayers' money but to the local and central governments' budget.

is a difficult to speak about effectiveness and outcome of social services. Developing professional standards for social services has provided a space for us for the discussion about the mission of social services which proved to be very useful. For example job related services for long term unemployed people were set up by social policy makers to help people to get in or back to the labour market and now their effectiveness are frequently evaluated after the numbers of service users who find jobs. But even the best trained social workers cannot do anything for helping her/his clients to get in/back to the labour market in an area where there are no jobs at all or getting a job costs so much for the person – not only in terms of the money for clothes, eating out of home, pass for public transportation but also in terms of time for travelling and efforts for organizing child rearing and household chores for example – that a sound calculation does not provide enough motivation for searching job. It is not fair and sound to require social workers to prove their services' worth with the number of their clients who get employment when necessary conditions for that – available jobs, children day care, enough frequent public transport etc. – are not up to them. In these situation the aim of the services can be only to assist unemployed persons to maintain or rebuild work-related skills and orderly lifestyle and look for alternative possibilities for self-sufficiency. Some programs which can be means for that are social cooperatives[7] and social land programs[8] which operated by social workers successfully. The former is new while the later has almost 20 years history in Hungary. So clarifying – as professional standards for employment services actually do – how social services can help people who are seeking to get back or in to the labour market should seem fruitful for all concerned in rising employment ratio.

Besides social policy makers and experts, other persons, mainly local government officials also have their say in public discourse about social provision. Some of them argue that it is enough to attach conditions to the cash transfer for long-term unemployed people and they will find jobs for themselves. This is not true in every case and particularly not true in cases of the most vulnerable citizens, the people living in extreme and long-term poverty. Long term unemployment has effects not only on the way of life which these persons follow but also on the physical and mental status and personality traits they have (Kozma, 2003). In the course of struggling for survival when a person faces the situation of lack or shrinking of economic, cultural and social capital (Bourdieu, 1986) she/he has to develop certain traits which help to survive in extremely uncertain situation and omit ones which are unnecessary or even harmful in such situation but needed for the life style which is habitual for the employed majority. For example a person who loses her/his job and cannot find other employment for a long time can lose life skills which are needed for being a good employee, e.g. time management, sense of duty, planning, etc. and starts to live for the day. Serious uncertainty is a basic feature of

---

[7] For further information about social cooperatives see the homepage of The European Confederation of Cooperatives and Worker-owned Enterprises: http://www.cecop.coop/; about social cooperatives in Hungary: Csoba - Frey - G. Fekete - Lévai - Soltész 2009.

[8] "Social land program is an active social policy tool targeted to disadvantaged families who live in an environment that makes agricultural production possible but have not got the necessary conditions: available land, seeds, machines, animals for breeding, etc. for agricultural production. The aim of the program is improving the quality of life of targeted families and help them to maintain self-sufficiency with providing the necessary conditions for production." http://www.szmm.gov.hu/main.php?folderID=16447

unemployed persons' life and the main cause of distress and suffering which hit them. "Living for the day" is a common way of avoiding distress so it is a prerequisite for keeping the person's daily equilibrium.[9] More then 14 % of the Hungarian children live in households where nobody has employment (Darvas–Farkas-Ferge, 2008, 9). For children who are socialised in a family where nobody gets up early to go to work and plans the tomorrow to make ends meet it can be very difficult to acquire life skills necessary for an employee. It is obvious without further elaboration that these problems are belong to the social workers' competence field and social professionals have to have intervention strategies for assisting people to regain life skills necessary for enter or re-enter to the labour market.[10] But this is maybe not obvious for others in the local community. The prejudices against poor people are quite common even amongst the local government officials who decide on social services. Professional standards may serve as points of reference in conflicts over service delivery.

Getting back to the issues of financing social services, it is a prerequisite for good governance in social services sector that the decision makers have a clear view about what social services do. For example it is very important when local government's contract out services that they have standards against the performance and quality of the services can be evaluated. But professional standards are not miracle in this regard either. For example it is very difficult to trace the costs of the residential care facilities for children, elderly and people living with handicap. In Hungary because of the cut backs, public financial recourses for elderly homes dropped 40 % in real terms since 2002. Although service providers say that their services' quality seriously diminished because of the cut-backs, their voice is not too harsh because it is not obvious who is responsible for the quality of care. The managers of the elderly homes can not say too loudly that their services are not meeting the appropriate quality criteria because they easily become scapegoats for that. So usually they try to avoid the intake of the most vulnerable users and in that way to make a balance between demand and capacity and are complaining wherever they can.

Speaking about quality in social services is also a difficult topic. It is not obvious how we can make a balance between needs and capacities. Although for example Czech experiences (Standards, 2002) show that implementing standards makes possible to begin to improve the quality immediately, without additional financial means, and other experiences – for example about the introduction of new intervention strategies or management methods – also show that sometimes it is not necessary to pay more for the quality improvement, we can not say that quality is not in proportion to the money. This is a very hard problem for example in child protection. A lot of children in residential care are teenagers and have "special needs" because for example abused, seriously depressed, have drug or learning problems etc. Meeting their needs would cost a lot of money. In such cases applying professional standards in social services will show the gaps and shortages in service delivery. Taking into consideration that social rights have no predetermined measures, speaking about quality seems to open a bottomless sack.

---

[9] I analysed the life style of people living in extreme poverty from a social work perspective in one of my other papers (Kozma 2003).

[10] Other researches show that for example conditional cash transfer programs without making quality and supplementary services available are not enough effective. See: Banerji 2010; Fiszbein and Norbert Schady with associates 2009, 97-100.

Our previously mentioned research (Kozma and associates, 2010) highlighted other cases where service delivery existed only in the statistics but the work which the (usually under-qualified) social workers undertook did not meet the minimum criteria of service. These workers did not assess the problem, for example why a family's child did not go to school regularly (which is against the law), the only intervention was that they threatened the family with penalty. Professional standards can not ensure the best quality of service but can state the minimum necessary actions which are necessary to speak about service delivery as such and can make unacceptable low standards service delivery or malpractice.

User-centred approach

User-centred approach in service delivery means that the quality of the service can be measured against user's satisfaction which depends on the gains of user from the services, on the quality of the relationship between social worker and service user, the level of control which the service user has on the service provision. User-centred approach also means emphasising the importance of collaboration, partnership with and participation of service users and communities in social services delivery.

One of the main problem in the Hungarian social services system is the organization-centred functioning. This problem is well-known in other countries too. For example when considering a placement for a child in a case conference at the child protection agency it is quite common that the main consideration is not the child best interest but the financially sound usage of organizational capacity. Although professional standards are not miracle in these situations either, they can make traceable when neither users' nor experts' voices were not heard by the decision makers.

With developing professional standards we want to change the mostly paternalistic relationship between service users and social workers to a more democratic one. Paternalistic approach is widespread in every segment of social services field. It is rooted in the power imbalance between service users and professional workers and between privileged and not privileged in local communities. Paternalism has lighter and harder forms. Lighter one is dominated by the caring attitude: providing everything available and doable for the users and expecting gratitude in return. Harder form is characterised by the punitive attitude: service users are deviant and have to be redressed by clear orders and sanctions. Lighter form is very common in services for elderly, people with mental health problems, physical disabilities and/or learning difficulties, harder one is widely used in child welfare. Paternalism prevent users to make their voices heard by those who in case of lighter form, speak for them and make decisions on their behalf while in case of harder form, speak to them and make decisions on their life leaving them out. In child welfare this is exceptionally problematic. Child welfare workers (as social workers in fields where services are financed by the state) mediate between state and citizens in issues which both parties are concerned with. So social workers should discuss with parents and – if it is possible – with the children the common issues, namely the problems which endanger the proper development of the child. With a child welfare worker who has power and willing to use it, parents have only a few choices: go into battle, obey or try to avoid meeting social worker. None of them is productive. With a

hostile client the social worker can fight or pass the buck to the child protection agencies, with a submissive one she/he can take up all the responsibility for the child without the necessary resources. It is much better to discuss the common matters, to take into consideration the other party's point of view, to build cooperation and to empower families so that they can raise their children, although these are much more time consuming and require more competence than telling plainly for them what to be done.

Empowerment is a basic concept in contemporary social work so it is necessary to include it into our professional standards. Empowerment means strengthening community support networks which makes possible to use community resources for meeting social needs of service users. Resources of social services are limited (and shrinking) in comparison with needs in the communities so developing resources is a basic requirement for effective service delivery. While stronger networks are better for the needy these are not necessarily desirable for local elites because these can change the power relations in the community. For local elites maybe it is much better to provide resources as donations and provide them mainly for the deserving poor. The way of giving and quantity of donation is usually not questioned and first of all not questioned by the beneficiaries. (As the proverb says: "Never look a gift-horse in the mouth!") Hierarchical thinking is deeply permeated in our society and it is very difficult to change. Social workers are parts of local communities and members of these communities which have strong interests in maintaining status quo. These are all true but social workers can not give up fighting against oppression. Although professional standards also can not be miracle in that instance, stating in them that involving users in all aspects of service delivery and informing them about all procedures and conditions of services they get and seeking strengthen group solidarities and supporting networks can be a step toward empowering practice. Moreover stating in professional standards what actions follow from our professional values can contribute to professionalization of social work.

Professionalization of social work

We think that developing professional standards for social services can further professionalization of this field. Professionalization means not only more qualified social workers in the fields where the needs are the greatest for quality services but more knowledgeable experts, more innovations in the fields of social services. This problem is leading us to the question that whether professional standards and their development can be the same as they are in other professions and especially in countries with more professionalized services. This question must be raised because some of our opponents told us in the planning phase of our project that it is a waste of money to spend so much for expert groups required to develop standards on the basis of available knowledge and good practice examples and set up pilot programs for testing professional standards in practice. According to these opponents it would be enough to hire some experts with good proficiency in English for translating British standards as happened in the past. Our opinion is different, although we studied British standards and adapted generic structure of them: aims – principles – standards – criteria – indicators. We attach a lot of addendums: definitions of key categories, available professional literature (their texts will be available in an e-library on our website), list of regulations available also on our

website. We develop guidelines for the professional monitoring which – according to Hungarian regulation – is undertaken by the regional methodological centres. Nationwide introduction and sustainability of professional standards will be served by online help desk and information services. For maintaining and updating professional standards we set up committees. Electronic social services record system is also being developed in our project. Our intent is to develop social services and social work with these products. Taking part in the development process is a possibility for more than 300 social workers to learn and become experts in developing social services. Our project design is about a learning process in the course of development professional standards and support services. That is why we think it is worth investing in a development where the practitioners work on their future professional regulations and have space for discussion about missions, principles, methods, clerical duties and monitoring.

With our project we like to have an effect on the social work education and further education. Professional standards speak about the competences which social workers have to have for appropriate service delivery. Social work was a new profession in Hungary after the system change in 1989. In the last 20 years social work knowledge was brought in by some experts who could speak foreign languages so not the practice but the education defined what social workers should do in practice. It is high time to change the direction of that effect. The change has been prepared by innovations in practice which I mentioned above. Not only new services but social work research can be also a basis for developing social services.

The current low level of professionalization is the reason why – besides minimum standards – our experts have developed in some cases detailed protocols for practice while in others methodological guidelines. This is leading us to another set of arguments opposing setting standards for social services. The argumentation is coming from the literature which highlights the shortcomings of standardisation of social services. We have to address the fact that the effectiveness of social work does not depend on obeying rules and methods. Mainly it depends on quality of the relationship between service user and social worker, on appreciation of users' individuality, uniqueness and experiences. The other fact is that social workers – as all professionals – employed to work in situations which are very complicated, unique, uncertain, and frequently laden with value dilemmas, and mostly finding and framing the problem is the most challenging endeavour in professional practice besides choosing between different frames of reference, approaches and value sets (Schön, 1992). These facts draw our attention to the importance of reflectivity in social work practice. Professional standards inevitably simplify the real situations and reduce them to some categories and so they can be menace to professionalism and first of all professional autonomy necessary to quality service delivery. Professional work – which at its best forms is really an art – can only begin where standards end.

This is the argument of experts who reason against managerialism. Several social work experts draw the attention to the fact that the standardisation of social work does not reduce the occurrences of malpractice cases but strengthened the bureaucratic hierarchy and control over social work professionals (Humphrey, 2003; Dominelli, 1996; Kirkpatrick, 2006). Managerialism means bringing management culture and such market values as entrepreneurialism, risk-taking and customer-oriented focus, into public

services (Farnsworth, 2006). The scholars who made accounts the effect of managerialism on social services stated that this new organisational and managerial context reshapes the very nature of social work and relegates former reflexive-therapeutic, socialist-collectivist and individualist-reformist perspectives. The evolving managerial-technicist practice fails to place emphasis on the non-rational component of the human condition and the process of caring and can lead to a lack of attention to the inner world of service users and the social work relationship (Harlow, 2003). Furthermore with the refined system of audit and new operational and administrative procedures, social work practice has become more legalised, and aspirations to "evidence-based practice" have become pervasive. These developments emphasise practitioner accountability to stakeholders other than service users (Meagher – Parton, 2004).

It is very interesting that amongst our development teams there are experts who stand for and others who stand against legalism in social work. The members of the for-group are coming from the child welfare and protection field and want to develop very detailed protocols for child welfare and protection services. Their reasons refer to the presumed necessity of legal reinforcement of child welfare and protection services. Their experiences are coming from the monitoring of child welfare services which show that social workers and other professionals do not obey to the legal requirements posed by the child welfare act. The against-group consists of social workers who are coming from family assistance services where the autonomy of users is much more central principle and the staff's qualification level is much higher. We can not avoid debates about social services in the course of the development. Social work fields are different, so are the experiences, qualifications, interests and ideas of the professionals. One of the aims of our project is to make social services system more integrated. This means dismantling the walls between different parts of the system. Professional groups have vested interests in maintaining the borders of their competence fields solid. Dissolution of these borders can diminish their control over the field which they see as their own. We have to decide what the better is: keeping stability with the old advantages and disadvantages or try something new with other advantages and disadvantages. There are no perfect systems and every change has gains and costs. Furthermore as we, social workers know well: every method can be used constructively, destructively and perversely. This menace usually does not prevent us from seeking to better our services.

Conclusion

This paper is about our experiences of modernising social services and setting up professional standards. Modernising social services means emphasising the importance of collaboration, partnership with and participation of service users and communities in social services delivery on one hand, and seeking transparency and accountability on the other. In Hungarian social services system the third necessary aim is to further professionalization of social services. In our project we try to reach every one of these aims. This is not an easy task. The main challenge is how we can make a balance between contradictory requirements without too big compromises.

There is a necessary trade-off between transparency and accountability on one hand, and user participation and user-centred approach on the other because social

services should be transparent and accountable not for the users but for their masters: local authorities, officials who monitor service delivery from financial, professional, legal point of views and other stake holders. These reduce the latitude for reaching agreements by social workers and users on the contents, forms and terms of service delivery. The other trade-off is between professionalization and accountability because of quality services' costs. Even between professionalization and user participation can be a trade-off because evidence-based practice can also reduce the latitude of negotiation done by social worker and service user about services. In every instance trade-offs means interest conflicts between groups which we have to cooperate with. This cause endless negotiation and uncertainty about the outcome and sustainability of achievements of our project. But we think, the possible outcomes are worth the efforts.

References

Banerji, A. (2010) *Conditional Cash Transfers in the Context of Social Policy*. Presentation at a conference on conditional cash transfer, TÁRKI, Budapest, 7, 5, 2010.

Blaskó Z. (2010) *Child poverty and child-well being in the European Union. Policy overview and policy impact analysis. A case study: Hungary.* Central Statistical Office, Demographic Research Institute Budapest.

http://www.tarki.hu/en/research/childpoverty/case_studies/childpoverty_hungary.pdf

Bourdieu, P. (1986) The forms of capital. In J. Richardson (Ed.) *Handbook of Theory and Research for the Sociology of Education* (New York, Greenwood), 241–258.

Csoba J., Frey M., G. Fekete É., Lévai M., Soltész A. (2009) *Szociális gazdaság kézikönyv*. OFA-ROP Hálózat.

Darvas Á., F. Zsombor, Ferge Z. (2008) A gyermekszegénység elleni küzdelem állása 2008-ban. In: *Stratégiai kutatások 2007–2008*. Miniszterelnöki Hivatal és Magyar Tudományos Akadémia, Budapest, 7–34.

Dominelli, L. (1996) Deprofessionalizing Social Work. Anti-Oppressive Practice, Competences and Postmodernism. *British Journal of Social Work*, 26. évf., 153–175.

Farnsworth, K. (2006) Capital to rescue? New Labour's business solutions to old welfare problems. *Critical Social Policy*, 26, 817–842.

Fiszbein, A. and Schady, N. with associates (2009) *Conditional Cash Transfer: Reducing Present and Future Poverty.* Policy Research Report. World Bank. http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTPRRS /EXTCCT/0,,contentMDK:22064167~pagePK:64168427~piPK:64168435~theSitePK:57 57745~isCURL:Y,00.html

Harlow, E. (2003) New managerialism, social services department and social work practice today. *Practice*, 15, 2, 2003, 29–44.

Hegyesi G., Talyigás K. (2000) „*Szakmai standardok a humán szolgáltatások területén*" (Professional standards in the field of human services). Association of Non-profit Human Services of Hungary.

Humphrey, Jill C. (2003) New Labour and the regulatory reform of social care. *Critical Social Policy*, 2003, 23, 5–24.

Hungarian Central Statistical Office (2009) Laekeni indikátorok, 2008 (A társadalmi kirekesztődés nemzetközi összehasonlítására szolgáló jelzőszámok). *Statisztikai Tükör*. III. évf. 142. szám.

Kozma J. and associates (2010) *Nyomorgó családok és szociális szolgáltatások.* (Families living in extreme poverty and social services) Szociálpolitikai és Munkaügyi Intézet.

http://www.szmi.hu/index.php?option=com_content&view=article&id=773:nyomorgo-csaladok-es-szocialis-szolgaltatasok&catid=30&Itemid=117

Kozma J. (2003) A *szegénység* pszichológiai vonatkozásai. (The psychological aspects of poverty) *Esély*, 2003/2. http://www.esely.org/kiadvanyok/2003_2/KOZMA.pdf

Kirkpatrick, Ian (2006): Taking Stock of the Managerialism in English Social Services. *Social Work and Society*, Vol 4, Issue 1.

Ladányi J. (2007) Az antiszegregációs programok szükségességéről és lehetőségeiről. *Kritika* 2007 október. http://www.kritikaonline.hu/kritika_07oktober_ladanyi.html

Meagher, G. and Parton, N. (2004) Modernising Social Work and the Ethics of Care. *Social Work and Society*, 2, 1, 10–27.

National Strategy Report on Social Protection and Social Inclusion 2008–2010. http://ec.europa.eu/social/main.jsp?catId=757&langId=en

Schön, D. A. (1992) The Crisis of Professional Knowledge and the Pursuit of an Epistemology of Practice. *Journal of Interprofessional Care*, 6, 1, 49–63.o.

Standards for Quality in Social Services (2002) Ministry of Labour and Social Affairs, Czech Republic. http://www.mpsv.cz/files/clanky/2057/standards.pdf

World Bank (2001) Hungary. Long-Term Poverty, Social Protection, and the Labour Market. Report No. 20645-HU.2001. http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2001/06/01/000094946_01051904010041/Rendered/PDF/multi0page.pdf

Yearbook of Welfare Statistics (2008) Hungarian Central Statistical Office, 2009.

Participation in Social Advocacy: How a Professional Association Can Help Social Workers Meet Their Ethical Obligation

KATHRYN CONLEY WEHRMANN[*]

Introduction

As a social worker and social work educator in the State of Illinois, I had the opportunity to serve as the National Association of Social Workers (NASW) Illinois Chapter president from June 2007 until June 2009. Prior to assuming the chapter presidency in 2007, I had been an active member and board member. Becoming president, however, broadened my perspective with regard to the potential that NASW has to support practitioners in becoming better social workers, being better able to help the consumers through social advocacy efforts at the macro level, and helping the public truly understand the contribution that social workers make in a wide variety of practice settings. As Romania is continuing its efforts to redevelop and reinvigorate the profession of social work, I am pleased to have the opportunity to share some experiences and insights related to what a professional association can do, not just for its members, but also for the constituencies it serves and the students who have determined that they wish to join the ranks of professional social work.

The NASW as the major social work professional association in the U.S, is devoted to insuring that the public in general, and employers and policy makers in particular, are aware of the value that trained social workers bring to addressing individual and societal issues. The social work profession's focus on the person-in-the environment perspective and the accreditation standards associated with social work programs in U.S. universities is generally thought to be the basis for the value of hiring a trained social worker.

Most U.S. social workers, like their counterparts throughout the world have a person-in-environment perspective. This perspective views the client as part of an environmental system and encompasses the reciprocal relationships between an individual, and others within the physical and social environment (Barker, 2003). It is in part, because of the person-in-environment perspective and the NASW Code of Ethics that social work practice focuses not on only on the individual or family in need of assistance, but also on the systems in society that are influencing an individual's or family's situation. The extent to which clinical social workers are involved in social advocacy efforts outside their practice settings and the factors that appear to influence involvement are explored in the following section.

[*] Illinois State University, School of Social Work, Campus Box 4650, Normal, IL 61790-4650. E-mail kewehrm@iltsu.edu

Literature Review

The NASW Code of Ethics in the U.S. is clear about the obligation of social workers in all areas of practice to be involved in social advocacy in the political arena. The extent to which this obligation is carried out is highly variable and there are few studies published that examine levels of political participation among social workers in sharp contrast to the multitude of studies focused on clinical interventions. Of the studies that have been done, Hamilton and & Fauri (2001) found that the most politically active social workers were engaged in professional associations and were more likely to feel capable of influencing the political process. In their discussion section, Hamilton and Fauri point out that social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice. Because clinical social workers are on the front-line working with clients, they have the opportunity to gather information about client service needs and how well programs are responding to address them.

Hartnett, Harding & Scanlon (2005) surveyed NASW chapter directors to learn more about what factors impede and encourage active member participation in social advocacy practice. The study explored the NASW state chapter context for advocacy and the methods used to encourage and inform members about the advocacy activity or action needed. This study also investigated the perceptions of state NASW directors about the factors that discourage or promote political participation. Top issues identified as the most important ones in the survey responses identified by the state directors included budget, health care, child welfare, mental health and poverty. Survey results indicated that members are contacted and encouraged to participate in advocacy activities primarily through email. Directors reported that members are most likely to participate when specific issues are of personal importance or perceived as a problem by members. Another factor influencing participation was the ease of access to information and communication regarding an issue. The investigators further found that factors wich seemed to discourage participation included organizational constraints of the member's employer, lack of information, and the relevance of the issue to the members' personal life/apathy. Major findings that are particularly salient are that time constraints on advocacy practice limit involvement, that email is a heavily used form of political communications, and that concerns over budgets, mental health and child welfare represent widely experienced state issues.

Ritter (2008) also investigated the factors that influence social workers' levels of political participation in an effort to develop a model that would be predictive of such participation. A key finding of the study is that one of the strongest predictors of social workers' political activity related to social advocacy was NASW membership. Interest in politics is also a significant contributing factor.

Profile of Clinical Social Work Practice in the U.S.

Although there might be disagreement among academics and practitioners, for the purpose of this paper, the following definitions drawn from, *The Social Work*

Dictionary (Barker, 2003), will be used along with additional description. Barker defines clinical social work as, "the professional application of social work theory and methods to the diagnosis, treatment, and prevention of psychosocial dysfunction, disability, or impairment, including emotional, mental, and behavioral disorders." The *NASW Standards for Clinical Social Work in Social Work Practice* (2005) elaborates on the Barker definition as follows:

> Clinical social work has a primary focus on the mental, emotional, and behavioral well-being of individuals, couples, families, and groups. It centers on a holistic approach to psychotherapy and the client's relationship to his or her environment. Clinical social work views the client's relationship with his or her environment as essential to treatment planning. Clinical social work is a state-regulated professional practice (7).

Some professional social workers use the term clinical social work as a synonym for social casework or psychiatric social work, although others believe that each of these terms has a somewhat different meaning. Most professional social workers agree, however, that clinical social work practice includes emphasis on the *person-in-environment perspective.*

Practice Settings, Specialty Areas and Services Provided

An NASW Practice Research Study completed in 2005 revealed that clients, as seen by the social workers included in the study, were having difficulties in six major areas, including mental health, family/social problems, drug or alcohol, medical treatment, employment or legal services (NASW, 2005). The U.S. social workers, working which are specialized in adrdressing these issues, practice in a wide range of clinical settings, offering direct services to clients who are in need of assistance. Over half (59%) of the social workers surveyed indicated that they were working in organizational settings that included social service agencies, schools, general hospitals, psychiatric hospitals and nursing homes. Nearly 25% indicated that they work in private practice settings, with almost 20% indicating that they work in both types of settings. Slightly over one third of social workers indicated that they were working in mental health practice. The remaining participants identified their primary practice areas as focused on adolescents, child welfare, addictions, aging, health, school social work, developmental disabilities, and occupation social work (employee assistance programs). Smaller numbers of social workers identified their primary practice areas as focused on work with the homeless, violence, criminal justice, community development, international social work practice. Survey participants indicated that most (81%) of the clinical services provided occurred in individual sessions, while 8% of services were provided in family counseling and 6% were provided in group counseling sessions, and 2% were provided in a couples counseling session. The types of services provided included counseling (81%), providing information and referrals (23%) case management (20%), crisis management (14%) and medication adherence assistance (7%).

Structure of NASW and Role in Supporting Social Work Practice in the U.S.

The National Association of Social Workers was created in 1955 and currently has 150,000 members who are required to agree to and sign the NASW Code of Ethics upon joining. NASW has 56 chapters that include those in 50 states, an international chapter, and five additional chapters in Guam, New York City, Puerto Rico, the Virgin Islands, and Washington, DC (NASW, 2003). The NASW mission statement is as follows: *NASW is a membership organization with the dual mission to promote, develop, and protect the practice of social work and social workers; and seek to enhance the effective functioning and well-being of individuals, families, and communities through its work and through its advocacy.* Congruent with the national organization it is linked to, NASW Illinois' mission statement is: *To support, promote and advocate for professional social work practice, social work practitioners and the social work profession to improve the quality of life in Illinois.* The Illinois chapter, like its counterparts, also has a vision statement. The Illinois vision statement is as follows: *NASW Illinois Chapter will be sought out as a resource for effective solutions to social and community issues. We will be local in service to members and statewide in policy efforts, with a dynamic membership of 9,000 social workers* (NASW-IL, 2010). The mission and vision of the national organization and its state chapters is carried out by paid executive directors and staff along with voluntary boards of directors that are elected by the membership.

In addition to addressing social concerns, NASW as a professional organization is also committed to supporting and advocating for the profession itself. No legislation exists at a national level that mandates which professions are to be recognized in the U.S. or the specific training and education practitioners of the professions must have. Professions and occupations are typically regulated through legislation at the state level that identifies the eligibility requirements for licensure or certification. Unlike professions such as medicine and law, social work often competes with other disciplines in terms of the types of services its practitioners provide. Hence, individuals with degrees in other areas may be able to obtain licensure in a state that differs from a license that a social worker obtains and be seen as employable in the same types of roles that social workers serve in. These roles include but are not limited to, child welfare worker, mental health counselor, or discharge planner in hospital settings.

Advocacy Efforts

I became the National Association of Social Workers Illinois Chapter president as a U.S. presidential campaign was just getting underway. The campaign highlighted a myriad of issues that the American people seemed to be very divided on. After several years of a very conservative government, rising concerns about continued military involvement in Iraq, access to health care, and a faltering economy underscored a need for change in the view of many citizens. This reality caused me to reflect on the ethical obligation that social workers have to "engage in social and political action that seeks to ensure that all people have access to the resources, employment, services, and opportunities they require to meet their basic human needs and develop more fully" (NASW Code of Ethics section 6.04,

2008). While many American social workers may perceive that they do not have the time or skills to carry out social advocacy efforts on their own, participation in the efforts of NASW provides the opportunity to blend their voice with those of other colleagues in advocating for changes that will benefit consumers they serve.

In working with students in a graduate field seminar course, I regularly review the NASW Code of Ethics to identify aspects that have particular relevance for discussion. Many of the ethics discussions held in seminar are focused on the ethical dilemmas and challenges that students face in their practicum settings. Taking on a leadership role in NASW Illinois in more recent years, spurred me to look more deeply into the ethical obligation that social workers have with regard to advocating for social and economic justice. As I reviewed the sections of the NASW Code of Ethics against the backdrop of the major social issues being debated in the U.S. prior to the election, I created a list of questions designed to help me and my students assess how well we were doing with our ethical obligation to participate in activities intended to help obtain social and economic justice. The list of questions that I drew from the NASW Code of Ethics included the following:

1. What am I doing to engage in social and political action that seeks to ensure that people have access to resources and opportunities?

2. What am I doing to enhance the capacity of people to address their own needs?

3. What am I doing to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems?

4. What am I doing to encourage informed participation by the public in shaping social policies and institutions?

5. What am I doing to keep myself informed on key issues and advocated for changes in policy and legislation to improve social conditions?

6. What am I doing to prevent discrimination against others?

7. What am I doing to promote conditions that encourage respect of cultural and social diversity within the US and globally?

8. What am I doing to contribute to expanding choice and opportunity for vulnerable, disadvantaged, and oppressed people?

The list, while challenging, helped to clarify that we might best meet our ethical obligation to carry out social advocacy by being active participants in a professional association. Going through this exercise was particularly meaningful for students involved in field placements in agencies where they were able to see first-hand the devastating effect that cuts in public spending have on the least advantaged in society.

In the area of social advocacy, a social worker's greatest strength lies in their unique perspective of what life is like for the consumers of our services. A social worker can answer questions about how difficult it is for consumers to get the services they need for their children, their elders and themselves. Social workers can offer insight to policy makers about how consumers struggle to get affordable health care, to find employment, to make sure that their families have enough food to eat. Legislators need social workers' insight in order to make decisions that will create better opportunities for those who are disadvantaged in society. As the U.S. Senator from Maryland, Barbara Milkulski, so aptly observed –"Politics is social work with power" (Learning to Give, 2010). Social workers need to tap into that power and improve the quality of the "social work" that our elected

representatives do. In an effort to do so, the NASW Illinois Chapter, like many of its sister chapters, has been very active in contacting state legislators and newspapers throughout the state to explain what the impact of funding cuts would be on social service consumers in our state. The following is an excerpt from a letter that was sent to the legislators and newspaper editors in an effort to "tell the story" of how social services and consumers would be affected by state budget cuts that had been recently proposed.

Dear Editor:

The National Association of Social Workers (NASW) Illinois Chapter, representing over 7,000 social workers statewide, calls upon the legislative leaders of the State of Illinois and Governor Quinn to pass a fair, full and humane State budget. Let's face up to the fact that the costs of not doing so are much greater.

First, a budget that cuts human services and other vital programs by 50% or more will result in significant job losses, perhaps as high as several hundred thousand jobs across Illinois. Instead of helping others, collecting a paycheck, purchasing goods and services in local communities and paying taxes, these individuals will be collecting unemployment insurance and public aid.

Second, thousands of individuals who currently receive human services will be forced into less desirable and more expensive services. As one of many examples, a person with a disability who receives help in her own home under the Home Services Program and loses that service may end up having to move to a more restrictive institutionalized setting at a far higher cost to the State.

Third, services such as State-assisted daycare enable parents, especially those with low to moderate incomes, to hold jobs by ensuring quality care for their children during working hours. Estimates are that the State will have to cut 80,000 parents off of childcare assistance under the proposed "doomsday" budget. This not only would drive these parents out of the workforce and onto unemployment insurance or public aid, but it is likely to drive smaller daycare centers and in-home daycare providers who rely heavily on State subsidies out of business.

Severe cuts in the State human services budget will have serious adverse consequences for local governments, public safety agencies, the courts and corrections. Slashing funding for mental health services, addiction prevention and treatment programs, and youth services will result in less prevention, more crime, more trials, additional probation caseloads and higher detention and incarceration rates.

Finally, the "doomsday" budget will spawn new lawsuits against the State, especially in the areas of disability services and child welfare. Illinois, already a national disgrace when it comes to offering community-based service options for persons with disabilities, will experience even longer waiting lists (now estimated at over 16,000 for developmental disabilities services) for services that will spawn more lawsuits under the Americans with Disabilities Act. Cuts in foster care grants will put Illinois at risk of violating existing court orders and likely result in new litigation. Do we want to spend our tax dollars defending lawsuits instead of providing adequate services?

Illinois continues to struggle, like many other states in the U.S., with major budget shortfalls. The Illinois NASW chapter continues to advocate for a fair, full, and humane State budget that does not place our most vulnerable citizens at risk of losing vital services. This is a fight that is ongoing.

An example of successful advocacy on the part of NASW members in Illinois was the passage of a law in 2009 that would allow for social workers to receive

reimbursement from a publically funded health insurance program, (Medicaid), for the provision of behavioral health care services. Previously, only psychiatrists and psychologists had had this privilege. At first glance, this would seem self-serving in that the new law would allow social workers to obtain reimbursement. It is important to point out that one of the purposes of a professional organization is to look after the interests of its members, yet the passage of this law had the important benefit of allowing more citizens in the state greater access to behavioral health care services. For many impoverished families and individuals and families living in rural areas of the state, access to behavioral health care services is severely limited due to the small numbers of psychiatrists and psychologists within their communities. If they are to access such services, they must incur the additional burdens of travel to more distant locations if they are to receive services at all.

In addition to its membership, one of the most valuable and effective resources in influencing policy at the state level is through the efforts of a paid legislative consultant whose salary is supported through membership dues. It is his job to follow the legislative initiatives of a variety of groups and to look for opportunities to join forces in support of various pieces of legislation that are of interest to NASW Illinois and other groups with similar interests. Through his efforts, the Illinois chapter, like others in the U.S., is able to form coalitions that bring strength of numbers to bear in support of needed legislation. Beyond those issues that relate to the social work profession specifically, our legislative consultant is key to keeping the chapter informed of any proposed legislation that has the potential to adversely affect vulnerable groups in our state.

Involving Tomorrow's Social Workers in Social Advocacy

A very effective social advocacy strategy is a major annual event called Advocacy Day. Nearly every state chapter in the U.S. sponsors a similar event and while it is open to the entire membership for participation, the majority of attendees are students from university based social work programs. Participants are exposed to presentations by legislators, heads of state agencies and representatives of a variety of advocacy programs focused on the needs of children and youth, the homeless, the developmentally disabled, the elderly, and the mentally ill. Following the presentations, students receive training in lobbying skills. Advocacy Day culminates in a walk to the state capital building where lobbying efforts are undertaken by all present.

At the state capitol building, students who participate in Advocacy Day have the opportunity to educate legislators about the needs of consumers and to encourage them to take positions on proposed pieces of legislation along with a strong rationale for why doing so would be beneficial. Students also learn about the importance of building good relationships with legislators by expressing thanks for previous legislative efforts that have benefitted consumers. It is a very impressive event that brings approximately 800 students each year along with the influence of professional social work to the heart of state government to provide legislators with background they need to make decisions on behalf of the constituents they represent. The hope is that once familiar with the process of lobbying, and educated about their obligation to carry out social advocacy, students

will carry on such efforts long after they have completed their formal social work education and gone out into the professional practice world.

Electronic Advocacy-CapWiz

A social advocacy strategy employed by NASW that has become increasingly useful in the last few years is a computerized system known as *CapWiz*. *CapWiz* is a computer system that allows participants to contact their elected officials at the state and national level by email (Capitol Advantage, 2010). Organizations like NASW IL that use this system are able to prepare messages that can be used by their members to emphasize key points related to legislative concerns. Members are also able to edit the main message to include additional information that would have special significance for the legislators that they are contacting. In late June of 2009, the Illinois Chapter began utilizing the CapWiz legislative alert system. Over 4,000 NASW Illinois members in the state sent a total of over 27,600 emails to their elected officials and media outlets since that time (J. L. Rubin, personal communication, February 3, 2010). Use of the CapWiz system has greatly enhanced the ability for our members to participate in social advocacy.

Social Work Month and Promoting the Profession Through Public Education

March of each year is designated as Social Work Month in the U.S. Celebration of social work month allows the national organization, as well as all of the state chapters, many opportunities to educate the public about what professional social workers do. In Illinois, like many other chapters, special efforts are made to nominate individuals for awards in recognition of their efforts in the field. Membership districts within the state recognize a *Social Worker of the Year*, a *Public Citizen of the Year* and a *Lifetime Achievement Award* winner. All of these individuals are recognized in their membership district and three individuals are recognized on the state level after all nominations are reviewed. The individuals who are recognized each year have made tremendous contributions through their professional efforts and commitment. The awards are given and publicized through local press, which provides the NASW chapter an opportunity to educate the public about the profession through the examples of outstanding and accomplished social workers as well as public citizens who are exemplars of the values and principles that are held in high esteem by the social work profession. In addition to the recognition of social workers who have distinguished themselves, each Social Work Month has a theme that serves to provide a focus for the activities designed to highlight the profession. For example, the 2010 theme is *Social Workers Inspire Community Action*.

National and State Initiatives to Reinvest in Social Work

In 2009, the national organization was successful in getting federal legislation introduced that is intended to address some very specific challenges to the social work profession. In the United States those challenges include "serious safety concerns, significant educational debt, and comparatively insufficient salaries" (NASW, 2009). If

this legislation is passed, it could mean the establishment of a commission charged with carrying out a thorough analysis of current trends in both the social work academic and professional communities. It would also be the charge of the commission to develop long term recommendations and strategies to increase social workers' ability to effectively serve a wide range of individuals, families and communities. As identified by NASW, specific areas of focus for the proposed commission would be, "seeking fair market compensation, high social work educational debt, social work workforce trends, translating social work research to practice, social work safety, the lack of diversity in the social work profession, state level social work licensure, and the impact of these issues have on the areas of aging, child welfare, military and veterans affairs, mental and behavioral health and disability, criminal justice and correctional systems, health, and issues affecting women and families," (SWRI, NASW 2009).

In addition to the creation of a social work reinvestment commission, the Social Work Reinvestment Act will also support the development of competitive grant programs focused on workplace improvements, research, education and training, and community-based programs of excellence. Universities and other research entities would benefit from financial support of research currently underway related to effective social work services. The expectation is that investment in research efforts will "support the ongoing efforts to establish the most effective social work solutions in direct service to the growing numbers of individuals, families, and communities in need. The legislation also calls for the establishment of a national coordinating center that will work with universities, research organizations, and practice settings to develop a research agenda. It will also handle the selection of individuals who will be funded to carry out research as well as to develop mentorship opportunities and carry out professional development activities to further strengthen the profession (SWRI, NASW, 2009).

As part of a national leadership meeting held in 2007, chapter presidents from across the country were able to accompany their chapter's executive director on a round of visits to their Senators and Representatives. Discussions were held with the elected offices about the contributions that social workers make and importance of supporting the Social Work Reinvestment Act. State chapters will continue to work on gaining support for this initiative at both the federal and state level as the need for qualified social workers continues to grow, especially the areas of child welfare and practice with the elderly.

Licensing

Another example of the critical role that a professional association can play in support of the social work profession is in the area of licensing. Illinois, like nearly every other state in the U.S. has played a major part in obtaining a law that allows for the licensing of qualified individuals in the profession of social work. The Illinois law was recently reauthorized for another 10 years and while the legislation is in need of significant revision, the fact that such legislation exists is critical to protecting consumers of social work services by articulating the basic criteria that individuals must meet in order to use the title of social worker and provide services is vital. A licensing task force has been formed to identify the aspects of the legislation that need to be revised.

Continuing Education and Professional Development Opportunities

In response to compelling national issues, NASW Illinois hosted a timely conference focused on bridging health care disparities in September of 2007 and a symposium in 2008 focused on leadership and serving U.S. military veterans. Hard work by planning committees for both resulted in well-received events that made a contribution to Illinois social workers' knowledge and ability to serve. The 2009 conference held in Chicago, entitled *Meeting of the Profession,* provided an opportunity to reflect on social work practice in challenging economic times and to chart an individual and collective course for the future.

While addressing pressing issues on the home front, it is also important to note that the Illinois chapter, through its International Activities Network, has been active in bringing international social work delegations to the state to participate in a variety of professional development activities intended to promote the sharing of social work interests and expertise. Over the last few years our chapter has welcomed delegations from England, Mexico, and Germany.

In addition to the conferences and international activities the Illinois chapter sponsors, it recently developed a Social Work Academy that allows for a variety of other ways to earn continuing education credits that are required by law in Illinois to maintain a professional social work license. It is possible to participate in Live Virtual classroom training, web-based recorded training, live chapter events, as well as through the electronic newsletter that is published by the chapter (NASW-IL, 2010).

Looking Forward – the Relevance of a Professional Association

Looking forward, a major challenge that NASW is facing at both the state and national level is helping new social workers understand the value of belonging to a professional association like NASW. There are many ideas about how to best do this. On a national level, NASW has undertaken a public education campaign about the contributions that social workers make to society. On the state chapter level, a number of strategies have been implemented, aimed at encouraging social work students and young professionals to join NASW by emphasizing the networking possibilities, providing career development workshops, maintaining an online career center, providing an exhibition hall at biannual conferences where representatives from potential employers throughout the state can come to meet with social workers seeking employment possibilities. The chapter also continues to highlight leadership opportunities that are available for students through the state chapter. In addition, there is a board position for an undergraduate social work student as well as one for a graduate social work student. Further, there is a newly initiated awards program that seeks to recognize the accomplishments of emerging leaders under the age of 40 in our profession. Chapter staff members work very hard to keep the NASW Illinois website up-to-date so that students and young professionals will see that the organization has much to offer that is relevant, readily available and responsive to their professional needs.

Conclusion

The intention in writing this article was to communicate about the obligation social workers have to participate in social advocacy efforts and to highlight what a professional association like NASW can do to support these efforts as well as carry out activities to support the profession and its practitioners. NASW faces the challenge of recruiting and retaining new members who see the value of a professional affiliation with our organization. Efforts in the future will no doubt include increased outreach to social work educators in an effort to help them understand how valuable membership is in supporting effective social work practice at both the micro and macro level. Social work educators have a pivotal role in helping their students perceive the value in participating as a member of a professional association. In the meantime, it is certain that the national association as well as its chapters will continue to promote the value of the profession and carrying out social advocacy efforts in keeping with their respective missions.

References

Barker, R. L. (2003) *The Social Work Dictionary (5th ed.).* Washington, DC: NASW Press.

Capitol Advantage (2010) http://capitoladvantage.com/capwiz

Hamilton, D. & Fauri, D. (2001) Social workers' political participation: Strengthening the political confidence of social work students. *Journal of Social Work Education,* 37, 2, 321–332.

Hartnett, H., Harding, Scott, Scanlon, E. (2005) NASW Chapters: Directors' perceptions of factors which impede and encourage active member participation. *Journal of Community Practice,* 13, 4, 69–83.

Ritter, J. A. (2008) A national study predicting licensed social workers' levels of political participation: The role of resources, psychological engagement, and recruitment networks. *Social Work,* 53, 4, 347–356.

Learning to Give (2010)
        http://learningtogive.org/search/quotes/Display_Quotes.asp?subject_id=20&search_type=subject

NASW (2003) *National Association of Social Workers Mission Statement.*
        http://www.socialworkers.org/nasw/annualReport2003/mission.asp

NASW(2005) Practice Research Network.
        http://www.socialworkers.org/naswprn/surveyThree/report0205.pdf

NASW (2008) *National Association of Social Workers Code of Ethics*
        http://www.socialworkers.org/pubs/code/code.asp.

NASW-Illinois (2008) NASW-IL SWRI. http://www.naswil.org/swri.htm

NASW (2009) *Dorothy I Height and Whitney M. Young, Jr. Social Work Reinvestment Act*
        http://www.socialworkreinvestment.org/Content/111th/Factsheet2009.pdf

NASW-IL (2010) *National Association of Social Workers Illinois Chapter Mission Statement.*
        http://www.naswil.org/downloads/pdf/Awards_Nomination.pdf

Inclusion and Local Development.
Challenges for Local and Regional Government[1]

MATTHIAS SCHULZE-BÖING[*]

Introduction

"Active inclusion" has become a keyword in the discourse on social policy and the consequences of the Social Agenda of Europe[2]. The concept of active inclusion is addressing policies at all level. In this context the local level of social policy is of outstanding importance, since that is where people live, where poverty and exclusion are experienced in a most concrete way. In many respects it is the local level, where public institutions are next to the various expressions of social exclusion, to social problems in their multidimensionality, to conflicting interests and to the consequences of the scarcity of resources.

But there is also evidence, that policies on the local level, adapted to the specific conditions of cities and regions are most effective in tackling the problems of exclusion, if delivered at high quality standards and responsive to the needs of populations and specific target groups[3]. Thus, it makes sense to reflect on the role of local authorities, the current challenges they have to meet, on the strategic options and the state of implementation of active inclusion policies on the local level.

Local and regional authorities as key actors in social policy

Local and regional authorities make important contributions to a Social Europe. They are key actors in the implementation of employment and social as well as of health and integration policies. Cities and regions are most affected by problems of social disintegration, unemployment and poverty.

Local authorities throughout Europe are challenged by the impacts of the economic crisis, by flows of immigration (legal and illegal), demographic change and the

---

[*] Department for Employment and Integration Policies, City of Offenbach am Main, Stadt Offenbach am Main Rathaus Berliner Str. 10063065 Offenbach am Main, Germany, T. 0049-69-244501-200, E-mail: schulze-boeing@offenbach.de
[1] Paper presented at the 2nd Edition of Conference "Building Better Social Services by Working Together", 7–8 June 2010, Cluj-Napoca, Romania.
[2] See Commission of the European Communities (2008).
[3] See among many others Naschold et al. (1997); Dettling (2001).

globalisation of markets and industries. There is a need of a localised strategy towards globalisation and discontinuity.

Local authorities are most often the main providers of social services. They are responsible for the accessibility, coverage and quality of these services. In many countries cities and regions also have to provide funding for social assistance and social services.

Challenges for inclusion policies

Exclusion is multifaceted and multidimensional. It is expressed by income below the poverty-line, lack of participation, poor education, missing employment opportunities and – not the least – disadvantages with regard to the access to services and resources.

As a consequence inclusion-policies have to be holistic and multi-disciplinary. Employment-, social-, health-, education- and housing-policies (to name but a few) can and should be interlinked in order to make inclusion policies more effective (Schulze-Böing et al., 2005).

Immigration also needs a close cooperation of different sectors. Immigrants need housing, but at the same time they need access to the labour market, language skills and professional skills. Furthermore immigrants need support in adapting to the cultural norms of the host society. Social services have to take social and cultural diversity into account as a feature of the groups and communities they adress. The awareness of diversity is key for the quality of social services.

Another important issue is the shift from purely reactive and curative measures to a more preventive approach. Good and inclusive educational services e. g. can prevent unemployment of young people. Active employment policy can prevent poverty and secure social and economic participation.

Holistic policies as a challenge for local authorities

Local and regional authorities are best prepared to deliver multi-sector policies. They are close to the citizens and interact with all actors on the local level – be it private business or civic institutions. Integrated developmental strategies, integrating policies for the improvement of neighbourhoods, educational measures, integration and employment policies have proofed to be successful and efficient. Local and regional employment policies are another field of holistic approaches, interlinking labour market policies, social assistance, economic development and education (Schulze-Böing, 2003a).

A holistic policy-approach is still a big challenge for local and regional authorities[4]. There is much room for further development. To overcome silo-mentalities[5] between and within administrations is crucial to unfold a culture of cooperation and multi-perspective thinking. Linking with the private sector and civil-society-actors carries big potential for inclusion policies as well.

---

[4] For the general concept of "holistic government" see Perri 6 et al. (1999).

[5] i. e. a mentality focusing attention and efforts on a restricted domain of formal responsibility only, ignoring or even neglecting the complex interdependency of the different areas of social reality, of external effects of decisions and the added value of cooperative problem solving of different institutions, governmental departments and/or civic and state organisations.

Integration of vulnerable groups into the labour market – a key issue of local strategies

Work and employment are key for sustainable social integration. Thus work-integration and employment policy should be put on top of the agenda of local social strategies. Among these support for vulnerable groups with a distance to the labour market is most important. High unemployment hits people with poor skills, social disadvantages and a long record of unemployed hardest. They face the risk of being excluded from work opportunities, income and social participation.

Most often it is not only a job opportunity that is missing (although in many regions there are severe job shortages). Obstacles for the entry into employment, e. g. poor education, a lack social skills, indebtness, substance abuse, have to be overcome as well.

Since vulnerable groups are hard to place in employment, they need specific counselling and placement services, which take their individual situation and their social context into account. Case management, linking employment services with social integration measures, health services and skills-training are all important for tailor-made support. Case management is a methodology which may help to integrate different kinds of services. As part of employment services it needs good functioning networks at the local level, "just-in-time" access to expertise and various social services, including health, housing, finance and child care.

Thus, inclusive labour market policies on the local level are an interdisciplinary venture, linking employment services, social services, youth help, education and economic development (Schulze-Böing 2002; Schulze-Böing 2003; see figure 1).

Figure 1. The multidimensionality of local employment policies
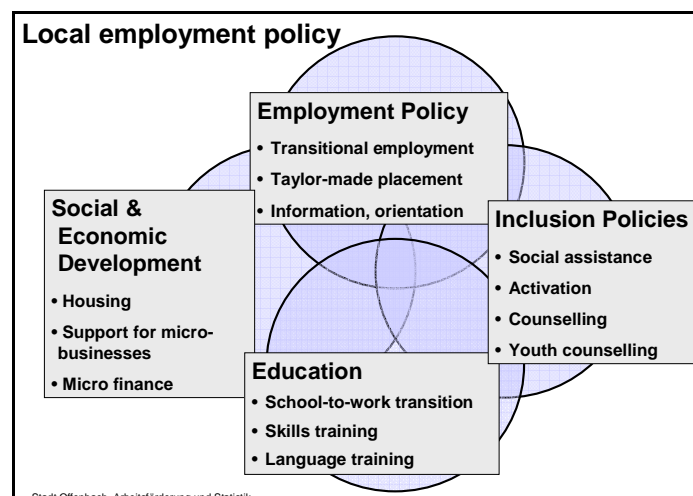
From the users' perspective the case management should work in a structured, resource-oriented and communicative way, starting with a valid diagnosis and an in-depth profiling with regard to their employability, individual resources and need of support. The trajectories from unemployment back to work function best, when individually planned and mutually agreed by the service provider and the client ("integration agreements"

between case-managers and clients). Trajectories should also be monitored and subject to revision in certain intervals, which is up to the case-manager as a coordinator of help and a guide on the way back to work (European Social Network, 2009).

Moreover, inclusive employment services are multifaceted. They offer a range of services and support measures to meet the needs of each individual.

Since many individuals have several obstacles to overcome different measures are needed. The approach taken in the city of Offenbach (Germany) may serve as an example for this (see figure 2).
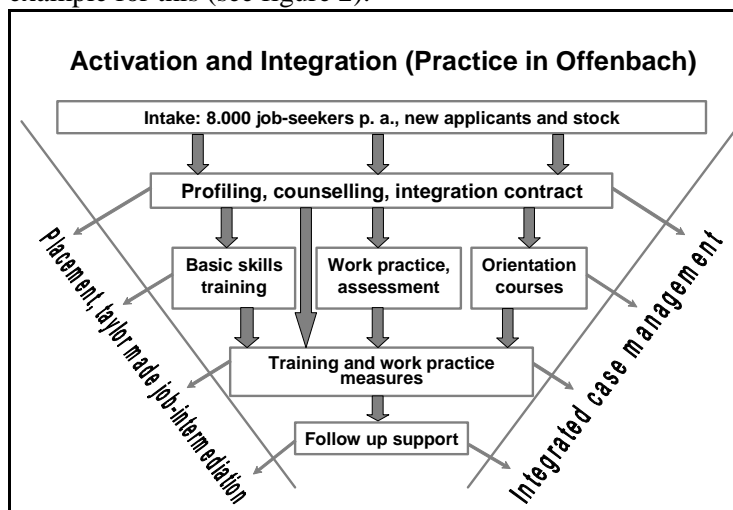
Figure 2. The integration into work as a structured process

In many cities and regions immigrants and /or ethnic minorities are a specific challenge for employment policies. Their language skills are often inadequate; they were brought up in the environment that culturally (in some respects) is not compatible with the requirements of a modern labour market (e. g. the role of women) and have a low level of vocational education or no such education at all. To help these people, language training, work experience (e. g. in sheltered jobs or community work, see Evers /Schulze-Böing, 2001), skills development and orientation in the regional labour market have to be combined in an integrated strategy. Sensitivity for cultural issues, diversity and the social context of the individual are of special importance in this area. Specific staff-skills and management competencies are needed, to provide quality services for ethnic diverse groups and the hard-to-place.

Networks and Cooperation – enhancing quality and efficiency through mutual learning

Social service providers need a permanent development of strategies and policies, improvement of staff skills and access to knowledge, best practice models and exchange on issues of quality and efficiency of services. Cooperation between different actors within regions is necessary for the coordination of efforts, the setting of standards and the joint monitoring of social development as well as social service outcomes. Transregional and transnational networks can also help to exchange experience, participate in knowledge and

transfer innovation between local authorities and service providers. The Council of European Municipalities and Regions (CEMR) promote networks of local authorities experts throughout Europe. It has contributed to the European Employment Strategies, especially to the awareness of its local dimension. CEMR´s committees and working groups are platform for exchange among local authorities associations and for a continuous dialogue with the European Commission and representatives of European politics on all levels.

The European Social Network (ESN) is another excellent example in bringing experts together on an EU-wide level. With its projects and working groups ESN may be seen as a catalyst of good practice on the local level[6].

The cooperation within local authorities associations, EU-funded projects and interdisciplinary networks of professionals can be effective drivers of quality development. On a more sophisticated level, benchmarking among social services can contribute to continuous and mutual learning.

Conclusion

The local level is key for the implementation of active inclusion policies. Public social services can meet the challenges of poverty, unemployment and social disintegration in cities and regions only, if they are ready for further development. The traditional logic of delivery of services in separated "silos" of responsibility and operational processes may no longer been viewed as appropriate to the complexity and multidimensionality of the problems of immigration, exclusion from work or in deprived neighbourhoods. As a consequence interdepartmental and cross-sector cooperation, active networks of all actors on the local and regional level and a holistic approach of strategy are needed. Focussing on processes and outcomes should be a basic approach of social management. Social services need a variety of instruments and methodologies. In a complex, fast changing environment, they also have to strive for situational flexibility, a spirit of cooperation among their staff and an awareness of systemic interdependencies in the social and economic reality.

Public social services as well as private providers and civic organisations should regard themselves as learning systems, ready to cooperate with each other and enter a permanent process of quality development and innovation. Mutual learning is the basis for quality and innovation.

Quality and innovation in social services are preconditions for any progress to be made in the development of effective inclusion policies.

References

Commission of the European Communities (2008) *Communication from the Commission of the European Communities to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions on a Commission Recommendation on the active inclusion of people excluded from the labour market*. Brussels: Commission of the European Communities.

---

[6] For more information see www.esn-eu.org

Dettling, W. (2001) *Die Stadt und ihre Bürger*. Gütersloh: Bertelsmann-Stifung.

Evers, A. and M. Schulze-Böing (2001) „Social Enterprises and Transitional Employment". In: Carlo Borzaga, Jacques Defourny (eds.): *The Emergence of Social Enterprise*. London and New York: Routledge.

European Social Network (2009) *Pathways to Activity: Active inclusion case-studies from the ESN policy & practice group "active inclusion and employment"*. Brighton: European Social Network. http://www.esn-eu.org/active-inclusion/index.htm

Naschold, F., M. Oppen, A. Wegener (1997) Innovative Kommunen. *Internationale Trends und deutsche Erfahrungen*. Stuttgart: Kohlhammer.

Perri 6 et al. (1999) *Governing in the round: Strategies for holistic government*. London: Demos.

Schulze-Böing, M. (2002) "The local government involvement in the Luxembourg Process on employment." In: *Governance and the Open Method of Coordination*, Brussels: CCRE/CEMR.

Schulze-Böing, M. (2003) "Local Employment Policy: Challenge for Local Government Strategy and Practice". In: *The Future of Work in the City; German Journal of Urban Studies*, *Nr.2/2003*; http://www.difu.de/node/6241

Schulze-Böing, M. (2003a) "Lokal handeln für Beschäftigung – die lokale Dimension der europäischen Beschäftigungsstrategie". In: H. Hackenberg (Hg.): *Lokale Arbeitsmarktpolitik – Stand und Perspektiven [Local Policy of Labour Market. Actual Situation and Future Perspectives]*. Gütersloh: Verlag Bertelsmann Stiftung. Also published in: *Europa Kommunal nr.4/2003.*

Schulze-Böing, M., Feindt, S., Seibel, K. und Siemon, H. (2005) *Die europäische Beschäftigungsstrategie. Die lokale Dimension, kommunale Handlungsmöglichkeiten. [European Strategy Regarding Jobs. Local dimension, action opportunities at comunal level]*. Offenbach am Main: Stadt Offenbach, Amt für Arbeitsförderung.www.beschaeftigung-kommunal.de/download/EBS_01_32.pdf

Quality of Life in Clarksdale Public Housing before HOPE VI

RAMONA STONE[*]
ROBIN C. VANDERPOOL[**]
ANITA P. BARBEE[***]
DANA PATRICK[****]

Introduction

Until 2005, Louisville's residents knew the Clarksdale area as a public housing project with high poverty, where drug dealing, prostitution, and other criminal behavior were a harsh reality. The urban area where these apartments were located were the least likely to attract commercial and real estate investments and thus to generate jobs, inevitably becoming an economic burden for the community (Turner et al, 2007; HUD, 2002; GAO, 2003). As with other public housing sites (Abt Associates, 1996; Buron et al, 2002) across the United States, Clarksdale housing was developed for the low-income working families, but over the years the population profile changed significantly. With the increase in supply of affordable homes in the suburbs, middle class working families moved out of public housing, while very low-income residents remained in Clarksdale and additional impoverished families moved in (Stone et al, 2007). Low incomes yielded minimal revenue and thus minimal investments in the management of public housing, leading to substandard housing that is very expensive to maintain. Further, unkempt housing had a negative impact on the revenue of local businesses; over the years the majority of them moved to neighborhoods with higher economic status. With the businesses leaving the area, there were lost employment opportunities, driving this area into an even deeper poverty.

Along with economic and social issues, such as poverty, unemployment, and high crime, this area had to be demolished due to likely health hazards that could not have been eradicated otherwise. Examples of hazards identified in the literature are mold, lead and asbestos, and rats and cockroach infestation (Popkin et al, 2004).

[*] University of Kentucky, College of Public Health, Department of Health Behavior, 121 Washington Street, Lexington, KY 40536, E-mail: Ramona.Stone@uky.edu
[**] University of Kentucky, College of Public Health, Department of Health Behavior, 121 Washington Street, Lexington, KY 40536, E-mail: Robin@kcr.uky.edu
[***] University of Louisville, Kent School of Social Work, Oppenheimer Hall, Louisville, KY 40292, E-mail: Anita.Barbee@louisville.edu
[****] University of Kentucky, Martin School of Public Policy and Administration, E-mail: Dana.Patrick@uky.edu

Not only was it less costly to demolish and rebuild energy efficient units compared to renovating the existing ones, the area developed a decades-long reputation as an undesirable place to live due to its high crime and poverty. It would have been very difficult to attract higher incomes groups to this area which are the critical ingredient for rebuilding the social and economic environment. The Clarksdale neighborhood carried a social stigma that could only be removed by tearing down the old neighborhood and rebuilding it under a different name. The dire physical, social and economic state of the neighborhood had to be addressed with a comprehensive approach that included physical, economic, and social rehabilitation of the area.

Louisville Metro Housing Authority (LMHA) received a Housing Opportunities for People Everywhere (HOPE) VI grant from the Housing Urban Development (HUD) agency in Washington, DC. The purpose of the HOPE VI federal program (Abt Associates, 1996; Popkin et al, 2002) is to assist the local government to redevelop Clarksdale, to generate and stimulate economic growth, and to reduce the poverty rate. They developed a network of private and public agencies to work together to rebuild the Clarksdale area under a new name, Liberty Green. The new development has energy efficient housing, and a mix of publicly and privately owned units. Some units are available at market value prices while others are subsidized and prices are set based on a sliding income scale. The intent of this pricing strategy is to attract people with various social and economic capitals, which would in turn attract business investment to the area.

The social rehabilitation plan includes more than bringing a new and diverse population in the area. The residents of Clarksdale and of neighboring areas were strongly encouraged to participate in the redevelopment process, to make their voices heard, and to contribute to the rebuilding of their community. To achieve this goal, a relevant and meaningful case management program had to be developed. This program had to address the primary barriers individuals in this community had to lifting themselves out of poverty. A series of community supportive services (Stone et al., 2007, 2008) were made available as part of a case management program, with the overarching goal to improve the social and economic capital of the residents directly impacted by the Clarksdale development project. About 20% of the federal funds were budgeted for the development of training, education and other types of programs that would directly benefit the former and current residents of the area (LMHA, 2002). The Department for Special Programs within the LMHA developed a comprehensive plan to meet the complex needs of this population, and streamed-lined the service delivery system to avoid duplication of services. Some of the services were provided by their own case managers, others by staff of locally sub-contracted agencies. The three main social services were focused on improving education, job readiness, and on life skills development.

Neighborhood Characteristics

The Clarksdale neighborhood was an enclave within Census Tract 59 located in downtown Louisville-Jefferson County, Kentucky where 695 families were living in poverty and exposed to habitual crime while only a few miles away other people enjoyed much better quality of life. Because Census data was not available specifically for the Clarksdale area, we used CT59 as a proxy for the neighborhood. However, it is important to note that CT59 does

not fully represent Clarksdale. For example, CT59 also includes a very high income neighborhood that skews the data significantly. For instance, according to the 2000 US Census, the proportion of African Americans in CT59 was 65%, while in Clarksdale it was over 98%. With this limitation noted, we present a comparison of the CT59 community profile with Louisville-Jefferson County in Table 1. The unemployment rate in CT59 was 9.3%, significantly higher than the 3.3% unemployment rate at the county level.

Table 1.

Neighborhood Socio-Demographic Characteristics

Socio-Demographic and Economic Characteristics	Census Tract 59 (CT59)		Jefferson County	
	N	%	N	%
Population 1990	5,577	1.0	538,406	100
Population 1999	5,077	0.9	571,414	100
By Age Groups (1999)				
0–17	1,427	28.1	134,429	23.5
18–64	3,158	62.2	358,979	62.8
65 or older	492	9.7	78,006	13.7
% Minority	–	65.6	–	23.4
% Children in Single Parent homes	–	62.7	–	25.6
% Below High School education	–	39.1	–	18.2
Dropout 7–12 grades	19	10.6	1,948	5.0
1.1.1.1.1.1.1 Free /reduced lunch	475	80.0	48,965	42.3
% Below Poverty				
People of all ages	–	57.7	–	12.4
Families	–	57.2	–	9.5
% Children <18	–	78.7	–	18.1
% Population 65+	–	43.7	–	8.8
% Single mother with children age ≤ 5	–	83.4	–	13.7
Median Income (1999)				
Household	$9,367		$39,457	
Family	$10,639		$49,161	
$ Per Capita Income	$9,198		$22,352	
Disability Rates by age				
5–20	–	19.9	–	8.8
21–64	–	36.1	–	19.9
65+	–	66.7	–	42.0
Births 2000–2005	627		56,737	
Mother below age 20	115	18.3	6,675	11.3
Mother not married	517	82.5	25,036	42.5
Mother not High school graduate	334	53.3	26,882	45.6
Low birth weight	93	14.8	5,398	9.2
Offenses (2003)	745	14.7	34,630	6.1
Offenses (2004 and 2005)	1,369	13.5	73,313	6.4
Arrests (2003)	603	11.9	24,527	4.3
Households (1999) with:	2,499		287,012	
Earnings	1,330	53.2	226,641	78.9
Social Security	650	26.0	77,670	27.1
Supplemental Security	420	16.8	12,901	4.5
Public Assistance	265	10.6	8,878	3.1
Retirement	249	10.0	53,847	18.8

The income and employment data from the US Census 2000 show that 57.7% of residents in CT59 were in poverty, only 53.2% of the households had earnings from

employment as compared to the county rate of 78.9%, and only 10% of the households had retirement income as compared to the county rate (18.8%). Retirees had very low incomes due to working and retiring from low paid job. Others were receiving social security income, supplemental security income (SSI) or cash assistance. Note that the social security and supplemental security income are federal programs for individuals who are 65 years of age or older, and for individuals who have a physical or mental disability.

Finally, the proportion of people who took advantage of cash assistance income, also known as welfare, was more than three times higher in the CT59 area (10.6%) than in the rest of the county (3.1%); the majority of this group were single mothers with less than high school education. About 83% of the families in the CT59 area had a female as a head of household who had at least one child age 5 or below; at the county level this rate was 13.7%. Furthermore, the children in this area were more likely to live in poverty (78.7%), to have a single parent (86.3%) with below a high school education (39%), to be born out of wedlock to teen mothers (17%), to be born with below normal weight (16%), and to have a disability (16.2%), as compared to children living in other areas of the county.

Along with the indicators of deep poverty due to low income and low education, this highly segregated area was also known for its high crime rates. For instance, in 2003–2004, the rate of offenses in this area was 14.7%, more than twice the county rate of 6.1%, while the rate of arrests was almost three times higher (11.9% as compared to 4.3%).

Clarksdale Population Profile

Clarksdale households included 1,767 individual residents (Table 2), of which 874 were adults and 893 were children below age 18. There were 1,157 females (65.5%) and 610 males (34.5%). Of the 1,767 residents, 276 (15.6%) were 5-years old or younger, 617 (34.9%) were 6-18-year olds; 806 (45.6%) were adults ages 19 to 64, and 68 (3.8%) were ages 65 or above. The majority of residents were African-American (1,716 or 97.1%), 41 were Caucasian (2.3%) and 10 were of other race (0.6%).

The data for the marital status, education, and employment is reported only for the relevant age categories. Thus, of the 959 individuals who were ages 16 or older, 242 (25.2%) were single, 18 were married (2.1%), and 59 were divorced, separated, or widowed (6.8%); marital status information was not available for 640 of the residents age 16 and above (73.2%).

The employment, education and income data paint a bleak picture. Only 118 (12.3%) of the 959 residents of working age were employed, and the majority, 617 (64.3%), had no work experience. The unemployment rate among the former Clarksdale residents was over 87%. Barriers to employment, such as lack of education or work experience, and the difficulties with child care arrangements, can be overcome for a large proportion of the residents through participation in case management. At baseline, of the 874 adults who were ages 19 or older only 215 (24.6%) were high school graduates and another 42 (4.8%) had a GED; 617 residents, or 70.6%, had less than high school education.

It is intriguing that among this very poor population with so many young children there are only a few residents who are taking advantage of the cash assistance (welfare) and in-kind supports such as food stamps and Medicaid. There were only 63 individuals (8.6%) who had welfare assistance, 132 (18.1%) had food stamps, 23 (3.1%) had

Medicaid, and another 23 (3.1%) had social security disability income. Another strategy to increase the family income would be to collect child support from the fathers of the children who live only with their mothers. At baseline, only 39 homes with children listed child support as a source of income.

Table 2.

Clarksdale Population Characteristics

		N	%
POPULATION			
Households		695	100.0
	Female Head of Household	636	91.5
Individuals		1,767	100.0
	Adults	874	49.5
	Children	893	50.5
DEMOGRAPHICS			
Age Categories		1,767	100.0
	0-5	276	15.6
	6-18	617	34.9
	19-64	806	45.6
	65+	68	3.8
Race			
	African American	1,716	97.1
Marital Status			
	Total Individuals Age 16 or older	959	100.0
	Single	242	25.2
	Divorced/Separated/Widowed	59	6.8
	Married	18	2.1
	Unknown	640	73.2
Education			
	Total Individuals Age 19 or older	874	100.0
	High School/GED graduate	257	29.4
	Not GED/HS graduate	617	70.6
EMPLOYMENT AND INCOME (Age 16 or older)		959	100.0
Employment			
	Employed	118	12.3
	Unemployed	189	19.7
	Unemployed/Unable to work	35	3.6
	Unemployed/No work history	617	64.3
Income Sources			
	Employment	118	12.3
	Welfare/Cash assistance	65	6.8
	Food Stamps	132	13.8
	Medicaid	60	6.3
	Disability Income	23	2.4
	Child Support	39	4.1
	Other	38	4.0
Barriers to Employment			
	Physical/Mental Disability	46	2.6

Source: Administrative records as of December 2006

Case Management Participation

Case management services were primarily geared toward achieving self-sufficiency as measured by improvements in education, employment, and income. Elderly

and people with physical or mental disability had to be provided very different, and in some cases, very specialized case management services. Thus, the case management for the older adults (age 65 or above) and for clients with disabilities was provided by Elderserve, Inc. and other specialized agencies.

All other residents were eligible for the community supportive services focused on increasing employment readiness. The caseload tracking system showed that between January 2005 and December 2007, about half of the families did not participate in case management for different reasons: 207 did not accept the services, 50 of them no longer needed them, 137 moved out of the area and were not responsive to offers of service.

Two years after the case management was available, there were 325 households of the 695 original Clarksdale families who took advantage of these services; specifically, 235 received community supportive services, 111 received family support services, and 89 were enrolled in general case management.

Although not all residents were actively participating in a case management program at baseline, over time all former Clarksdale residents were assisted with services. Examples of such services included transportation related to medical or employment needs, child care subsidies, completing applications for cash assistance, food stamps, and Medicaid, or completing requests for disability, social security or supplemental income.

As of December 2007, the administrative data shows that there were 366 people with new job placements of which 85 were employed for six months or longer, and 106 were employed within two years from relocation; 28 were enrolled in a high school or equivalent education program and two of them graduated; 27 were enrolled in job readiness training and 77 in job skills programs.

To enable parents to attend courses, and to acquire and retain employment, transportation and child care services were made available. After-school tutoring was provided to 40 children, family self-sufficiency support services to 17 children, and 21 children were provided with other services, such as mentoring and counseling. Finally, there were 21 residents who benefited from home ownership support services, had individual development plans, or were involved in a "self-help" operation; of these, 11 graduated and received a substantial down payment for a home.

Data and Methods

For the evaluation plan we used a mixed methods approach, including both a formative and a summative component. The first article (Stone et al., 2007) reported on the formative component of the evaluation; it described the social and political context in which the community supportive services became a required component of the urban housing redevelopment policies, and it described in detail the activities associated with these services.

The primary focus of the summative evaluation is on four subject areas (Popokin et al, 2002, 1) neighborhood characteristics, 2) perception of relocation, 3) socioeconomic status, and 4) health status of adults and children. Earlier in this paper we reported on the CT59 neighborhood and the Clarksdale area's overall demographic and socioeconomic characteristics at baseline. Going forward, we report on the survey participants' baseline demographics, socioeconomic and health status, and relocation perceptions. The baseline is defined as "before" or "soon after the relocation".

Data Sources. The primary data source for the summative component of the evaluation is a survey conducted at two points in time: at baseline (2005–2006) and at follow-up, which was collected three years later, during 2008–2009. The secondary data source is the administrative tracking system maintained by the housing agency.

Once the baseline survey data was available, it was matched and merged with the administrative data, by resident identification number. It is noteworthy that for some data items (e.g., employment status, income, health insurance) information was available from both sources, and when we found inconsistencies between the two data sources, we used the survey data in the analyses. The administrative system included case management participation records that are critical in the later part of the evaluation.

Data Collection. The baseline survey was conducted between July 2005 and June 2006, with appropriate confidentiality procedures set in place. The main purpose of the evaluation is to assess the effectiveness of the community supportive services, and although the older adults did not receive these services, we included them in our study. The evaluation team decided that it was important to collect baseline information that was representative of all former Clarksdale residents, not only of those eligible for CSS. Thus, the sample was selected from the entire population of former Clarksdale residents using a stratified random technique, with family structure being the stratum criterion. We identified three types of families that lived in Clarksdale: 1) families with children, 2) families of older adults and with no children, and 3) families without children and without older adults.

Due to the small number (59) of families with adults age 65 and over, all were retained in the sample; note that majority of these households were homes with a single older adult. For the other two groups, it was estimated that to achieve a ±5% precision level and 95% confidence level, there would need to be a minimum sample of 200 families from the group with children, and 155 families without children or older adults. Note that some families with children also included older adults. To account for non-responses we over-sampled these two groups by 30%. The final targeted sample size was 405 households of which we were able to interview 343, yielding a response rate slightly above 84%; one survey was incomplete and we did not include it in the analyses, thus the baseline reporting is based on the information collected from 342 households.

The survey response rates were different across the three groups. The highest response rate was in the group of families with children were we were able to reach 96.4% (188 of 195) of the targeted number. From the group of families with no children and no older adults the response rate was 76.8%, or 116 of 151. Finally, the lowest response rate was in the elderly group; we interviewed 38 of the 59, or 64.4% of targeted older adults.
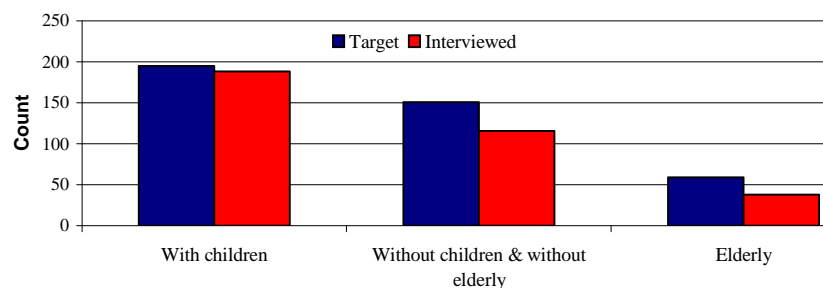
Figure 1. Number of Target and Interviewed Residents

Data Items. The survey included questions about the family, the Clarksdale neighborhood, the family's home in Clarksdale, and about their feelings regarding the relocation. Specifically, we collected demographic and socioeconomic characteristics for all individuals in the family, including school attendance and extracurricular activity involvement, data on physical and mental health of adults and of children, on their access to health and social services, and their perceived interpersonal support and sense of community while residing in Clarksdale. Physical and mental health were measured using several validated scales: Chronic Stress scale developed by Turner, Wheaton and Lloyd (1995), Radloff's Depression scale (1977), Derogatis Anxiety Subscale of the Symptom Checklist (1994), the Yesavage Depression (1988) scale for the elderly, and the Physical Health measure of Ware, Kosinksi, and Keller (1996). Demographic items were adapted from the National Survey of American Families (1999). The data analyses were conducted with the Statistical Program for Social Science (SPSS).

Findings

Demographic Characteristics. Descriptive analyses of the basic demographic indicators showed (Table 3) that all respondents in the survey sample were African-American, primarily female (89.5%), and rarely married (3.8%). These figures are fairly similar to the data reported in Table 2 for the population, where 97% were African American, 87% were female heads-of-household, and 2.1% were married. The average age of the survey participants was 41 years (SD = 16). The 342 households consisted of 848 people, of which 451 (53.2%) were children and 397 (46.8%) were adults. There were 557 (65.7%) females and 291 (34.3%) males. Note that 37.7% of the respondents to the survey were high school or GED graduates. Similarly, assuming one individual per household that is 19 or older, we conclude that the 257 individuals with a high school degree or GED in the population (Table 3) represent about 37% of the 695 households.

Socioeconomic Characteristics. The majority of respondents were unemployed (72.2%) and had incomes below $5,000 per year. The proportion of people who received food stamps assistance or other type of in-kind support was 67.8%. As shown in Table 3, 302 out of 342 surveyed households or 88.3%, were below the federal poverty level, while the remainder were at or only slightly above the poverty level. Of the 302 surveyed households with income below federal poverty levels, 180 were households with children. There were 421 or 93.3% of the total number of 451 children in our sample who were living in poverty. While the majority of former Clarksdale residents were eligible for social supports, the administrative and the survey data showed that only 14.3% were taking advantage of cash assistance.

The survey data reveals that over 70% of the residents employed at baseline obtained their jobs after the relocation. Specifically, of the 94 (27.5%) who were employed at the time of the baseline interview, 29% had their job for three to twelve months, and almost 37% had their job for less than three months; only 22.8% had their job for three or more years, and another 11.4% were at the current job for at least one but less than three years. Further, the data shows that 40.4% of the employed were working 35+ hours (full-time), 43.6% worked between 20 and 35 hours per week (part-time), and about 16%

worked less than 20 hours per week in odd, temporary, or seasonal jobs. The average hourly wage was $8.50, significantly lower than the county level of $13.92 as reported by the Bureau of Labor Statistics in 2006. Low pay is associated with lack of previous work experience (35.4%) and lack of high school education (62.3%), but also due to a lack of experience in job searching. Of the 247 respondents who were unemployed at the time of the survey, only 54% searched for a job within the prior 12 months.

Among those who did not search for a job, the majority claimed that illness or disability was the main reason for not working, and/or to provide care to a family member. Table 4 presents the respondents' answers to our question for the main reasons for "currently not working": health problems (25.4%), inability to find a job in the area (11.4%), or caring for another family member (11.4%). Other barriers encountered during the job search included lack of transportation (20%), lack of childcare (17.3%), lack of previous work experience (12%) or disability (16.4%).

Table 3.

Demographic and Socioeconomic Characteristics (Baseline Survey 2005–2006)

		N	%
SURVEY RESPONDENTS			
Cases/Households		342	100.0
People in Households		848	100.0
Children in Households		450	100.0
Household Type			
	All families with children	188	55.0
	Only adults <65, no children	116	33.9
	Only adults 65+, no children	38	11.1
DEMOGRAPHICS			
Respondent's Gender			
	Female	306	89.5
	Male	36	10.5
Marital Status			
	Single – never married	234	68.5
	Married	13	3.8
	Other	95	27.7
High school/GED Graduate		129	37.7
Age Groups			
	18–24	98	28.7
	25–34	66	19.3
	35–49	99	28.9
	50–61	46	13.5
	62+	33	9.6
Respondent's Age (mean/SD)		41.2	16.1
INCOME			
Household Income			
	<= 5,000	193	56.4
	5,001 – 10,000	92	26.9
	10,001 – 15,000	28	8.2
	>15,000	29	8.5
Sources of Income			
	Work	94	27.6
	Food stamps	232	67.8
	Cash assistance/welfare	49	14.3
	Social Security Income	56	16.4
	Supplemental Security Income (adult disability)	72	21.1
	Supplemental Security Income (child disability)	33	9.6
	Other	94	27.6
Below Poverty		302	88.3

Table 4.

Employment

	N	%
EMPLOYED	94	27.5
Has multiple jobs	9	9.6
Average $/hour (mean, SD)	8.6	2.2
Number of work hours/week		
Less than 20 hours	15	16.0
20 – 35 hours	41	43.6
35 hours and more	38	40.4
Transportation to work (employed group)		
Bus	36	38.3
Owns car	34	36.2
Walk	6	6.4
Other	18	19.1
UNEMPLOYED	248	72.5
Looked for a job in the past 12 months (unemployed group)	148	59.7
Main Reason for not working		
Illness /Disable	91	36.7
Cannot find work	39	15.7
Taking care of home or family	39	15.7
Going to school	11	4.4
Retired	15	6.0
Other	38	15.3
No response	15	6.0
ALL HOUSEHOLDS		
Worked for pay in the past/ work experience	221	64.6
Main Barrier to finding/holding a job		
Lack of Transportation	68	19.9
Lack of Child Care	59	17.3
Disability	56	16.4
Lack of Work Experience	40	11.7
Lack of Jobs	44	12.9
Other	5	1.5
No response	70	20.5
Number of Barriers		
None	86	25.1
1	200	58.5
2	33	9.6
3+	23	6.7

Relocation. Clarksdale residents had several housing relocation options, the two main options being other public housing units in the city and Section-8 vouchers for homes scattered throughout Jefferson County. At the time of the survey we had information about the relocation status for 84% of the residents. The majority of former Clarksdale households was relocated to other public housing units (51.6%), or received housing vouchers (26.3%). At the end of 2007, about 41% of the former residents were in other public housing developments, and 26.5% had housing vouchers. Twelve percent were residing at scattered sites, 1.5% moved in the new Liberty Green housing complex that replaced the Clarksdale neighborhood and, a little above one percent had housing

without assistance from HUD. There was no relocation or current housing information for 127 households (17.4%).

Many Clarksdale residents were reluctant to relocate when they learned about the redevelopment, especially long-term residents. Even though they identified most quality of life indicators as a "big problem" or "some problem" (Table 5), the Clarksdale area was for many the only home they have ever known. The main reasons for not wanting to relocate were losing physical proximity to other family members, the need for children to change schools, being farther away from the work place and the potential lack of access to public transportation. The top ranked problems were the sale and use of drugs, the groups of people who were "just hanging out" in the area, the number of teenage mothers, unemployment, gang activity, and the trash/junk in the parking lots, streets, lawns, and sidewalks.

The least problematic issues with living in Clarksdale included availability of transportation, the access to good schools, and police responsiveness. All other issues were considered by the majority of respondents to be problematic to some degree. Eighty-three respondents (24.3%) said that their apartment was infested with cockroaches, and 12 (3.5%) said they had rats or mice, while more than a third (127 or 37.1%) said there were problems with mold on the walls, ceilings, or in the bathrooms. The most interested in relocating were the families with children. Among the top reasons favoring relocation were to move into a larger and better home, have access to better schools, get away from gangs and drugs, and live in better neighborhoods.

Table 5.
Clarksdale Social Problems as Identified by Survey Respondents

	A big problem		Some problem		No problem		DK	
	N	%	N	%	N	%	N	%
Unemployment	179	52.6	71	20.9	63	18.5	27	7.9
Groups of people just hanging out	227	67.0	62	18.3	46	13.6	4	1.2
The number of teenage mothers	206	60.8	70	20.6	33	9.7	30	8.8
Lack of public transportation	44	12.9	33	9.7	256	75.3	7	2.1
Quality of schools	34	10.1	76	22.5	193	57.1	35	10.4
Graffiti	100	29.5	114	33.6	122	36.0	3	0.9
Trash/junk	142	41.8	90	26.5	107	31.5	1	0.3
Police not coming when called	73	21.5	52	15.3	197	57.9	18	5.3
People being attacked or robbed	106	31.2	127	37.4	74	21.8	33	9.7
People selling drugs	274	80.6	44	12.9	7	2.1	15	4.4
People using drugs	272	80.0	41	12.1	6	1.8	21	6.2
Gangs	152	44.7	72	21.2	86	25.3	30	8.8
Rape or other sexual attacks	39	11.5	63	18.6	159	46.9	78	23.0
Shootings and violence	228	67.1	85	25.0	21	6.2	6	1.8

Health Status. The health status of the survey participants was measured using standard validated questions about their past, current or most recent physical and mental health problems, and about their health care and support seeking behavior.

The data on health care seeking shows that for non-emergency medical care about 46% went to a clinic, 24% to a doctor's office, 22% used outpatient services, and 7% chose to go to the emergency room. Although health services for low income families were available at the nearby University of Louisville Hospital, 14% postponed medical care and 16.5% postponed filling a prescription, and 20% did not seek dental care due to

a lack of insurance. Note that once families were relocated, 72% of the respondents lived within a 15 minutes walking distance from a doctor's office or a clinic.

The data on physical health reveals that 34% of the respondents experienced health problems within the prior 12 months, and 38% were experiencing health problems at the time of the interview. For about half of the respondents with health problems, the health issues were upsetting or very upsetting.

Because recent studies (Wilkinson & Marmot, 2003; Marmot & Wilkinson, 2006) suggest that communities with high levels of social problems fare worse on all health indicators due to the high levels of stress experienced by people who have little to no control over their lives, and little to no family / social support, our survey included several scales that measured chronic stress, depression, and anxiety (the reliability coefficient for all of these scales was over 0.7). Using these scales we computed the proportion of respondents who had none, low (1 to 5), moderate (6 to 10) or severe (11 or more) chronic stress, depression, or anxiety.

The majority of residents had strong social ties in Clarksdale. Most respondents had friends (87%) or relatives (66%) in the area, and many said that they would definitely be able to get help or support if they have ever had a physical or emotional health need (75%) or financial support (35-40%). Moreover, most residents knew about the availability of substance abuse programs (78%), how to obtain food, housing or money (73%) in case of an emergency, who could help in case of domestic violence (65%), and who could help a teen to avoid drugs and pregnancy (51%).

Even when social support is present, when stress occurs over a prolonged period of time, it leads to poor physical and mental health outcomes (Marmot & Wilkinson, 2006). The distribution of chronic stress revealed that about 19% of respondents had no signs of chronic stress, 52% had low levels of chronic stress and 25% had moderate chronic stress; only about 4% had severe levels of stress. Depression appears to be more problematic in the population of older adults (60 and above) than in the younger group. In the elder group, 31.6% had moderate and 15.8% had severe signs of depression. Seventeen percent of all respondents had no signs of depression, 55% had low depression levels, while 18.7% and 9.4% showed moderate and severe signs of depression, respectively. The subscale measuring the levels of anxiety in the sample had low reliability; the data showed that over 70% of the respondents had no signs of anxiety.

Children. To break the cycle of poverty in which public housing residents are trapped, it is especially important to pay attention to the needs of the families with children. This is because health conditions during childhood are strong determinants of the quality of life children will have as adults (Marmot & Wilkinson, 2006). Growing up in neighborhoods with high levels of poverty (Reynolds, 2000) where crime, teen pregnancy, school dropouts, gang activity, drugs, prostitution, and domestic violence are at highest rates, has a serious impact on children's development and wellbeing.

The administrative data showed that the majority (812 or 52.3%) of the former Clarksdale residents were children ages 0 to 18. The survey included 188 cases with 450 children. Overall, we collected survey data about 192 children (42.6%) ages 5 or below, 147 (32.6%) were between ages 6 and 11, and 112 (24.8%) were ages 12 to 18.

Of the 450 children, 378 or 83.8% lived with a single/never married parent and another 45 or 10% had a divorced or separated parent. Only about 5% of the children had

a two parent family (13 households); 90.6% of children ages five and below had a parent who had never been married and for another 5.2% the responsible parent was divorced or separated. In the group of children age 12 or younger, for which supervision at all times is required by law, 325 or 72% had a single parent, and only 60 of them had older siblings that could help with child care. Therefore, lack of child care was the main barrier to obtaining and maintaining employment for the single parent households with small children. The data on school-related issues (Table 6) was available for 427 of the 451 children; some of the 5 years old or younger children did not attend school or daycare. The majority of children who attended school were of preschool or elementary school age (225 or 52.7%); 68 children (15.9%) were in middle school, and 25 or about 6% were in high school.

Table 6.

School Behavior

	N	%
School-Age Child…	294	100
Has recently changed schools	117	39.8
Does not get along with peers	169	57.5
Cannot concentrate	184	62.6
Is not happy	101	34.4
Feels inferior	26	8.8
Feels tense	61	20.7
Cannot sleep	50	17.0
Lies/cheats	144	49.0
Does poor school work	75	25.5
Cares to do well in school	247	84.0

A relatively large proportion of children (29%) attended new schools at the time of the interview due to recent relocation. School behavior and change in schools are significantly associated with each other; it is apparent that *all* children who changed schools had behavioral problems, and 60% did not get along with their peers. In the group of children who did not change schools, only 40% had behavioral problems, and 24% did not get along with their peers. Moreover, within the past 12 months, 363 children skipped school or were expelled from school, and 159 (47.2%) had been caught lying or cheating.

About 84% of the school-age children wanted to do well in school; however, a large proportion of these children seem to be unable to concentrate (62.6%), to sleep (17%), and they felt unhappy (34.4%) or tense (20.7%). Many of them felt inferior (8.8%) to their peers, did not get along with their classmates (57.5%), tried to cope by lying or cheating (49%), and performed poorly on their school work (25.5%).

The parental perception of the children's health was more positive. At baseline, health data was successfully collected for 442 out of 451 children or 192 out of 197 cases with children. Parents were asked to rate their children's health at the time of the interview, and to compare their current health state to their health status the year before. Most children appeared to be in excellent to very good (67.9%) or good (24.2%) health; about 8% were in fair to poor health. As compared to the year before, approximately 3.7% were in worse health, 72.2% had the same health status, and 24.2% were in somewhat better or much better health.

Limitations

The results of the survey may have been affected by contract and study approval delays which affected the timing of the data collection. When we started collecting the baseline survey data over 90 percent of the households were already relocated; only 65 out of the 695 households were still residing in Clarksdale. Further, the administrative data shows that the residents who were enrolled in the case management at the time of the baseline survey were more likely to participate in the study than those who were not enrolled. The proportion of case management participants was 56.5% in the sample as compared to 38% in the administrative data. At the time of the baseline survey most families with children were participating in the case management program, hence their higher survey response rate. However, by the time of the follow-up survey we learned that each family was touched by the case management to some degree, thus, the only valid comparison between baseline and follow-up will be at the sample level. The pre-post tests will be presented to the readers of this journal in a future article.

Conclusions

The urban redevelopment program implemented in Clarksdale included public and private funding for the physical rehabilitation of the area and for a variety of social support services made available to the former residents of these public housing development. One main purpose of the Clarksdale HOPE VI redevelopment efforts was to eliminate substandard housing that became not only an eyesore for the physical environment, but also an economically burdensome area where crime, poverty, and other social problems were abounding. Another equally important purpose was to rebuild the area as a mixed income, socially involved community. By replacing the substandard Clarksdale apartments with new modern and energy efficient apartments this area has the potential to attract a socially and economically diverse community.

The baseline data support the need for areas such as Clarksdale to be revitalized. The Clarksdale neighborhood had far higher rates of crime and poverty than the rest of the county and the high number of children living in this area was especially concerning. The adults in this area were more likely to live in poverty, to rent their home rather than own it, to have less than a high school education, to be a single parent, or to have a disability than others in the county.

The HOPE VI funds enabled the relocation of over 600 families into safer areas and better quality apartments or into single family homes across the county and gave them opportunities they did not have otherwise: to achieve higher levels of education, and increase their marketability on the job market. The large proportion of adults with less than high school education, of single female head of households, and of adults and children with disabilities, to name a few of the issues, support the decision-makers choice to focus the case management on education, job readiness skills and on providing support to seek and maintain employment. Education improvement leads to better employment outcomes (Kalil et al., 1998; Reynolds, 2000), and the relationship between employment, income and quality of life is evident. Further, efforts to secure better housing, improved living conditions and residence in safer neighborhoods are expected to lead to better

health and wellbeing of all residents (HUD, 2002; Varady et al., 2005; Marmot & Wilkinson, 2006).

Many residents resided in Clarksdale for most or all of their life, and understandingly, they felt uneasy and unhappy about the move. Others, primarily younger families with children, recognized that this is an opportunity to move to a better neighborhood, away from the nest of social problems over which they had no control, an opportunity to build a better life for themselves. By moving the children away from areas with high crime, parents and children alike are expected to improve their mental health, and thus to see an improvement in their physical health too. Further, improvements in education and working experience due to case management participation can yield higher employment rates and income levels. Finally, additional help with child supervision may not only improve their school behavior and academic achievement, but also can have significant impact on their development, health and wellbeing. The impact of this program will be evaluated using the follow-up data which will be presented in the last article of this series of three.

References

Abt Associates (1996) *An historical and baseline assessment of HOPE VI,* volume I: *Cross-site report.* Washington, D.C.: U.S. Department of Housing and Urban Development, Office of Policy Development and Research.

Barber, G. M., McAdam, D., Stone, R. & Daugherty, R. (2002) *Welfare Reform: Family Wellbeing and Resource Supports.* Louisville, KY: University of Louisville.

Buron, L., Popkin, S., Levy, D., Harris, L. & Khadduri, J. (2002) *The HOPE VI resident tracking study: A snapshot of the current living situation of original residents from eight sites.* Prepared for the U.S. Department of Housing and Urban Development, Office of Public Housing Investments.

City of Louisville, Downtown Development Corporation, and Louisville Central Area, Inc. (2002) *Louisville Downtown Development Plan*.

Kalil, A., Corcoran, M. E., Danziger. K., Tolman, R. Seefeldt, K. S., Rosen, D. and Nam, Y. (1998) *Getting Jobs, Keeping Jobs, and Earning a Living Wage: Can Welfare Reform Work?* Institute for Research on Poverty, Discussion Paper no. 1170–98 Program on Poverty and Social Welfare Policy University of Michigan.

Louisville Metro Housing Authority (2002) *HOPE VI Application: Clarksdale Revitalization* Louisville, KY: Housing Authority of Louisville.

Louisville Metro Housing Authority (2007) *Agency Profile* Retrieved on May 28th, 2007 from http://www.hal1.org/about/agencyprofile.htm

Marmot, M. and Wilkinson, R. G. (edited by) (2006) *Social Determinants of Health*, Oxford University Press (2nd Edition).

Moschetti, W. P. (2003) *An exploratory study of participatory evaluation and HOPE VI community supportive services.* University of California, Berkeley: Institute of Urban and Regional Development.

Popkin, S. J., Levy, D. K., Harris, L. E., Comey, J., Cunningham, M.K., Buron, B. and Woodley, W. (2002) *HOPE VI Panel Study: Baseline Report (Final Report).* The Urban Institute, Washington, DC.

Popkin, S. J., Katz, B., Cunningham, M. K., Brown, K. D., Gustafson, J. and Turner, M. A. (2004) *A Decade of Hope VI: Research Findings and Policy Challenges,* The Urban Institute, Washington, DC.

Reynolds, A. (2000) *Success in Early Intervention: The Chicago Child-Parent Centers* Lincoln: University of Nebraska Press.

Smith, R.E., Naparstek, A., Popkin, S., Bartlett, L., Bates, L., Cigna, J., Crane, R. and Vinson, E. (2002). *Housing choice for HOPE VI relocates.* The Urban Institute, Washington, DC

Stone, R., Barbee, A. and Patrick, D. (2007) An Approach to Housing for the Poor in the United States: HOPE VI Revitalization in the Clarksdale Neighborhood. *Social Work Review,* vol. 2007, 3–4.

Stone, R., Barbee, A. and Patrick, D. (2008) *HOPE VI Panel Study: Baseline Report.* Louisville, KY: University of Louisville.

Turner, M. A., Woolley, M., Kingsley, G. T., Popkin, S. J., Levy, D. and Cove, E. (2007) *Severely distressed public housing: The costs of inaction.* The Urban Institute, Washington, DC.

U.S. Department of Housing and Urban Development (2002) *HOPE VI Best Practices and Lessons Learned 1992–2002.* A report submitted to the Committee on Appropriations at the United States Senate and United States House of Representatives.

U.S. General Accounting Office. (2003). *Public housing: HOPE VI Resident Issues and Changes in Neighborhoods Surrounding Grant Sites* (GAO Publication No. 04–109). Washington, DC: U.S. General Accounting Office.

Varady, D. P., Raffel, J. A., Sweeney, S. and Denson, L. (2005) Attracting Middle-Income Families in the HOPE VI Public Housing Revitalization Program. *Journal of Urban Affairs,* 27, 2, 149–164.

Wilkinson, R. and Marmot, M. (2003) *Social Determinants of Health.* The Solid Facts (2nd edition). World Health Organization Technical Report.

Can Government Funding Strengthen the Third Sector? The Impact of a Capacity Building Program on Faith-Based and Community-Based Organizations

MARCIANA POPESCU[*]
CARMEN LUCA SUGAWARA[**]
EDWIN I. HERNANDEZ[***]
SMITA DEWAN[****]

Introduction

In recent years, there has been a mounting interest in the faith-based sector, and its direct contribution to social welfare in the United States. Although the faith-based initiative was established under the Clinton administration (1996), former US President George W. Bush was vocal and visible in his support of this initiative proposing that the increased participation of faith-basead organizations would improve social service delivery (Twombly, 2002). While historically, welfare services were provided by religious institutions in the United States (Schwartz, Warkentin &Wilkinson, 2008), for many "the notion of faith-based initiatives supported by the government strikes us as novel, for it violates the common assumption of the separation of church and state" (Churchill, 2002, 845). It is in this context that federal funding specifically channeled to support faith-based organizations and programs came under the scrutiny of academics and policy decision-makers alike. Despite the ideological and political controversies, many scholars and policy makers consider faith-based agencies as having the potential to be effective, efficient and responsive social service providers (DiIulio, 2004; Monsma, 2002; Olasky, 1996; Schambra, 1997; White House Office of Faith-Based and Community Initiatives, 2001; 2004). Moving beyond religious institutions and their immediate contribution to social services, researchers are beginning to focus on examining program impact, organizational effectiveness, and the instrumental role of government funding in

[*] Fordham University Graduate School of Social Service, 400 Westchester Avenue, Room 128, West Harrison, NY 10604, Phone: 914-367-3437/Fax: 914-367-3112, E-mail: Popescu@fordham.edu.
[**] Indiana University School of Social Work, 902 West New York St., Office 4151; Indianapolis, IN 46202-5156, Phone: 317-274-6729/Fax: 317-274-8630, E-mail: clucasug@iupui.edu.
[***] Foundations Research Director, RDV Corporation, P.O. Box 230257, Grand Rapids, MI 49523-0257, Phone: 616-643-4700/Fax: 616-774-0116, E-mail: edwinh@rdvcorp.com.
[****] Fordham University Graduate School of Social Service, 113 West 60th St, New York, NY 10023, Phone: 917-972-9299, E-mail: smdewan@fordham.edu.

strengthening capacity building of faith-based organizations. This paper examines the effectiveness of one of the first faith-based funded projects funded by the Department of Health and Human Service (DHHS), the Compassion Capital Fund (2002), identifying the core factors contributing to its success, as well as some of the barriers encountered by most faith-based organizations in maximizing their effectiveness.

Between years 2002 and 2008, over $250 million was appropriated by Congress to fund capacity-building programs for faith-based and community organizations. With this influx of funding in the faith-based nonprofit sector, scholars are beginning to see the centrality of evaluation research in determining the effectiveness of these organizations, and identify ways in which they compare with the public sector and nonprofit secular programs that have similar service agendas (Wuthnow, Hackett, & Hsu, 2004). The roles, operations, and funding of faith-based initiatives are often unclear due to the ambiguous definition of faith-based organizations which therefore hinders research into the effectiveness of these organizations (Jeavons, 2004). Yet, this is exactly what is needed to help legitimize the faith-based nonprofit sector and the services they provide (Cnaan, Boddie, McGrew & Kang, 2006). For the purpose of this paper, we define faith-based organizations (FBO) as church-based programs, directly linked to a faith/denominational group/community; or faith-based independent non-profit organizations, possibly connected with a church/denominational group, and self-identified as FBOs (Canada, 2003; Cnaan, 1999; and Kramer, Nightingale, Trutko, Spaulding & Barnow, 2002). As Torry (2005) mentioned, FBOs possess a level of fluidity that allows movement between religious and secular roles, as required by the tasks at hand. With the focus of this paper on capacity building and effectiveness of FBOs as service providers, the faith-based character of the participant organizations will be considered only as it contributes to and impacts on the organizational capacity.

Demystifying effectiveness

The organizational effectiveness is not a new discourse in the civil society sector, yet it is sparse when it comes to examining the effectiveness of faith-based and community-based organizations (FBCOs) as social service providers. As faith-based organizations gained federal recognition for their role in providing social services, their effectiveness raised many questions, specifically as compared with secular social service organizations. However a lack of research related to effectiveness has been strongly felt (DiIulio, 2004; Yoo, 2002).

For the purpose of this paper, we define organizational effectiveness as the ability of an organization/agency to achieve its expected outcomes, and to provide services that will successfully meet the need of its target population (Harrison & Shirom, 1999). Organizational effectiveness is particularly difficult to measure and is usually assessed in aggregate analyses of multiple outcomes (Cho, 2007). In the context of human service organizations, organizational effectiveness is mostly gauged through service effectiveness which includes client outcome, service quality and client satisfaction (Patti, 1985). A review of 24 empirical studies that examined the relationship between intra-organizational factors and effectiveness in human service organizations suggests that nonmaterial factors such as goal congruence, participation in decision-making, culture, climate and management strategy also predict effectiveness (Cho, 2007).

Organizational effectiveness has been defined and measured using a variety of approaches such as the goal attainment approach (Forbes, 1998); the system resource approach (Forbes, 1998); and the quality service approach which includes serving with humanness and empathy (Martin & Kettner, 1996). Eisinger (2007) links organizational capacity and organizational effectiveness and states that capacity attributes of an organization are latent until they are used and reflected in the outputs of the organization. Stoutland (1999) suggested that external resources (financial, technical, and political), stable leadership, and commitment to an overall strategy are critical to the success of organizations.

Outcome-based evaluation is also used to examine organizational effectiveness. Also known as results-focused evaluation, it measures the changes and improvements in the knowledge, skills, attitudes, or behaviors of people who receive services and assesses the aggregate of these outcomes in relation to the program's stated purpose and the organization's mission (Fagan, Horn, Edwards, Woods & Caprara 2007). Monsma (2006) examined welfare-to-work programs in seventeen agencies, eight of which were faith-based organizations, in Los Angeles County, California. Among his findings, he mentions that the faith-based programs were effective in "creating a sympathetic, supportive atmosphere for their clients, in enabling their clients to complete the welfare-to-work programs once they had begun them, and in enabling their clients who were already employed to maintain their employment" (193). No significant differences in reports of organizational performance between faith-based/community-based organizations and government agencies have been identified (Reingold, Pirog & Brady, 2007).

According to Amirkhanyan, Kim & Lambright (2009), there is a paucity of research evaluating the effectiveness of FBOs that uses sufficiently rigorous methods and multiple measures of organizational performance. One explanation for the lack of research on organizational effectiveness for the nonprofit sector in general (including faith-based and community-based organizations) has been that "nonprofits exist particularly to provide services that cannot be easily or economically measured" (Wuthnow et al., 2004, 2). Of course, there are also the financial implications that come along with doing research evaluation work. Most of the aid given to the third sector is specifically linked to programming and its impact on the target population and the overhead costs of a program implementation. Thus, program evaluation research of the third sector remains in the hands of the FBOs/NGOs that are already struggling with time constraints, and program costs. Up to now, most of the existing research has either focused on organizations that are already assumed to be effective; or on outcomes, such as response to substance abuse treatment, which are easier to measure (Wuthnow et. al, 2004).

Given that there is not a consistent voice when it comes to examining the effectiveness of FBOs and considering the ambivalence towards federal funding of the faith-based sector, along with the avalanche of support garnered by this initiative from clergy, politicians, and private foundations, it is essential to explore the effectiveness of funded programs beyond the politics behind this initiative. This study reports on an evaluation of the government strategy of using capacity building to affect organizational change and greater impact on populations served.

The Hispanic Capacity Project

The Hispanic Capacity Project (HCP) is one of the first federally funded projects under the faith-based initiative (DHHS, 2002) awarded to an intermediary organization, Nueva Esperanza (www.esperanza.us), located in Philadelphia. The purpose of the grant was to enable capacity building in the faith-based and community-based sector, by an intermediary FBO with ties to the target community and to potential participants. The intermediary organization aimed to work with FBCOs that were (1) Latino-owned and lead; and (2) already having a service delivery component to their extended communities. Based on current findings regarding the rising social problems confronting the Hispanic/Latino population in the United States, as well as the scarce resources that are committed to address these problems (Allard, 2008; Pew Hispanic Center, 2008) the intermediary organization designed this project with the explicit purpose of building capacity of Latino FBCOs to address the multitude of issues affecting the Latino population; and filling the service gap/creating sustainable resources for Latino communities in 6 geographical regions with large concentrations of Hispanic/Latino[1] population: Seattle, Los Angeles, Miami, Orlando, Philadelphia and New York City.

Capacity building, as the primary goal of this initiative was measured by: 1) organizational growth (measuring improvement in 5 categories of organizational capacity: strategic planning; organizational structure/operations; technology; community assessment; and fund-raising); and 2) organizational sustainability (network development, diversification of funding, and diversification of services). Capacity building will therefore refer to creating or developing organizational capacity that will improve service delivery, expand services and create the premises for organizational sustainability (network development, fund development, and diversification of services).

A total of 140 organizations from 6 geographic regions[2] were selected to participate in this project. The capacity building conceptual framework developed for this project is presented in Figure 1. The main interventions provided by the HCP are: training, technical assistance, and funding. All participant organizations completed an Organizational Assessment survey (OAT) to establish a baseline that informed the three main interventions. The OAT is described in detail in the Methods section.

A comprehensive curriculum for organizational development was purchased[3] and distributed to all HCP participants during the first year. This curriculum served as a foundation for the training program and was adjusted to address the needs indicated by the initial baseline and the ongoing assessment processes. For the first year, the same training topics were offered to all groups participating in this project. The training curriculum was then retailored based on the evaluation of training and the feedback received from participants during focus groups, to respond to specific organizational

---

[1] We will use the term Hispanic/Latino to ensure inclusion of all groups identifying themselves as either Hispanic or Latino.

[2] The 6 geographic regions: Pennsylvania/New Jersey/Delaware; Miami, FL; Orlando, FL; Los Angeles Metropolitan area; Seattle/Tacoma, WA; New York Metropolitan area, were selected due to their large concentration of Hispanic/Latino population.

[3] The project used the Enterprise Foundation curriculum, covering basic organizational development content (www.enterprisefoundation.org)

needs. Training topics included strategic planning, leadership development, grant writing, fund development, board development, human resource management, marketing strategies, financial management, and outcome measurement. Annual advocacy training was provided for all participants during a national event that offered them the opportunity to meet and network with their senators on specific topics.

Technical assistance (TA) areas covered included strategic planning, board governance, human resource management, fiscal management, technology and information management, technology design, resource development, communications, marketing, program assessment, civil society network development, program evaluation, organizational development towards a 501c3 status, and capacity/infrastructure support. TA came in a variety of forms but was consistently tailored to the unique needs of the group requesting it.
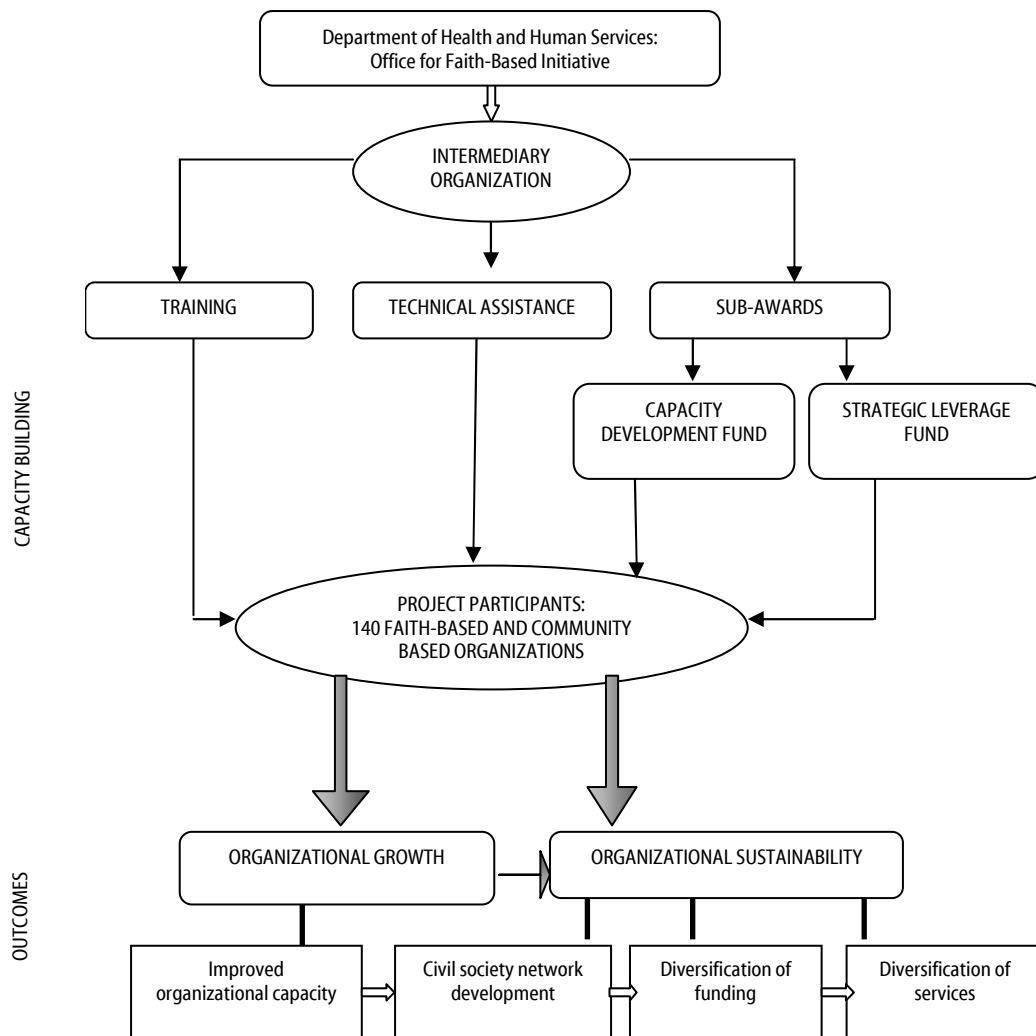
Figure 1. Capacity building framework for the Hispanic Capacity Project

Besides training and technical assistance, the project included a sub-awards (small-grants program) component aimed to increase the reach and the scale of building organizational capacity, for a group of organizations with little to no prior experience with external funding, and even much less so, with federal funding. The available funds were distributed either as *Capacity Development Funds* (aimed to provide a minimum support for immediate capacity development – funding range between $2,000–8,000) or as *Strategic Leverage Funds* (aimed to train organizations to leverage funds, providing an initial amount for organizational development to be matched with funds from other sources – funding range between $5,000–30,000). Project effectiveness was measured by the achievement of the following outcomes: improved organizational capacity; network development; diversification of funding; and diversification of services.

The core evaluation questions that guided our analysis were:

1. How effective are current federal programs in addressing the capacity-building needs of nonprofit/faith-based organizations working with specific ethnic groups?

2. What are some of the factors contributing to the organizational sustainability of social service faith-based organizations?

Methods

The evaluation study used a mixed-method design to measure the effectiveness and the impact of the Hispanic Capacity Project. This paper discusses the results of the quantitative outcome measurement focusing on organizational growth; and organizational sustainability measured by funding capacity/diversification of funding; civil society network development; and diversification of services. Funding capacity refers to the ability of an organization to obtain financial support from sources, other than its members, and use existing funds (in this case, HCP funding) as leverage to diversify the organization funding sources. Civil society networks are defined as three or more civil society organizations or groups coming together voluntarily to pursue a shared purpose of social development or community challenge (Ashman, Charles, Cuenca, Luca, Singer & Schmith, 2005). Diversification of services refers to the ability of an organization to use client satisfaction surveys as well as other program effectiveness measurements to improve current services; while increasing/adjusting their service offers based on current needs of population served.

Sampling

In selecting the participants for this project, the intermediary organization used existing resources (Latino religious networks and large Latino organizations in the regions) to engage interest from Latino faith-based organizations that were then triaged based on two major criteria: Latino leadership (the organizations had to be Latino-owned and/or run) and faith-based nature (the organizations had to have a strong affiliation with a religious organization/church). One hundred and forty organizations were selected into the program. Out of these, 87% were self-defined faith-based or church-based and 13% were community-based organizations. All selected organizations were invited to

participate in the evaluation study. One hundred and thirty one organizations (94%) remained active throughout the three years of the project.

Measurement and Data Collection

The Organizational Assessment Tool (OAT): To direct and assess the project's capacity building efforts, a Continuum of Capacity (CC) conceptual framework was developed to assess organizational capacity and identify each organization's initial level of expertise in order to establish the baseline against which growth could be measured. Table 1 presents the Continuum of Capacity conceptual framework with its four levels and the core characteristics.

Table 1.

Continuum of Capacity – Levels of Organizational Development

	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR
Score range[1]	1.00–2.24	2.25–2.99	3.00–3.39	3.40–4.00
Description	**Start-up organizations**	**Basic organizations**	**Intermediate organizations**	**Advanced-level organization**
Purpose	Seeking to build basic infrastructure and to improve their outreach	Seeking to build and expand management capacity	Seeking to articulate and expand mission and goals	Seeking to diversify and expand services and target areas
Outreach and Goals	Mostly reactive	Program development

Organizational sustainability | Enhance management infrastructure
Begin to evaluate and strengthen impact | Become regional intermediaries
Serve as mentors, peer trainers, best practice models and host training sites |
| Programs | Mostly short-term responses to immediate community needs | Mostly short term/depending on available funding | Shift towards creating a sustainable impact in the community – from relief to development and community building | Complex development programs |
| Needs | Basic skills;
Resource development strategy to fund current services;
Define legal status | **Resource development to create fiscal stability and stronger programs; network development** | Fund development
Diversification of networks | *1.2 Better positioning as network leaders;*
Diversification of funding and fund development |

[1] The levels were arbitrarily established by the evaluators of this study, taking into account the larger range covered by start-up organizations (accounting for the wider interval defining level 1 and level 2 organizations) and the more specific, therefore narrower attributions of more established organizations (thus the narrower intervals defining level 3 and level 4 organizations).

The Organizational Assessment Tool (OAT)[4] was developed within this framework, to:

    1) Measure the initial level of development for each HCP participant organization, and place them on the Continuum of Capacity;

---

[4] The Organizational Assessment Tool (OAT) was developed by the evaluators of this project, using existing assessment tools and adapting them to fit with the Continuum of Capacity framework. The initial assessment was used as a pilot test of the instrument and based on its results/feedback by participants it was revised to its current form.

2) Identify areas in which organizations need immediate training and/or technical assistance;

3) Measure organizational growth[5] for each organization, thus ultimately documenting the effectiveness of the project in capacity building.

The OAT measures 16 specific areas, describing 5 categories of organizational capacity (*Strategic Leadership, Organizational Structure, Operations and Administration, Program Assessment, Resources and Resource Development).* The instrument was self-administered at the beginning of the project, establishing a baseline of capacity (OAT-1) and at the end of each year of the project, to measure capacity growth (OAT-2, and OAT-3).

Levels of development are assigned based on the following scale: Level One – 1.00-2.24; Level Two – 2.25-2.99; Level Three – 3.00-3.39; Level Four – 3.40-4.00. The OAT was completed by organizational leaders and/or program directors/coordinators. All participants were informed of the purpose of this measurement. Individualized reports of growth, accompanied by suggestions for future training/technical assistance were presented to all participants. Regional growth reports were prepared and analyzed in conjunction with curriculum development and training preparation.

The Organizational Profile Survey (OPS): An Organizational Profile Survey (OPS) adapted from a similar instrument developed by Cnaan et al. (2006) was administered to all HCP participants. One hundred and nine completed surveys were returned (Response rate: 78%). This tool collected information regarding the nature of each organization; the ethnicity of leadership/staff; as well as the ethnicity of clients served; the type of funding available for each organization in the past, as well as current funding sources; specific organizational indicators such as existing budget and the proportion of current budget allocated for social services; types of social services provided; and future development plans. The survey was administered by the regional coordinators selected from the Hispanic/Latino clergy and community leaders in the six regions. Participants were informed of the purpose of this survey as well as the voluntary character of their participation and the confidential nature of information provided. All surveys were mailed to the evaluators of the HCP, for data analysis.

Training evaluations were administered after each training session, to assess the participants' view on the overall training experience, as well as the relevance of training for participant organizations.

Findings
Organizational growth

Of the 140 organizations enrolled in the program by the end of Year One, 131 organizations remained active throughout the 3 years of the project, participating in all project activities. This data suggests that the HCP had a 95% success rate in selecting and engaging participant organizations in the HCP.

---

[5] There are two types of growth we consider: *maturation* – referring to the improvement of capacity within the same level of development (an organization initially scored at a level 2 moves to a higher level two by the end of the project); and *growth* – referring to the movement of organizations to at least the next level of development (an organization initially scored at a level 2, moves to level 3 by the end of the project).

Based on results of the initial assessment (OAT-1), the majority of HCP participants were basic, start-up organizations, with a baseline score placing 48 of the 131 active organizations (37%) at Level-One, and 62 organizations (47%) at Level-Two on the Continuum of Capacity. Only 21 organizations (16%) started in the project as established, well-developed organizations, 15 (11%) as Level-Three organizations, and six (5%) as Level-Four (See Table 2):

Table 2.
Baseline Distribution of HCP Organizations on the Continuum of Capacity

Region	Level One	Level Two	Level Three	Level Four	Total
Los Angeles	9	15	2	1	27
Miami	2	12	8	1	23
New York City	11	10	2	1	24
Orlando	10	13	0	1	24
Philadelphia	5	3	3	1	12
Seattle	11	9	0	1	21
Total	**48**	**62**	**15**	**6**	**131**

As a result of the training and technical assistance provided to all HCP participants, 91 of the 131 active groups (69%) moved up at least one level on the Continuum of Capacity. Over the three years, 120 organizations (92%) matured within their initially established level of development. The intermediary organization thus exceeded its initial goals for organizational capacity growth (moving to the next level on the Continuum of Capacity) by 30%. See overall growth patterns in table 3:

Table 3.
Growth Patterns for Active HCP Organizations

REGION	Level One		Level Two		Level Three		Level Four	
	Baseline	Year 3	Baseline	Year 3	Baseline	Year 3	Baseline	Year 3
New York City	11	4	10	13	2	5	1	2
Philadelphia	5	2	3	3	3	4	1	3
Los Angeles	9	3	15	10	2	8	1	4
Orlando	10	2	13	8	0	7	1	7
Seattle	11	3	9	7	0	10	1	1
Miami	2	0	12	11	8	8	1	6
Total	48	14	62	52	15	42	6	23

Based on the original program design, by year three, 102 organizations (74%) were expected to graduate at a level-1 or a level-2, while 36 organizations (26%) were expected to graduate at a level-3 or a level-4. The organizational assessment scores for Year Three show that the HCP exceeded its goals: 50% (65) of all active organizations moved to the higher end of the Continuum of Capacity, almost doubling the expected outcomes for organizational growth.

All HCP participants received training at the regional and national level. Training participation rates varied between 80-90% depending on the topic, the region, and the time at which a specific training was provided. A total of 510 hours of training was provided to 140 organizations in the six targeted regions in the United States.

All HCP organizations benefited from technical assistance, in addition to the general training sessions provided. A total amount of $342,986 in technical assistance dollars were invested through 239 engagements across the six regions, including one-on-one and small group technical assistance. The most significant outcome of the technical assistance contribution to capacity building is the legal incorporation of 68 HCP participants (Table 4). The 501 c (3) status[6] obtained as a result of incorporating programs/agencies as nonprofits, positions the organizations for organizational growth, and increases the opportunity for future substantive funding, enhancing sustainability. Most participating organizations saw incorporation as a major priority, and, as a result, it was included as a main technical assistance area. Individualized and small group technical assistance sessions on this topic resulted in 32 organizations (23% of all 140 HCP organizations) obtaining legal non-profit status during the first 2 years of the project, 36 organizations (26%) finalized their application paperwork in Year III, and 43 organizations (31%) were already incorporated when they entered the HCP. Upon completion of all HCP activities, 68 organizations (52% of all project participants) have acquired or were in the process of acquiring the legal non-profit organization status that will allow them to increase and diversify their funding pool. The 20 organizations (15%) that do not have a 501(c) 3 in place are church-based programs that operate under the tax-exempt status of their churches (see Table 4).

Table 4.
Legal status of HCP participants at the end of the project

	Had 501(c)3 status before HCP	501(c)3 acquired during HCP Year One	501(c)3 acquired during HCP Year Two	501(c)3 in process	No 501(c)3 in place
Los Angeles	9	0	9	4	7
Miami	7	3	7	6	3
New York City	13	2	3	6	1
Orlando	3	1	2	13	5
Philadelphia	5	1	0	2	5
Seattle	6	0	3	5	7
Total	43	8	24	36	20

Effectiveness of training and technical assistance was measured by organizational growth in areas for which training/technical assistance was provided. Although each of the 16 areas of development improved over the three years of the project, the areas in which most significant growth occurred are (see Figure 2): Organizational Structure; Governance, Legal Aspects; Technology; and Program Evaluation. The areas in which the least amount of growth was attained were: Planning; Human Resource Management; and Fundraising. Although fundraising capacity did increase as a result of HCP training and technical assistance, the average score remained low.

---

[6] To acquire legal status as a non-profit or non-governmental organization (NGO), an agency needs to apply for *incorporation*, and based on its application and fulfillment of all requirements, it receives a 501c(3) status – it becomes a legal NGO, which improves its credibility among other NGOs as well as funders and public agencies.

Comparison of Means for OAT 1 and OAT 3 for All Sites

Legend: Areas of Capacity

Area 1.1: Vision and Mission   Area 3.1: Financial Management
Area 1.2: Planning   Area 3.2: Technology/Information Management
Area 1.3: Leadership   Area 4.1: Community Assessment
Area 1.4: Relationship and Networking   Area 4.2: Delivery of Community Service
Area 2.1: Organization   Area 4.3: Program Evaluation
Area 2.2: Governance   Area 5.1: Existing assets
Area 2.3: Legal Aspects   Area 5.2: Fundraising
Area 2.4:Human Resource Management   Area 5.3: Communication and Marketing

Figure 2. Organizational growth trends by areas of capacity

Organizational sustainability
Funding capacity

In analyzing the increase in funding capacity as an outcome of the HCP, we looked at the ability of HCP organizations to apply for funding, internally (entering the competitive sub-awards process) as well as their ability to use federal funding provided by the HCP as a leverage to diversify their funding sources and build social credibility to attract external funding.

Based on the data provided by the Organizational Profile Survey (OPS), a small percentage of HCP organizations had a history of federal/state funding (only 15% of participating organizations received any previous federal funding, and 11% received state funding). The most prevalent source of revenues for the participant organization was the church (61% received yearly funding from churches), as well as private contributors: 33% of HCP participants mentioned fundraising as an important funding revenue; while 34% mentioned private donations as a revenue source.

Throughout the three years of the project, a total amount of $1,539,900 was distributed to 51 organizations through 108 grants. Direct technical assistance for the preparation of the grant proposals was provided in all regions. Based on the

organizations' developmental stage and training level, the funding focus shifted from capacity development funding (CDF) to strategic leverage funding (SLF), with larger dollar amounts, but with fewer organizations funded: 42 organizations received funding in Year One (25 CDF, and 17 SLF); 37 in Year Two (22 CDF and 15 SLF) and 29 in Year Three (17 CDF and 12 SLF). Overall, 51 organizations (36% of all HCP participants) received at least one grant during the three years of the project, with 24 organizations being awarded more than one grant. The Hispanic Capacity Project was designed to improve funding capacity through fund development and diversification of funding, goal that was actively pursued not only through training and technical assistance, but also through the specific requirements of the sub-awards. The sub-awards component aimed to build organizational capacity through fund development, for a group of organizations with little to no prior experience with external funding, and even much less so, with federal funding. Out of the 108 grants awarded as sub-awards in the three years of the project, 44 sub-awards were distributed as SLF, amounting to $1,088,400 (or 71% of the total amount allocated for sub-awards).

One important outcome of this project was the credibility it created for each participant organization among donors and other well established agencies in their communities. Their increased credibility led to greater visibility, allowing them to diversify their funding sources, to apply and receive new funding. Moreover, due to enhanced grant writing skills, the HCP participants were able to raise over 15 million dollars as leverage funds, following the training and technical assistance provided to HCP participants, as well as the increased credibility they acquired due to the federal funding they received through the HCP. In financial terms, these figures represent a 10:1 return on investment for the federal government (Figure 3).
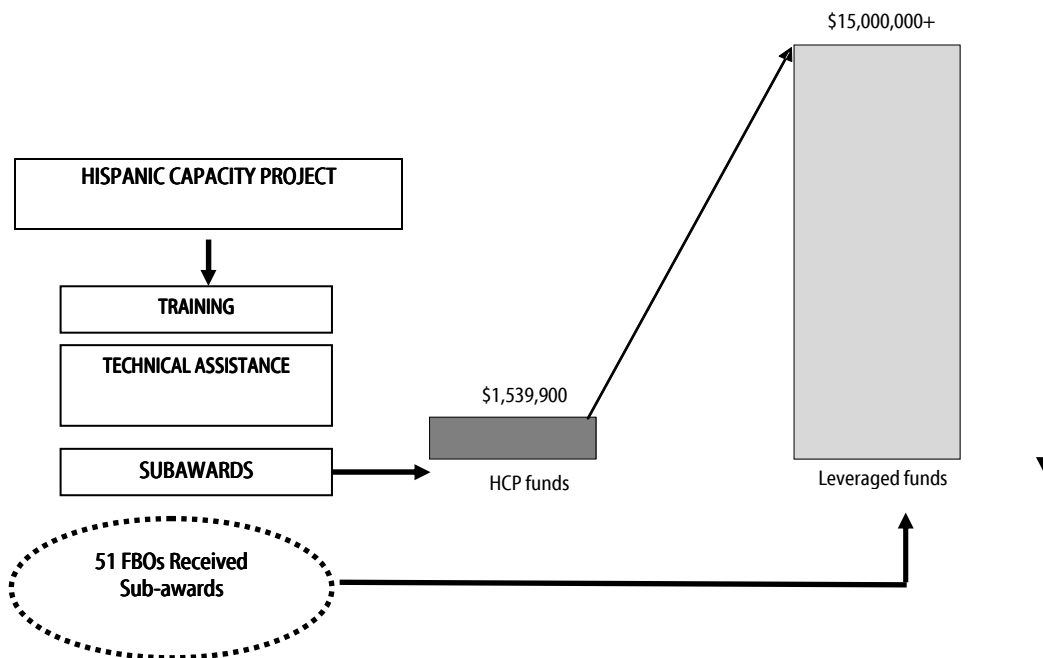

Figure 3. Financial Impact of HCP, 2002–2005

Civil society network development

Civil society networks are known for their increased impact in social development programming throughout the world by extending their reach to grass-roots organizations and marginalized groups and expanding the scale of their programs or improving the quality of their service delivered (Ashman et al., 2005). When civil society groups belong to a civil society network, not only do they join their organizational strengths to address common concerns, but the partnerships created also increase the social legitimacy of each participant organization. Throughout the world, civil society networks are known for their democratic function of giving voice to the voiceless and achieving a greater impact on social changes. Similar to secular civil society networks, FBOs join an organizational network when they can share their organizational purpose, whether it is to distribute community information, coordinate program activities, share fellowship, obtain common funding, enhance the quality of service delivery, or promote social action and community social change. For FBOs that are active in the social welfare arena, one factor that affects service delivery is the ability to collaborate with other organizations and agencies in providing services.

Our evaluation findings suggest that HCP participants have an average network of 11 organizations. Most of the existing collaborations are centered on service delivery, community/neighborhood projects and joint funded projects. Organizational growth in some regions resulted in more involvement in social action/community organizing projects: in New York City, for example, two coalitions were formed during the third year of the project.

Looking at the level of organizational development at the end of the project, the nature of civil society networking varies as seen in Table 5. Social service delivery is the main factor driving organizations to seek collaborations with other agencies, for all HCP organizations, independent of their level of development. Level-three and level-four organizations are highly involved in networks developing community or neighborhood projects, while level-one and level-two organizations use informal get-together events to foster inter-organizational collaborations.

Table 5.

Type of networks by level of organizational development

Nature of collaboration with other organizations	Overall percentage of organizations with this type of CS network	CS Networks by level of organizational development			
		LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR
Social services	72%	79%	73%	76%	77%
Community/neighborhood projects	49%	36%	37%	67%	54%
Fellowship	38%	43%	44%	39%	15%
Joined funded projects	34%	21%	37%	33%	39%
Social action/community organizing projects	22%	---	22%	36%	15%

Diversification of services

At the end of the project, 68% of participants completing the OPS planned to add new services as a result of their participation in the HCP. Diversification of services becomes therefore an important element of organizational capacity.

Considering the final levels OAT scores, the following types of services were provided at each level of organizational development. *Level-1 organizations* were mostly providing counseling (family, individual, couple and premarital) and marital enrichment classes; food pantries, clothing distribution and street outreach; and some international services (international donations). *Level-2 organizations* expanded the areas of service to include ESL programs; specialized family services (programs for single parents, parent education; family violence programs); some immigration services (translation and economic assistance); youth recreational programs; elderly care (translation and transportation services); and holiday community celebrations. *Level-3 organizations* provided specialized employment services (job placement; adult literacy programs; computer training and ESL classes); expanded immigration services including job training and job placement for immigrants; after school care programs; health fairs; neighborhood programs (cleaning and beautification) and some economic development services (workshops on budgeting and financial management). *Level-4 organizations* offered a full range of employment services (including job training, career counseling, job placement, GED programs); child abuse prevention programs; specialized youth services (programs for youth offenders and gang members); a full range of immigration services (legal assistance; resettlement services; immigration workshops; and job training/placement for immigrants); meals services and visitation programs for the elderly; a wider range of public health programs (drug and alcohol prevention programs; sex education; nutrition/health education); disaster preparedness; workshop on budgeting, and entrepreneurial training.

Discussion of findings

The Hispanic Capacity Project used federal funding to build capacity for faith-based and community-based organizations providing services to the Hispanic/Latino population in the United States. The questions we might ask in discussing our findings are: 1) was this project effective, based on its immediate results? 2) What contributes to its effectiveness, and what barriers need to be considered? 3) Is federal funding effective in building capacity and reforming the third sector?

The effectiveness of this project is directly measured by its outcomes: Participation goals have been achieved, with 131 Hispanic/Latino organizations fully engaged in this project; of these, 69% experienced organizational growth, moving up on the Continuum of Capacity.

Based on the organizational profile surveys, most of these organizations were small to medium-size start up nonprofit agencies, with limited experience in social service delivery. The services they provided were mostly focusing on relief, preserving a traditional church-based approach to addressing basic social needs – through food, clothing and some family services. Most of them never had any major funding prior to this project, therefore they would not compare in any way with large nonprofit programs, or with any public agencies. Hence, it is beyond the scope of this study to draw any comparisons between the HCP participants and any other government agencies or large nonprofit organizations. However, the assets they brought were the access to a large pool of volunteers, through churches and communities, and a commitment to serving others, despite their limited capacity and access to outside resources.

One important contributor to the effectiveness of this project is the assessment of organizational needs (OAT) that informed all project's interventions (training, technical assistance and funding). The organizational assessment tool (OAT) allowed us to identify organizational capacity needs, and measure movement on the Continuum of Capacity. The patterns of growth are linked to the type of training provided, one of the most important outcomes being the improved organizational structure, governance, and positioning for future funding, through incorporation (52% of all organizations achieved or were in the process of achieving their legal non-profit status by the end of the project).

One area that indicates further need for training/capacity building for small nonprofit agencies in general and faith-based organizations in particular is the area of fund raising/fund development. This finding makes the transition to the final question we raised, namely, is federal funding needed to build capacity and reform the third sector? What we learned from this study is that small nonprofit entities don't have a history of external funding, their activities relying mostly on private donations, and occasional small funding. Lack of a funding history most of the time affects FBOs' credibility for future funders/donors, and the possibility to partner with sophisticated organizations that have a history in receiving federal grants, thus impacting on the organizational sustainability. Also, in terms of services provided by church-based organizations, we notice a prevalence of relief services (provide food and clothing to the poor), often duplicated within the same perimeter or community. Our findings suggest that when FBOs are involved in federal funded projects, the institutional credibility of their organizations increases and this increase contributes to fostering new relationships among community agencies and other service delivery providers.

Another important lesson learned is that legal incorporation and funding may lead not only to an increase in human capital and the ability to seek external funding, but also to the strengthening of civil society networks which affects an increase in capacity building and sustainability of programs.

The literature on civil society networks does address the level of organizational interdependence that comes with the sophistication of the shared purpose (Ashman and Luca Sugawara, 2007). In other words, if three faith-based organizations come together to exchange information or coordinate some neighborhood activities, their level of organizational interdependence is low. By contrast, if these groups plan on obtaining common funding or working on joint service delivery, their level of interdependence raises with the organizational development. Consequently, our evaluation findings strengthen the argument that for an organization/set of organizations (faith-based or secular) to become involved and develop civil society networks, the level of organizational structure is central to this process. Thus, federal funding that focuses on strengthening the organizational capacity of a faith-based group has its relevance not only for being able to carry on the social service programming, but for improving the organizational ability to connect and sustain its services among other government or civil society groups. Moreover, our findings suggest that jointly funded projects tend to be more central to network development for level-two, level-three and level-four organizations than for the start-up, level-one organizations. When looking at the type of shared purpose for which these organizations come together, social action/community program coordination appear to require a medium to higher level of organizational

development, with level-three and level-four organizations being involved to a higher degree in civil society network development. Faith-based organizations that have a lower level of organizational development tend to get involved in civil society networks that share common purposes such as coordinating community or neighborhood projects and provide social services.

There is a certain level of interdependence between these elements of effectiveness and sustainability, with funding capacity strongly depending on civil society network development, which in turns affects program development and diversification of services. When funding capacity increases, the organizations are better positioned to network with diverse entities, and explore areas of service they could add to their programs as a response to ever-changing needs. Our findings show that organizational growth will lead to expansion and diversification of services. Hence by diversifying services and avoiding duplication, organizations increase their sustainability, and become serious competitors for larger funding. It is this interdependence that marks the progression of a grassroots church group, to a nonprofit organization, to an advocacy organization, to coalitions directly involved in policy-making and affecting positive changes for the populations they serve.

Limitations

While organizational growth was measured throughout the project, and organizational needs were directly addressed through training and technical assistance, one limitation of this study is that the measurement we used does not control for other factors that might have contributed to organizational growth. Therefore we do not attribute the increase in capacity solely to the training, technical assistance and funding provided by the HCP. However, while internal organizational factors (local leadership, potential for growth, organizational history); as well as contextual factors could also contribute to the observed organizational growth, it is evident that the HCP may have created an environment that allowed for self-assessment, maturation and capacity building for all participants.

Contributing to this first limitation is the nature of the instruments used to measure organizational growth. As both the OAT (Organizational Assessment Tool) and the OPS (Organizational Profile Survey) were self-administered by program directors and/or executive directors, some of their answers to this study might have been influenced by their social desirability rather than the factual changes in the organization.

Lastly, the results presented here are the immediate evaluation findings. Long-term sustainability is not measured. The sustainability of the 131 organizations that fully participated in the HCP it is not verified by any longitudinal studies, raising questions on the actual effectiveness of the project beyond its immediate scope.

Conclusion

The Hispanic Capacity Project is an example of a successful initiative based on a tri-partite collaboration between (1) the federal government, as the source of funding; (2) an intermediary organization, as the primary coordinator of the project; and (3) faith-

based and community organizations, as the main recipients. The Hispanic Capacity Project reached and exceeded its expected goals: it built capacity in 131organizations, giving them the tools they needed to develop, grow and become self-sustainable. It created a higher level of credibility for Hispanic faith-based organizations, giving them a visibility that allows them to compete for funds and joined partnerships with other governmental and non-governmental organizations. It challenged the traditional ministries, by helping organizational leaders and their staff to identify current needs and develop programs that will address these needs. The HCP inspired and developed a strong leadership in the 6 regions targeted, but also at individual organizational level. Even more important, this project may contribute to create a space for dialogue with politicians and decision-makers on social issues affecting Hispanic communities around the nation. For scholars and policy makers evaluating the effectiveness of federal funding for the grass-root, faith-based and community-based organizations, this project provides data that supports the idea that federal/state funding will increase small nonprofit organizations' credibility and establish the grounds for civil network development that will contribute to their sustainability and increase their effectiveness. It is our hope that social workers, human service providers and community practitioners can take this debate to its next level, by furthering the research on the third sector's service effectiveness and impact on community cohesion and community capacity.

References

Allard, S.W. (2008) Race, Place and Access to the Safety Net. In A.C Lin & D.R. Harris (eds.) *The colors of poverty: Why racial and ethnic disparities persist*. New York: Russell Sage Foundation, 232–260.

Amirkhanyan, A. A., Kim, H. J. & Lambright, K. T. (2009) Faith-based assumptions about performance: Does church affiliation matter for service quality and access? *Nonprofit and Voluntary Sector Quarterly*, 38, 3, 490–521.

Ashman, D., Charles, C., Cuenca, A., Luca, C., Singer, B. and Schmith (2005) AED Technical Report. Supporting Civil Society Networks (First Edition). Washington, DC

Ashman, D. and Luca Sugawara, C. (2007) USAID Civil Society Networks: Interdependence, Capacity and Effectiveness. USAID Research Report. Washington, DC.

Boddie, S. C. & Cnaan, R. A. (2006) *Faith-Based Social Services: Measures, Assessments, and Effectiveness*. Bloomington, NY: Haworth press.

Canada, B. (2003) *Faith-Based Organizations and their relationship with State and Local Governments: Analysis of Recent Initiatives*, Congressional Research Service.

Cho, S. M. (2007) Assessing Organizational Effectiveness in Human Service Organizations, *Journal of Social Service Research*, 33, 3, 31– 45.

Churchill, M.C. (2002) In Bad Faith? Possibilities and Perils in the Age of Faith-Based Initiative, *Journal of the American Academy of Religion,* 70, 4, 843–854.

Cnaan, R. A. & Boddie, S. C. (2002) Charitable choice and faith based welfare: A call for social work. *Social Work*, 47, 224–235.

Cnaan, R. A. with Boddie, S. C. & Wineburg, R. J. (1999) *The newer deal: Social work and religion in partnership*. New York: Columbia University Press.

Cnaan, R. A., Boddie, S. C., McGrew, C. C. & Kang, J. (2006) *The Other Philadelphia Story: How Local Congregations Support Quality of Life in Urban America*. Philadelphia, PA: University of Pennsylvania Press.

Department of Health and Human Services Archive (2002) *The Compassion Capital Fund and the Faith and Community-Based Initiative.* Retrieved from the internet on 8/1/2009 from http://archive.hhs.gov/news/press/2002pres/20020605.html

Department of Health and Human Services (2002) Retrieved from the internet on 8/1/2009 from http://www.hhs.gov/news/press/2002pres/20020605.html

Department of Health & Human Services, Administration for Children and Families (2002) *Compassion Capital Fund Fact Sheet.* Retrieved from the internet on 8/1/2009 from http://www.acf.hhs.gov/programs/ocs/ccf/about_ccf/facts.html).

DiIulio, J. J. Jr. (2004) "Getting Faith-Based Programs Right," *The Public Interest*, 155 (Spring), 75–78.

Eisinger, P. (2007) Organizational Capacity and Organizational Effectiveness among Street-Level Food Assistance Programs. *Non Profit and Voluntary Sector Quarterly,* 31, 1, 115–130.

Fagan, P. F., Horn, C., Edwards, C. W., Woods, K. M. & Caprara, C. (2007) Outcome-Based Evaluation: Faith-Based Social Service Organizations and Stewardship. Special Report #13. Retrieved on July 29, 2009 from http://www.heritage.org/research/family/sr13.cfm

Harrison, M. I. & Shirom, A. (1999) *Organizational diagnosis and Assessment: Bridging theory and practice*, California: Sage Publications, Inc.

Jeavons, T. (2004) Religious and faith-based organizations: Do we know one when we see one? *Nonprofit and Voluntary Sector Quarterly*, 33, 1, 140–145.

Kramer, F. D., Nightingale, D. S., Trutko, J., Spaulding, S. & Barnow, B. S. (2002) Faith-based organizations providing employment & training services: A preliminary exploration, Washington, D.C: The Urban Institute.

Martin, L. & Kettner, P. (1996) *Measuring the performance of human service programs*. Thousand Oaks, CA: Sage.

Monsma, S. V. (2002) *Working Faith: How Religious Organizations Provide Welfare-to-Work Services.* Philadelphia: Center for Research on Religion and Civil Society, University of Pennsylvania.

Monsma, S.V. (2006) *Faith, Hope, and Jobs: Welfare to Work in Los Angeles*. Washington, DC: Georgetown University Press.

Olasky, M. (1996) *Renewing American Compassion*. New York: The Free Press.

Patti, R. (1985) In search of purpose for social welfare administration. *Administration in Social Work*, 9, 3, 1–14.

Pew Hispanic Center (2008) Retrieved on 8/29/2009 from http://pewhispanic.org/reports/report.php?ReportID=88

Reingold, D.A., Pirog, M. & Brady, D. (2007) Empirical evidence on faith-based organizations in an era of welfare reform. *Social Service Review,* 81, 245–283.

Royce, D., Thyer, B.A., Padgett, D. K. & Logan, T. K. (2006) *Program evaluation, an introduction,* (4th ed.) Pacific Grove, CA: Thomson-Brooks/Cole.

Schambra, W. (1997) "Is There Civic Life beyond the Great National Community?" paper prepared for Scholars' Working Group of the National Commission on Civic Renewal.

Schwartz, K. D., Warkentin, B. & Wilkinson, M. (2008) Faith-Based Social Services in North America: A Comparison of American and Canadian Religious History and Initiative. *Social Work & Christianity,* 35, 2, 123–147.

Stoutland, S. (1999) Community development corporations: Mission, strategy, and accomplishments. In R. Ferguson & W. Dickens (eds.) *Urban problems and community development* (193–240). Washington, DC: Brookings.

Torry, M. (2005) *Managing God's Business: Religious & Faith-Based Organizations and their Management.* Burlington: Ashgate Publishing Company.

Twombly, E.C. (2002) Religious versus secular human service organizations: Implications for public policy. *Social Science Quarterly*, 83, 4, 947–961.

White House Office of Faith-Based and Community Initiatives (2001) *Unlevel Playing Field: Barriers to Participation by Faith-Based and Community Organizations in Federal Social Service Programs*. Retrieved on 8/9/2009 from www.whitehouse.gov/news/release/2001/08).

White House Office of Faith-Based and Community Initiatives (2004) *President Discusses Compassionate Conservative Agency in Dallas*, 3 August. (www.whitehouse.gov/fbci)

Wuthnow, R., Hackett, C. & Hsu, B. Y. (2004) The effectiveness and trustworthiness of faith-based and other service organizations: A study of recipients' perceptions. *Journal for the Scientific Study of Religions,* 43, 1, 1–17.

Yoo, J. (2002) The relationship between organizational characteristics and client outcomes: A case study in child welfare. *Administration in Social Work*, 26, 39–61.

Part Two

Social Problems, Researches'Outputs and Interventions

Wired and Tired: the Cool and the Agony of Teaching Online

KEITH N. HALEY[*]

Introduction

I will begin by identifying some of the clear benefits of online education that we now know accrue to participating students, the host educational institution, and the teaching faculty. In a little over a decade, online education has experienced phenomenal growth and it is expected to continue for years to come (Kassop, 2003). Thousands of college and university online degree programs now exist throughout the world and millions of students are enrolled in these programs and many online students have already obtained degrees. The online educational programs exist at all levels of education starting with high schools and going all the way through doctoral programs.

Increased Student Access

Students that would have had little or no access to higher education degree programs now do. You can live in the most remote parts of a nation and if Internet service is available, you can study at the university level and choose from a near infinite variety of degree programs.

Asynchronous Study

Across time zones in the world and particular nations, students can log on to their online courses usually at the time they wish. That log on can be after they leave work late in the evening or early morning, before they go to work in the morning, or with authorization some students are allowed to online work while on their jobs. This has been permissible even in some police departments during times when calls for service are at a minimum.

There are of course synchronous activities in many online courses such as live chats, audio lectures, and discussion software such as ClassLivePro. Some faculty choose to minimize the use of synchronous class activities since many students enrolled in online degree programs and courses in order that their times for class participation were more flexible.

[*] School of Criminal Justice and Social Sciences, Tiffin University, 155 Miami Street, Tiffin, OH 44883, SUA, Phone: 800-968-6446 Ext. 3431, E-mail: khaley@tiffin.edu

New Colleagues from a Broader Environment

It is not unusual now in the United States or in other nations for online class members to be from more than one nation, allowing the students to establish new colleagues and make friends with fellow students from countries other than their own. A point that is often raised is how well students do and faculty in online courses gets to know each other. For those who have never taught online before the assumption is not very well. That is actually not the case. In online courses, students are almost always engaged in weekly discussion thread topics where they must post comments and discuss important issues in their field with fellow students. Usually, these discussion threads are of high point value in the course so students comment and interact a lot. They also submit detailed biographies of themselves. Over the course of a 15 week semester, for example, a course may have two to three discussion threads a week. By the end of the semester, quite a lot is revealed about a student and a faculty member concerning their values and other personal beliefs. In contrast, students could be in a seated class and virtually say very little about themselves if the course consisted mainly of lectures, note taking, and written exams, the result being very little opportunity for the students to become acquainted.

Variety in Presentation Method and Content

I try to keep the students' interest in my online classes by varying the type of content they experience. Unfortunately, a too high percentage of online faculties, particularly those engaged in course development themselves for the first time, use only text content in their courses. Take away the discussion threads and a chat room facility and the whole course could be presented via email which harkens back to the days of correspondence education, another significant event in the history of higher education that worked for some.

I try to think of my courses as talking magazines and this keeps me aware that I have available to use in preparing my course content not only text but also pictures, audio, and video. All of my courses contain these four kinds of content. The educational and professional resources now found on the Internet provide a plethora of content sources for online course development and updating. There is no reason why an online course can not only be of high educational value but also attractive in its use of a variety of course-building content.

Institutional Enrollment Growth

It is not unusual for a college or university to double its enrollment in particular academic programs at all levels of higher education in a matter of a few years, particularly if their schools got into the online education business early. The potential student market is enormous and often the transition can be done with relatively minimal start-up costs, particularly for the institutions that moved into online education several years ago. But not all have succeeded. The University of Illinois invested $7 million with the intention of enrolling 9,000 students by 2012. The Global Campus, a separate entity, flopped and became extinct by the end of 2009. Increasing online competition

from other colleges and universities and the failure to involve faculty, departments, and schools already offering the University of Illinois's high quality degree programs seem to be the major reasons for the failure (Kolowich, 2009). The for-profit University of Phoenix with its 400,000 students motivated a lot of schools to go digital with their education programs, but, unfortunately, the online venture in Illinois had a drastically different outcome.

Faculty Advantages

One clear advantage for the teaching faculty member is that he or she can teach from virtually anywhere that allows them access to the Internet. A faculty member, for example, can be off campus and be literally "on vacation" in the summer and at the same time be successfully teaching one or more online courses if they take the time to do it. Being able to work in the course at one's own convenience 24 hours a day for the courses that are clearly set up for asynchronous participation is indeed the same advantage as it is for the students.

Moreover, online teaching faculty also have far more potential to enrich themselves with new learning in an online course than in a seated course by having students from a variety of different locations in their nation and throughout the world (Haley, Blough, 2002). The faculty member can ask direct questions to human service professionals working in specific cities and nations and learn more about their academic discipline in action in those locations. Permanent professional relationships are often developed this way also.

The variety of media content that can be included in an online course allows a talented and versatile faculty member to develop and present an inspiring and attractive educational experience for online students if the professor is willing to devote time to the course development process with attention paid to the substance of the course and its aesthetic quality. Online course development is hard work and often faculty or administrators do not know where to start (Gerson, 2000). Formal training in course development is highly recommended.

Methodology

The author has taught graduate online courses in a Master of Science in Criminal Justice degree program for more than a decade and had even developed online versions and curricular supplements to his seated graduate courses before his employing university had started online degree programs. He used the learning management system developed by Blackboard. That service was once free for individual faculty members as the company began to market the system and later was available for a small fee. Now, of course, there are many learning management systems, free or for purchase or rental, available to faculty members and their institutions.

The content of this article is primarily derived from the author's own experiences in developing online course content, working with a variety of learning managements systems, teaching faculty how to prepare courses and teach online students, and his own thoughts and reflections on a decade of teaching graduate courses online (Haley, 2001).

Findings

While I still enthusiastically endorse online learning and enjoy the teaching experiences with graduate students each semester, there are aggravations and real problems associated with offering online education and teaching online courses. Some of those issues are addressed below.

Ubiquitous and Timeless Attention to Student Inquiries

The advantage of being able to log on to a course anywhere anytime has its disadvantages. Students, who work late at night and are from different time zones, are often needing further explanation concerning assignments and need to be called by phone or sent emails. Being clear in every aspect of the course is something the faculty member must pay close attention to since it reduces their need to respond with a plethora of emails and phone calls. In order to meet the students' frequent needs the conscientious and dedicated faculty member is likely to want to serve them promptly and also avoid an in-box build-up of student emails that require lengthy answers. The net result of that is the penchant of the faculty member to continuously check emails and phone messages, in effect making themselves available to students almost every waking hour of the professor's life. Initially, this is exciting and personally rewarding to offer that kind of continuous service to students but over time it wears on the faculty member to the point that they feel as if they cannot get away from the online course and if they do, they are neglecting their duty. If you do not type well, responding to students and participating in discussion threads can be particularly arduous tasks. I often use dictation software for this very reason.

Most students expect prompt replies and most faculty try to offer that quick service. They realize that this is one of the things that they will be evaluated on at the end of the course by means of anonymous student assessments. Without reasonable management of this communication issue an online professor can become bewildered and aggravated.

Competitive Altruism, Forced Compliance, and Course Design

More than a decade into designing and teaching online students, I can say that there are many ways to deliver content and interact with the class members. But a professor cannot do all of them in every course. Some try to and others, often administrators, think you should. You can use text, audio, video, and pictures to make an attractive course laid out week by week or by instructional units that last more than a week. If you have done these well and made necessary improvements over several classes, you may find out that you have the essential ingredients for a good textbook for the course or a "vook" that uses all of the media methods as well as Internet links that can be recorded on a CD or DVD. I am planning just such a book for a research design and analysis class that I now teach. Faculty is often proud of their course designs that they have spent a lot of time on. But others often think their course design for the same course is better since it includes some content delivery method that another faculty member does not have. This attitude spurs a competitive altruism that can motivate others to constantly try new and unproven delivery methods. No one can possibly include all of the available content delivery and student interaction methods in one course.

Book publishers have caught on to the idea of how much work it is for a professor to design and update an online course and all of its content so they now offer websites that are very attractive and provide chapter-by-chapter online learning content and video and audio supplements to their textbooks. It is hard for a faculty member to compete with the learning content provided by a major publisher. My own co-authored introduction to criminal justice textbook is now in its sixth edition and offers many excellent online resources such as lectures, PowerPoint slides, videos, study flash cards, quizzes, case studies etc. (Bohm, Haley, 2010). The point is this: some of the "bells and whistles" are good to add in an online course but all cannot be used effectively. There are simply too many options and some are not appropriate for all courses. Live audio class discussions, for example, may not work for a lot of the students living across a variety of time zones.

Occasionally, there have been stories of university administrators requiring that certain kinds of content delivery and student interaction methods be used and perhaps they are not appropriate for all kinds of courses. This can be frustrating for some faculty, especially those that are not so tech savvy.

Faculty Transformation to a Higher Education Vending Machine

All of us who have been teaching online for a long period of time have to some degree been dehumanized by the experience. There are occasionally rude and demanding students that see the faculty member as little more that a "higher education vending machine". Be sure, this is a small percentage of the students but all schools are now admitting students with adequate credentials but also with lesser academic qualifications than they would have done in times past. The online student recruiting is a very competitive business and some schools must have that tuition money often funded by student loans, grants, and scholarships as well as out of pocket payments. But the disrespect of the online faculty member is real in some cases and that can also have a contagious negative effect among online students as they share by text message, email, and phone calls how they were disappointed with a particular faculty member's response to their problem(s), whether their request for assistance was warranted or not. Something as simple as asking the student to spend a little more time on an assignment in order to learn how to resolve a problem themselves in their field of study can be interpreted as being inconsiderate or even mean. A very small number of students do not see the faculty member as a real person but only a higher education vending machine of sorts. The student thinks they have paid their tuition i.e. "inserted their money, now serve me".

Opportunities for Academic Dishonesty

Almost needless to say, the online education experience is replete with opportunities for student academic dishonesty (Heberling, 2002). How do you really know who is the person behind the name in a discussion thread conversation, an email, a term paper assignment, or even a phone call? Verification procedures exist, but there are countless ways to cheat in online classes that even the best cyber sleuths would be challenged to discover. A faculty member in the last analysis does not have the time or talent to ferret out all matters of academic dishonesty in online education. I should add

that there are even cases of adjunct online faculty contracting for a course and then clandestinely subcontracting it out to another person to actually teach it.

Conclusions

Online education is no longer an experiment in higher education. It is a multi-billion dollar industry accepted by the major academic accrediting agencies of the world providing a quality education for millions of students. For some, online education has given them the only opportunity they would have to study in a degree program of their choosing. Faculty and students alike can establish professional relationships and friendships throughout a nation and the world.

Courses can be designed that are attractive and interesting in the online environment using a variety of media. Neither students nor faculty are any longer tied to the classroom in order to engage in a joint teaching/learning experience.

The voice of the skeptics about the quality of online education is growing ever more faint and substantial growth in the industry is still predicted in the immediate future.

New versions of what we may still call online education at this time are emerging and will improve content delivery and access in a number of ways. Mobile learning by means of Internet ready cell phones is already well underway in many nations of the world.

Online education is not without some downsides. While online education can provide excellent, experimental, and exhilarating learning content for students on a scale not even imagined little more than a decade ago, the work of designing and teaching an online course can be exhausting with ethical concerns the professor must be cognizant of since the opportunities for academic dishonesty in online course are replete.

Online education is not without critics still. One opponent has gone so far as to spoof online education by "inventing" an APM, an Automatic Professor Machine, that is a knowledge-dispensing terminal that will replace colleges and universities and, of course, faculty will not be needed either in the higher education vending machine environment. As other educational innovations and new models have been developed, tested, and retained in the field of higher education, we can hope that online education will survive and improve under the leadership of the indispensable and enduring professoriate.

References

Bohm, R. & K. Haley (2010) *Introduction to Criminal Justice,* 6th Edition. McGrawHill.

Gerson, S. (2000) Development for Distance Learning Faculty in *Online Journal of Distance Learning Administration,* III, IV, Winter.

Haley, K. (2001) Wired for a New World: Education Goes Digital, in *Web Pages-Plus Magazine,* April.

Haley, K. & S. Blough (2002) Switching Sides: Knowing What Faculty Learn from Teaching Online. *Web Pages-Plus Magazine*, July.

Heberling, M. (2002) Maintaining Academic Integrity in Online Education, in *Online Journal of Distance Learning Administration,* V, I, Spring.

Kassop, M. (2003) Ten Ways Online Education Matches, or Surpasses, Face-to-Face Learning, in *The Technology Source,* May-June.

Kolowich, S. (2009) What Doomed Global Campus?, in *Inside Higher Ed*, September 3.

Long-term Care for Older People in the Slovak Republic – Current Problem and Urgent Challenge

MARTINA HROZENSKÁ[*]

Population aging

After the demographic revolution, the low mortalities and birth rates have occurred in the European countries, thus in the all-society view, the countries are significantly influenced by the structural changes of their populations. The changes of the structures according to gender, age, marital status and education are becoming the more significant determinant of further development of a society and their impacts go vastly beyond the effects of the factor of number of population in the countries (Vaňo et al, 2007).

Aging is not the issue of the modern times, however only in the last 100 years it has become the common issue, mainly in the western countries.

Population aging is a frequently used term. In the present, it is a global demographic process which is manifested in the developed countries in the highest rate, and in the future it will also affect the whole population behaviour. The 20th century became the period of lengthening of human life. The advanced modernisation processes have caused the decrease in birth rate and fertility, which intensifies the process of demographic aging. Mainly the low birth rate is considered the main cause of rapid demographic aging both in the developed countries of Europe and post-communist countries.

The countries which may be proud of the longest life expectancy include France with 80.87 years of age, Sweden with 80.74 years of age and Italy with 80.07 years of age. In the Scandinavian countries, longevity is attributed to the high-quality medical care and healthy lifestyle of the Norsemen: low alcohol consumption and cigarette smoking, healthy diet and sport. In the southern EU Member States – France, Italy and Spain – longevity is attributed to, besides high-quality medical care, tolerating stress and enjoying happiness. People from the South have more fun, dance and laugh. In the African countries, the life expectancy is very low; in Senegal 57.08 years, in Nigeria 46.53 years and in Angola even as low as 37.92 years of age. In comparison with other countries, the Slovak Republic is listed in the 21st place with average life expectancy of 75.17 years of age. The countries which are listed above the Slovak Republic include the Czech

---

[*] Constantine the Philosopher University, Department of social work and social sciences of CPU, Kraskova 1, 949 74, Nitra, Slovak Republic, Tel. office: +421-37-6408-767, E-mail office: mhrozenska@ukf.sk, UCP web page: www.ukf.sk.

Republic (76.62), Poland (75.41), the Republic of Ireland (78.07), Germany (79.10), the Netherlands (79.25), Austria (79.36) etc. (Statistical Office, 2007).

The demographic aging is manifested by numerous and also relative increase of higher-age groups of a population. The population of the elderly is usually defined by the age of 65 years. In the countries of Western Europe, this age is usually equal to the official retirement age.

In the last 50 years, the changes related to the numerous and proportional occurrence of the elderly have also occurred in the Slovak population. Their rate has spurted in this decade. The Slovak Republic does not fall behind the European tendency.

According to J. Brezák (2005), the demographic population aging means increase of the ratio of the older population. Population aging, mainly increase of the oldest group, has serious economic and social consequences for labour force and social security. The development in the Slovak Republic in 1990s was characterised by gradual decrease of population reproduction; its main features were permanent birth rate decrease along with fluctuating level of population mortality.

According to the data of the Statistical Office of the Slovak Republic, in 2009 there were 61,217 live births (3,857 more than in 2008) and 52,913 deaths (251 fewer than in 2008). The number of live births was increased to 11.3 per mille inter-annually (by 0.7 point), which is a significant entry as the number of live births is comparable with the data from the middle of the 1990s. Mortality stayed at the level of 9.8 per mille. As a result of increased birth rate, the tendency of increase of natural growth of population continued, and it increased inter-annually by 4,108 persons, i.e. to 8,304 persons. The Slovak Republic gained 4,367 persons through foreign migration, while 6,346 persons immigrated and 1979 persons emigrated. The whole growth of population was increased by 1,415 people to 12,671 people. By 31st December 2009, the population in the Slovak Republic was 5,424,925. The rate of women was 51.4% of the whole population (MLSAaF SR, 2009a)

Population aging, as J. Brezák (2005, 19) states, does not depend so much on rising age of people and thus increasing the number of the elderly as it depends on decreasing birth rate. This phenomenon occurs also because of economy because "it is known that economy affects population, however population also significantly affects economy".

In our present conditions, there is about 13% of population older than 65 years and about 30% of population older than 50 years in the Slovak Republic. This percentage is almost three times higher compared with the beginning of the 20th century, and the human age is expected to increase in future.

Population aging process will accelerate in the following decades (Bencko and Reichrtová, 2000). While in the present there are two persons younger than 17 years per one 65-year-old person, in 2050 the rate will be opposite, and there will be almost two persons older than 65 years per one person younger than 17 years (EurActiv, 2006)

Nowadays, at the beginning of the 21st century, the life expectancy in developed countries is 74 or more years. In our country it is different, especially in males. While our women are almost at the level of the developed countries, the Slovak men live 7 years shorter than the Slovak women (Malovič, 2003) (Tables 1 and 2).

Table 1.

Basic characteristics of the age structure of male population

Males	1990	1995	2000	2001	2002	2003	2004	2005	2006
Population	2595913	2613712	2626061	2611921	2611306	2611124	2613490	2615872	2618284
Age group 65+	219 614	227 930	235 748	231 432	231 855	232 506	233 987	236 306	238 561
Age group 65+ (%)	8.5	8.7	9.0	8.9	8.9	8.9	9.0	9.0	9.1
Average age	32.1	33.0	34.4	34.6	34.9	35.2	35.5	35.8	36.1
Aging index	32.3	37.3	44.5	44.9	46.5	48.1	49.7	51.6	53.5

Source: Statistical Office of Slovak Republic.

Table 2.

Basic characteristics of the age structure of female population

Females	1990	1995	2000	2001	2002	2003	2004	2005	2006
Population	2714798	2754078	2776486	2767030	2767855	2768929	2771332	2773308	2775353
Age group 65+	331 781	359 515	383 822	381 253	384 370	387 805	391 962	396 332	401 678
Age group 65+ (%)	12.2	13.1	13.8	13.8	13.9	14.0	14.1	14.3	14.5
Average age	34.9	36.0	37.5	37.7	38.0	38.3	38.7	38.9	39.2
Aging index	51.0	61.5	75.8	77.5	80.8	84.2	87.5	90.8	94.5

Source: Statistical Office of Slovak Republic.

More and more people live until their old age (Table 3). In the recent years, the progress of the modern technologies has brought improvement of the environmental conditions that are closely related to life expectancy. The improved conditions result in permanent effect on increasing number of people who live until old age (Litomerický, 1993). In spite of the fact that all indicators document acceleration of aging in the Slovak Republic, the rate and the number of people older than 65 years have not increased markedly yet. Compared with 1990, the rate of this group has increased by 1.5 percentage points (Vaňo et al, 2007).

Table 3.

Basic characteristics of the age structure of population

Total (FEMALES and MALES)	1990	1995	2000	2001	2002	2003	2004	2005	2006
Population	5310711	5367790	5402547	5378951	5379161	5380053	5384822	5 389180	5393637
Age group 65+	551 395	587 445	619 570	612 685	616 225	620 311	625 949	632 638	639 639
Age group 65+ (%)	10.4	10.9	11.5	11.4	11.5	11.5	11.6	11.7	11.9
Average age	33.6	34.5	36.0	36.2	36.5	36.8	37.1	37.4	37.7
Aging index	41.4	49.1	59.8	60.8	63.2	65.7	68.1	70.7	73.5

Source: Statistical Office of Slovak Republic.

The Slovak Republic is one of the youngest countries in Europe. The change of demographic behaviour in the recent decade has caused acceleration of demographic aging. According to the last UN prognosis, the Slovak Republic will become one of the oldest populations in the world in the middle of the 21st century if the present intensity of birth rate is maintained or increases mildly. The Slovak Republic is not a homogenous country. In the individual regions of the Slovak Republic, individual demographic processes develop variously and with various intensity and this situation results in a great differentiation also in demographic aging. In term of age structure, the whole forecasted period of 2002–2025

(Table 4) will be characterised by the process of population aging, i.e. decrease of the share of children and increase of the share of people older than 65 years. In the most probable middle variant, it is expected that the share of 0-14-year-old children will decrease from 18% in 2002 to 12.6% in 2025. The share of people older than 65 years would increase from 11.6% to 20%, according to the prognosis (Hegyi, 2006).

Table 4.

The structure of population in the Slovak Republic in 2002–2025 according to prognosis (in %) – middle variant

Age group	2002	2005	2010	2015	2020	2025
0–14	17.98	16.30	14.30	13.47	13.10	12.56
15–44	46.37	46.32	45.67	44.39	41.36	37.58
45–64	24.05	25.40	27.21	27.46	28.04	29.81
65 and older	11.60	11.99	12.83	14.68	17.50	20.05
Population in thousands	5 379	5 377	5 360	5 329	5 278	5 199

Source: Statistical Office of Slovak Republic.

Increase in number of the elderly is related to increased expenses for services in social care, health care and pension security. From economic point of view, there is often the need to increase retirement age. Demographic aging process influences also the structure of labour force. Increased education levels and living standard result in the need to re-evaluate the lower bound for productive age.

Population aging influences also the scopes of social care and health care. Health care for older citizens is expensive, and the expenses can be reduced by healthier lifestyle of the elderly and also of the whole population, while emphasize should be paid to prevention of so-called diseases of civilization.

"Effective functioning of the new system of social policy or facilitation of desirable status and development of social scope is directly related to the present status and development of demographic structure of population of the Slovak Republic. Of the crucial importance for the purposes of both economic and social policy is the demographic structure of population – the numbers of people in individual age groups, which are used to derive critical changes of economic and social dependences – in the activities of population and their relevant consequences on economic and social development" (Matulay & Matulayová, 1998, 49).

Nowadays, population aging is seen as a global phenomenon which influences and will influence population worldwide. Permanent growth of the oldest age groups in the national populations has a huge impact on the social, cultural and economic aspects of social development including family lifestyle. Some societies have been familiar with this phenomenon for many years, other talk about it in their expectations. As aging is the result of long-term trends in reproductive behaviour, the general interest in development of basic demographic processes has also increased. The current tendencies are monitored and the options of influencing them in future are sought. One of remarkable changes is seen in relation to family forms. Traditional family is not the dominant form of family environment anymore, and this, not just in European Union jurisdictions, but also in the U.S. (Lulei, 2010).

Care for the elderly in the Slovak Republic is performed and provided in accordance with relevant legislation, mainly the Act 448/2008 Coll. on Social Services of 1st January 2009 and the Act 461/2003 Coll. on Social Insurance. The Act 448/2008 Coll. provides the information on the social services facilities in the articles 34 – 40, for natural persons who have reached retirement age and are dependent on assistance of another natural person, i.e. the facilities can be used by the elderly if they are dependent on the service in accordance with the act above.

Social care is the activity focused on assistance while meeting objectively recognised needs of an individual, group or community; social care itself can be focused on clients or social environments which are asocial by their character. Based on the philosophical-ethic principle, social care means the duty to take care of and support a client, to take responsibility.

Care for the elderly can be divided into two basic levels:

1. Care for the elderly in home environment – non-institutional assistance is provided by the professionals in home environment. They are mainly general practitioners, specialised doctor´s offices, home nursing agencies, geriatric doctor´s offices and carer´s services. Social care is provided, first of all, to assist older people living alone, without family background. It includes mainly carer´s services performed by geriatric nurses and social workers.

2. Residential and semi-residential care for the elderly is provided for the persons of higher age mostly in the facilities for the elderly. Combination of institutional care and staying at home are day centres which allow the elderly who live alone or their families to take care of their family member in their working hours or during the workdays.

Older people have the right to decide on how and where they spend their old age. The third sector (next to state and entrepreneur sectors) plays an important role in care for older people. Care for older people is provided by the Red Cross and charity organisations of individual churches. In the Slovak Republic, there are mainly the Catholic Charity and the Evangelical Diacony. The advantage of the third sector is that care is very often provided by persons who have strong motivation, religious or philanthropic, for their activity. Therefore, care provided by them may be more personal. Another of the advantages of care provided by volunteer organisations is that it is cheaper, and therefore it will be used more frequently in the future (Krajčík, 2000).

Various non-governmental organisations focus on the issues of protection of older people. Non-governmental organisations provide social counselling, publish information bulletins and magazines, make comments at the proceedings on legislative norms, organise recondition stays and projects increasing the level of knowledge on various areas of life of older citizens. They include:

• Jednota dôchodcov na Slovensku (The Union of the Senior Citizens in Slovakia) (it organised a ceremonial Slovak conference of the Union of the Senior Citizens in Slovakia on the occasion of the International Day of Older People under the auspices of the Minister of Labour, Social Affairs and Family),

• The European Federation of Older People (EURAG),

• The Slovak Red Cross,

• Slovenské všeobecné hnutie dôchodcov (The Common Movement of the Senior Citizens in Slovakia),

• Slovenský kresťanský zväz dôchodcov (the Christian Senior Citizens' Organisation in Slovakia),

• Asociácia seniorov – expertov (The Association of the Senior Citizens – the Experts).

Long-term care brings together health care and social care and it is usually provided for persons with physical or mental impairments, older persons with impaired health and specific groups that need assistance in performance of activities of daily living. Different distribution of responsibilities (private/family – public), different organisation of health care and social care, as well as the differences in defining the boundaries between medical care and health care result in great variations of long-term care services and their role within the social protection systems of the individual Member States.

In the European Union, the Member States are responsible for planning, funding and administration of health care and social protection systems. In supporting the Member States in their reform efforts, the Union recommends three long-term objectives for national care systems, which should be pursued in parallel:

• to ensure good access to health care and social services,

• to improve the quality of care, and

• to ensure the sustainability of funding.

Long-term (institutional) care is characterised by Zavázalová et all (2001) by:

1. long-term clinical course of the disease, chronicity and the level of health impairment which causes the loss of self-care and dependence on care by others,

2. multidisciplinary approach with respect to the spectrum of health, mental and social problems,

3. including other sectors (community, education, services etc.), and

4. cooperation between healthcare professionals and lay people (family, volunteer carers, charity, religious groups etc.).

Long-term care means provision of health care and social care for longer or long period of time, or permanent care. For institutional care in healthcare facilities, it was defined as health care provided for the clients with complications of numerous chronic diseases of adult age whose basic diagnoses are known and their condition does not require intensive treatment but it requires treatment, rehabilitation, nursing and training of services of social character mainly.

Intertwining of social and health services results from the characteristics of chronically ill older patients.

Long-term care for older people is a topic of increasing importance in the Member States and also within their institutions. The reasons are well-known. Primarily, long-term care is a situation whose importance increases with old age. Demands for this form of care have been rapidly increasing among older people. This trend is accepted by the fact, besides others, that more and more people live alone (Hrozenská, 2008).

In the health resort, long-term care is provided within hospital care, in day centres or home environment. In practice, the situation shows that hospitals are not able to provide this care because of the limits from insurance companies, there are almost no day centres and home nursing agencies usually do not get contracts for unlimited care from healthcare insurance companies. The fact is that optimal environment for an older person is their own home environment (Hegyi, Krajčík, 2006).

In the resort of labour, social affairs and family, long-term care is provided with predominance of social services in the social services facilities, specifically in the facilities for the elderly. In home care, it is provided by carers who are usually professionals nowadays.

The long-term care forms include also financial allowance for care that is a part of the system of compensations of social consequences of serious health impairments. Its purpose is to provide help to the citizens with serious health impairment dependent on permanent personal and adequate care within inevitable life actions and with the objective to facilitate income for carers who can be the exactly defined natural persons – family members. (MLSAaF, SR, 2008)

From medical point of view, we can say that long-term care is provided for the period of a few weeks or months, requires regular medical supervision and professional nursing care. The reasons for long-term care can be adverse clinical course of basic disease, e.g. oncologic or cardiovascular, but in geriatrics they are diseases accompanied by complications. The most serious complications, indicating long-term care, include immobility and dementia. Other geriatric syndromes are immobilization syndrome, serious eating disorders, geriatric maladaptation syndrome, recurring serious infections, depression, delirium, incontinence, urinary retention, constipation, sleep disorders, disorders of thermoregulation, falls and injuries, orthostatic hypotension, decubitus ulcers, blindness and deafness, and others.... (Hegyi, 2007).

At first glance, there were attempts to compare old age with a need of long-term care as the risk of long-term care is statistically very high for the elderly and especially for very old people. The cause is multimorbidity which is suffered by the elderly. Long-term care is expected if several influencing conditions occur in the elderly. Old age does not necessarily mean a need of long-term care. The relation between old age and long-term care should have an impact on development of social security systems (the same way as health/disease and long-term care) and should have greater impact on old-age policy such as housing, services, donations etc. (Hrozenská, 2008).

Legislative plan of long-term care in the Slovak Republic

The national programme for protection of the elderly presents the limitations of cohesion of social care and health care provided in natural environment of family, municipality or community. "There is absence of integrated social-health services of long-term care provided mainly in homes and in communities over institutional care" (MLSAaF SR. 2005b.).

Integration of social services and health care is not adapted systematically in the legal system of the Slovak Republic. In accordance with the current legislation, social services and health care for persons who should be, according to newly planned legislation, provided with long-term care and integration promotion, are adapted individually in various legislative regulations. Social services are adapted in the Act 448/2008 Coll. of 1st January 2009 on Social Services. Health care and its provision are adapted in the Act 581/2004 Coll. on Healthcare Insurance Companies and Surveillance over Health Care and on amendment and supplementation of certain acts, the Act 580/2004 Coll. on Health Insurance, the Act 578/2004 Coll. on Health Care Providers, Health Workers, Professional

Organisations in Health Sector, the Act 577/2004 Coll. on the Scope of Healthcare Covered by Public Health Insurance and on the Reimbursement of Healthcare-related Services, and 576/2004 Coll. on Healthcare and Healthcare-related Services.

Legislation on long-term care is based on the Manifesto of the Government of the Slovak Republic and following SR government resolutions with the aim to integrate cohesion of social and healthcare services and their funding aimed at clients. The Government of the Slovak Republic in its Government Resolution No. 161 of 25th February 2004 validated the Conception of Social and Long-term Care and the Minister of Healthcare was to submit legislative plan of an act on social and long-term care. The Government in its Resolution No. 206 of 3rd March 2004 validated transfer of the scope in the area of serious health impairment from the Ministry of Labour, Social Affairs and Family of the Slovak Republic to the Ministry of Health of the Slovak Republic (MLSAaF SR, 2005a)

The main reasons for development of a special system of long-term care are the current and foreboded changes in the structure of population of the Slovak Republic. The most striking demographic change is population aging and the prognosis of increased number of people in the age of more than 65 years and more than 80 years. Besides population aging, the serious reasons are the increasing expectations of the public of better quality of services, as well as changes of lifestyle and family structure, which influence living conditions of older people and growth of demand for long-term care services. Another of the reasons is the present status of care for older people in the Slovak Republic, which is not satisfactory and its developmental trends are opposite to the valid trends in the European Union (Hegyi, 2006).

In the Manifesto of the Government of the Slovak Republic for 2006-2010, the Government bound itself to create legislative environment for development of social services that would guarantee their recipients dignified living conditions and would lead to their activation. The objective is also to facilitate cohesion of social services and health care, and modify the new system of their funding (MLSAaF SR, 2008)

Since December 2001 long-term care has become one of the areas representing "open method of coordination" and it has become a part of health care for older people. The Member States have stated common objectives so that they can be met at the same time and they include uniform access to care, high quality of care and financial viability in the system of care. None of the Member States provides complete protection of people who need long-term care (Hrozenská, 2008).

The previous reforms were looking for the answer to the problem of long-term care only partially – in the reform of pension system. It is one of the reasons why the capacity and quality of services provided by the health resort and the resort of social affairs for older people does not fit their real needs. There is a lack of necessary health and social services in home and community care as well as in institutional care for this group of people. There is no targeted coordination of providing health care and social assistance which could become integration of both services. Integration of necessary services is organisationally, financially and humanly the most effective approach to persons who require long-term care and support of integration, and it was economically successful in developed countries. The act on long-term care and support of integration should, on contrary to the valid legislation, integrate various tools of support for the

citizens with health impairment, and also emphasise social counselling and social rehabilitation, and include non-government organisations that work with these people in the system to look for the best solutions. In particular, it emphasises inevitability of individual approach to each individual. Therefore long-term care ought to include a great variety of tools for meeting individual needs of clients: social counselling and social rehabilitation, nursing care, social services, allowances for social services, allowances for assistive devices as well as benefits to reimburse increased living expenses based on health impairment (MLSAaF SR, 2005a).

Long-term care should increase quality of life of the important share of population in the Slovak Republic, and this share of population will increase. This task cannot be accomplished by old approaches. Even though a considerable part of responsibility related to individual tools of long-term care has been decentralised from the state to self-governments, the state does not get rid of the responsibility for this area of public services. One of the reasons of new legislation is also the need to modify responsibility of individual levels of public administration and financial flows necessary to meet constantly increasing needs. Sustainability of the proposed system of new public services is the reason for higher participation of all public resources in their funding because the level of long-term care for the citizens, who need it, is a means of the level of our solidarity.

The objectives of the prepared act are:

• To create such a system of services and other tools of long-term care and integration support that would meet the requirements for management of quality of services, which should provide protection of basic human rights of individuals entering the system from the beginning. Another of the objectives is to prevent deterioration of quality of life in older people with weakened health and with health impairment.

• To combine operatively and effectively the personal, material and financial resources of families, non-government organisations, municipalities, self-governing regions and the state, as the act would adapt a specific system of long-term coordination of meeting individual health and social needs of older people and people with health impairment based on their free choice.

• To decrease maximally or eliminate barriers which do not allow older people with health impairment to participate in social life. The bill creates a system which would, based on individual developmental plans, provide coordinated provision of social and health counselling, nursing care and social services, allowances for social services, allowances for assistive devices and benefits to reimburse increased living expenses, or other tools that would reinforce their social and labour integration.

• Effective accessibility and real financial tenability of provision of long-term care and integration support particularly as a result of population aging in the Slovak Republic (MLSAaF SR. 2005a)

The bill explains the difference between long-term and short-term care. Short-term care is provided in cases of intermediate change of health condition or intermediate crises of social relations in the environment. Long-term care occurs in cases of permanent functional inability and focuses on functional impairment in accordance with the International Classification of Functioning, Disability and Health by WHO, while short-

term care focuses on cure of diseases in accordance with the International Classification of Diseases by WHO, and crisis intervention focuses on management of social crisis. Providing long-term care and integration support is permanent and is not known beforehand, while short-term care and crisis intervention have stated or expected finish beforehand. The goal of long-term care is to provide permanent support to overcome functional limitations, and support in integration into society, while the goal of short-term care is recovery or resocialization (MLSAaF SR, 2005a).

The basis of the legislative plan is to extend quality of life of individuals and quality of provided services; the years of life are meaningful especially when life has its significance and purpose.

The present status of long-term care

The analysis of the present condition of long-term care in the Slovak Republic (in 2008) consists of two parts. The subject of the first part is the real status of long-term care, and the subject of the second part is funding of the care. The analysis is a part of the project called *"Health Sector Modernisation"*.

The objective of the first part of the analysis of social care services in relation to long-term (health) care is to identify limitations and barriers that should be eliminated so that the persons in social distress are provided with social as well as health care at appropriate level. The essential transformation (reform) of public services, which we inherited from the past socialistic period, is very slow and without integrated conception that would reflect not only changed political conditions in the country but mainly the scope and quality of changes brought by the civilisation progress in the world (Ministry of Health, 2008).

The second part of the analysis focuses on long-term care funding. Social Europe is based on the human rights and solidarity. There is no doubt that the human rights include the right for adequate standard of life for the whole population including long-term care for older people, and that solidarity is a means to provide this right. A certain level of public responsibility for long-term care for older people in all the Member States is expected. In some of the countries, the responsibility is divided between health and social administration, in others it is seen as individual social risk (Hrozenská, 2008).

One of the essential problems of long-term care for the clients in social and health care in the Slovak Republic is insufficiently transparent funding of the services or actions and at the same time artificially divided system of funding by the resorts – the Ministry of Health and the Ministry of Labour, Social Affairs and Family. This fact does not allow effective funding and complex solving of long-term problems of individuals, i.e. with greater chance of non-recurrence and definitive solution of their problems. The similar system of long-term care funding directly links to legislative and institutional limitations in the area. It represents the significant barrier of increasing effectiveness and functionality of the relevant services (Ministry of Health, 2008).

In order to achieve these objectives it is essential that all the parties work together to build strong partnerships. Exchanges of best practice and experience help to spread

knowledge of the introduced policies, supporting mutual learning and encouraging progress (European Commission, 2009)

The analyses and practical experience suggest that the basic system problem is a double-track situation in care for the elderly as one part of care is provided by the health resort and other part by the resort of labour and social affairs. In this situation, the same problems are solved again and again: if the health sector should pay the nurses in the social facilities for the provided healthcare services, or if the social fund should be used to pay for carer´s services provided to patients hospitalised in healthcare facilities.

The former Minister of Labour, Social Affairs and Family Viera Tomanová stated: *"I would really like to solve but not that way that I transfer these issues to the health resort because it is not about the citizens who need health care. In some cases, inevitable cooperation of all nursing procedures, plus carer´s services and personal assistance is inevitable. In all cases we want the competence to stay in our resort"* (Hradílek, 2006).

The report on providing care for the elderly by 31st December 2008 comments health-social care for older people in the Slovak Republic as follows: *"The Act 448/2008 Coll. on Social Services allows provision of social care in healthcare facilities, which might bring solution for absent long-term care in the future. Health care in social care facilities is provided by the workers of the health sector, usually by General Practitioners and geriatrists from out-patient departments, and by hospitals if hospital care is necessary. Health condition of the residents of the homes for the elderly is affected by high age and serious chronic diseases. Long-term care is provided in the form of home care and supported by General Practitioners, specialists and home nursing agencies, and in the homes for the elderly."* The report recommends preparing the bill on long-term care (MLSAaF SR, 2009b). In the present, it is possible to solve the existing lack of resources to fund long-term care similarly as it is anywhere else in the European Union by passing the Act on nursing insurance. In the statement "Working together, working better – A new framework for the open coordination of social protection and inclusion policies in the European Union", the detailed proposals are submitted to simplify the open method of coordination (OMC) in the area of social protection and social integration. The existing OMC in the areas of social integration and pensions, and the present process of cooperation in the area of health and long-term care will be brought together within the common objectives – in accordance with the objectives from Nice and Laeken – and simplified actions to submit reports.

Accessible and sustainable health and long-term care of high quality can be provided in:

• accessibility of adequate health and long-term care for everyone in such a way that dependence on care does not lead to poverty and financial dependence and so that it solves inequality in access to care and in health outcomes,

• quality in health and long-term care and by modification of care, including developing preventive care, to the changing needs and priorities of a society and the individuals, mainly by development of quality norms that reflect reliable international actions, and by increasing responsibility of the experts in the area of health care, patients and care recipients,

• financial accessibility and tenability of adequate health and long-term care of high quality through promotion of rational use of resources, mainly with help of suitable stimuli for users and providers, good administration and coordination between the systems of care and public and private institutions. Long-term sustainability and quality require promotion of healthy and active lifestyle and adequate human resources in the sector of care (European Commission, 2008).

Conclusion

The data on age and gender structure of population of the Slovak Republic witness its overall aging as well as the gradual feminization of old age. In the present, population aging is the reality and even though the longer life of people is presented positively or negatively, there is the necessity of the measures of social protection and preparation of health system, as well as individuals and their families for life in higher age and for possible problems it might bring. One of them is long-term care for older people that should be solved at the level of family as well as community and public institutions.

References

Bencko, V. and Reichrtová, E. (2000) Lifestyle and Quality of Life. In *Environment*. ISSN 0044–4863, XXXIV, 6 /00, 293–296.

Bodnárová, B. (2002) *New Trends in Care for Older People.* Bratislava: Prognostic Institute of the Slovak Academy of Sciences, 32, ISSN 0862–9137.

Brezák, J. (2005) *Introduction to Study of Demography (specifically for social work and social policy).* Bratislava: Lúč, 267, ISBN 80-7114-496-7.

EurActiv (2006) *Europe is getting old*, 2006, accessed 30 March 2009.

European Commission (2009) *Long-term Care*, ec.europa.eu/healtheu/care_for_me/long_term_care/index_sk.htm, accessed 13 March 2009.

European Commission (2008) *Available, sustainable health care and long-term care,* ec.europa.eu/employment_social/social_inclusion/docs/2006/objectives_sk.pdf, accessed 3 July 2009.

Hegyi, L. (2000a) *Care for the Elderly from the Perspective of Public Health Care.* Bratislava: Charis s.r.o., 47–57. ISBN 80-967674-6-1.

Hegyi, L. (2000b) The Present Problems of Geriatric Care in the Slovak Republic. In

HEGYI, L. 2006. *Care for the Elderly.* Index 2, 2006 www.inst-asa.sk/index_files/dokument/asa_dikusForum/konferencia_reduta/publikacia/2a.pdf, accessed 4 November 2008.

Hegyi, L. and Krajčík, Š. (2006) *Geriatrics for General Practitioners.* 2nd Ed. Bratislava: Herba, 364, ISBN 80-89171-36-2.

Hegyi, L. (2007) Medical Aspects of Long-Term Care. In *Geriatria*. ISSN 1335-1850, 13, 2/07, 53–55.

Hradílek, T. (2006) *The system of long-term social and health care,* In: www.senior.sk/rservice.php?akce=tisk&cisloclanku=2006121301, accessed 3 July 2009.

Hrozenská, M. (2008) *Social Work with Older People and its Theoretical and Practical Background.* Martin: Osveta, 180, ISBN 978-80-8063-282-3.

Krajčík, Š. (2000). *Geriatrics.* Tranava: SAP, 82, ISBN 80-88908-68-X.

Litomerický, Š. (1993) *Gerontology and Geriatrics.* B.m: Teleflash, 279, ISBN 80-900545-5-2.

xxx *LONG-term CARE for Older People,* Conference organised by the Luxembourg: Presidency with the Social Protection Committer of the European Union. Luxembourg, 2005, 251p, ISBN 2-495-23050-4.

xxx *Long-term Care in the European Union, 2009,* ec.europa.eu/social/ main.jsp?catId=792&langId=sk , accessed 7 October 2009.

Lulei, M. (2010) Prevention in the family In: *Transnational Criminology Manual.* Nijmegen : Wolg Legal Publishers, ISBN 9789-90-5850-5590, 3, 155–168.

Malovič, P. (2003) *Young until Old Age (and in it).* Banská Bystrica: Ikar, 224, ISBN 80-551-0305-4.

Matulay, S. and Matulayová, T. (1998) *Social Work – the Selected Chapters.* Nitra : Constantine the Philosopher University in Nitra, 96, ISBN 80-8050-210-2.

Ministry of Health (2008) *The analysis of the present situation of long-term care,* 2008, , accessed 3 November 2010.

MLSAaF SR. (2005a) *The legislative intent of the act on long-term care and promotion of integration of the handicapped persons,* ISBN – not stated

MLSAaF SR. (2005b) *The report on the National Programme of Protection of Older People.*

MLSAaF SR. (2006) *The national report on the strategies of social protection and social inclusion for 2006 – 2008,* MLSAaF SR, 52, ISBN – not stated

MLSAaF, SR. (2008) *The national report on the strategies of social protection and social inclusion for 2008 – 2010,* MLSAaF SR, 72, ISBN – not stated

MLSAaF SR. (2009a) *The report on social situation of population in the SR for 2009,* www.employment.gov.sk/index.php?id=19196, accessed 29 October 2010.

MLSAaF SR. (2009b) The analysis and report on provision of health care for the elderly and the bill of measurements, www.employment.gov.sk/index.php?id=17338, accessed 30 November 2010.

Statistical Office of the Slovak Republic. (2007) *The statistic yearbook of the SR 2007,* portal.statistics.sk/showdoc.do?docid=8013, accessed 9 October 2007.

xxx *The Act No 448/2008 Coll. on social services and on amendment and supplements* of the *Act No 455/1991 Coll. on trade (Trade Licensing Act), as amended*

xxx *The Act No 461/2003 Coll. on social insurance as amended.*

xxx *The Act No 576/2004 Coll. on health care, healthcare-related services and amending and supplementing certain acts, as amended.*

xxx *The Act 577/2004 Coll. on the scope of healthcare covered by public health insurance and on the reimbursement of healthcare-related services, as amended by later regulations.*

xxx *The Act 578/2004 on healthcare providers, health workers and professional organisations in the health service and amending and supplementing certain acts, as amended.*

Vaňo, B. (Ed.) Jurčová, D. Mészáros, J. Potančoková, M. and Šprocha, B. (2007) *Population Development in the Slovak Republic 2006.* Bratislava: Akty, 80.

Zavázalová, H. (2001) *The Selected Chapters from Social Gerontology.* Plzeň: Faculty of Medicine in Pilsen, Charles University, 89. ISBN 80-246-0326-8.

Genetics, Family Dynamics and Well-Being

STEPHEN J. CUTLER[*]
LYNNE G. HODGSON[**]

The Role of Biological Factors in Social Science Research

The social sciences have traditionally drawn a clear boundary between "nature" and "nurture" in their pursuit of knowledge. Historically, social science research has contented itself with gaining an understanding of how nurture, to the virtual exclusion of nature, operates as an influence on human behavior and interaction. This singular focus on the social environment, however, is slowly giving way to a more inclusive view of causes, correlates, and consequences of human behavior. Social science scholars are increasingly coming to embrace the importance of research on factors that lie at the intersection of the biological and the social sciences.

Indicative of this newly emerging recognition, the *American Journal of Sociology*, one of the oldest and most prestigious outlets for the publication of sociological research in the U.S., has recently published a special issue on genetics and social structure. The substantive foci of the individual contributions vary, but all of the articles in this special issue address the following general question:

> "What can we learn about social structure and social processes and what can we learn about our accounts about social structure and process, by 'thinking about genetics'" (Bearman, 2008, vi)

Along similar lines, the eminent sociologist, Bernice Pescosolido from Indiana University, in her Reeder Award Lecture presented to the Medical Sociology Section of the American Sociological Association, discusses what she perceives as "a new appreciation of the coactivity of nature and nurture" (2006, 190). Thus, a growing acknowledgment of the value of multidisciplinary and interdisciplinary research is leading to the convergence of areas and fields of study – notably in the biological and social sciences – that formerly were quite disparate.

Biology, Social Gerontology, and the Practice of Social Work

That the biological, behavioral, and social dimensions of aging intersect and have implications for one another is a central tenet of the field of gerontology (Alkema & Alley,

[*] Department of Sociology, University of Vermont, Burlington, VT 050405, E-mail: Stephen.Cutler@uvm.edu
[**] Department of Sociology, Quinnipiac University, Hamden, CT 06518, E-mail: Lynne.Hodgson@quinnipiac.edu

2006; Ferraro, 2006). Reflecting this fundamental principle, the U.S. National Institute on Aging's Behavioral and Social Research (BSR) Program (2009a) has identified the following areas as being among its seven priorities for research training: 1) "Integrating Biology and Genetics with Behavioral and Social Sciences, Including Implications for Data Collection and Models of Analysis," and 2) "Genetics, Behavior and Aging." Indeed, data on biomarkers is increasingly being included in social and behavioral research (Smith et al., 2009; Piazza, Almeida, Dmitrieva & Klein, 2010). As a further example, the seventh and most recent edition of the *Handbook of Aging and the Social Sciences* (Binstock & George, 2011) includes for the first time a chapter on the contributions of genetics to well-being ("Molecular Genetics, Aging, and Well-Being" [Shanahan & Hofer, 2011]).

That the field of gerontology should be receptive to a consideration of the role of genetics is not surprising. Within social gerontology, an enduring focus of research has been on the nature and extent of intergenerational interdependencies within families. Soldo and Hill (1993), for instance, have examined forms of intergenerational transfers such as space, time, and money, and Bengtson, Rosenthal, and Burton (1990) have explored the dimensions of bonds that exist between generations in terms of associational, affectual, consensual, functional, and normative solidarity. Intergenerational family caregiving and patterns and frequency of intergenerational interaction are staples of the social gerontological research literature (for some recent examples, see Haberkern & Szydlik, 2010; Thomas, 2010; van der Pas & van Tilbrug, 2010).

The premise of this article is that a new form of intergenerational interdependency is emerging and becoming salient, one with likely consequences for family dynamics and well-being. With advances in molecular biology and in our understanding of the human genome, and with growing awareness of the potential implications of biological inheritance, individuals are increasingly pondering the personal and social effects of their genetic legacies. Biological biographies and their implications lend themselves to personal and social construction.

As knowledge of the genetic basis for a wide variety of health and other conditions continues to expand (Reed, Green & Smyer, 2008), we propose that social workers and family gerontologists would do well to take into account both objective and subjective assessments of genetic status in order to arrive at a fuller understanding of family dynamics and well-being. Using Alzheimer's disease as a case in point, in what follows we document the rationale for this claim based on a study of intergenerational implications of Alzheimer's disease. By drawing on selected findings from a body of research we have been conducting over the past decade and a half, we aim to document the implications of genetic legacies for social and behavioral dimensions of personal and family well-being.

Alzheimer's Disease

Alzheimer's disease is a progressive and inevitably fatal disease that afflicts more than 5 million Americans over the age of 65 (Alzheimer's Association, 2010a)[1]. Its

---

[1] This estimate implies that approximately 1 in 8 older Americans have Alzheimer's disease. If this rate is applied to the Romanian population – 3.2 million persons 65 and older in 2007 (National Institute of Statistics, 2008, Table 2.3) – approximately 400,000 older Romanians would be afflicted with Alzheimer's disease. Estimates of prevalence vary considerably, however, and the 1 in 8 rate noted by the U.S.

course is marked first by deteriorating cognitive functioning and then by deteriorating physical functioning. There is no cure and treatments to slow, stop, or reverse the course of the disease have generally proven to be ineffective. A recent consensus statement from the U. S. National Institutes of Health concludes that "[c]urrently, no evidence of even moderate scientific quality exists to support the association of any modifiable factor (such as nutritional supplements, herbal preparations, dietary factors, prescription or nonprescription drugs, social or economic factors, medical conditions, toxins, or environmental exposures) with reduced risk for Alzheimer disease" (Daviglus et al., 2010, 197). Alzheimer's is the 7th leading cause of death in the U.S. among all persons, the 4th leading cause of death among persons 85 years of age and older (Heron, 2010), and it is estimated that its direct and indirect costs amount to over 170 billion dollars. Because its prevalence rises steeply with age, the number of cases of Alzheimer's disease in the U.S. is projected to increase dramatically with the aging of the baby boom generation: from over 5 million in 2010 to between 11 and 16 million by 2050 (Alzheimer's Association, 2010a).

For present purposes, we contend that Alzheimer's disease lends itself especially well to a consideration of the contribution of genetics to individual and family well being. In a very small percentage of cases – less than 1 percent – Alzheimer's disease is of the early onset variety, appearing in some instances well before age 65. Here there is a *deterministic* genetic basis involving chromosomes 1, 14, or 21. In the vast majority of cases with an older onset, however, there is evidence of a *probabilistic* genetic basis. For instance, persons who have inherited two copies of the APoE4 gene are at a higher risk of developing Alzheimer's than persons who've inherited one copy of the APoE4 gene. And both of these groups are at higher risk than persons with only APoE3 or APoE2 genes (National Institute on Aging, 2009b). As we shall see, this documented genetic component of Alzheimer's disease, with its greater likelihood of occurring among first-degree relatives of persons afflicted with the disease, makes it particularly well suited to examining how the personal construction of intergenerational genetic legacies affects well-being.

Research Design

By way of brief background, our research has been exploring a concept we call "anticipatory dementia," or the personal concerns people have about developing Alzheimer's disease. We have looked at predictive factors that are associated with variation in levels of concern and we have examined consequences of these concerns. After a pilot phase, we gathered data in 2000 via telephone interviews with two groups of respondents 40–60 years of age: 1) adult children who had a living parent with a diagnosis of Alzheimer's disease (N = 108), and 2) a matched comparison group of persons with no parental history of Alzheimer's (N = 150). Five years later, we conducted a follow-up study via mailed questionnaires. The follow up yielded 206 returns from the

---

Alzheimer's Association is most likely an upper limit. The National Institute on Aging (2010) suggests that prevalence in the U.S. is between 1 in 8 and 1 in 16 older persons, the latter of which is quite close to the 1 in 15 estimate provided by the Romanian Alzheimer's Society (Societatea Romana Alzheimer, 2010) and closer to the European Commission's estimates of the prevalence of dementia in Romania in 2006 as being between 208,000 and 227,000 (European Commission, 2010).

original 258 respondents for an 80% response rate. We subsequently collected additional qualitative data via telephone interviews with a predefined subsample of 79 respondents whose levels of concern had risen or decreased during the five-year interval between 2000 and 2005.

Selected Findings

Several findings from the study bear on the implications of genetic inheritance for family dynamics and well-being. For illustrative purposes, we discuss results from the following areas: 1) how being a first-degree relative of someone with Alzheimer's is associated with personal concerns about developing Alzheimer's, 2) how these personal concerns affect well-being, and 3) selected implications for family functioning and dynamics.

Personal Concerns. Epidemiological research has repeatedly shown that having a parent with Alzheimer's heightens the probability of dementia in succeeding generations (Bain, 2006; Green et al., 2002; Silverman et al., 1994). Consistent with this increased susceptibility among first-degree relatives, data from our anticipatory dementia study show that being an adult child of a parent with a diagnosis of Alzheimer's translates into significantly higher levels of personal concern about developing the disease compared to the levels of personal concern among the matched control group with no parental history of dementia. At T_1 in 2000, 92% of the adult children report being very or somewhat concerned about developing Alzheimer's versus 47% of the comparison group (p <. 001). And at T_2 in 2005, 89% of the adult children indicate that they are very or somewhat concerned about developing Alzheimer's as compared with only 47% of the respondents with no parental history of Alzheimer's. Whether one was an adult child of a living parent with a diagnosis of Alzheimer's at T_1 is also significantly associated (R = -.472, p <. 001) with T_2 scores five years later on the 3-item Alzheimer's Likelihood Subscale of the Aging Concerns Inventory (Lachman, Bandura, Weaver & Elliott, 1995). In short, being a first degree adult child of a parent who has a diagnosis of Alzheimer's is associated with elevated personal concerns about developing Alzheimer's. These heightened concerns among the adult children occurred at the beginning of our study and persisted five years later (Cutler, Hodgson & Johnson, 2006).

We also created an index of similarity between the adult children and their Alzheimer's-afflicted parents based on gender, how close the parent's age of onset was to the current age of the respondent, and number of types of memory changes they have in common. The higher the score on the similarity index – that is, the greater the similarity between the adult child and his/her parent – the greater the personal concern about developing Alzheimer's (R = .275, p <. 01). It would appear, then, that these personal concerns are heightened by the degree to which children share or perceive that they share characteristics with their afflicted parents. Perhaps they fear that when they look in the mirror, they see their parents as their future selves (Hodgson & Cutler, 2002).

Well-Being: Quantitative Evidence. In turn, these personal concerns are associated with lower levels of psychological well-being. For example, respondents at T_2 with higher scores on the Alzheimer's Likelihood Subscale had significantly higher

depression scores (R = .211, p < .01), significantly lower mastery scores (R = -.249, p < . 001), and significantly higher stress scores (R = .288, p <. 01)[2].

Related to this, a particularly interesting set of findings comes from a comparison of caregivers and non-caregivers within the subsample of adult children. We know that caregivers are beset by a variety of threats to their physical and psychological well-being (e.g., Alzheimer's Association, 2010a; Schulz & Beach, 1999). In this analysis, we sought to determine whether perceived similarity between cognitive symptoms exhibited by the parent in the early stages of Alzheimer's and the characteristics of any cognitive changes experienced by the adult child caregiver would exert an additional effect on the caregiver's well-being. We asked if well-being might be affected by "…actual and perceived shared genetic makeup of the caregiver and the care recipient…" as reflected in cognitive changes experienced by each (Anderson, Towsley & Gaugler, 2004, 440). In other words, is seeing one's possible cognitive future in the condition of the parent a threat to well-being?

Among the adult children who were not the primary caregiver for the parent with Alzheimer's, none of the relationships between symptom similarity and our measures of well-being was significant. On the other hand, among the adult children who were primary caregivers, symptom similarity was related to number of physician visits in the past year (R = .541, p<.01), life satisfaction[3] (R= -.339, p<.10), and stress (R=.378, p<.10)[4]. These findings suggest that an additional source of threats to caregiver well-being lies in the primary caregiver's perception of the similarities between cognitive changes they themselves are experiencing in middle age and the symptomatic cognitive changes exhibited earlier by their parent during the beginning stages of the Alzheimer's disease process (Cutler & Hodgson, 2009).

Well-Being: Qualitative Evidence. The role of genetics as a risk factor and its implications for well-being come out very clearly in the comments of our respondents. In the qualitative interviews with respondents whose levels of personal concern about developing Alzheimer's had either increased or decreased between 2000 and 2005, the role of family history is cited prominently (Hodgson, Johnson & Cutler, 2006). For example, a 55-year old daughter whose mother has Alzheimer's noted the following as a reason for her increasing level of concern:

> "I guess I would just say that, at this point in my life, certainly there is concern. And that concern is… primarily because of hereditary reasons and with my mom's case, there were changes in her at an early age and that's a little bit frightening, so you know. I keep thinking about, ooh, am I getting close to that age when she started changing, you know? And I don't dwell on it, but certainly it is there."

On the other hand, decreasing levels of concern are often attributed to the absence of a genetic legacy, as in the comments of a 56-year old man with no parental history of Alzheimer's:

---

[2] Depression is measured by a shortened, 11-item version of the CES-D (Kohout, Berkmann, Evans, & Cornoni-Huntley, 1993), mastery by the Pearlin, Menaghan, Lieberman, and Mullan (1981) 7-item mastery scale, and stress by a 10-item version of the Cohen, Kamarck & and Mermelstein (1983) perceived stress scale.

[3] Life satisfaction is measured by a single item asking respondents how they find life these days – very satisfying, fairly satisfying, or not satisfying.

[4] Because of the small subsample size of the adult children who were primary caregivers (N = 27), we allowed significance levels of p<.10 to be considered as being of substantive, if not statistical, significance.

"Within our family there haven't been any instances of Alzheimer's at all, so I guess that maybe is making it a little less critical in my thoughts."

And the T_1 comments of a 49-year old woman whose mother has Alzheimer's point to some of the psychosocial consequences of concerns about developing Alzheimer's:

"I used to have an excellent memory, a phenomenal memory, but lately I'm becoming frightened that I can't remember things…it's scary, very scary…and it's embarrassing…not remembering people's names that I see quite often.…It's very embarrassing…Even with my job lately, I noticed it. Normally, I'd just look at the codes and for the next six weeks I would know. Now I have to keep opening my book to 'Now what was it for this? What was it for that?' Yeah, it's affecting my job. This is scary…I'm very upset about it. I'm very concerned about it. Maybe in the back of my mind it is because of Alzheimer's disease. You're wondering, is it inherited, is it?"

Personal Concerns as a Family Matter. It is also evident from our data that these concerns about developing Alzheimer's are a family matter, especially among the adult children (Hodgson & Cutler, 2004). In both waves, we asked all respondents who were very or somewhat concerned about developing Alzheimer's who, if anyone, they talked to about these concerns. Significantly higher percentages of the adult children than of the matched control group report having talked with relatives at both times. For example, of those who expressed concern about developing Alzheimer's at T_1, 72% of the adult children had talked to their spouse about the concern as compared with 37% of members of the control group (p <. 001); 32% of the adult children had talked to a son vs. only 2% of the control group (p <. 001); 31% had talked to a daughter vs. 10% of the controls (p <. 02); 49% had talked to a brother vs. 7% of the control group (p <. 001); 65% of the adult children had talked to a sister about their concerns vs. 21% of the control group (p <. 001); and 28% had talked to another relative vs. 6% of the control group (p <. 001). That nearly half of the adult children had talked with a brother and nearly two-thirds had talked with a sister points to the importance of communicating with other first-degree family members who also are at increased risk of having Alzheimer's.

Moreover, that the family is the first line of defense when it comes to discussing these concerns is evident from another perspective. Among the adult children who were concerned, spouses were turned to most frequently – 72% – and "other" relatives least frequently – 28%. Yet, when asked about formal sources they talked to about their concerns, only 28% of the adult children mentioned their physician, 19% a mental health professional, and 5% a member of the clergy and 5% a lawyer. These findings are strikingly similar to those reported in the MetLife survey of persons attending memory screenings (Metlife Mature Market Institute, 2006). On average, the adult children talked to 2.2 relatives about their concerns but only .9 professionals. That networks of family members are turned to more than twice as frequently as members of the helping professions shows the primacy of relatives as sources of support and assistance as compared with more formal sources of support.

Finally, our data also speak to the importance of an intergenerational, familial dimension of genetic testing. We posed a scenario to our respondents involving a

hypothetical blood test that was 100% accurate in disclosing a person's chances of developing Alzheimer's – that is, the results of the test, whether positive or negative, would always be correct in predicting a person's chance of having Alzheimer's in the future. When the adult children were queried about their interest in genetic testing for Alzheimer's if such a hypothetical test were available, 68% said they would take the test and over three-quarters (77%) who indicated an interest in being tested did so because of what might be learned about their children's risk of developing Alzheimer's (Cutler & Hodgson, 2003; see also Roberts et al., 2003). Such presymptomatic genetic testing for late-onset Alzheimer's is not currently recommended because the results are insufficiently sensitive and specific, although recent evidence on the accuracy of presymptomatic diagnostic testing with PET scans and cerebrospinal fluid is promising (Jagust et al., 2010; De Meyer et al., 2010). Furthermore, as we noted earlier, neither a cure nor effective treatments exist at present. There is also concern that learning about one's genetic status might harm a person receiving the disclosure even though research has shown that revealing the results of APoE genotyping to adult children of parents with Alzheimer's disease, when coupled with effective genetic counseling, did not result in significant psychological risks (Green et al., 2009). Thus, if an accurate, easily administered, and relatively non-invasive test were to be developed, our data suggest interest in testing would be high with a major reason being the implications for intergenerational genetic legacies.

Summary and Conclusions

We are at an important historical moment in our understanding of the connections between biological inheritance and personal experience. Revelations about genetic endowments have real consequences for the way we live our lives, and social scientists have begun to look at generational interdependency in this new light. Intergenerational ties have long been recognized as a social determinant in family dynamics, but now there is a growing awareness that genetic legacies also play an important role. For social workers and family gerontologists who work with middle aged and older adults, consideration of this newly identified generational "transfer" seems beneficial. Genetic status is one more variable to help understand family interactions and personal well-being.

Our work on Alzheimer's disease has provided a case in point. Having a parent with the disease imposes a new reality on adult children, one that appears to affect their behaviors and well-being beyond the obvious physical and psychological consequences of dealing with a parent who is ill. For this group in particular, concern about personally developing Alzheimer's or "anticipatory dementia" is a common occurrence. Adult children, especially ones who share characteristics with their afflicted parent, report heightened personal concerns about their own future health. And these heightened personal concerns translate into higher depression scores, lower mastery scores, and higher stress scores. Not surprisingly, adult children who are primary caregivers for their afflicted parents are even more susceptible to such threats to their well-being.

Over several phases of our research, the conclusions have been consistent: having a parent with Alzheimer's disease heightens fears of developing the disease, and these fears have real implications for psychological well-being in middle age. Worries about personally

developing Alzheimer's are part of the legacy of a parent's illness. Acknowledging that the concerns are present, though, begs the question of what actions result from these same concerns. Here, the study conclusions yield additional important considerations. For example, concerned individuals report that they discuss their fears with others in their informal and formal networks both to seek answers and to acquire validation. First and foremost, people turn to family members with their fears, rather than professionals; men and women are much more likely to talk with a spouse or a sibling about their Alzheimer's concerns than they are to go to a doctor or a mental health professional. This reality underscores the fact that formal health care providers need to be proactive in the way that they approach the subject of biological inheritance with their clients.

Being proactive in this context means recognizing that genetic legacies may have real consequences for family functioning and personal well-being. In that light, the implications of our findings on anticipatory dementia are useful to practitioners in two ways. First, understanding the high prevalence of personal concern that exists among adult children of parents with Alzheimer's, social workers and family gerontologists can be alert to risk factors that might increase or decrease the likelihood that concerns will manifest themselves in a client. Among the many issues facing people whose situations include a family member with Alzheimer's, unexpressed but extant concerns about genetic susceptibility may be associated with a decrease in personal well-being and other negative health outcomes. As they explore other contributing factors, practitioners might also explore the possibility that what we have referred to as anticipatory dementia is playing or will play a role in a client's family and personal situation. Second, practitioners face a delicate balancing act. For those men and women who openly bring their Alzheimer's worries to the treatment setting, finding ways to normalize *ungrounded* fears might be helpful. Clients presenting with anxiety about memory loss, for example, will benefit from a clearly articulated exchange about normal age-associated memory loss. Concerns of the "worried well" need to be met with knowledgeable counsel. On the other hand, concerns that are well founded need to be met with appropriate referrals and recommendations. Distinguishing between these two groups with an acceptable degree of reliability is, of course, dependent on the continued development of accurate diagnostic criteria and procedures (Alzheimer's Association, 2010b).

Alzheimer's disease and the anticipatory dementia associated with it is but one example of a situation that will undoubtedly grow as we learn more about our personal genetic endowment. The more we are able to glimpse our own biological inheritance, the more potential for social-psychological fallout from that knowledge and the more critical it is that we recognize its importance. Our understanding of human genetics is certain to increase. As it does, social workers and family studies scholars would do well to position themselves to take into account the role of genetics in family dynamics and functioning and in the well-being of family members.

Acknowledgements

References

Alkema, G. E. & Alley, D. E. (2006) Gerontology's future: An integrative model for disciplinary advancement. *The Gerontologist,* 46, 574–582.

Alzheimer's Association. (2010a) *2010 Alzheimer's disease facts and figures.* Retrieved August 26, 2010, from: http://www.alz.org/documents_custom/report_alzfactsfigures2010.pdf

Alzheimer's Association (2010b) *Recommendations to update diagnostic criteria.* Retrieved September 9, 2010, from: http://www.alz.org/research/diagnostic_criteria/

Anderson, K. A., Towsley, G. L. & Gaugler, J. E. (2004) The genetic connections of Alzheimer's disease: An emerging source of caregiver stress. *Journal of Aging Studies,* 18, 429–443.

Bain, L. J. (2006) A review of the 'state of the art' on mild cognitive impairment: The fourth annual symposium. *Alzheimer's & Dementia,* 2, 246–256.

Bearman, P. (2008) Exploring genetics and social structure. *American Journal of Sociology,* 114 (Supplement), v-x.

Bengston, V., Rosenthal, C. & Burton, L. (1990) Families and aging: Diversity and heterogeneity. In R. H. Binstock & L. K. George (Eds.) *Handbook of aging and the social sciences* (3rd ed., 263–287). San Diego: Academic Press.

Binstock, R. H. & George, L. K. (Eds.) (2011, forthcoming) *Handbook of aging and the social sciences* (7th ed.). San Diego: Academic Press.

Cohen, S., Kamarck, T. & Mermelstein, R. (1983) A global measure of perceived stress. *Journal of Health and Social Behavior,* 24, 385–396.

Cutler, S. J. & Hodgson, L. H. (2003) To test or not to test: Interest in genetic testing for Alzheimer's disease among middle-aged adults. *American Journal of Alzheimer's Disease and Other Dementias,* 18, 9–20.

Cutler, S. J., & Hodgson, L. H. (2009, March). *Early cognitive changes in persons with Alzheimer's and in their adult child caregivers: Does symptom similarity add to caregiver stress?* Paper presented at the 24th Conference of Alzheimer's Disease International, Singapore.

Cutler, S. J., Hodgson, L. & Johnson, M. (2006, November) *Personal concerns about developing Alzheimer's disease: Five year predictors*. Paper presented at the annual meeting of the Gerontological Society of America. Dallas, TX.

Daviglus, M. L., Bell, C. C., Berrettini, W., Bowen, P. E., Connolly, E. S., Cox, N. J. et al. (2010) National Institutes of Health state-of-the-science conference statement: Preventing Alzheimer disease and cognitive decline. *Annal of Internal Medicince,* 153, 176–181.

De Meyer, G., Shapiro, F., Venderstichele, H., Vanmechelen, E., Engelborghs, S., De Deyn, P. P. et al. (2010) Diagnosis-independent Alzheimer disease biomarker signature in cognitively normal elderly people. *Archives of Neurology*, 67, 949–956.

European Commission. (2010) *Alzheimer disease and other dementias.* Retrieved August 26, 2010, from: http://ec.europa.eu/health/major_chronic_diseases/diseases/alzheimer/index_en.htm#fragment1

Ferraro, K. F. (2006) Imagining the disciplinary advancement of gerontology: Whither the tipping point? *The Gerontologist,* 46, 571–573.

Green, R. C., Cupples, L. A., Go, R., Benke, K. S., Edeki, T., Griffith, P. A. et al. (2002). Risk of dementia among white and African American relatives of patients with Alzheimer disease. *Journal of the American Medical Association, 287*, 329–336.

Green, R. C., Robert, J. S., Cupples, L. A., Relkin, N, R., Whitehouse, P. J., Brown, T. et al.. (2009) Disclosure of APOE genotype for risk of Alzheimer's disease. *The New England Journal of Medicine, 361,* 245–254.

Haberkern, K. & Szydlik, M. (2010) State care provision, societal opinion and children's care of older parents in 11 European countries. *Aging & Society,* 30, 299–323.

Heron, M. (2010). *Deaths: Leading causes for 2006. National vital statistics reports; vol. 58, no. 14.* Hyattsville, MD: National Center for Health Statistics.

Hodgson, L. H. & Cutler, S. J.. (2002, August) *A look in the mirror: Do similarities between adult children and parents with Alzheimer's disease affect memory concerns?* Paper presented at the annual meeting of the American Sociological Association, Chicago.

Hodgson, L. G. & Cutler, S. J. (2004) Help-seeking for personal concerns about developing Alzheimer's disease," *Journal of Applied Gerontology,* 23, 385–410.

Hodgson, L. H., Johnson, M. M. & Cutler, S. J. (2006, November) *Alzheimer's disease: Changing levels of concern over time*. Paper presented at the annual meeting of the Gerontological Society of America. Dallas, TX.

Kohout, F. J., Berkman, L. F., Evans, D. A. & Cornoni-Huntley, J. (1993). Two shorter forms of the CES-D depression symptoms index. *Journal of Aging and Health,* 5, 179–193.

Jagust, W. J., Bandy, D., Chen, K., Foster, N. L., Landau, S. M., Mathis, C. A. et al. (2010) The Alzheimer's disease neuroimaging initiative positron emission tomography core. *Alzheimer's & Dementia,* 6, 221–229.

Lachman, M. E., Bandura, M., Weaver, S. L. & Elliott, E. (1995) Assessing memory control beliefs: The Memory Controllability Inventory. *Aging and Cognition*, 2, 67–84.

Metlife Mature Market Institute. (2006) *Memory screening: Who attends and why: A survey of participants at National Memory Screening Day.* Retrieved August 26, 2010, from: http://www.alzfdn.org/Surveys/survey1.pdf

National Institute on Aging. (2009a) *Priority Areas for Research Training.* Retrieved August 17, 2010, from: http://www.nia.nih.gov/ResearchInformation/ExtramuralPrograms/BehavioralAndSocial Research/PriorityAreas.htm

National Institute on Aging. (2009b) Alzhe*imer's disease genetics fact sheet.* Retrieved August 26, 2010, from: http://www.nia.nih.gov/Alzheimers/Publications/geneticsfs.htm

National Institute on Aging. (2010) *General information*. Retrieved August 26, 2010, from: http://www.nia.nih.gov/Alzheimers/AlzheimersInformation/GeneralInfo/

National Institute of Statistics (2008) *Statistical yearbook 2008.* Retrieved August 26, 2010, from: http://www.insse.ro/cms/rw/pages/anuarstatistic2008.en.do

Pearlin, L. I., Menaghan, E. G., Liberman, M. A. & Mullan, J. T. (1981) The stress process. *Journal of Health and Social behavior,* 22, 337–356.

Pescosolido, B. A. (2006) Of pride and prejudice: The role of sociology and social networks in integrating the health sciences. *Journal of Health and Social Behavior,* 47, 189–208.

Piazza, J. R., Almeida, D. M., Dmitrieva, N. O. & Klein, L. C. (2010) Frontiers in the use of biomarkers of health in research on stress and aging. *Journal of Gerontology: Psychological Sciences, 65,* 513–525.

Reed, C. Y., Green, R. C., & Smyer, M. A. (Eds.). (2008). *Aging, biotechnology, and the future.* Baltimore: The Johns Hokpins University Press.

Roberts, J. S., LaRusse, S. A., Katzen, H., Whitehouse, P. J, Barber, M., Post, S. G. et al. (2003) Reasons for seeking genetic susceptibility testing among first-degree relatives of people with Alzheimer disease. *Alzheimer Disease and Associated Disorders,* 17, 86–93.

Schulz, R. & Beach, S. (1999) Caregiving as a risk factor for mortality. The Caregiver Health Effects Study. *Journal of the American Medical Association,* 282, 2215–2219.

Shanahan, M. J. & Hofer, S. M. (2011, forthcoming) Molecular genetics, aging, and well-being: Sensitive period, accumulation, and pathway models. In R. H. Binstock & L. K. George (Eds.), *Handbook of aging and the social sciences* (7th ed.). San Diego: Academic Press.

Silverman, J. M., Li, G., Zaccario, M. L., Smith, C. J., Schmeidler, J., Mohs, R. C. et al. (1994) Patterns of risk in first degree relatives of patients with Alzheimer's disease. *Archives of General Psychiatry*, 51, 577–586.

Smith, S., Jaszczak, A., Graber, J., Lundeen, K., Leitsch, S., Wargo, E., et al. (2009) Instrument development, study design implementation, and survey conduct for the National Social Life, Health, and Aging Project. *Journal of Gerontology: Social Sciences,* 64 (Supplement 1), i20–i29.

Societatea Romana Alzheimer. (2010) *Ce este demenţa?* Retrieved August 26, 2010, from: http://www.alz.ro/dementa/

Soldo, B. J. & Hill, M. S. (1993) Intergenerational transfers: Economic, demographic, and social perspectives. In G. L. Maddox & M. P. Lawton (Eds.), *Annual review of gerontology and geriatrics: Focus on kinship, aging, and social change:* New York: Springer, 13, 187–216.

Thomas, P. A. (2010) Is it better to give or to receive? Social support and the well-being of older adults. *Journal of Gerontology: Social Sciences,* 65, 351–357.

van der Pas, S. & van Tilburg, T. G. (2010) The influence of family structure on the contact between older parents and their adult biological children and stepchildren in the Netherlands. *Journal of Gerontology: Social Sciences*, 65, 236–245.

Marital Rape Law. A Comparative Approach

VALENTINA RUJOIU[*]

Introduction

R. L. Edwards and J. G. Hopps (1995) define in the *Encyclopedia of Social Work*, the concept of domestic violence based on five premises. First, must be taken into account all theoretical perspectives focused on this problem and developed in different periods of time. Secondly, it is necessary to assess the phenomenon in relation to the chronological evolution of the issues that significantly affect the identification of causes and factors responsible for the prevalence of the phenomenon. A third perspective concerns the social, economic and political context which has a decisive role in forming and changing stereotypes, prejudice against domestic violence. Identifying the etiology of this phenomenon is the fourth premise and is vital in circumstances where you want to achieve a fair and realistic definition of the triggering mechanism. This assumption, discussed in terms of pragmatic and effective institutional context favors the development of the role of the professionals (social workers, psychologists, sociologists, doctors, lawyers, police officers) for prevention, intervention and monitoring the phenomenon. The institutional context is the last prerequisite to achieve a holistic definition of the prevalence of domestic violence in a society. In most situations, abuses have serious consequences on mental health, physical and emotional needs of victims. In particular, "the abuse can be insidious or obvious and may occur in ways that may or may not leave visible marks or injuries. It can also involve economic abuse, such as restricting access to food, money, or transportation" (Jones and Horan, 1997, 44). Most of time, once established, domestic violence takes a chronic character. The partner initiates the violent behavior especially during the time that the woman is pregnant, then increasing in intensity and generating dramatic consequences. The domestic violence approach from the legal perspective is relatively recent (1970s) and represents the effect of pressure from feminist organizations (MacDonald, 1988, 174). At the same time, the legal approach is influenced by how domestic violence is perceived as constituting a social problem, but also society's view of intervention in a problem that belongs to the private sphere.

Legislative provisions are those that legitimize state intervention in family matters considered, until recently taboo by the institutions responsible for the establishment of a social control, such as, police, justice, and so on. In this context, "the

---
[*] Faculty of Sociology and Social Work, University of Bucharest, 9 Schitu Măgureanu Street, sector 1, Bucharest, tel.: + 40 21 3153122, E-mail: valentinarujoiu@yahoo.com

international community has recognized that violence against women is an attack on the right of women to enjoy physical and psychological integrity, freedom, and dignity. Partner violence, therefore, is a violation of fundamental rights" (Sanmartin et al., 2003, 34). In order to eliminate and prevent violence against women, from a legal perspective, there was promulgated a series of international declarations that guarantee women's rights. Regarding marital rape, this was not incriminate a long period of time. In terms of social psychology, the concept analysis is initiated in the early '70s. At that time, research focused on this issue have aroused much controversy, the main argument consists in the fact that marital rape was not defined and was not the legally stipulated .Moreover, the wife could be raped by the husband, since the crime of rape was defined as the forcing of sex and marriage involves, among other things, maintenance and such relations. Therefore, if the husbands force their wives to have sexual relations, even using physical violence, are we talking about rape? The answer to such a question could not be admitted unless referring to the definition and analysis of the concept of rape. Thus, A. Media and K. Thompson (1974, 12) believed that rape is "any sexual intimacy forced on one person by another". The two researchers hypothesize that a man may be "the victim of a rape committed by a woman" and a rape victim with another man (homosexual relations in prison). In the study focused on specific social relations related to the Gussi tribe, L. A. Levine (1959, 969) develops a definition of rape in the context of cultural values. From this point of view, "culturally disvalued use of coercion by a male to achieve the submission of a female to sexual intercourse". According to Webster's New Collegiate (1975), rape can be defined as "sexual intercourse with a woman by a man without her consent and chiefly by force or deception" (apud Gelles, 1977, 340).

While studies in that period have drawn attention to the importance and necessity of amending legislation and the resulting negative effects in terms of conservative and traditional approach such a topic, the invalidation of marital rape has continued to persist a decade after 1970. Currently, there are changes with respect to this issue, certainly due to psychologists and social workers who failed to demonstrate that a private matter, such as marital rape, is in fact a social problem that cannot be prevented and dealt only with and through society. Although currently, marital rape is incriminated from the legal perspective, there are still many voices that mock and consider this a "waste off time". Stereotypes of gender and sex still persist that consider "the wife as property of the man", giving him a continuing right to sexual relations (New York Radical Feminists, 1975, apud Gelles, 1977). Another important aspect, through which I argue the need to study this aspect of domestic violence, is involved in the effects of marital rape on the woman's condition.

At the same time, the studies focusing on intimate partner violence show that "between 6% and 46% of women report that they have been subjected to attempted or forced sex of the abuser being either spouse or life partner" (Jewkes et al., 2002). However, statistically speaking, sexual violence is underreported, so the seriousness that implies is not represented properly underreporting causes are multiple, but the most important result of the pervasive ideology in most cultures, that considers "the wife the property of the husband". This is responsible for the woman's inability to analyze the abuses exerted on her by the partner and, moreover, to blame herself for this state of affairs.

Hence, in addressing the concept of marital rape, it is shown that the analysis must focus on two levels of research. On the one hand, it requires focusing on victim-perpetrator

relationship and on the other hand, should be considered a particularly important indicator because it represents an element of sexual abuse: 'power', the role of gender specific male. From the perspective of victim-perpetrator relationship, where rape is a well-known assumption, that women are usually attacked by strangers when they are in dark places or less frequented. This proved to be a myth or a stereotype but a fact that can only be confirmed by reality. From this point of view, one of the first research by M. Amir (1971) revealed that 48% of victims knew who the abuser was. A survey made by Pauline Bart (1975) among women who were victims of rape, highlighted the fact that "5% of the women were raped by relatives, 4% by husbands, 1% by lovers, and 3% by ex-lovers. Thus, a total of 8,4% of the women were raped by men with whom they had intimate relations [...] 12% of rape victims were raped by dates and 23% were raped by acquaintances. Less than half of the victims (41%) were raped by total strangers" (*apud* Gelles, 1977, 341). The same author noted that the rapist relationship (friends, lovers, former lovers, spouses) – victim can be many times, an impenetrable wall and rape is a "journey of power and not of passion". According W. J. Goode (1971), the family is a system that operates in accordance with the dynamics of power. In other words, the more the individual has more social prestige, is appreciated and valued by society, the more unlikely it becomes a violent person in the family (Gelles, 1977, 342). Therefore, the violence exercised by a man on his family is caused by his frustrations due to his inefficiency on the labor market; intimate violence exercised will produce a sense of compensation and will restore to a period of time, self-esteem. This explains the frequency of the repeated scenes of violence.

Incrimination of marital rape in different cultures

In what follows, I will present recent developments in the legal system, the issue of marital rape to make a panoramic image, comparative to how this aspect of domestic violence was addressed by various states.

In *England*, the first legislative document, historically attested serving as reference made to marital rape, dates from 1736. Sir Mathew Hale stated that a "husband cannot be guilty of a rape commited by himself upon his lawful wife, for by their mutual matrimonial consent and contract the wife hath given up herself in this kind unto her husband, which she cannot retract" (*apud* Bennice and Resick, 2003, 229). This act, titled "The History of Pleas of the Crown" is known as the doctrine of Lord Hale and in the criminal code represented the exception under which a life partner could not be accused by his wife of having forced her to have sexual relations without her consent. The doctrine of Lord Hale had full authority in England until 1949 when

> "The situation began to change with the advent of R. *versus* Clarke case in which a husband raping his wife after she had obtained a court order of separation in fact. The solution was to hold the crime of rape by saying that, if by an act, such as marriage, the wife had consented to sexual relations, then she may by a legal act, for example obtaining a divorce, to revoke her consent. Soon, however, it has been decided that the mere introduction of divorce is not enough demand to withdraw the consent given in marriage. Civil jurisprudence already established that there are situations in which the wife may withdraw her consent in certain circumstances: when her health is endangered, when there is a risk of pregnancy etc. against her will" (Chiriță, 2001 – www.raduchirita.ro).

In the 1970s, the public was notified and informed about the implications of domestic violence and the effects of abuse on women because of the works promoted by Women's Aid, the promoter of the first crisis centers (Hague and Malos, 2005; Harwin, 2006). In England, Women's Aid coordinates a national network consisting of over 350 social services for victims of domestic violence by supporting financial and logistical support over 500 projects aimed at creation of crisis centers through which services are offered such as psychological counseling, legal and social assistance and accommodation for a period of time. In these shelters work multidisciplinary teams (social workers, psychologists, doctors, lawyers, policemen) who are ready to respond to requests including the ones of victims from ethnic minorities and people of color. Women's Aid Federation consists of over 30 organizations in Scotland, Wales, Northern Ireland. At the same time, the federation is involved in all draft legislations on preventing and combating domestic violence, being officially recognized by the governments of the United Nations in 1990 (www.womensaid.org.ok).

In 1991, the House of Lords has recognized marital rape as constituting an offense subject to criminal run, specifying that "a rapist remains a rapist, the subject of criminal law, regardless of its relationship with the victim", stated M. Gilles (1989, 410, apud. Chiriță, 2001). In this context, the victim's complaint to begin criminal proceedings against the aggressor is not required. However, the provisions of civil law permits victims to request a restraining order for the aggressive or employment ordinance on marital home.The family code and tutorials are provided with sanctions depending on the type of relationship existing between the two partners: husband-wife, fiancée, consensual relationship. Moreover, depending on the seriousness of bullying and especially if the victim's safety is jeopardized, spouse abuser can be arrested even without a warrant being issued (Stoiciu, 2003, 56).

A recent study performed by the Council of Europe in 2002 (*The protection of women against violence: Recommendation*) bringing together research conducted in several European countries, concluded that "one in four women will experience domestic violence in their lifetime and one in eight women annually" (Harwin, 2006, 558). This statistic was made by taking into account indicators such as race, ethnic origin, religion, age, professional or social class from which women come. At the same time, the statistical data provided by the UK government estimated that in England and Wales are about "635.000 annual incidents of which 81% of the victims were women and 19% men". At the same time, statistical data from police revealed that was "a call for assistance every minute for domestic violence, and among this calls, 85% are from women assaulted by men" (*ibidem*). Although the situation-reporting of such cases still linger on, however, the UK and European countries have concentrated their efforts and resources to prevent and resolve domestic violence, the number of people seeking help has increased considerably especially due to the way the police were ready to intervene.

In *Australia*, marital rape has been recognized as constituting a crime in 1991. Australian jurisprudence is based, in this context, on the reciprocity of marital rights of spouses that generates at the same time, and the obligations that must be voluntary. Following this decision, the Australian states have abolished the distinction between marital and extramarital rape considering that the "wife rape is an act at least as serious, if not worse than the rape of a stranger. It would be illogical for the criminal law to not

provide any protection for women against husbands who abuse them" (Miller, 1994, 823, *apud* Chiriță, 2001).

In the *United States*, marital rape was overturned because of the Hale doctrine that became part of the Criminal Code so that a good time, most states have adopted the so-called immunity that was incorporated into the definition of marital rape. In addition to this argument, based on the stipulations of the Criminal Code, federal courts have called on the presumption that government should not intervene in the lives of the couple and the husband should be protected under a divorce "mocking complaints against the wife" (Hilf, 1980, 31-34). In 1984 it was accepted by the decision of the Court of Appeal from New York, that marital immunity is unconstitutional and that marital rape has been recognized as an offense. In this context, it was made clear that rape should not be interpreted simply in terms of a party not giving its consent, but must taken into account the fact that it is a degrading act that causes the victim to seek physical and psychological traumas.

> "To consider the existence of an implied consent to such acts is irrational and absurd. A married woman has the same right to control their own body as a single. If a husband feels affected by his wife's refusal to participate in sexual relationships, he should use the means provided by the family and not to use his own means. The fact that it is a difficult crime to prove does not mean that it would not be penalized for that rape always involves difficulty of proof, especially in the case of pre-existing relationships between abuser and victim [...] It is outrageous to have an absence of a better basis for a legal rule, other than that of having been applied only during the reign of Henry IV (the doctrine of Lord Hale is under investigation). It is even more outrageous, as the mentality has evolved considerably since then, and usually persist for a blind imitation of the past" (Court of Appeal of the State of New York, People vs. Mario Liberta, 1984, 363–366, *apud* Chiriță, 2001 –www.raduchirita.ro).

Thus, the decision of New York was the first step toward full repeal of the immunity of U.S. law. Laura X (1999, 1077) emphasize that

> "Although the campaign to criminalize marital/cohabitant rape has achieved these impressive and far-reaching victories, it is crucial to remember that in the United States, there are still 32 states where marital/cohabitant rape is not yet a crime in some of the sex offense laws. These exemptions are primarily in situations where the woman is most vulnerable because she is legally unable to consent due to unconsciousness, intoxication, or drugs. If anyone other than her husband uses her for sex under these conditions, he is liable for a rape change".

The situation was similar in *France*. Initially, the spouse received marital immunity for rape committed on his partner. If the wife filed a complaint, the husband was only incriminated in the context that would have used physical violence and would not have been incriminated in the light of rape itself. An extensive period of time, French law has not said, but did not specifically denied the existence of marital rape. In September 1990 and June 1992, two decisions of the Court of Cassation have incriminated marital rape, stating that "presumption of spousal consent to have sexual intimacy in married life basis only until proven otherwise" (Nivôse, 1998, 4).

Gradually, most other states have invoked the same arguments. In *Germany*, although domestic violence is not subject to specific legislative provisions since 1997, a law amending the Criminal Code, Articles 177 and 178 had used the phrase "outside marriage" in the definition of rape. If you find an intimate violent offense, the criminal procedure can be triggered automatically and will not involve the victim. Against the abusive spouse, the court may issue a restraining order which may relate to his prohibition of entering the victim's home and even being banned to come into contact with her. Such a prohibition may be issued even if the victim is threatened by the partner (Brammertz and Rombach, 1998, 291).

In *Spain*, the provisions regarding domestic violence are included in the Criminal Code. From the legislative perspective on marital rape, the situation was uncertain until 1989, mostly because of the doctrine and jurisprudence that consider "as long as the legal subject of the rape crime is sexual freedom, it means that person decides, and no one else, when, how and with who is have sexual intercourse" (Jimenez, 1999, 1059–1060). Since 1995 the Supreme Court has recognized marital rape as a crime, and the penalties are different depending on the duration of marriage. However, the family code provides different penalties according to the relationship the victim-perpetrator: husband-wife, concubines, fiancés and so on.

In *Canada*, sexual violence and sexual assault and harassment are considered crimes and are punishable by the Penal Code. Lately, the Canadian legal system has taken drastic measures against intimate violence. The most important measures aimed revised Canadian Criminal Code amendments added in 1983. Through C-127 Law promulgated in 1997, marital rape is incriminated. At the same time, the Criminal Code changes are accompanied, in some provinces, by a series of legislative measures designed against domestic violence, through which, it provides additional measures to protect victims, such as the emergency ordinances issued in this regard. By the law C-115, the penalties for acts of sexual aggression considered as crimes, range from 10 years, 14 or even life imprisonment (Tang, 1998, 259–261).

In *Austria* until 1997, domestic violence was assigned to impact and physical injury offenses. The 1997 Act came into force on defense against domestic violence. Rape in the couple is incriminated under the Criminal Code couples since 1989. In this context, criminal proceedings are initiated from the victim's criminal complaint, even if it did not suffer serious physical harm. Austrian law allows a judge to order the abuser to leave the marital home, even if he is proprietary. The provisions may be applied also in the case where the victim is only threatened by husband. Meanwhile, police are able to act independently of the judicial decision, immediately after being notified by the commission of an act of intimate violence. Meanwhile, the police are able to act independently of the judicial decision, immediately after being notified by the commission of an act of intimate violence (Logar, 1998).

Since 1991, *Portugal* victims of domestic violence are protected by a law specifically designed to prevent and solve the social problems which, for the same time, providing material support from the state victims. Through the Criminal Code intimate violence is incriminated, the violence exerted on children, and marital rape is recognized in the couple. Depending on the seriousness of the offense, the abuser may be forced to leave home and can be punished with imprisonment for 1–10 years and if the victim dies,

the penalty is between 3 and 10 years. The criminal procedure is triggered only if the victim filed a complaint against the aggressor. Since 1998, however, was also admitted the situation in which criminal proceedings may be initiated automatically in case of the victim's interest, especially when it does not preclude the start. The judge may decide the safety measures to protect the victim only in the situation in which the wife initiates divorce proceedings (Sanmartin *et al.*, 2003, 37).

In the Scandinavian countries, the penal codes incriminate the husband for having sex with a partner using violence. For example, in Sweden, marital rape is legally recognized since the early 1965 and since 1998 has been introduced the incrimination of the "serious violation of women's integrity" that defines the consecutive crimes against women caused by the perpetrator with whom she wanted or has an intimate relationship. The offences may be sexual or endangering the life, safety or liberty of women. The criminal procedure in cases of intimate violence can be triggered by the complaint of any person who may be the act of domestic violence so that the victim is not required to lodge a complaint against the aggressor. The order of prohibition on the aggressor in order to protect the victim, is initiated only in conditions in which the divorce is started Meanwhile, police departments are actively involved in this process by putting at the victim's disposal of a crew for emergency intervention. In the most serious cases, the victims have even accompanied by bodyguards and have the option to change their identity. The social services, police protection and legal advice system is very well developed ever since 1994 with the creation of the *National Center for Battered Women or Raped* (*idem*, 38).

The Latin American countries have a legislation specifically designed to combat and prevent domestic violence, but which has minimal impact on the proliferation of the phenomenon. In this context, severe laws were adopted on domestic violence against women and this was due, in particular women's movement in Latin America is one of the most active in the world. This explains the fact that the Latin American countries were the first States to have ratified the *Convention on the Elimination of All Forms of Discrimination Against Women* and the first who initiated the legislative instruments specifically designed to see the eradication of domestic violence. In addition to the legal definition of the concept of domestic violence, these laws do include special reference to psychological and sexual abuse which is a very important aspect of current approaches and specific domestic violence. Despite these measures, Latin America remains a region with a high level of intimate violence cases. Thus, in *Argentina*, *Domestic Violence Protection Act* was promulgated in 1994, but statistics show 1010 domestic violence cases in 1995, 1600 in 1996 and 1820 cases in 1997. Annually, over 5,000 women are victims of sexual abuse and domestic violence exercised by significant other. In 1998, according to statistics, approximately 1,700 women have sought help from social services and hospitals from Alvear that provided protection against domestic violence. During 1995-1996, there were 25,000 appeals recorded against physical and sexual abuse exerted by the partner, at the *Center Against Domestic Violence Crisis* 73% of victims of sexual crimes are women and 25% is consumed sexual acts. Most abusers are relatives or acquaintances of the victims (Sanmartin *et al.*, 2003).

In *Chile*, until 1989, legislation mandated primary rights on the situation of women and children. "Until 1989, the Civil Code of Chile stated that the wife owes obedience to

the husband, and the husband owes protection to the wife. The code further stated that the husband has authority over the wife's possession and person" (McWhirter, 1999, 38). These issues have supported and encouraged violence against women in terms of legislation. Hence, cultural patterns that promote a patriarchal society, in conjunction with the "support" legislation, generate the preservation and resistance to change so that gender inequalities are the main argument by which domestic violence is accepted as part of the scope of normality. From a legal perspective, the situation began to change after June 9th 1989 when, following democratic elections, Edwardo Frey becomes the President. Many laws which hitherto ignored human rights have been modified so that now the old Civil Code of Chile were replaced with standard specifications of reciprocity and equality of rights and obligations between man and woman (*ibidem*). However, there is resistance to change even by those who must implement the laws. The most conclusive example is represented by the *Laws of Domestic Violence and Protection Against Maltreatment of Minors* issued in 1994 providing for sanctions against bullies and encouraging victims to seek help. The downside, however, occurs when women victims of domestic violence are ignored even by the police who make complaints against the aggressor and that they require first aid. It should be noted that this resistance to change in Chile is supported by an issue that is worthy to be considered: the divorce is illegal (*ibidem*).

In *Bolivia*, the *Domestic Violence Act* was promulgated starting with 1995. In 1996, the Family Protection Brigade specifically designed to prevent and combat domestic violence has received over 800 complaints monthly only from a single city. 67% of complaints were made to denounce sexual violence accompanied by physical aggression or death threats.

In *Mexico*, Intra familial Violence Assistance and Prevention Act came into force on family violence since 1996 so that marital rape became a crime. Statistics show that in 1997, in Mexico City were more than 9,000 cases of domestic violence and the Center against Family Violence provide social and medical assistance to over 12,000 women.In 1996, the center created especially for sexual offenses has received over 5,500 complaints from women who accused their partner of sexual abuse. Rape is the most common crime, with over 1,700 cases reported annually. Other Latin American countries that have legislation specifically designed to prevent and combat domestic violence and criminalize marital rape are: *Bahamas* (1991), *Barbados* (1992), *Columbia* (1996), *Costa Rica* (1996), *Ecuador* (1995), *El Salvador* (1996), *Guatemala* (1996), *Panama* (2001), *Paraguay* (2000), *Peru* (1993 modificată în 1997), *Puerto Rico* (1989), *Trinidad* şi *Tobago* (1991), *Venezuela* (1998) (Sanmartin *et al*., 2003, 39).

The Asian continent states have developed laws against domestic violence since 1994, Malaysia being the first state to do so. In recent years, modern Chinese society was marked by major changes in all areas of social life. Lifestyle, norms, social and cultural values began to adapt to the West. Thus, "in PRC, where it remains the world's largest socialist community and is awaiting its entry to the *World Trade Organition*, violence against women is decried as a form of lawlessness and explained either as remnants from the chaos of the Cultural Revolution or as a product of the influx of Western ideas into China in the 1980s" (Tang *et al*., 2002, 673). In 1979, the Chinese government began to improve the social situation of women by formulating "a series of amendments and laws". For example, in 1992, was put into force the *Law on the Protection of Rights and*

Interests of Women. And in Taiwan, the changes were good news, especially since it is a region where government is based on martial law, while the violence against women is regarded as a form of interpersonal violence and a violation of women's rights (Chiang, 2000).The law promulgated in 1998, came to support domestic violence prevention and protection of the rights of its victims. In Hong Kong, which until 1997 was a British colony, violence against women "is conceptualized as conflicts in gender relations as a result of inertia in the changes in attitudes and cultural values regarding the relative positions of men and women in the society. In addition to criminal laws that provide legal protections for women afainst rape, physical assault, and child sexual abuse, the Hong Kong government has implemented the Sexual Discrimination Ordinance since 1996 to prohibit any form of discrimination against women. Sexual harassment is unlawful in Hong Kong as specified by this ordinance" (Tang *et al*., 2002, 673). In the Chinese culture, rape is understood and analyzed in accordance with the social and cultural implications. Therefore, he outlined a "culture of silence" to this social problem facing women in China. The main reason is the patriarchal values and traditions and the most important condition revolve around virginity and women. Thus, even though rape causes rauma to a series of women, often they do not require help and do not denounce their aggressor to avoid being blamed for the loss of honor and chastity, although "in Chinese history, rape has been perceived as the illegitimate deprivation of women's cherished chastity by men" (Ng, 1987, apud Luo, 2000, 583). This was taken into account in Taiwan when it developed laws on committing rape. Therefore, Taiwanese criminal law considers rape as a sexual offense that is included in the category of "crimes against morality of a society" (*ibidem*). Meanwhile, up until 1999, in order to protect the reputation of women in Taiwan, the criminal law from Taiwan allowed judges "not to make public the accusations against the abuser if the victim wanted it so" (Lin, 1996, apud Luo, 2000, 583). The traditionalist patriarchal principles have an overwhelming influence also in the context in which we are dealing with the act of committing a rape. From this point of view, there is even a "connection between rape and marriage in Chinese society. In ancient China, rape was often employed by men to acquire sexual access to desired women as a socially acceptable precedent to marriage. Even in contemporary Taiwan, a woman who survives acquaintance rape is still encouraged to marry her rapist to preseeve her chastity" (Luo, 2000, 583).

 India has drafted legislation in 2002 focused on this issue. Research conducted by Suneeta Krishnan between 1997–1999 shows the perception and manifestation of domestic violence in rural communities in the Karnataka, South India. The knowledge of the context that generates marital violence was followed springs depending on the underlying relationships on which are based marital violence and structural due to gender, caste and class inequalities[1]. Some of the women interviewed initially, have considered inappropriate to talk about marital violence. On the one hand, they have justified this by the fact that it keeps the family's privacy and, therefore, their honor is at stake. On the other hand, the women abused by their partner believe that there should not be given much importance to this issue because it is not something unusual, but rather "a part of everyday reality. They described a range of experiences of violence, from verbal abuse to beating to burning"

---

[1] The project was entitled "Swasthya" which in Sanskrit means health and prosperity for all.

(Krishnan 2005, 766). The causes of these behaviors from their husbands are eloquent expressions of gender inequality and discrimination are considered to be normal constants in a society of archaic type where there are male rights and female obligations.

Japan issued the *Law on Prevention of Intimate Violence and Victim Protection* in 2002. The statistics presented by the Japanese Association of Judges (Japan Bar Association) presents the serious situation that women who are the victims of domestic violence face. "Battered wives are likely to stay in marriage and suffer for a long period of time. Most of them are financially dependent [...]. Police intervention in husband violence is rare, and such violence is not taken seriously as a criminal act. Also, the same sources reveal that least one out of two spousal abusers is also physically violent toward his children" (Kozu, 1999, 51).

In Vietnam, the current law guarantees equal rights for men and women both in the private sector, family life and in the public sphere. At the same time, are promoted laws and social policies that support women's rights and of family in general to choose contraceptive methods. These measures were adopted in 2000 when the Marriage and Family Law enacted in 1960, was amended by the recognition and prohibition of physical violence exercised against women in the couple relationship, legally established. These legislative reforms have had the positive effect to improve the condition of women through access to education and health services which allowed improving socioeconomic status. With all these legislative measures carried out by the violence of the partner exerted on the women has a high prevalence and is low reported (Luke et al., 2007). In these countries, along with the promulgation of the abovementioned laws, the sexual abuse exerted within the intimate relationship is incriminated.

A special situation encountered in Israel that recognized marital rape, from a legal perspective, since 1964, the law providing that "if the wife refuses, without reason, to maintain marital relations with her husband, it would be legal remedies available But no one is allowed to take the law into his hands and apply it through acts of violence" (Livneh, 1967, 415, apud Chiriță, 2001).

Marital rape is sanctioned and in the former Soviet Union legislation which defines it as a serious threat to women's dignity (Mitra, 1979). However, in Russia of the 331,815 crimes committed in 1993, 14000 were rapes. In 1996, approximately 11,000 women were victims of an act of rape or an attempt of rape and more than half of them have accused their partner. It should be noted that approximately 14,000 women are killed each year by the spouse or other family member (Stoiciu, 2003, 31).

There are few countries which do not criminalize marital rape. For example, in Egypt, the spouse who has sexual intercourse with his wife against her will and makes use of physical violence is blamed for the act of rape because, legally and in terms of marriage, she is obliged to obey her husband and to satisfy his sexual needs whenever is required (Jimenez, 1999).

Marital rape legislation in Romania

In Romania, the most important legislative approach to combating domestic violence and protection of women was the promulgation on 22 May 2003 of 217 *Law on the Prevention and Combating of Domestic Violence* (published in Monitorul Oficial (the

Official Journal of Romania), Part I, no. 367 May 29, 2003) in Article 2, paragraph 1, domestic violence is defined as "any physical or verbal action deliberately perpetrated by one family member against another member of the same family that causes physical suffering, mental or sexual injury or brings material prejudice".

The advantage of drafting a specific legislation is that it extrapolates the concept of law including domestic violence, in addition to physical violence and other manifestations of it which, until recently, have been ignored. It is mental and sexual violence. The law provides in Articles Five and Six that the ministries and the other central authorities have the obligation to designate special personnel to investigate cases of domestic violence. At the same time, it is stated in Article Seven, the need for collaboration between local authorities and NGOs and community involvement in dealing with the control, intervention and prevention. Due to the promulgation of Law 217/2003, was created the National Agency for Family Protection – the first agency of its kind in Eastern Europe – with the objective "to develop and promote national policies to prevent and combat domestic violence" (www.anpf.ro). In this context, ANPF coordinated the manner of implementing public policies stipulated in the national strategy on preventing and combating domestic violence approved by Government 686/2005. From November 26th 2009 within the reform of social services, was created the *National Agency for Family Protection and Child Rights* (ANPFDC). As part of this agency, have been merged a number of institutions such as: the *National Authority for Child Protection* (ANPDC); the *National Agency for Family Protection* (ANPF) *Pilot Center for Assistance and Protection for Victims of Domestic Violence*, *The Centre for the Information and Counseling of the Family*.

"Law no. 217/2003 raises a number of issues: The Law does not specify what probable cause is. Thus, the courts need to refer to the definition of Article 681 of the CPC which stipulates that probable cause is when, according to data available in a case, one can assume that the person under criminal investigation is the one who committed the crime. The Law does not specify either, how the court is to be informed about the termination of the state of danger that led to a safety measures or, what conditions need to be assessed in order to decide whether such a state came to an end or not. If a request for ordering safety measures was filed during the criminal investigation stage, the procedure provided by the Law is in contradiction with Article 162 of the CPC:

1. Law no. 217/2003 specifies that the court can be notified of such a request by the victim or may act *sua sponte*, while the CPC provides that the court is to be notified by the prosecutor;

2. Law no. 217/2003 asks for sufficient evidence or probable cause that a family member committed acts of violence causing physical or psychological harm to another family member in order to issue such measures. The CPC, however, refers to the requirements listed under Articles 113 or 114 of the Penal Code (existence of a state of danger);

3. Law no. 217/2003 does not call for the hearing of the person against whom such measure is ordered, while the CPC does contain such a requirement;

4. Law no. 217/2003 does not specify how a measure ordered on a temporary basis is to be enforced, but the CPC provides details on enforcement of the orders in Article 435;

5. Law no. 217/2003 does not specify the procedure to be used in order to revoke any of the safety measures, while the CPC provides for such procedures in Article 437.

The Romanian criminal law makes a distinction between two notions: safety measures and preventive measures. Safety measures are designed to eliminate a state of danger to the public and to prevent crime in general, while preventive measures aim to ensure appropriate conditions for trial or prevent the defendant from escaping trial or serving the sentence.

Procedures Code. This corroboration should also include the interdiction to return to the family residence under Law no. 217/2003 (by analogy). Separately, any of the safety measures listed under Articles 113 or 114 of the Penal Code may be ordered if a conviction sentence is delivered provided that the legal requirements are met.

In Romania, the laws in force are insufficient to ensure in a speedy manner the proper protection of victims of domestic violence offenses. Application of any of the safety measures listed under Articles 113, 114 or 118 of the Penal Code may be ordered when a conviction sentence is delivered assuming all the legal requirements are met. The provisions of Law no. 217/2003 on ordering such measures during criminal investigations or a court trial are open to criticism due to their failure to observe the appropriate procedural requirements. Consequently, the safety measures provided currently by the Romanian law are not designed to eliminate the immediate danger that victims of domestic violence may be confronted with. Moreover, the law does not provide for preventive protection measures for this purpose since pretrial arrest and detention are subjected to restrictive conditions and inapplicable in most domestic violence cases. It is therefore obvious that the legislative framework needs improvement"[2].

In 2004, was promulgated the Law 211, on measures of providing protection for victims of crimes, whereby victims are informed in relation to their rights: counseling, legal aid and financial compensation from the state. Under Article eight, the victims of attempted murder, manslaughter and aggravated murder as well as of the impact of crime or violence and injury, receive psychological counseling provided by the services of victim protection and social reintegration of offenders. Under Article 14, upon request, victims receive legal assistance. According to Article 21, paragraph 1, letter a, "the persons on which there was committed an attempted murder, manslaughter and aggravated murder, a crime of serious injury, an intentional crime which resulted in serious injury to the victim or crime of rape, receive upon request financial compensation". Also, in 2004, was issued the Order no. 384/306/993 approving the Procedure for cooperation in preventing and monitoring domestic violence cases. It is a ministerial order which is regulated through cooperation of the three ministries that have responsibilities in this area: The Ministry of Labor, Social Solidarity and Family (now the Ministry of Labor, Family and Equal Opportunities), Ministry of Interior and Ministry of Public Health.

Looking at domestic violence from the perspective of one form of manifestation, namely, sexual, with reference to marital rape, we found that in Romania, case law is absent (there are no known cases of domestic violence in which the wife has accused her husband of marital rape), and the doctrine completely rejected the existence of marital rape. From this point of view, it was noted that "the wife of the agent cannot be the passive subject to rape, for her sexual relations with the husband represent a marital duty,

---

[2] available at http://apps.americanbar.org/rol/publications/ee_romania_domestic_violence_final_report_0407.pdf accessed 28.04.2011

completion of which a husband can get even by coercion, and because, through marriage, the wife has consented to this task throughout the marriage" (Pop, 1937, 637, *apud* Chiriță, 2001). In this context, it was stated that "the act of marriage involves a conscious restriction on the woman, her sexual freedom (even if the spouses live separately, in fact) so the provisions of art 197 could not operate within the relations between spouses" (Antoniu, 1975, 208, *apud* Chiriță, 2001).

All these aspects of the law were revised by Law 197/2000 (published in Official Journal of Romania 568 of 11.15.2000) by which they amended the Criminal Code provisions of the chapter dealing with the crime of rape. According to the new regulations, in Article 217, paragraph 1, it is stated that "any kind of sexual act with a family member, by taking advantage of his inability to defend or to express their will, is punishable by imprisonment from 3 to 10 years and interdiction of certain rights". In paragraph 2, the following is being added: "Severe punishment is imprisonment from 15 to 20 years and interdiction of certain rights if the victim is a family member –"family members" meaning husband or other close relatives (Hotca, 2004, 218). By introducing these changes, Article 197, paragraph 2 of the Criminal Code provide for deprivation of liberty only for the following: a) the act was committed by two or more persons together b) the victim is under the care, protection, education, security or treatment of the offender; c) has caused the victim serious bodily harm or health. By means of Law 197/2000 was introduced after the letter B letter b1, which explicitly states, leaving no room for interpretations that the imprisonment punishment applies where the victim of the rape is a member of the family. Thus, paragraph 5 is repealed with the provision sustaining the immunity of the offender who married his victim, so that, presently, marital rape is considered to be a qualified form of the crime of rape (Streteanu, 2001, 103).

Under the new law, in the cases of domestic violence is not necessary a complaint by filed by the victim to trigger criminal proceedings. Article 1, paragraph 7 of Law 197/2000 introduced in the Penal Code Article 180, paragraphs 3 and 4, which states: "Criminal proceedings shall be initiated prior complaint of the victim. Concerning the facts referred to in par. 11and 21, criminal proceedings shall be initiated ex officio. The parties' reconciliation removes the criminal liability, triggering the effects also where the prosecution has been initiated ex officio".

Despite these legislative changes, the Law 197/2000 is unknown to most people. At the same time, the enactment is not even implemented by the authorities that do not seize the matter in fact. In these circumstances, the majority of victims not knowing their rights, leave their homes even though the law clearly states in Article 112, paragraph g the fact that aggressor is "prohibited to return to the family home for a specified period". This measure, depending on the case, may be taken for a period of up to two years. When the abuser was sentenced to imprisonment of at least one year, for acts of violence committed against family members, who caused severe physical or mental traumas, the abuser is forbidden to return home – Article 118[1].

This explains that, although victims have secured legal framework, for the most part, they do not exercise their rights.There are several explanations for this state of affairs: the mentality and cultural pattern existing economic situation, the feelings of the victim etc. Selfblame. Although there is a framework designed to prevent and combat domestic violence, marital rape in general and in particular, ignorance and ignoring the law, poor

competence and confidence in the rule of law are important factors contributing to the prevalence of the phenomenon in the Romanian society. "In addition, police attitudes discourage its victims to seek help in the future. Of the 20% of all domestic violence victims who have filed a complaint with the police, 19% declare themselves very dissatisfied with the way they were treated by police, and 38% dissatisfied" (Stoiciu, 2003, 60). These acts were the results of the "two events marked by the international conferences in Cairo and Beijing, and the importance given by United Nations organizations to combat violence against women that have stimulated a systematic approach to this problem in Romania since 1995" (Zamfir and Zamfir, 2002, 109).

The occurrence of the Law 197/2000 by which marital rape has been incriminated led the lawyer Sergiu Andon, a specialist in criminal law to declare that "this systemic decisive and firm approach of the regulations reflects a new mindset on the role of community and responsibility towards society to what happens absurdities take place within the family, too long considered a purely private area or else be subject to strict rules and moral influences. Such a change in attitude will also influence the behavior – now blasé – of the administrative and police authorities. Consequently, it will change the mentality of those prone to breaking the law, making it clear now that the marital or parental authority does not confer them gentilico-tribal, primitive prerogatives, over those with whom they live"[3].

<p style="text-align:center">*</p>

The research focused on this issue have shown that there can be a cultural or psychological profile of women abused by the partner. The main argument is that any woman can become a target of abuse carried out by the partner regardless of age, race, ethnic origin, religion, educational and vocational training, sexual orientation or personal income (Jones and Horan, 1997, 44). At the same time, it has been shown that domestic violence arises and is based on the concept of gender inequality. Therefore, most times, the phenomenon is accepted, tolerated or sanctioned according to the culture and society in which it manifests itself. In most situations, women's status is below that of men which involves obedience from them and, in such a context, the relationship between man and woman is considered a problem that belongs to the family sphere, so that authorized institutions to privately intervene (health care, church, police, social services) passively assist to the proliferation and perpetuation from generation to generation of the phenomenon, pitting resistance manifest in terms of switching patterns which support abusive behaviors.

References

Burnster, X. (1984) The torture of women political prisoners: Acase study in female sexual slavery. In K. Barry, C. Bunch and S. Castley (eds.). *International feminism: Networking against female sexual slavery* (94–102). New York: International Women's Tribune Center.

Burnster, X. (1986) Surviving beyond fear: Women and torture in Latin America. In J. Nash and H. Safa (eds.). *Women and change in Latin America* (297–325). South Hadley, MA: Bergin & Garvey.

---

[3] http://www.avocatultau.ro/articole.asps=detaliu&aid=22

Bennice, J. A. and Resick, P. A. (2003) Marital rape. History, Research, and Practice. *Trauma, Violence, & Abuse*, 4, 3, 228–246.

Brammertz, S. and Rambach, P. (1998) Evolution recente en droit penal et en procedure penale en Republique Federale d'Allemagne. *Revue de droit penal et de criminologie*, 291.

Chiang, N. (2000). Women in Taiwan: Linking economic prosperity and women's progress. In L. Edwards and M. Roces (eds.). *Women in Asia: Tradition, modernity, and globalization* (pp. 229–244). Sydney, Australia: Allen & Unwin.

Chiriță, R. (2001). *Violul conjugal în dreptul comparat* (www.raduchirita.ro).

Edwards, L. R. and Hopps, J. G. (eds.) (1995). *Encyclopedia of social work* (pp. 313–335; 660–667). Silver Spring, MD, National Association of Social Workers.

Gelles, R. J. (1977) Power, Sex, and Violence: The Case of Marital Rape. *The Family Coordinator*, 26, 4, 339–347.

Goode, W. J. (1971) Force and violence in the family. *Journal of Marriage and the Family*, 33, 624–636.

Hague, G. and Malos, E. (2005) *Domestic violence: Action for change*. Cheltenham, UK: New Clarion.

Harwin, N. (2006) Putting a stop to domestic violence in the United Kingdom. *Violence Against Women*, 12, 6, 556–567.

Hilf, M. S. (1980) Marital privacy and spousal rape. *New England Law Review*, 31–34.

Hotca, M. A. (2004) *Noul Cod penal şi Codul penal Anterior. Aspecte diferenţiale şi tranzitorii*. Bucureşti: Editura Editas.

Jewkes, R., Garcia-Moren, C. şi Sen, P. (2002) *Sexual violence* (149–181). World Report on Violence and Health. Geneve: World Health Organization.

Jimenez, E. R. (1999) Delitos contra la libertad sexual. In I.S. Butragueno (ed.). *Codigo penal de 1995 – Comentarios y jurisprudencia* (1059–1060). Granada: Comares.

Jones, R. F. and Horan, D. L. (1997). The American college of obstetricians and gynecologists: A decade of responding to violence aagainst women. *International Journal of Gynecology and Obstetrics*, 58, 43–50.

Kozu, J. (1999) Domestic violence in Japan. *American Psychologist*, January, 50–54.

Krishnan, S. (2005) Do structural inequalities contribute to marital violence? Ethnographic evidence from rural South India. *Violence Against Women*, 11, 6, 759–775.

Larrain, S.H. (1994) *Violencia puertas adentro: La mujer golpeada* (*Violenţa din spatele uşilor: Femeile maltratate*). Santioago, Chile: Editorial Universitaria.

Logar, R. (1998) *Măsuri privind violenţa domestică în Austria. Proiecte noi de intervenţie*. Conferinţa „Stop violenţei: acţiune şi măsuri", Bucureşti, 26–28 noiembrie.

Luke, N., Schuler, S. R., Mai, B. T. T., Thien, P. V. and Minh, T. H. (2007) Exploring couple attributes and attitudes and marital violence in Vietnam. *Violence Against Women*, 13, 1, 5–27.

Luo, T.-Y. (2000) "Marrying my rapist?!": The cultural trauma among Chinese rape survivors. *Gender and Society*, 14, 4, 581–597.

MacDonald, S.C. (1988) Paralles and pitfalls the afetermath, marital rape, and domestic violence victims. *Journal of Interpersonal Violence*, 3, 2, 174–189.

McWhirter, P. T. (1999) La violencia privada. Domestic violence in Chile. *American Psychologist*, January, 37–40.

Mitra, C. L. (1979) For she has no rights or power to refuse the consent. *Criminal Law Review*, 559–560.

Nivôse, L. M. (1998) Le crime de violet l'égalité des sexes. *Droit Penal*, 4, 4.

Sanmartin, J., Molina, A. and Garcia, Y. (eds.) (2003). *Violencia contra la mujer en las relaciones de pareja. Estadisticas y legislación*. Centro Reina Sofia para el Estudio de la Violencia.

Stoiciu, V. (2003) *Violenţa domestică. Manual de identificare şi prevenire*. Bucureşti: Asociaţia Idee.

Streteanu, F. (2001) Modificări recente ale legii penale. Reflecţii. *Revista de Drept Penal*, 2, 103.

Tang, C. S-K., Cheung, F. M-C., Chen, R. and Sun, X. (2002) Definition of violence against women. A comparative study in Chinese societies of Hong Kong, Taiwan, and the People's Republic of China. *Journal of Interpersonal Violence*, 17, 6, 671–688.

Tang, K-L. (1998) Rape law reform in Canada: The success and limits of legislation. *International Journal of Offender Therapy and Comparative Criminology*, 42, 3, 258–270.

X, L. (1999). Accomplishing the impossible: An advocate's notes from the succesful campaign to make marital and date rape a crime in all 50 U.S. states and other countries. *Violence Against Women*, 5, 9, 1064–1081.

Zamfir, E. and Zamfir C. (2000) *Situaţia femeii în România*. Bucureşti: Editura Expert.

*** *Codul Penal al României*, Publicat în Buletinul Oficial nr. 79–79 bis din 21 iunie 1968 – repblicat în Buletinul Oficial nr. 55–56 din 23 aprilie 1973 – republicat în Monitorul Oficial al României, Partea I, nr. 65 din 16 aprilie 1997.

*** *Legea nr. 217 din 22 mai 2003 pentru prevenirea şi combaterea violenţei în familie,* publicată în Monitorul Oficial, Partea I, nr. 367 din 29 mai 2003.

*** Legea nr. 197/2000 pentru modificarea şi completarea unei dispoziţii din Codul Penal, publicată în Monitorul Oficial nr. 568 din 15 noiembrie 2000.

*** Legea nr. 278 de modificare a Codului Penal publicată în Monitorul Oficial nr. 601 din 12 iulie 2006.

*** Ordonanţa nr. 95/2003 privind modificarea şi completarea Legii nr. 217/2003 pentru prevenirea şi combaterea violenţei în familie, publicată în Monitorul Oficial Partea I nr. 13 din 08/01/2004.

*** Ordinul nr. 384 din 12 iulie 2004 publicat în Monitorul Oficial nr. 745 din 17 august 2004, Procedurii de conlucrare în prevenirea şi monitorizarea cazurilor de violenţă în familie.

www.womensaid.org.ok

www.anpf.ro

http://www.avocatultau.ro/articole.asps=detaliu&aid=22

Best Practices for Developing Child Protection Workers' Skills: Domestic Violence, Substance Abuse, and Mental Health Training

BETTY BLYTHE[*]
KRISTIN HEFFERNAN[**]
BARBARA WALTERS[***]

Introduction

Child welfare service providers recognize that child abuse and neglect do not occur in a vacuum (See Crittenden, 1998; Horwitz, Spatz Widom, McLaughlin & Raskin White, 2001; Trickett & Putnam, 1998). The reality is that families passing through the doors of child protection sites often leave a trail of other serious problems in their wake (Miller, Fox, & Garcia-Beckwith, 1999). Community mental health workers, child protection system workers, police officers, and school personnel witness this reality firsthand. Research findings echo the same message. Evidence of domestic violence (Findlater & Kelly, 1999; Hartley, 2002; Osofsky, 2003), mental illness (Besinger, Garland, Litrownik & Landsverk, 1999; Mullick, Miller & Jacobsen, 2001) and substance abuse issues (English, Marshall, Brummel & Orme, 1999; Humphreys, Regan, River & Thiara, 2005; Hunter, 2003) are frequently interwoven within the lives of families involved with child protection systems. Over the past decade it has become increasingly clear that in order to better assess risks to children, child protection services workers must understand how these elements work together, influencing both the child's and mother's well being (Shim & Haight, 2005; Spears, 2000). This study presents a brief review of the child protection services literature in relation to domestic violence, mental health and substance abuse and then goes on to discuss the findings of a study exploring the opportunities and challenges of cross-training within child protection systems.

---

[*] Professor at the Boston College Graduate School of Social Work, Chestnut Hill, MA E-mail: blythe@bc.edu. Address correspondence to Betty Blythe, School of Social Work, 140 Commonwealth Avenue, Boston College, Chestnut Hill, MA 02467.
[**] Assistant Professor, PhD at the State University of New York College at Brockport, Department of Social Work, Brockport, NY. E-mail: kheffern@brockport.edu.
[***] Assistant Professor, PhD at Eastern Michigan University School of Social Work, Ypsilanti, MI, E-mail: barbara.walters@emich.edu.

Domestic Violence and Child Maltreatment

Domestic violence and child maltreatment co-occur in many families and can lead to involvement with child welfare services (Kohl, Edleson, English & Barth, 2005). In fact, the prevalence of children's exposure to domestic violence is now seen as a national problem (Fusco & Fantuzzo, 2009). Literature on domestic violence and child abuse and neglect clearly reveals that exposure to intimate partner violence has a deleterious effect on children's emotional and behavioral development (Davies & Cummings, 1994; Edleson, 1999; Horwitz, et al., 2001; Johnsona, Kotch, Catellier, Winsor, Dufort, Hunter & Amaya-Jackson, 2002; Wolfe, Crooks, McIntyre-Smith & Jaffe, 2003), as well as their cognitive functioning, initiative, personality style, self-esteem, and impulse control (Pynoos & Nader, 1990), even when they are not the target of the abuse (Holden, Geffner & Jouriles, 1998). Kohl, Edleson, English, and Barth, (2005) found that families with current domestic violence were substantiated for child maltreatment at higher rates than other families. Additionally, a U.S. report revealed that in homes where domestic violence occurs, children are physically abused and neglected at a rate that is 15 times higher than the national average (Osofsky, 2003).

Due to the overlap of domestic violence and child maltreatment, child protection service workers are in a prime position to act on information about family violence. Until very recently, however, their response often has been directed toward helping the child and not the mother or family as a whole (Findlater & Kelly, 1999; Taft, Broom & Legge, 2004). Child welfare systems procedures regarding domestic violence are still emerging as they grapple with growing public and professional pressure to find more balanced and effective means to respond to families with co-occurring domestic violence and child maltreatment (Kohl, Barth, Hazen & Landsverk, 2005).

There are several reasons why child protection services workers have not dealt with the co-occurrence of domestic violence and child maltreatment. Some workers do not make the link between the primary issue they are trained to address, namely child maltreatment, and domestic violence (Stanley, 1997). Others encounter conflict and/or tension as they attempt to work with domestic violence service providers when, in fact, collaboration is what is needed (Blakester, 2006; James Bell Associates, 2002; Moles, 2008). Some child protection agencies have ambiguous guidelines for workers regarding appropriate responses to families experiencing domestic violence. In short, inconsistent responses and decisions are likely to occur (Postmus & Darcey, 2010). Issues such as a lack of necessary funds to adequately address this issue conjointly or the fact that many child protection service workers find themselves too encumbered by other charges to undertake yet another responsibility also may play a role. The situation is similar to the overlap between mental health and child protection and appears under-researched.

Mental Health and Child Maltreatment

Mental illnesses are misunderstood by society as a whole. Not surprisingly then, parental mental health issues in child protection cases often cause workers to negatively prejudge parents' ability to care for their children (Benjet, Azar & Kuersten-Hogan, 2003). Part of the confusion stems from the fact that mental health

problems vary in terms of how they affect a person's emotional expressiveness, cognitive functioning, decision-making ability, and behavior. Mental health issues, such as depression, anxiety disorders, and sociopathic personality disorder, have differential effects on a person's parenting capacity. For example, Leschied, Chiodo, Whitehead, and Hurley (2005) found that children of depressed mothers did not differ in severity of risk or history of child maltreatment when compared to children of non-depressed mothers, while other research suggests that parents with mental health problems are more vulnerable, as are their children, to having parenting and child welfare concerns (Sheehan & Levine, 2005). Moreover, Carter and Myers (2007) found that issues of co-morbidity for caregivers with mental health and substance abuse problems should be assessed, especially in cases where child protection workers have substantiated physical neglect.

Although parents with mental illnesses often have strengths that should not be discounted, many parents' wishes to care for their children are thwarted by difficulties related to specific aspects of their mental illness, the interplay between the child's needs and the limitations on the parent's capacities to meet these needs due to mental illness, or other contextual factors (Aldridge, 2006; Oyserman, Mowbray, Allen-Meare & Firminger, 2000).

Substance Abuse and Child Maltreatment

Increasingly, substance abuse treatment is occurring in non-specialty settings such as child welfare agencies (Green, Rockhill & Furrer, 2007; Marsh & Cao, 2005). Bruni and Gillespie (1999) estimated that 50 to 80% of parents involved in the child welfare system abuse substances. Moreover, research has documented a strong relationship between substance abuse and problems of maltreatment (Curtis & McCullough, 1993; Kelleher, Chaffin, Hollenberg & Fischer, 1994; Magura & Laudet, 1996; Maluccio & Ainsworth, 2003; Peterson, Gable, & Saldana, 1996; Smith, 2003; Widom & Hiller-Sturmhofel, 2001; Young & Gardner, 2002). Early evaluations of programs seeking to integrate substance abuse and child welfare services suggest that these programs have salutary effects on child welfare outcomes (Marsh & Cao, 2005).

The negative influence of parental substance abuse on children presents a significant challenge for child welfare policy and practice (Maluccio & Ainsworth, 2003; Young, Wingfield & Klempne, 2001). Increased concern over the correlation between substance abuse and child welfare, and growing recognition of the importance of consistent caretaking in child development, have fuelled a number of policy changes in the United States. Children from substance abusing families are more likely to be placed in out-of-home care than to receive in-home or community-based services (U.S. Department of Health and Human Services, 1999) and caseworkers faced with a decision to return a child home from substitute care need to consider the number and types of stressors that would be present in the family environment (Fuller, 2005). Clearly, it is vitally important for child protection workers to have knowledge of substance abuse assessment and treatment.

Current Study

This study explores the opportunities and challenges of implementing cross-training of domestic violence, mental health, and substance abuse treatment in child protection services. Specifically, it examines the dynamics of training received by child protection workers at exemplary sites throughout the United States, looking at what motivated these sites to offer training, who was involved, and what kinds of cross-training opportunities were offered. Despite recognizing the clear overlap of the aforementioned issues, such research is needed because many child protection agencies have been slow to respond and continue to apply a one-dimensional approach to working with families. Taking a critical look at current programs, how and why they started, who has been involved and what they included in their cross-training, allows us insight into what works and what still needs work. After reviewing these programs, the article makes suggestions for future possibilities, pointing out the importance of both cross-training and working collaboratively with other agencies specialized in domestic violence, mental health, and substance abuse.

Methodology

In telephone interviews, nationally recognized professionals in the fields of child welfare, mental health, substance abuse, and domestic violence defined best practices in training within their areas of expertise and identified exemplary child protection sites across the country that had incorporated such standards in the training offered to child protection services workers. A total of 30 exemplary training sites were identified through this process. The majority of the exemplary sites (60%) included either state or local public social service systems. Public university training centers comprised 27% of the sample, while private non-profit training centers represented the remaining 13% of sites. Semi-structured telephone interviews with personnel at each exemplary site were conducted and followed a standardized interview schedule. At times, multiple interviews were conducted because the site had more than one outstanding training program. Domestic violence, mental illness, and/or substance abuse issues served as the three areas that exemplary sites included in their training protocols and best practice standards included such characteristics as commitment to continually improving training protocols, basing training components on anecdotal and research findings, and demonstrating a thorough understanding of the dynamics of complex social problems.

Results

The first question of interest revolved around the impetus for cross-training, followed by the extent to which child protection agencies offered training in each of the three areas: domestic violence, mental health, and substance abuse. We also were interested in the content of the training and other characteristics of the training. Finally, funding challenges and evaluating the effectiveness of cross-training were examined.

Impetus for Cross-Training

Our interviews revealed that the death of a child served as the impetus for implementing specialized training efforts in nearly one-third of the exemplary sites. Prior to the child's death, the majority of the families already had come to the attention of community organizations due to the presence of domestic violence, mental health concerns, substance abuse, or other serious family issues. Police departments, battered women's shelters, community mental health centers, emergency rooms, and schools often had intervened with the family systems prior to the child's death.

In other instances, the mere recognition of the tremendous overlap between child abuse, and domestic violence, mental illness, or substance abuse in families in child welfare systems prompted sites to address the related issue. Overlap rates as high as 85% were cited by respondents during the interviews. With this overlap came staff recognition of the complex and multiple needs of the families with whom they worked.

Numerous states cited the federal Adoption and Safe Families Act (ASFA) of 1997 as another training motivator. With its push toward permanency planning and expediting reasonable efforts to maintain children in their families, ASFA highlighted to child protection services workers the urgency of immediately identifying all possible factors, in addition to child maltreatment, that threatened a family's ability to maintain their children in their home. Commencing cross-training programs to assist child protection workers in early assessment and identification of co-occurring familial problems increased the likelihood that families could become stable and that children could safely remain in their homes. Below we examine domestic violence, mental health, and substance abuse issues separately, as they underscore the dangers of ignoring the compounding influences of child abuse and neglect.

Type of Training Offered

Interestingly, domestic violence was the most frequently targeted topic of cross-training, with 87% of all sites addressing this issue. Prior to receiving specialized domestic violence training, child protection services workers or their supervisors in all of the sites that cross-trained on domestic violence issues had cited a need for instruction in how to most effectively intervene with such families. One such example came from a statewide child welfare system that had conducted a needs assessment with child protection services workers. The results revealed that workers specifically noted their own lack of knowledge about how to address the complexities stemming from caseload overlap of child welfare and other forms of family violence. As a result of the needs assessment, all child protection workers in that state now participate in a mandatory 2-day domestic violence awareness training session.

Only 13% of sites provided specific training on mental health concerns regarding abusive and neglectful caretakers. This large training deficit in mental health issues is difficult to understand in light of assertions from exemplary sites that the maltreatment cases most highly profiled in the media invariably involved a caretaker who was mentally ill.

Substance abuse was addressed in training curricula at 60% of the sites. As with the drive to cross-train in domestic violence, overlap rates between substance abuse and child

maltreatment were a catalyst to training child protection services workers in the area of chemical dependency. Estimations of families experiencing both substance abuse issues and child abuse/neglect issues were as high as 95% among exemplary sites. Even in instances in which they suspected parental substance abuse, however, workers often did not refer families to treatment centers. For example, the deputy director of professional training at one statewide site reported that 60-85% of families involved with their child welfare system were drug-involved, yet child protection workers rarely provided referrals to substance abuse treatment centers for these families. Awareness of this emerging pattern was the primary factor that motivated sites to cross-train and to promote an understanding of how parental substance abuse compromised children's well-being.

Content of Training

Professional training programs differed across states in terms of the components of the training, but more similarities than differences were noted. Exemplary sites that offered professional training in the same substantive area revealed common core training content. Overarching content themes in each area are listed below.

Domestic Violence Training Content
- *Understanding the cycle of violence*
- *Examining the causes and effects of domestic violence*
- *Assessing for the presence of spousal/partner abuse*
- *Avoiding mother-blaming*
- *Safety planning with the adult survivor*
- *Recognizing how child protective services workers' intervention increases risk of harm to adult victims*
- *Recognizing the danger that domestic violence situations pose to child protective services workers*
- *Working with local domestic violence centers*

Substance Abuse Training Content
- *Understanding how parental substance abuse affects children's well-being*
- *Identifying indicators of alcohol and other substance abuse*
- *Developing knowledge of relapse rates*
- *Implementing various substance abuse screening tools*
- *Learning about current treatment methods*
- *Consulting with Certified Alcohol and Drug Counselors*
- *Developing awareness of local substance abuse treatment centers*

Mental Health Training Content
- *Gaining information about various types of adult psychopathology*
- *Gaining information about child and adolescent psychopathology*
- *Learning about the DSM-IV-TR*
- *Recognizing indicators of possible mental illness*

     • *Making referrals to local mental health centers or psychiatric assessment teams*

All respondents noted that the time-limited nature of specialized cross-training sessions could not provide child protection services workers with an exhaustive understanding of any given issue. Regardless of the cross-training topic, sites espoused similar expectations of training recipients. Child protection workers were expected to develop basic skills in assessing the presence of a compounding issue, understanding how the issue affected the family system, and taking appropriate action as dictated by their sites. Qualitative analysis of the content themes of training supported the sites' assertions that the training sessions were not intended to make child protection workers experts in the substantive areas.

Training Intervals and Intensity

Trends toward providing cross-training prior to employees' assuming job responsibilities were noted, with nearly two-thirds of sites integrating specialized training with other pre-service training. Sites differed greatly, however, in the length of training. For example, one university-affiliated training center integrates domestic violence and substance abuse content into its 6-week pre-employment in-service program. A statewide public agency devotes an entire day of pre-service preparation to domestic violence training. In contrast, another state delegates new child protection workers to the status of "trainees" for the entire first year of their employment, and they receive basic skills training before participating in specialized aspects of child welfare training. During their 4th month of service, these trainees take a 3-day course in which 1 day is devoted to domestic violence, 1 to substance abuse, and 1 to mental health.

Difficulty in differentiating between the intensity and the quality of training programs was noted. Training intervals reveal a limited glimpse into training protocols among sites. The content of a program that provides 6 hours of domestic violence awareness training, for example, may not significantly differ from the content of a 10-hour training program. Since all sites share the belief that training will not make a worker an expert on the specialized topic, content relating to domestic violence, mental illness, and substance abuse appears more similar than different across sites. Caution must be used in associating increased length of training with increased quality of training.

One private, non-profit training center offered an exception. In addition to 12 hours of state-mandated domestic violence training, this site requires child protection workers to receive 36 hours of continuing education every year. Because the center offers more in-depth training on such topics as the *DSM-IV-TR,* family violence, and emotional disorders, an argument can be made that a relationship may exist between training intervals and training intensity over the course of a worker's career.

Background of Trainers

Although cross-trainers were experts in mental health, domestic violence, or substance abuse issues, diversity across sites was noted with regard to trainers' employment affiliations. Trainers came from both public and private nonprofit sectors.

Some trainers were "insiders," directly affiliated with a specific child protection system, while other trainers were "outsiders" from such community agencies as domestic violence shelters or mental health centers. For example, one statewide child protection system that cross-trained in all three areas employed internal domestic violence and substance abuse trainers but contracted with the director of a community mental health center to provide mental health training. Child protection services workers in another state participated in domestic violence seminars led by specialists from the state's domestic violence unit. Finally, one child welfare system organized a "train the trainers" unit so that staff could train workers within local units across the state. Training recipients appeared to more readily accept information when trainers were from within the child protection system. External trainers often were viewed as adversarial by child protection services workers, thus inadvertently reinforcing professional turf wars. Due to the long history of tension between the domestic violence and child welfare systems in the U.S. (Moles, 2008), it seems likely that the person providing the training may actually influence the training experience. Substance abuse and mental health service systems do not appear to have the same level of tension with child welfare systems.

Supervisors' Involvement in Cross-Training

Although 80% of the sites reported that supervisors were required to possess the same cross-training knowledge as direct line workers, exemplary sites varied in how supervisors could attain that specialized knowledge. Of the sites that had supervisory cross-training expectations, 75% mandated that supervisors participate in the same training as other child protection workers. Two statewide child protection systems offered competency examinations to supervisors wishing to test out of training requirements. Default exposure to cross-training information was the norm in another statewide social service agency that only promotes child welfare supervisors from within the ranks of direct-line child protection workers. All of the sites that do not currently require cross-training for supervisors asserted that they planned to formalize these training requirements.

Funding Challenges

Funding for specialized training initiatives proved challenging to sites, with 60% relying on multiple sources to finance cross-training efforts. Exactly 80% of sites utilized federal monies from such federal programs as the Violence Against Women Act, Temporary Assistance for Needy Families, Title IV-E, Title XX, and Social Services Block Grants. Nearly half (47%) of sites relied on state funds to support cross-training initiatives. Creativity was cited as an important facet of locating funding sources. For example, two training centers relied at least in part on private foundation grants. Two sites used contractual fees to launch training programs until other funding streams could be attained. One public social service system received a little over two-thirds of its budget from a tax levy and federal-state matching funds comprised the remainder of the budget.

Evaluating Training Effectiveness

Exemplary sites differed in their strategies to assess training impact, but none directly evaluated changes in workers' behavior following training. Only 40% of the sites administered questionnaires to collect information about workers' reactions to training content, changes in attitudes, and degrees of knowledge acquisition. According to our respondents, workers indicated increased levels of comfort in dealing with confounding issues after being trained. Other positive outcomes were noted as byproducts of training at certain sites as well, when evaluated. Pre- and in-service cross-training acquaints child protection workers with professionals who can serve as future consultants. In-house units often provide support and technical assistance to child protection workers. Trainings also help workers familiarize themselves with local social service agencies to which families can be referred.

Additionally, one child welfare system, that contracted with a state-run domestic violence unit to conduct the training, assessed changes in child protection workers' attitudes toward the domestic violence specialists. The survey also explored training areas requiring further attention. Another state collected data to assess workers' impressions of the utility of domestic violence training sessions and solicited feedback about the need for changes or additions to training. Cross-trainers in this same state also periodically reviewed case files to determine if workers were incorporating training information into their actual practice. Four sites tracked competency-building and knowledge acquisition through post-training testing. Another site mailed questionnaires to child protection workers to determine how the training information had impacted their work.

Discussion

While there were several reasons why sites conducted cross-training programs, many programs were established as a reaction to, for example, a tragic story in the media, new information regarding the overlapping nature of the issues, and/or changing policy indicating a need for multi-agency collaboration. The training deficits in mental health found at our exemplarity sites seem counter-intuitive to the literature on mental illness. According to Knitzer and Yelton (1990, 24), "one of the most obvious reasons for child welfare and mental health agencies to collaborate is the simple fact that the children and families they serve are often indistinguishable". Lack of a focus in this area, once again, may be due to the fact that mental illnesses are often misunderstood by society as a whole. Additionally, mental health problems vary in terms of how they affect a person's emotional expressiveness, cognitive functioning, decision-making ability, and behavior. Furthermore, different diagnoses such as paranoid schizophrenia or bipolar disorders have different effects on a person's ability to parent effectively. This makes it more difficult to train child protection services workers in how to assess clients for a mental health issue, thereby underscoring the importance of multi-agency collaboration.

Supervisors in our study were said to be actively involved in the training programs in 85% of the sites. It would seem as if input, participation, and moral support all need to be present in order to help foster a learning environment. Antle, Barbee, and van Zyl (2008) found that supervisors who viewed learning as important and were

receptive to learning new methods were more likely to use and reinforce the skills acquired in training sessions. Salus (2004, 5) suggests that "CPS supervisors serve as a critical focal point for the successful achievement of agency goals and case worker practices that strengthen families". Where little or no training on topics such as mental health, substance abuse, or domestic violence exists, supervisors can work within the administrative arm of the agency to create learning environments, thereby producing an agency that better prepares workers to effectively address complex family situations. In addition to educating workers, training information also increases workers' self-confidence in their ability to appropriately deal with families affected by substance abuse, domestic violence, or mental illness. According to our respondents, workers indicated increased levels of comfort in dealing with confounding issues.

While not a complete solution, being able to participate in training sessions provided opportunities for change to occur. Sometimes workers changed a site's training protocol by requesting that additional information be added to future trainings. At other times, trainings challenged the stereotypic thoughts of workers and led to their taking better-informed action when helping clients. Once again, our findings also demonstrate more willingness on the part of the child protection workers to accept new information, when the trainers come from within the agency. So, while there is a growing awareness of the importance of cross-training, it is likely that tensions between different agencies continue to exist. To develop true partnerships, ongoing relationships need to deal with both the covert and overt feelings between agencies, thereby helping to promote a more open dialogue between them.

Recommendations for the Future

Of specific importance is the lack of cross-training in mental health, particularly in light of current research indicating frequent bias against mothers with mental illness especially when considering termination of parental rights (Benjet, Azar & Kuersten-Hogan, 2003). Child protection workers need to gain a better understanding of how mental heath status influences ability to parent. This means acquiring effective interviewing skills for work with mentally ill individuals, to discern between different illnesses, and to assess the degree to which an illness impacts a parent's ability to appropriately care for a child. Some mental illnesses in parents or guardians are difficult to treat and place children in perpetual imminent risk of harm while other mental health conditions are more easily addressed and may not cause a threat to the child's well-being.

The advent of dual-diagnosis programs in mental health and psychiatric centers reflects the reality that people suffering from a mental illness also frequently struggle with alcohol or drug addiction. When the issue of child abuse is added to the situation, highly complex family systems result. Another complicated scenario results when child abuse occurs in a family where the parent and the child both struggle with mental illness. The presence of multiple confounding issues often creates family systems that require specialized intervention, care, support, and services (Carter & Myers, 2007; Osterling & Austin, 2008). Examples of specialized interventions that are often used with families suffering from multiple problems include home-based intensive family preservation

services (Findlater & Kelly, 1999) and Family Group Decision Making (Rauktis, McCarthy, Krackhardt & Cahalane, 2010).

Although providing one-shot pre- or in-service cross-training represents a crucial step, child protection agencies need to recognize the importance of ongoing training in domestic violence, mental health, and substance abuse issues. New workers typically undergo many hours of training on a wide range of topics. Skill proficiency can easily wane if workers are not addressing certain topics on a routine basis. In addition to posing the risk of workers forgetting assessment, identification, referral, and disposition information about specialized topics, one-time training sessions cannot realistically include all essential aspects of such multifaceted issues as mental illness, domestic violence, or substance abuse. Ongoing training ensures that child protection workers and supervisors are continually building skills necessary for effective intervention with complex family systems. Entire child protection systems, not just front line workers, must embrace the idea that training is a continuous process. Innovation is critical when designing training programs. Moreover, training needs to move beyond the conceptual stage in which information, such as statistics or signs of a complicating factor, is conveyed to workers and learning must extend beyond the classroom.

Initial and ongoing specialized training requirements also must extend to supervisors in child protection services to enable them to model and monitor application of cross-training information. Supervisors play a pivotal role in assessing to what degree workers are appropriately addressing special issues in their daily work, in determining what obstacles are interfering with workers' following specialized protocol, in brainstorming ways to overcome those obstacles, and in determining when follow-up training is needed.

Evaluating the content of training programs represents another challenge faced by child protection agencies. It is not enough to merely establish training protocols; quality assurance issues need to be addressed. Trainees can provide immediate feedback about training session content and clarity.

The most accurate measure of effectiveness, however, is evaluation of workers' practice. Sites' evaluation methods do not presently focus on collecting outcome-based data. Evaluation should build on the research that led to the creation of special training protocols. Sites need to move beyond merely tracking the acquisition of knowledge and focus on determining how effectively workers apply their knowledge. For example, data that examine changes in workers' interventions, actual referrals to domestic violence centers, consultation with in-house substance abuse units, and placement dispositions of children speak to outcome-based assessment. This type of outcome evaluation will highlight topics that warrant additional training. Ultimately, sites must determine how specialized training has changed the practice of child protection workers.

Lastly, partnerships need to be established based on trust and understanding of the role and influence of other systems. Partnerships encourage the pooling of training resources, provide more comprehensive services to child protection-involved families, and diminish professional turf wars. One aspect of these partnerships includes expectations that child protection staff will provide child welfare training with community-based mental health, domestic violence, and substance abuse treatment centers. The origins of one statewide training center offer such an example. The roots of

the cross-disciplinary training project trace back to social service providers' concerns about the fragmented system that families had to navigate in order to get help. Providers worried about the competitive spirit that led child welfare, domestic violence, and substance abuse workers to operate in isolation from one another. Members from all three community agencies created a cross-training project that focused on cooperation over competition and community over isolation. Trainers encouraged mutual respect for how other disciplines help families. Creativity, global thinking, and commitment to collaboration are essential to the program's success. In essence, the project created positive changes by building partnerships among those who serve children and their families. The mission of this training center highlights one final challenge. Best practice sites must develop new ways to actively share training materials across sites and states.

Child protection workers may seem to face an almost insurmountable challenge, if we think that they should know how to intervene on all matters. This does not preclude them, however, from possessing the basic knowledge of how these risk variables influence family wellbeing and when and how to refer a client system for additional services. More work remains to build collaborative networks encouraging dialogue and training across systems of care.

References

Aldridge, J. (2006) The experiences of children living with and caring for parents with mental illness. *Child Abuse Review,* 15, 79–88.

Antle, B. F., Barbee, A. P. & van Zyl, M. (2008) A comprehensive model for child welfare training evaluation. *Children and Youth Services Review*, 30, 1063–1080.

Benjet, C., Azar, S. T., & Kuersten-Hogan. (2003) Evaluating the parental fitness of psychiatrically diagnosed individuals: Advocating a functional-contextual analysis of parenting. *Journal of Family Psychology*, 17, 238–251.

Besinger, B. A., Garland, A. F., Litrownik, A. J. & Landsverk, J. A. (1999) Caregiver substance abuse among maltreated children placed in out-of-home care. *Child Welfare*, 78, 221–239.

Blakester, A. (2006) Practical child abuse and neglect prevention: A community responsibility and professional partnership. *Child Abuse Prevention Newsletter*, 14, 2, 2–10.

Bruni, M. & Gillespie, S. (1999) Alcohol, tobacco and other drug abuse by women in the Illinois child welfare system. Springfield, IL: Illinois Department of Alcoholism and Substance Abuse.

Carter, V. & Myers, M. R. (2007) Exploring the risks of substantiated physical neglect related to poverty and parental characteristics: A national sample. *Children and Youth Services Review*, 29, 110–121.

Crittenden, P. M. (1998) Dangerous behavior and dangerous contexts: A 35-year perspective on research on the developmental effects of child physical abuse. In P. K. Tricket & C. J. Schellenback (Eds.), *Violence against children in the family and the community* (11–38). Washington, DC: American Psychological Association.

Curtis, P. A. & McCullough, C. (1993) The impact of alcohol and other drugs on the child welfare system. *Child Welfare,* 72, 533–542.

Davies, P. T. & Cummings, E. M. (1994) Marital conflict and child adjustment: An emotional security hypothesis. *Psychological Bulletin*, 116, 387–411.

Edleson, J. L. (1999). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence*, 14, 839–870.

English, D. J., Marshall, D., Brummel, S. & Orme, M. (1999). Characteristics or repeated referrals to child protection services in Washington State. *Child Maltreatment*, *4*, 297–307.

Findlater, J. E., & Kelly, S. (1999 a) Reframing child safety in Michigan: Building collaboration among domestic violence, family preservation and child protection services. *Child Maltreatment*, 4, 167–174.

Findlater, J. E. & Kelly, S. (1999 b) *Finding common ground: A collaboration between Michigan's domestic violence prevention and treatment board and Families First of Michigan.* Michigan: Families First of Michigan.

Fuller, T. L. (2005) Child safety at reunification: A case-control study of maltreatment recurrence following return home from substitute care. *Children and Youth Services Review*, 27, 1293–1306.

Fusco, R. A. & Fantuzzo, J. W. (2009) Domestic violence crimes and children: A population-based investigation of direct sensory exposure and the nature of involvement. *Children and Youth Services Review*, 31, 249–256.

Green, B. L., Rockhill, A. & Furrer, C.J. (2007) Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review*, 29, 460–473

Hartley, C. C. (2002) The co-occurrence of child maltreatment and domestic violence: Examining both neglect and child physical abuse. *Child Maltreatment*, 7, 4, 349–358.

Holden, G. W., Geffner, R. & Jouriles, E. N., (Eds.) (1998) Children exposed to marital violence: Theory, research, and applied issues. Washington, DC: American Psychological Association.

Horwitz, A. V., Spatz Widom, C., McLaughlin, J. & Raskin White,W. (2001) The Impact of childhood abuse and neglect on adult mental health: A prospective study. *Journal of Health and Social Behavior*, 42, 184–201.

Humphreys, C., Regan, L., River, D. & Thiara, R. (2005) Domestic violence and substance use: Tackling complexity. *British Journal of Social Work*, 35, 1303–1320.

Hunter, T. N. (2003) Child welfare and alcohol and other drug treatment (AOD): Bridging the gap to comprehensive services. *Journal of Family Social Work*, 7, 4, 63–73.

James Bell Associates. (2002) *Bridging the gap between child welfare and communities: Lessons learned from the Family Preservation and Family Support (FP/FS) Services Implementation Study* (Issue Paper 2, January). Arlington, VA: Author.

Johnsona, R. M., Kotch, J. B., Catellier, D. J., Winsor, J. R., Dufort, V., Hunter, W. & Amaya-Jackson, L. (2002) Adverse behavioral and emotional outcomes from child abuse and witnessed violence. *Child Maltreatment*, 7, 179–186.

Kelleher, K., Chaffin, M., Hollenberg, J. & Fischer, E. (1994) Alcohol and drug disorders among physically abusive and neglectful parents in a community-based sample. *American Journal of Public Health,* 84, 1586–1590.

Kohl, P. L., Barth, R. P., Hazen, A. & Landsverk, V. (2005) Child welfare as a gateway to domestic violence services. *Children and Youth Services Review*, 27, 1203–1221.

Kohl, P.L., Edleson, J. L., English, D.J., & Barth, R.P. (2005) Domestic violence and pathways into child welfare services: Findings from the National Survey of Child and Adolescent Well-Being. *Children and Youth Services Review*, 27, 1167–1182.

Knitzer, J. & Yelton, S. (1990) Collaborations between child welfare and mental health. *Public Welfare*, 48, 10–24.

Leschied, A. W., Chiodo, D., Whitehead, P. C. & Hurley, D. (2005) The relationship between maternal depression and child outcomes in a child welfare sample: Implications for treatment and policy. *Child & Family Social Work,* 10, 281–291.

Magura, S. & Laudet, A.B. (1996) Parental substance abuse and child maltreatment: Review and implications for intervention. *Children and Youth Services Review*, 18, 193–220.

Maluccio, A. N. & Ainsworth, F. (2003) Drug use by parents: A challenge for family reunification practice. *Children and Youth Services Review*, 25, 511–533.

Marsh, J. C. & Cao, D. (2005) Parents in substance abuse treatment: Implications for child welfare practice. *Children and Youth Services Review*, 27, 1259–1278.

Miller, B. V., Fox, B. R., & Garcia-Beckwith, L (1999) Intervening in severe physical child abuse cases: mental health, legal, and social services, *Child Abuse and Neglect*, 23, 905–914.

Moles, K. (2008) Bridging the divide between child welfare and domestic violence services: Deconstructing the change process. *Children and Youth Services Review*, 30, 674–688.

Mullick, M., Miller, L. J. & Jacobsen, T (2001) Insight into mental illness and child maltreatment risk among mothers with major psychiatric disorders. *Psychiatric Services*, 52, 488–492.

Osofsky, J. D. (2003) Prevalence of children's exposure to domestic violence and child maltreatment: Implications for prevention and intervention. *Clinical Child and Family Psychology Review*, 6, 161–171.

Osterling, K. L., & Austin, M. J. (2008) Substance abuse interventions for parents involved in the child welfare system: Evidence and implications. *Journal of Evidence-Based Social Work*, 5, 157–189.

Oyserman, D., Mowbray, C. T., Allen-Meares, P. & Firminger, K. (2000) Parenting among mothers with a serious mental illness. *American Journal of Orthopsychiatry,* 70, 296–315.

Peterson, L., Gable, S. & Saldana, L. (1996) Treatment of maternal addiction to prevent child abuse and neglect. *Addictive Behaviors,* 21, 789–801.

Postmus, J. L. & Darcey, H. M. (2010) When child abuse overlaps with domestic violence: The factors that influence child protection workers' beliefs. *Children and Youth Services Review*, 32, 309–317

Pynoos, R. S. & Nader, K. (1990) Prevention of psychiatric morbidity in children after Disaster. In S. Goldstein, J.Yaeger, C. Heinecke & R.S. Pynoos (Eds.), *Prevention of Mental Health Disturbances in Children*. Washington, DC: American Psychiatric Association Press.

Rauktis, M. E., McCarthy, S., Krackhardt, D. & Cahalane, H. (2010) Innovation in child welfare: The adoption and implementation of Family Group Decision Making in Pennsylvania. *Children and Youth Services Review*, 32, 732–739.

Salus, M. K. (2004) Supervising child protective services caseworkers. Washington, DC: National Clearinghouse on Child Abuse and Neglect Information.

Sheehan, R. & Levine, G. (2005) Parents with mental illness: Decision-making in Australian Children's Court cases involving parents with mental health problems, *Journal of Social Welfare and Family Law*, 27, 17–30.

Shim, W. S. & Haight, W. L. (2005) Supporting battered women and their children: Perspectives of battered mothers and child welfare professionals. *Children and Youth Services Review*, 28, 620–637.

Smith, B. D. (2003) How parental drug use and drug treatment compliance relate to family reunification. *Child Welfare*, 82, 335–365.

Spears, L. (2000) *Building bridges between domestic violence organizations and child protective services*. Harrisburg, PA: National Resource Center on Domestic Violence.

Stanley, N. (1997) Domestic violence and child abuse: Developing social work practice. *Child & Family Social Work*, 2, 135–145.

Taft, A. Broom, D. & Legge, D.L. (2004) General practitioner management of intimate partner abuse and the whole family: A qualitative study. *British Journal of Medicine*, 328, 618–621.

Trickett, P. K. & Putnam, F. W. (1998) Developmental consequences of child sexual abuse. In P.K. Trickett & C.J. Schellenbach (Eds.), *Violence against children in the family and the community* (39–56). Washington, DC: American Psychological Association.

U.S. Department of Health and Human Services. (1999) *Blending perspectives and building common ground.* Washington, DC: U.S. Government Printing Office.

Widom, C. S. & Hiller-Sturmhofel, S. (2001) Alcohol abuse as a risk factor for and consequence of child abuse. *Alcohol Research & Health*, 25, 52–57.

Wolfe, D. A., Crooks, C. V., McIntyre-Smith, A. & Jaffe, P. G. (2003). The effects of children's exposure to domestic violence: A meta-analysis and critique. *Clinical Child and Family Psychology Review*, 6, 171–187.

Young, N. K. & Gardner, S. L. (2002) *Navigating the pathways: Lessons and promising practices in linking alcohol and drug services with child welfare* (SMA-02-3639). Rockville, MD: National Clearinghouse for Alcohol and Drug Information. (ERIC Document Reproduction Services No. ED465942).

Young, N. K., Wingfield, K. & Klempne, T. (2001) Serving children, youth, and families with alcohol and other drug-related problems in child welfare. *Child Welfare*, 80, 103–7.

The Prevalence of Sexual Assault: Evidence for Social Work Education and Practice

NOËL BRIDGET BUSCH-ARMENDARIZ*, HOLLY BELL*,
DIANA M. DINITTO*, SHETAL VOHRA-GUPTA*,
DIANE MCDANIEL RHODES*

Introduction

Sexual assault is a serious social problem that often has major health and mental health consequences for victims (Byrne, Resnick, Kilpatrick, Best & Saunders, 1999; Koss, 1993; McCall, 1993; Tjaden & Thoennes, 1998b). Despite the expansion of sexual assault research over last 25 years and public service announcements about community resources, sexual assault remains a highly underreported crime (Bachman & Saltzman, 1995; Tjaden & Thoennes, 1998a). This study was conducted to determine the prevalence of sexual assault in Texas and to add to our understanding of this crime. The sample consists of 1,200 adult women and men aged 18 and older from diverse ethnic/racial, socioeconomic, and educational backgrounds. Participants were randomly selected and interviewed by telephone about their lifetime experiences of sexual assault victimization. Approximately 20 percent of women and five percent of men had been sexually assaulted during their lifetimes. The findings are consistent with research in the general U.S. population (Elliott, Mok & Briere, 2004) and internationally (World Health Organization [WHO], 2005) underscoring the cross-cultural occurrence of adult sexual assault. Given these prevalence rates, social workers in most professional settings are likely to encounter sexual assault victims who need their assistance. People who are sexually assaulted are at greater risk for host of chronic health issues such as headache, gastro-intestinal and panic related illness. The poor health effects associated with sexual assault are seen in both men and women (Leserman, 2005). Social workers who lack education about sexual assault or who hold victim-blaming stereotypes about women and men who are sexually assaulted may inadequately respond to victims. Moreover, given the co-occurrence of sexual assault and other social problems such as alcohol and drug abuse (Ramisetty-Mikler, Caetano & McGrath, 2007), social workers need keen assessment skills to determine if a history of sexual assault may contribute to current treatment needs or require case management. Studies of sexual assault, such as the one reported here, help social workers

---

* School of Social Work, The University of Texas at Austin; correspondence to: Noël Bridget Busch-Armendariz at E-mail: nbusch@mail.utexas.edu

target support services to victims and develop innovative programs and policy recommendations for sexual assault survivors. Though there is no requirement that social worker students receive education or skill-based training on sexual assault, evidence of the prevalence of sexual assault may help to fully inform practice, support policy interventions and promote educational efforts.

Advocates and those who have experienced sexual assault often have strong feelings about the term "victim." We have used non-stigmatizing terms, such as survivor, whenever possible, but sometimes for clarity of explanation the term "victim" is used.

Literature Review
Brief Summary of Sexual Assault in the United States

Sexual assault is a major social problem that requires well informed, empirically grounded practice and policy interventions According to the U.S. Department of Justice (Miller, Cohen, & Wiersema, 1996), 17.7 million women in the U.S., or 18.8% of the female population, have been victims of rape or attempted rape in their lifetimes. A prevalence study of the general population found that 22% of women reported being sexually assaulted in their lifetimes (Elliott et al., 2004), and a study conducted by the World Health Organization of 24,000 women in 10 countries found prevalence rates between 18–70%. (WHO, 2005) Despite the expansion of sexual assault research over several decades, a lack of information about the causes and consequences of sexual assault remains, particularly regarding the correlates of sexual violence, such as substance abuse (Abbey, Ross, McDuffie & McAuslan, 1996; Ullman, Karabatsos & Koss, 1999), collateral violence (Greenfield & Weisner, 1995), child sexual abuse, and subsequent adult victimization, and how sexual violence affects underserved populations (Tjaden & Thoennes, 1998b). Little is known, for example, about differences in the contributions that substance use at the time of the crime or diagnoses of substance use disorders make to sexual victimization. There is also little data about differences among racial and ethnic groups or an understanding of the occurrence of multiple sexual assault victims in one family.

Sexual assault is a highly underreported crime (Bachman & Saltzman, 1995). The National Crime Victim's Research and Treatment Center (NCVRTC) estimates that as few as one in six sexual assault cases are reported to law enforcement (Baker & Baily, 2001). Prior to this and other recent prevalence studies, information about the incidence of sexual assault was based on the Uniform Crime Reports and the National Crime Survey (NCS) conducted by the Bureau of Justice Statistics (National Victim Assistance Academy Textbook, 2002). Social workers and other advocates working with sexual assault survivors, state policy makers, and legislators rely on these national reports because national and state statistics and reporting systems that document the scope of sexual assault are often not available. However, these reports have serious limitations.

The Uniform Crime Reporting Program (UCR) is a voluntary reporting program in which more than 17,000 law enforcement agencies report crimes to the Federal Bureau of Investigation (FBI). The UCR uses standardized offense definitions; therefore, law enforcement reports are based only on cases that fit these definitions and are made

without regard to state statute (Kilpatrick, Edmonds, & Seymore, 1992). Among those crimes reported to the UCR is forcible rape, defined as "carnal knowledge of a female forcibly and against her will. Rapes by force and attempts or assaults to rape regardless of the age of the victim are included. Statutory offenses (no force used – victim under age of consent) are excluded" (U.S. Department of Justice, available on-line www.fbi.gov/ucr). In addition, reports include only rapes reported to law enforcement during the calendar year. UCR statistics do not capture prior rapes or crimes such as the rape of men or boys, rapes committed by blood relatives (a high percentage of perpetrators are related to victims), alcohol or drug-facilitated rapes, non-forcible statutory rapes, rapes occurring in the 6 percent of the population residing in jurisdictions that do not participate in the UCR, and many other unwanted sexual acts that many state statutes include in the definition of sexual assault. As a result, the UCR substantially underestimates sexual assault.

Brief Glance of Sexual Assault Globally

Sexual assault remains a serious problem on the global spectrum as well. International organizations such as the United Nations Development Fund for Women (UNIFEM), Amnesty International, and Human Rights Watch all promote the importance of combating sexual violence in any nature. UNIFEM states "sexual assault and coercion exist along a continuum, from forcible rape to nonphysical forms of pressure that compel girls and women to engage in sex against their will. The touchstone of coercion is that a woman lacks choice and faces severe physical or social consequences if she resists sexual advances". (Chapter 2, UNIFEM, 67).

UNIFEM's former director, Ms. Noeleen Heyzer writes, of three young girls sitting in a classroom, learning to read and write one will suffer violence directed at her simply because she is female. Of three women sitting in a market selling crops, one will be attacked, most likely by her intimate partner, and hurt so severely, she may no longer be able to provide for her family. Further, according to Amnesty International (2004a), one third of the world's women will be subjected to violence; two million girls under the age of 15 are forced into the sex trade each year, and about twice as many women as men are infected with HIV in Africa. The World Health Organization (WHO) identifies sexual violence as: "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (2002, 150).

The identification of sexual violence or sexual assault by global organizations aimed to eradicate this issue works to inform policy at the international, national, and local levels. While there has been some change at the national level through policy changes, there remains very little change at the practice or intervention level for a victim of sexual assault. Currently, global advocates against sexual assault are concerned with the use of rape as a weapon of war (2002). This is just another example of how sexual violence breeds within poverty and political unrest.

Methodology
Research Questions

This study explored eight major descriptive research questions. Question one: What is the percentage of sexual assault victimization of men and women? Question two: Based on the 2000 state Census data, what is the prevalence of sexual assault victimization in Texas? Question three: At what ages are men and women most likely to experience sexual assault victimization? Question four: Are there differences between the prevalence of sexual assault victimization between racial/ethnicity, income, and educational groups? Question Five: What is the relationship of the perpetrator to the victim? Question Six: Are sexual assault victims more likely than non-victims to report a family member also being victimized? Question Seven: Where are sexual assaults most likely to occur? Question Eight: What percentage of victims reported the sexual assault to law enforcement?

Data Collection Procedures

The sample was drawn and contracted using computer generated random digit dialing procedures. Participants represented diverse ethnic/racial, socioeconomic, and educational groups from across the state. They were asked detailed questions about unwanted sexual experiences during three time periods: before age 14, between ages 14 and 17, and at age 18 or older. The study addressed sexual victimization as a health concern to avoid victim-blaming. Researchers contracted with Texas A & M University to collect the survey data.

A telephone survey allowed participants' to remain anonymous while provided broad access to the state's population. Research indicates that respondents may feel safer talking with someone on the telephone than letting someone in their home, and they are more likely to feel comfortable terminating a telephone conversation than a face-to-face conversation (Rubin & Babbie, 2008). Lau, Thomas, and Liu (2000) also found that participants answering questions about risky sexual behavior reported a higher frequency of these behaviors over the telephone than did participants answering mailed surveys or in-person interviews. Several national studies have set a precedent for using telephone surveys in sexual assault prevalence studies (Tjaden & Thoennes, 1996)

Description of Survey Participants

The sample of 1,200 respondents was comprised of 56% females and 44% males. The racial and ethnic composition was 46% Anglos, 35% Hispanics, 13% African Americans, and 6% other groups/unknown race. Participants varied with regard to income (with a range of no income to over $100,000 annually) and education (with a range of no formal education to post-graduate degree). The largest number of participants (29%) reported "some college education." The earnings category of $25,000–$30,000 a year was reported by the largest number of participants (22%). The estimated margin of error for the sample is +/– 1.9%. See Table 1 for a full description of the participants.

Table 1.

Descriptive characteristics of the sample (N = 1,200)

		Percent[a]		Sample Size[b]			
		Male	Female	Male	Female	Total	Percent[a]
Race							
	Anglo	55.7	56.9	219	332	551	46
	Black	10.6	11.5	68	84	152	13
	Hispanic	29.6	27.7	196	219	415	35
	Other	3.6	2.8	38	27	65	5
	Refused	0.5	1.2	5	12	17	1
	Total					1200	100
Income							
	None	4.2	11.6	26	83	109	9
	$1–$15,000	15.2	23.4	84	160	224	20
	$15,000–$25,000	10.4	11.9	60	79	139	13
	$25,000–$50,000	25.2	20.5	129	136	265	22
	$50,000+	27.5	9.5	132	59	191	16
	Don't Know	11	13.5	63	95	158	13
	Refused	6.5	9.4	32	62	94	8
	Total					1200	100
Education							
	None	0.6	0.9	4	7	11	1
	1-8th grade	5.9	6.4	39	50	89	7
	Some High School	8.8	10.7	52	77	129	11
	High School Grad	20.1	24.9	108	167	275	23
	Some College	27.8	30.2	147	199	346	29
	College Degree	24.4	19.7	116	128	244	20
	Post Graduate	12.3	7.3	59	46	105	9
	Refused	0.2	0	1	0	1	0
	Total					1200	100

[a] Weighted percentages
[b] Unweighted sample size

The Survey Instrument

Developing the survey instrument required sensitivity and a thorough understanding of the various ways that people view sexual assault experiences. Three national studies that focused either wholly or in part on the incidence and prevalence of sexual assault were reviewed for examples of instrumentation and served as models for this survey. In particular, questions were drawn from The National Violence Against Women (NVAW) Survey (Tjaden & Thoennes, 1996) conducted by the National Institute of Justice and the Centers for Disease Control and Prevention (CDC). The NVAW study was conducted between 1995 and 1996, using a national telephone survey of 8,000 adult men and 8,000 adult women. Questions about violence against women included physical assault experienced as children by caretakers or adults, forcible rape, and stalking.

A team of assault experts also helped to develop an instrument that would be sensitive to all participants. Modifications to the NVAW instrument were made at the advice of this nine-person community expert panel composed of women and men working in the sexual assault field. These experts were from various ethnic groups and

geographical locations in the state. Based on their recommendations, a question about legal immigration status was added, some questions were omitted, and some questions were reworded for clarity. The instrument was translated into Spanish and an expert evaluated the instrument for language and meaning accuracy and cultural appropriateness.

Demographic information included ethnicity, income, and number of household members. Since the survey was framed in the context of health concerns, it included a series of questions about participants' health and health-related experiences. Participants were asked 41 questions asked about their health status, history of injuries and illnesses, and use of alcohol and other drugs.

Victims often do not define their unwanted sexual experiences as sexual assault. Therefore, following procedures used in the NVAW survey, explicit questions were asked to ascertain if participants had ever been sexually assaulted. Following an introductory statement, interviewers asked nine detailed sexual assault screening questions adapted from the NVAW study. If a participant answered "yes" to any of the nine screening questions, she or he was then asked a series of questions about the incident, including questions about reporting to law enforcement, factors contributing to reporting, and the utilization of community services.

Sampling Procedures

All working telephone numbers in the state were included in the original sampling frame. Approximately 21,000 telephone calls were made to reach 1,200 participants. Twenty-seven percent (27 percent) of calls resulted in bad numbers, and there was a persistent no answer for 31 percent of the calls. Seventeen percent of those reached declined participation and approximately seven percent were excluded because they did not meet study requirements (were too young to participate). Telephone *calls were made during daytime and evening hours to produce a more representative sample. Hispanics and African Americans were over sampled to ensure that adequate sub-group samples were obtained.*

Length of interviews

On average, an interview with a participant who had not experienced sexual assault was 24 minutes (range of 4 minutes to 55 minutes). An interview with a sexual assault victim averaged 57 minutes (a range of 9 minutes to 154 minutes).

Interviewer Selection and Training

All interviewers were employees of the Public Policy Research Institute (PPRI) at Texas A & M University, the survey center that collected the data. Employees received extensive training on the use of the computerized data collection procedures and the project manager closely monitored interviewers' calls and offered on-going support and suggestions for improving data collection. Because of the sensitive nature of this survey, interviewers completed an additional three-hour training provided by the local rape crisis center. Interviewers were also trained to recognize an adverse reaction and how to immediately patch a distressed participant through to local community services.

Human Subjects' Protections and Adverse Event Protocol

The graphic nature of the questions about sexual assault and the possibility of re-traumatizing victims was a concern for the researchers and the Institutional Review Boards (IRB) at The University of Texas at Austin and Texas A & M University. Both IRBs approved this study. Many safeguards were utilized including the development of an adverse event protocol.

Limitations

The study methodology offered many advantages but also had some limitations. First, it excluded people without telephone service, such as some very low-income persons and individuals residing in institutions. Also excluded were individuals with disabilities that prevented them from using regular telephone service. Second, the telephone survey may not have been the best means for developing trust or rapport with participants that allows them to tell their stories. In addition, it is difficult to determine if participants (victims and non-victims) who chose to answer this telephone survey have different experiences than those who declined participation. Finally, although this survey was designed to capture a wide range of behavioral indicators of sexual assault, as the research on sexual assault continues to evolve, we may discover that not all the experiences of victims were included.

Findings
Research Questions

Research Questions 1 and 2: Estimated percentage of victims who experienced sexual assault by gender. Table 2 indicates the total number of participants who experienced sexual assault by gender. Twenty-five (25) men and 129 women reported at least one sexual assault experience. Forty-five participants indicated that they had been assaulted in more than one time period. Those who were assaulted in multiple age groups were counted only once in the overall estimates. Extrapolating to the entire state population, an estimated 1.9 million (13%) adult citizens have been sexually assaulted at some time in their lives. As Table 2 indicates, the proportion assaulted is much higher for females (20%) than males (5%). Where possible, separate analyses for men and women are provided because the causes, demographic correlates, meaning, and effects of sexual assault are likely to vary by gender. Some analyses are not reported for men because the small number of cases renders the analyses unreliable.

Table 2.

Estimated number and percentage of people who experienced sexual assault by gender (N = 1200)

	Frequency	Percent	N
Male	372, 394	5	25
Female	1,479,912	20	129
Total	1,852,306	13	154

[a] Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 U.S. Census data for Texas.

Research Question 3: Estimated percentage of sexual assault victims by age at time of the assault and gender. Table 3 indicates that women and girls are at greater risk than men for sexual assault in all age categories. Slightly more women reported assaults that occurred since age 18 (10%) and before age 14 (9%) than between ages 14 and 17 (7%). An equal percentage of men and boys (3%) reported sexual assault victimization before age 14 and since age 18. A slightly lower percentage (1%) reported victimization between 14–17 years old. Because the overall number of men and boys was low (n = 25), caution should be when interpreting these findings. Findings indicate that women and men in all age groups are at risk for sexual assault, however it appears that younger girls and boys (before age 14) and adult men and women experience slightly more sexual assault perpetration than those in the 14 to 17 year-old-age groups.

Research Question 4: Estimated percentage sexual assault victims by gender and race/ethnicity, income, and education. These data compared differences in sexual assault by victims' racial and ethnic group, income, education, and gender (See Table 4). Anglos are most likely to have experienced sexual assault, and Hispanics are least likely. However, these data indicate that people of all racial and socioeconomic groups are at risk for sexual assault. Table 4 shows little racial variation in the proportion of victims assaulted before age 14. There is slightly more variation by income and education. Those with some college education were most likely to report being assaulted before age 14.

Question Five: Relationship of female sexual assault victims to perpetrator. Table 7 presents the relationship of the perpetrator to the victim. Most female victims are assaulted by a man they know. Most often this man is a relative (other than the victim's spouse, ex-spouse, or live-in partner) or another man with whom they are acquainted. For female victims, perpetrators are often boyfriends. Nineteen percent of the time, the perpetrator is a stranger. Since the number of female Hispanic victims was small, these numbers should be used cautiously. The number of male victims was too small to conduct analyses.

Research Question 6: Estimated percentage of Texans reporting that a family member experienced sexual assault. Overall, 9% of the total sample reported that a family member had been sexually assaulted (See Table 8). Respondents who had been sexually assaulted were much more likely to report having a family member who had been sexually assaulted than those who had not been sexually assaulted (31% vs. 5%, respectively). A higher percentage of females (11%) compared to males (6%) reported that a family member had been assaulted.

Research Question 7: Locations where sexual assaults occur. Table 9 indicates that most sexual assaults occur in a place familiar to the victim. Thirty-five percent of women reported that the sexual assault took place in their homes or yards, 17 percent reported it took place in the perpetrator's homes or yards, 9 percent reported it took place in the mutual of home of the victim and perpetrator (they cohabitated), and 14 percent reported that it took place in some else's homes or yards.

Research Question 8: Percentage of victims reporting to law enforcement. Only a small percentage of victims report their victimizations to law enforcement (See Table 9). Women are more likely than men to report these crimes to law enforcement. However, only 20 percent of women victims and 12 percent of male victims reported their victimizations to law enforcement.

Discussion and Conclusions

This study indicates that sexual assault is a serious social problem affecting both men and women; however women report sexual assault at a rate of four times greater than that of men. It also appears that boys and girls younger than age 14 and men and women aged 18 and older are victimized more frequently than youth between the ages of 14-17. The small sample size requires that results for men be used cautiously. People of all races and ethnicities, income and educational levels experience sexual assault perpetration. Although Anglo and African American women report sexual assault victimization at higher rates than Hispanic women, all women are vulnerable. Sexual assault is most likely to occur among people who are related or known to each other and in places that are familiar to them, and victims are *not* likely to report their victimization to law enforcement. Sexual assault survivors are much more likely than non-victims to report that a family member also experienced sexual assault.

Social work practitioners seek to lessen the suffering and discomfort of their clients. Sexual assault is a significant social problem, and given its prevalence, it is likely that social workers in their professional roles in hospitals, mental health clinics, unemployment and welfare offices, substance abuse treatment centers, shelters for homelessness and domestic violence survivors, and private practices will encounter sexual assault victims. Therefore, it may be prudent for social workers, regardless of their settings, to screen all clients, particularly female clients, for a history of sexual assault victimization. As a result of their victimization, many sexual assault survivors experience psychological and emotional trauma and may seek therapeutic support to overcome their ordeals. However, because most sexual assaults go unreported, social workers are more likely to work with sexual assault victims that do not initially present for services related to their sexual assault victimization. Rather, social workers are likely to encounter survivors when they seek other services, for example health care, mental health care treatment, substance abuse treatment, homelessness services, or assistance with parenting. Sexual assault survivors are more likely to visit a physician than a mental health professional (Koss, 1993). Therefore, it seems necessary for social workers in medical settings to collaborate closely with physicians and nurses in order to provide assessment and follow-up services to survivors.

Social workers in school systems, governmental agencies, and non-governmental organizations should improve their relationships with the community services for sexual assault survivors. Improved collaboration often means that social workers will be more likely to refer survivors to specialized support services. For years following the sexual assault, survivors often blame themselves for the assault and as a result feel shame. For some survivors, getting help may mean that they are less likely to experience negative consequences, such as blaming themselves, alcohol and drug use, depression, and other mental health outcomes. Moreover, it may be that social workers can assist survivors in defining or identifying their assault. Due to self-blame and guilt, many survivors do not view what happened to them as rape. When survivors learn that what they experienced was sexual assault, they have the opportunity to hold their perpetrators accountable.

Implications from an International Perspective

While there are many social, economic, political, and cultural differences within members of the international community, there are also similarities that can lead to common practice methods, policy aims, and research methodologies. The aim of this section is to draw out the key elements of good practice in working with survivors or victims of sexual violence within an international perspective. Critical factors discussed in this study can often be disregarded at the international level due to a perceived notion of limited generalizability. While the sampled population is representative of a very specific Western culture, the issue of sexual violence is found across all cultures, religions, tribes, villages, cities, and countries. The citizens of every country are vulnerable to sexual assault victimization, and therefore knowledge and practice sharing is an effective way to alleviate sexual violence.

The World Health Organization, through a research study conducted in 70 different counties, estimates that currently one out of three women have experienced rape or sexual assault and in some countries up to one-third of adolescent girls report forced sexual initiation (NSVRC, 2004). Also this same study reveals that five to ten percent on men report a history of childhood sexual abuse. This global study points to the higher rate at which women and girls experience sexual assault compared to men and boys. As social workers in any country it is imperative that we recognize the sheer volume at which sexual assault affects one gender. Another similarity between this current study and global research is that most sexual assault victims know their attackers. A UNIFEM study titled, "Stop Violence against Women: Prevalence of Sexual Assault", states that seven different countries found that more than 60% of sexual assault victims know their attackers. A third similarity shared between the findings of this study and that of research done by international organizations is the lack of reporting these crimes. Many forms of sexual violence go unreported because of a woman's own feelings of shame or guilt, stigmas associated with such crimes, or the lack of adequate treatment from law enforcement personnel and legal systems. While this particular information is not new to the field, it is important to highlight these similarities to our own research study in an effort to share practices.

International agencies, coalitions, and forums have begun to make differences in some counties that have led to the establishment of global practices to aid victims of sexual assault. Some Latin American and Asian nations offer specialized women's police stations, designed to improve reporting of and response to violent crimes against women, have been established. Other counties are using rape kits, one-stop centers, sexual assault response teams, special examination centers and sexual assault nurse examiner (SANE) programs, as well as sensitivity training for healthcare professionals.(World Health Organization, 2003). South Africa is an example of a successful one-stop that offers an intervention for rape care management that is particularly essential for survivors because of the high incidence of sexual assault and rape. These multi-sector approaches include crisis counseling, medical intervention, emotional support, arrangements for follow-up services, and legal counseling and intervention. Ghanotakis works for the Clinton Foundation HIV/AIDS initiative, writes, "At first, I saw Thuthuzela as a place of tragedy and suffering, but after a while I began to see it as a haven, where rape survivors are given back their dignity and offered support" (Ghanotakis, 2008, 8).

For practice purposes, it is important to utilize caution when conducting research utilizing the instrument discussed with this study. It is also good practice to conduct pre-testing with any new population and to understand the cultural specifics of any group. Current and future advocates for aiding victims of sexual assault will undoubtedly be able to assist researchers with these considerations.

It is appropriate for social work practitioners to advocate for unmet programmatic needs for victims, such as Sexual Assault Nurse Exam (SANE) or Sexual Assault Forensic Exam (SAFE) programs. SANE nurses are trained as experts in collecting forensic evidence and testifying in court which is critical to prosecution efforts. A SAFE maybe be another specifically trained health practitioner such as a physician or a physician assistant. As a policy response to sexual assault, social workers should consider the development SANE or SAFE programs in their communities.

It is critical that social workers understand the complexities of sexual assault. As this study indicates, most sexual assault occurs between people who are related or otherwise known to each other. Thus, many victims may not be able to avoid the perpetrators because they live with or are related to them. Given the many negative consequences of reporting a family member, many sexual assault survivors may not seek formal law enforcement intervention. If the sexual assault occurred in the victims' home, a safety plan may need to be developed. Also, sexual assaults survivors may have siblings and other family members that have also been victimized by the same perpetrator. These complexities necessitate training and skill-based education in sexual assault assessment and intervention for social workers. Social workers must be prepared to effectively intervene, counsel victims, and advocate on their behalf in larger societal systems.

References

Abbey, A., Ross, L. T., McDuffie, D. & McAuslan, P. (1996) Alcohol and dating risk factors for sexual assault among college women. *Psychology of Women Quarterly,* 20, 1, 147–169.

Amnesty International (2004) *Making violence against women count: Facts and figures* (Index No. ACT 77/034/2004). Retrieved from
http://www.amnesty.org/en/library/info/ACT77/034/2004.

Bachman, R. & Saltzman, L. E. (1995) *Violence against women: estimates fromt he redesigned National Crime Victimization Survey*. Washington D.C.

Baker, K. & Baily, J. (Producer). (2001, August 8, 2010) NCVS' Crime statistics obscure a clear picture of sexual assault says the NSVRC. [Press release]

Byrne, C. A., Resnick, H. S., Kilpatrick, D. G., Best, C. L. & Saunders, B. E. (1999) The socioeconomic impact of interpersonal violence on women. *Journal of Consulting and Clinical Psychology,* 67, 3, 362–366.

Elliott, D. M., Mok, D. S. & Briere, J. (2004). Adult Sexual Assault: Prevalence, Symptomatology, and Sex Differences in the General Population. *Journal of Traumatic Stress,* 17, 3, 203–211. doi: 10.1023/b:jots.0000029263.11104.23

George Mason University Sexual Assault Services (2005) Worldwide Sexual Assault Statistics. Retrieved from http://www.gmu.edu/depts/unilife/sexual/brochures/WorldStats2005.pdf.

Ghanotakis, E. (2008) South Africa: An everyday crime. Retrieved from
http://www.pbs.org/frontlineworld/rough/2008/01/south_africa_ev.html.

Greenfield, T. K. & Weisner, C. (1995) Drinking problems and self-reported criminal behavior, arrests and convictions – 1990 US Alcohol and 1989 County Surveys. *Addiction,* 90, 10, 1413–1413.

Kilpatrick, D., Edmonds, C. & Seymore, A. (1992) Rape in America: A report to the nation. Charleston, SC: National Victim Center. Crime Victims Research and Treatment Center.

Koss, M. P. (1993) Rape: Scope, impact, interventions, and public policy interventions. *American Psychologist,* 48, 10, 1062–1069.

Lau, J. T. F. T., Joe and Liu, Joseph L. Y. (2000) Mobile phone and interactive computer interviewing to measure HIV-related risk behaviours: the impacts of data collection methods on research results. *AIDS,* 14, 9.

Leserman, J. (2005) Sexual Abuse History: Prevalence, Health Effects, Mediators, and Psychological Treatment. *Psychosom Med,* 67, 6, 906–915. doi: 10.1097/01.psy.0000188405.54425.20

McCall, G. J. (1993) Risk-factors and sexual assault prevention. *Journal of Interpersonal Violence,* 8, 2, 277–295.

Miller, T. R., Cohen, M. A. & Wiersema, B. (1996) *The extent and costs of crime victimization: A new look.* Washington D.C.: National Institute of Justice.

National Sexual Violence Resource Center. (2004) Global perspectives on sexual violence: Findings from the world report on violence and health. Retrieved from http://www.nsvrc.org/_cms/fileUpload/global_perspectives.pdf

National Victim Assistance Academy Textbook. (2002) A. Seymour, M. Murray, J. Sigmon, M. Hook, C. Edmunds, M. Gaboury & G. Coleman (Eds.).

Ramisetty-Mikler, S., Caetano, R. & McGrath, C. (2007) Sexual Aggression Among White, Black, and Hispanic Couples in the U.S.: Alcohol Use, Physical Assault and Psychological Aggression as Its Correlates. *The American Journal of Drug and Alcohol Abuse,* 33, 1, 31–43. doi: doi:10.1080/00952990601082639

Rubin, A. & Babbie, E. R. (2008) *Research Methods for Social Work, Sixth Edition* (Sixth ed.). Belmont, CA: Thompson Brook/Cole.

Thuthuzela care center. (2008) Thuthuzela care centre: Turning victims into survivors. Retrieved from http://www.npa.gov.za/UploadedFiles/TCC%20Brochure%202009%20June%202009.pdf.

Tjaden, P. & Thoennes, N. (1996) Violence against women: preliminary findings from the Violence and Threats Against Women in America Survey. Denver: Center for Policy Research.

Tjaden, P. & Thoennes, N. (1998a) *Extent, nature and consequences of intimate partner violence: findings from the National Violence Against Women Survey*. Washington D.C.: National Institute of Justice (U.S).

Tjaden, P. & Thoennes, N. (1998b) *Prevalence, incidence, and consequences of violence against women: findings from the National Violence Against Women Survey*. Washington D.C.: National Institute of Justice (U.S.).

Ullman, S. E., Karabatsos, G. & Koss, M. P. (1999) Alcohol and sexual assault in a national sample of college women. *Journal of Interpersonal Violence,* 14, 6, 603–625.

United Nations Development Fund for Women (UNIFEM). (2006) Facing the facts of women against violence and the Millennium Development Goals. In The tragic reality of violence. Retrieved from http://www.unifem.org/attachments/products/MDGsAndGenderEquality_4_TragicReality OfViolence.pdf

United Nations Development Fund for Women (UNIFEM). (2010) Sexual Violence. In Facts and Figures on VAW (Violence against women). Retrieved from http://www.unifem.org/gender_issues/violence_against_women/facts_figures.php?page=3

United Nations Development Fund for Women (UNIFEM). Sexual assault and coercion. Retrieved from http://www.unifem.org/attachments/products/337_Chapter_2.pdf.

World Health Organization. (2003) Intervening with perpetrators of intimate partner violence: A global perspective. Retrieved from
http://www.who.int/violence_injury_prevention/publications/violence/intervening/en/
World Health Organization multi-country study on women's health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women's responses. (2005). Geneva.

Anexes:

TABLE 3.

Estimated percentage of people experienced sexual assault by gender and age at time of the assault (N = 1200)

	Percent Distribution[a]			Number	
	Male	Female	Male	Female	Total
Before age 14	3	9	13	59	72
Age 14–17	1	7	3	47	50
Since age 18	3	10	14	63	77
Any age	5	20	25	129	154

[a] Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 U.S. Census data for the state.

Table 4.

Estimated percentage of female Texans who experienced sexual assault before age 14 by race/ethnicity, income, and education (N = 674)

	Assaulted	Total	
Race/Ethnicity			
Anglo	8	92	100
African American	10	90	100
Hispanic	9	91	100
Other	12	88	100
(12 missing cases)			
Income			
None	4	96	100
$1–15,000	11	89	100
$15,000–25,000	19	81	100
$25,000–50,000	6	94	100
$50,000+	8	92	100
(157 missing Cases)			
Education			
None			
1–8th grade	6	94	100
Some High School	7	93	100
High School Grad	6	94	100
Some College	14	86	100
College Degree	8	92	100
Post Graduate	4	96	100
(0 missing cases)			
Total	9	91	100

[a] Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 U.S. Census data for Texas.

Table 5.

Estimated percentage of female Texans who experienced sexual assault between ages 14 and 17 by race/ethnicity, income, and education (N = 674)

	Assaulted	Percent Distribution[a] Not assaulted	Total
Race/Ethnicity			
Anglo	8	92	100
African American	8	92	100
Hispanic	4	96	100
Other	12	88	100
(12 missing cases)			
Income			
None	4	96	100
$1–15,000	10	90	100
$15,000–25,000	9	91	100
$25,000–50,000	8	92	100
$50,000+	8	92	100
(157 missing Cases)			
Education			
None	0	100	100
1–8th grade	4	96	100
Some High School	4	96	100
High School Grad	10	90	100
Some College	7	93	100
College Degree	5	95	100
Post Graduate	8	92	100
(0 missing cases)			
Total	7	93	100

[a] Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 U.S. Census data for Texas.

Table 6.

Estimated percentage of female Texans who experienced sexual assault since age 18 by race/ethnicity, income, and education (N = 674)

	Assaulted	Percent Distribution[a] Not Assaulted	Total
Race/Ethnicity			
Anglo	11	89	100
African American	10	90	100
Hispanic	7	93	100
Other	12	88	100
(12 missing cases)			
Income			
None	4	96	100
$1–15,000	12	88	100
$15,000–25,000	20	80	100
$25,000–50,000	6	94	100
$50,000+	8	92	100
(157 missing cases)			
Education			
None	0	100	100
1–8th Grade	0	100	100
Some High School	7	93	100
High School Grad	9	91	100
Some College	14	86	100
College Degree	9	91	100
Post Graduate	11	89	100
Total	10	90	100

[a] Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 U.S. Census data for Texas.

Table 7.

Relationship of perpetrator and victim (N = 159)

	Percent Distribution[a]			
	All Women	Anglo Women	African American Women	Hispanic Women
Spouse	5	4	18	3
Ex-spouse	9	13	6	3
Male Live-in partner	2	3	0	3
Female Live-in partner	0	0	0	0
Relative	37	30	47	52
Someone else victim knew	58	51	71	67
Boyfriend	19	30	0	24
Other known male	25	31	53	42
Other known female	1	0	0	3
Missing	3	1	18	0
Stranger	19	24	12	3

[a] Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 U.S. Census data for Texas. Percentages do not sum to100 because some women were assaulted more than once.

Table 8.

Estimated percentage of Texans reporting that a family member experienced sexual assault (N = 1176)

	Percent Distribution [a]		
	Male	Female	Total
Assault victim	33	30	31
Non-victim	4	7	5
Total	6	11	9

[a] Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 U.S. Census data for Texas.

Table 9.

Location of most recent sexual assault by gender (N = 154)

	Percent Distribution[a]	
	Male	Female
At home/in yard	33	35
At perpetrator's home/yard	22	17
Your and perpetrator's home/yard	3	9
Someone else's home/yard	11	14
Street, alley	5	2
Parking lot	3	0
Car	3	7
Your workplace	0	1
Perpetrator's workplace	5	4
Restaurant, store	0	1
Bar, dance club, pool hall	0	1
Rural area, woods, park, campground	14	0
Other public building, hospital	0	0
School, college, campus	0	0
Lake, dock, beach, lagoon, pool	0	2
Motel, hotel	0	2
Other	0	5
Total	100	100
Refused	6	19

[a] Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 U.S. Census data for Texas.

Table 10.
Estimated percentage of Texans
who experienced sexual
assault whose most recent assault was
reported to police (N = 123)[a]

Male	12
Female	20
Total	18

[a] Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 U.S. Census data for Texas. Thirty-one respondents who were assaulted did not answer this question.

Achieving Universal Access for People Affected by HIV/AIDS and Vulnerable Groups from Romania: Supporting Community Sector Involvement and Advocacy[1]

FLORIN LAZĂR[*]

In response to HIV/AIDS epidemic and with international support, national governments committed in 2006 to achieve Universal Access (UA) to prevention, treatment, care and support for people living with HIV/AIDS and vulnerable groups. Set in 2006 with UNAIDS support, UA targets were revised in 2007 and 2010 in most Eastern European, South-East European and Central Asian countries. The present study is presenting the results of the analysis on the achievement of UA set for Romania, based on desk review of UNAIDS country reports, national strategies, national and international researches. During the elaboration of the report, key experts working in the field were consulted (face-to-face interview or e-mail, see annex 2) and interviews with people from affected communities were carried out (people living with HIV/AIDS, commercial sex workers, injecting drug users, HIV positive women who recently gave birth, former prisoners). The analysis is based on the common framework provided by Eurasian Harm Reduction Network (EHRN) the other countries included in the research were Kazakhstan from Central Asia; Georgia from the Caucasus; Belarus and Ukraine from the European CIS countries and Albania, FYR Macedonia and Romania from South-East Europe.

General information on country situation
1. Overview of the AIDS epidemic in the country:
a. Incidence and prevalence rates of HIV

As seen in the statistics, the HIV/AIDS epidemic in Romania, characterized by a major outbreak among children before the year 2000, evolved in a different way than it

[*] University of Bucharest, Faculty of Sociology and Social Work, 9 Schitu Măgureanu Street, sector 1, Bucharest, Romania, Tel: 021-3153122, E-mail: florin.lazar@sas.unibuc.ro

did in any other Central and East European country. Until 2000-2001, approximately 52% of all HIV-positive children in Europe were living in Romania. Romania is now a low prevalence country with less than 0.1% of its population estimated to be living with HIV (UNAIDS, WHO, 2010). The main population affected by HIV/AIDS is a cohort of over 6,000 young people (19-24 years old) who were infected nosocomially during the communist regime due to poor sanitation in hospital settings and use of unclean needles, syringes and untested blood products (Hersh, Popovici et al., 1993; Simon et al., 1999, Buzducea, Lazăr, Mardare, 2010). Today such practices are no longer carried out. (Chisevescu et al., 1998). One of the most dramatic consequences of those errors was the large number of HIV-infected children. Of the estimated 10,000 children born between 1987 and 1992 infected with HIV, over 6,000 survived and are now young adults (Buzducea & Lazăr, 2008).

As of June 2010, in Romania there are 10,245 (known) people living with HIV (5,419 men and 4,826 women), and 5,626 people died of AIDS between 1985 and 2009.

The evolution of new infections is relatively stable, the incidence decreasing (see table 1 and fig. 1).

Table 1.

Evolution of newly diagnosed HIV infections 2007–2010

	2007	2008	2009	2010 (until June 2010)
Number of newly diagnosed cases	368	436	428	192

Source: Ministry of Health
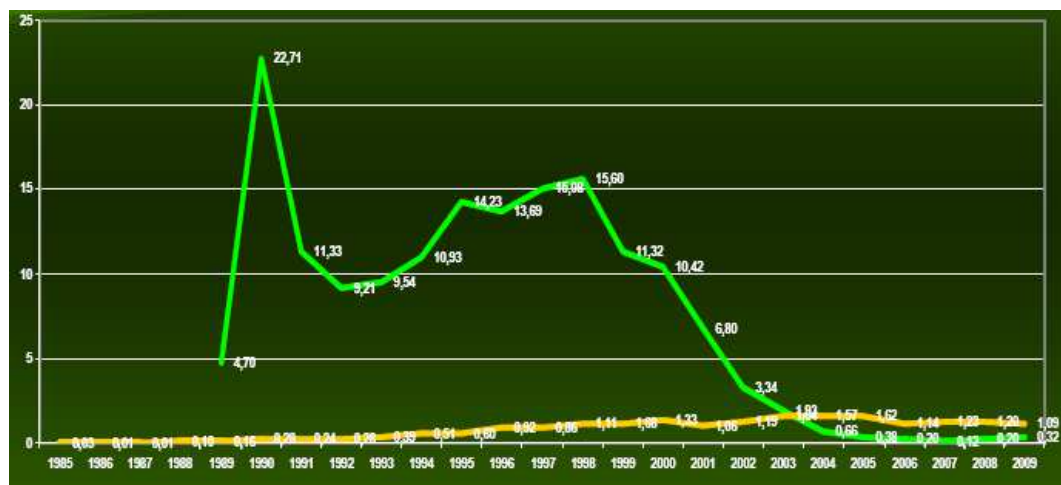
Source: Ministry of Health.

Figure 1. AIDS incidence among children and adults, 1985–2009 (per 100,000)
(green = children; yellow = adults)

Most new infections occur among heterosexuals (75% of total cases with a peak among 20–24 year olds), with an increasing rate among MSM (4.7 % prevalence revealed by a bio-behavioral surveillance survey (BBS) performed by Accept Association in 2009) and by vertical transmission (number of positive tests more than double compared with

the value in 2007). The vertical transmission can be partially explained by the increasing number of long-time survivor girls now having babies.

Evolution of newly diagnosed HIV infections by way of transmission 2007–2010

Way of transmission	2007 N (%)	2008	2009	2010 (30 June)
Vertical/Mother-To-Child	9 (2.44%)	12 (2.7%)	22 (5%)	12 (6.9%)
Same sex/MSM	14 (3.8%)	33 (7.5%)	34 (8%)	15 (7.8%)
IDU	3 (0.8%)	3 (0.7%)	5 (1.1%)	4 (2%)
Hemophilly				
Transfusion*	20 (5.34%)	33 (7.56%)		
Heterosexual	278 (75%)	302 (69%)	324 (75%)	144 (75%)
Unknown	44 (12%)	53 (12%)	43 (10%)	17 (8.8%)
Total	368	436	428	192

* Recipients of transfusion with untested blood products in 1988-1990 newly diagnosed.
Source: Ministry of Health

In 2007 and 2008 there were newly diagnosed long-time surviros form the generation of children infected nosocomially in the communist regime, which explains the high percentages of transfusion infections. Bio-behavioural surveillance surveys from 2009 reveal that among CSW prevalence is also stable around 1% (Petrescu, 2010). Official statistics collect data based on key population groups, but on self-declared/assumed route of infection, which allows for a underestimation of the prevalence (self declaration of commercial sex work, drug use, man having sex with man are seldom) as such, prevalence data are based on bio-behavioral surveys which were performed in 2009-2010 by civil society organizations, UN agencies, with collaboration of public institutions, the national Institute for Infectious Diseases Dr. Matei Bals, The National anti Drug Agency.

2. Overview of the AIDS response in the country:
b. Budget allocation

Within the last 3 years, the allocated budget for HIV/AIDS treatment was over 130 million euro (national budget exclusively) (Petrescu, 2010). Prevention programs among vulnerable people were almost entirely covered by the Global Fund for AIDS, Malaria and TB, which provided 8,36 mil. euro for the Romanian programme (2007-2010).Since June 2010, the prevention interventions among vulnerable population are supported through programs co-funded by the ESF (European Social Fund). UNODC also provided an emergency fund supporting the purchase of injecting equipment. Prevention interventions were and still are almost exclusively funded by international agencies and programs and in the last 3 years do not account for more than 6.4% (8.3 mi. euro) of the total funding of the HIV/AIDS treatment program (Petrescu, 2010). The Ministry of Health has never funded civil society organizations for HIV prevention programs and still does not have any funding mechanism in place. The Ministry of Health has never funded any needle exchange project. The legal framework though does allow for the contracting

civil society organizations. NGOs active in the social welfare services can get subsidies from the government, but in the last 3 years these funding was cut, due to economic crisis. Out of the total spending (87.2 mil. USD in 2008, and 84.2 mil.USD in 2009) on HIV/AIDS (including public/national and international), treatment accounted for 62.7% in 2008 and increased to 65% in 2009, while prevention decreased from 5.4% to 4% in 2009, the social protection expenditure remaining stable around 30%. In 2010 with the end of GFATM funding, it is expected that the proportion of prevention expenditure further decrease.

c. Treatment

ARV treatment is provided free of charge to virtually all in need. Petrescu(2010, estimated that only 83% of the 8,900 in need get ARV treatment, while WHO (2010) estimates are very close: 81% (9,000 in need). Of the 8,734 PLHIV accesing medical services in the previous 12 months, in June 2010, 7,306 were receiving ARV treatment. In 2009 and 2010, difficulties in financing and access to treatment (UNOPA estimated that in 2010 alone about 1/3 of patients) have been reported more often in several counties. This leads to either interruptions of treatment or frequent visits to health facilities. These interruptions are caused by decentralized procurement of drugs and delays in funding for counties' health insurance offices (house). NGOs repeatedly sent public protest letters to government officials and Ministries on the interruptions. Despite the fact that there are no formal barriers to treatment based on gender (e.g. women), behaviour (drug use, sex work), situation (homeless) there are informal barriers which affect the access. For instance, IDUs must partially pay for methadone treatment.

d. Prevention

Prevention programs among vulnerable populations (as stipulated by the draft National AIDS Strategy – sex workers, injecting drug users, MSM, people from disadvantaged communities) have been financed mainly by international donors (GFATM, UNICEF, UNODC etc.) and were implemented exclusively by civil society organizations. When drug use was illegal, needle exchange programs were barely legal and outreach workers faced difficulties from the police in delivering services. Services are provided without discrimination to those in need. UNGASS (2010) estimates that 42% of IDUs received these programs in 2009 (in Bucharest alone in 2008 were estimated to be around 17,000 IDU), while other studies suggest a higher proportion (53%), but included those who were already clients (Preda et al, 2010). The proportion of female sex workers also injecting drugs is reported to have increased from 20% in 2005 to 38% in 2009 (Petrescu,2010). Since there are no estimates of the number of CSW, the ratio of those accessing outreach services is derived from studies: 70% received condoms from outreach workers and 67% of those also IDU, received clean needles (Preda et al, 2010).

Local communities as well as the Ministry of Health did not contribute to the development of this kind of services. The positive results of programs targeting most-at-risk adolescents (MARA) in meeting the need of target key populations (e.g. IDU, CSW, MSM) were presented in an evaluation commissioned by UNICEF in 2010 (Buzducea & Lazăr 2010). Positive prevention programs for PLHIV are provided mainly in day-care clinics, but also were provided by civil society organizations and among these, by

organizations of people affected by HIV/AIDS, members of the National Union of People Affected by HIV/AIDS (UNOPA)

PMTCT programs are developed within the public health system and supported from the national budget, yet the services are not accessible equitably (mainly due to insufficient trained staff) and vary significantly in quality around the country. The VCT programme developed by RAA Foundation in collaboration with the MoH in 2004–2007 in 16 counties also experienced decreases in terms of accessibility (limitation of mobile services). Bucharest currently does not have a VCT center providing free of charge services (2010). However, provider initiated testing is available in health settings.

e. Human Rights

Romanian legislation protects PLHIV and key population groups from discrimination, (and the National AIDS strategy includes components that aim to protect and promote the human rights of vulnerable groups), but there is a lack of enforcement mechanisms in place. Since 2003 there is a National Council to Combat Discrimination which can impose fines to those discriminating, but the number of cases reported is low. The rights of PLHIV are protected by NGOs who are supporting those affected to pursue their rights. Recent surveys (Petrescu, 2010) show that MSM, people of Roma ethnicity and PLHIV are the most discriminated groups and the limited access of PLHIV to certain health care services is acknowledged by all the relevant stakeholders. There is no consequence of this acknowledgement as access to surgery and dentistry are sometimes unofficially refused in several health care settings.

Romania has a special law on HIV/AIDS prevention, treatment, social support and surveillance (584/2002) which stipulates clear responsibilities for the authorities in ensuring the access to treatment for all the people in need. The law stipulates social support for the PLHIV in the form of a monthly food allowance (approx. 100 USD/month).

According with the same legal document, a person living with HIV has to compulsorily disclose their HIV status to any medical doctor who is providing health care; doctors also may share information on the HIV status of a patient, without having the written consent of the patient, but with the obligation of confidentiality. A person living with HIV is considered as having a disability, thus receiving a monthly allowance (based on the stage of the infection) and various facilities (free transportation, tax exemptions, protected employment etc.).

The legal provisions on work place safety include compulsory testing for HIV for several work places (invasive medical procedures health care settings, public food services and restaurants, children care settings – kindergartens, placement centers – and other).

Though injecting drug behavior is no longer illegal, an injecting drug user may be imprisoned for being in possession of only one dose of heroin. Sex work is criminalized under the current legislation. In 2009 a report suggesting decriminalization of sex works and drug use (Preda, 2009) was backed up by RHRN (a network of NGOs involved in harm reduction programs). A legislative project to make sex work legal has been initiated in 2010 and is being discussed, but the Orthodox Church (more than 80% of the population is orthodox) is opposing. The new Penal Code (which is expected to enter into action in 2011) no longer includes sex work as a criminal offense. The access of key

populations to prevention and treatment is limited for those under age (children under 18 years old need parent consent for medical services), without identity document and homeless (more spread among CSW and some IDU). Although a homeless person can get ARV treatment, doctors are reluctant due to uncertainty of adherence.

Process of community sector involvement. Target setting and review processes

The establishment of Universal Access (UA) indicators and targets initiated in September 2005 by UNAIDS and the process was continued by the National Commission for the Surveillance, Control and Prevention of HIV/AIDS Cases since 2006 (Iliuta et al, 2007). Target setting for Universal Access was developed and reviewed in collaboration between governmental bodies and community sector (UN, NGOs). The National HIV/AIDS Strategy for 2004–2007 included UA indicators and targets and the indicators established in 2006 were the basis for the Round 6 GFATM project proposal. The Strategy had few major objectives: to keep HIV incidence low, to ensure universal access to treatment for HIV positive people; as well as to develop and maintain an efficient surveillance system. The main groups included in the Strategy were: IDUs, sex workers and MSM, prisoners, Roma and street children, but missed gender issues and human rights.

Examples of indicators:

	Baseline	Target 2007
% of young people aged 15–24 with comprehensive HIV/AIDS knowledge	sex F, 3.3% sex M, 1.3%	20%
% of young people aged 15–25 who correctly identify HIV prevention methods	40% (2000)	80%
% of young people aged 15–24 who report condom use during the first sexual contact	32% (1999)	50%
% of young people aged 15–24 who report no risks behaviors	50% (2005)	80% (60%)
% of young people aged 15–24 who report condom use with occasional sexual partners	27% (1999)	65%
% of children and young who have access to HIV/STIs and drug use prevention information within the school system	3% (2002)	73% (GFATM)
% IDU s who participate in needle and syringe exchange programs (NEPs)	30%	50%
% pregnant women who had access to PMTCT as part of the parental services package	20% (2002	75%
# of voluntarily and confidential tests on demand in general population	78,000 (2003)	200,000

The interim report on UA developed in 2007 mentioned the process of consultation of civil society organizations and other stakeholders, documenting the important role played by community actors/organisations. These included (Iliuta et al, 2007, 25):
– An interim evaluation of the 2004–2007 National AIDS Strategy;
– Desk review of donor reports, research, literature and legislation;
– Carrying out rapid assessments of local situations related to specific situations;
– Conducting 3 meetings with key stakeholders;
– Working groups on policy and legislation programming; monitoring and evaluation.

Under the UNAIDS and other UN agencies leadership the dialogue between governmental representatives and civil society organizations was carried out. Based on organizations' experience in HIV/AIDS, the geographical scope of their work within Romania, and their membership in the National AIDS Commission, thirteen organizations participated in the process of consultation (UNOPA (umbrella organization of PLHIV),

ACCEPT (organization representing MSM), ARAS (the only organization providing services to CSW), Romanian Angel Appeal (working with young and and PMTCT), Youth for Youth (working with young), Population Services International (PSI) (working with young and MSM), the Center for Health Policies and Services (working with young), Save the Children Romania (working with street children and Roma), Health AID (working with PLHIV), Close to You (working with young and PLHIV), Romanian Children's Appeal (working with young and PLHIV), the Contraception and Sexual Education Society (working with young and Reproductive Health), and World Vision International (working with young and PLHIV)). In Romania there is only one organization representing drug users (which was involved in the process) and no organizations representing sex workers or inmates. As members of the National AIDS Commission, representatives of various ministries (the Ministry of Public Health, the Ministry of Education and Research, the Ministry of Labor Family and Social Protection, the Ministry of Justice, the Ministry of Internal Affairs, the Ministry of Defense, and the Ministry of Finance) alongside representatives of pharmaceutical companies were invited to attend some of the meetings. The 2007 UA report (Iliuta et al, 2007) reveals that the consultation of civil society organizations could have been wider to include more organizations which could also have more adequate internal consultative bodies. The NGOs participating emphasized the need to include targets and indicators based on human rights principles for key populations, adequate budgeting and ensuring transparency – aspects neglected in the final version of the targets set. As a result, the budgeting from national resources did not follow the targets set, being primarily directed for ARV treatment at the same time the involvement of government officials being reduced.

In 2007, the National Multi-sectoral HIV/AIDS Commission started the elaboration of a new HIV/AIDS Strategy for 2008–2013. The process of elaboration included consultation of key stakeholders and civil society organizations (8 NGO members of the National Commission and more than 20 others) and an interim evaluation of the 2004–2007 National HIV/AIDS Strategy. The draft Strategy was available for public debate, but was never approved by the Romanian Government (Lazăr, 2009; Petrescu, 2010).

With the National Multi-sectoral HIV/AIDS Commission ending its activities in 2008 an informal body, under the coordination of Ministry of Public Health – the Country Coordinating Mechanism for Global Fund projects (which included community organizations and organization of key population groups) – started the process of elaboration of a new Strategy for 2011–2015 (Petrescu, 2010, 4). The projects financed through the GFATM (round 2 and round 6) between 2004 – 2010 ensured civil society's involvement in the processes and in the delivery of services for key populations. While the first national grant from the Global Fund (2004–2007 – round 2) had as Principal Recipient the Ministry of Public Health, for the second grant (2007–2010 – round 6) the administration was entrusted to an NGO (Romanian Angel Appeal Foundation) – revealing the increasing and positive role played by the civil society organizations. However, in June 2010 the GFATM projects ended and the involvement of NGOs in the future is uncertain. In September 2010, an analysis of the response to HIV/AIDS was commissioned by UNDP, as a basis for the National HIV/AIDS Strategy for 2011–2015. The new Strategy revised the targets and indicators enlarging its scope and coverage (see annex 1 for selected indicators and targets). Organizations representing most vulnerable groups (PLHIV, MSM,

IDU) were consulted (except for an organization of CSW which does not exist in Romania). The main issues they raised were included in the Strategy and refer to: improvement of coordination mechanism at national level, public funding for prevention programs, enhancing monitoring and evaluation system and continuous ARV treatment access.

Despite the fact that in the last 5 years EU funding for programs in the HIV/AIDS area has been reduced, since 2009 several projects financed through the European Social Fund (ESF) have been implemented, but with some difficulties. Some of these difficulties refer to: bureaucratic and unclear procedures, delays in payments, VAT (value added tax) refunding procedures, overlapping of projects, continuous change of procedures (Petrescu, 2010).

A revision of the UA targets was performed as part of the process of revision and development of the national AIDS Strategy 2011–2015 and was done by the Romanian HIV/AIDS Center within the National Institute for Infectious Diseases Matei Bals – the coordinator of the National AIDS Commission of the MoH. The consultation process was conducted through e-mail. The document is supposed to be legally endorsed by the Ministry of Health, by the end of 2010. But, the legal endorsement of the strategy (which does not have an operational plan and a budget attached) will not automatically ensure the implementation of HIV prevention programs, access to ARV treatment for everybody in need without interruption, the existence of psycho-social services for PLHA or any other services in HIV/AIDS.

As such, the targets included in the strategy were not essential in ensuring the implementation and development of needed services: prevention, treatment and care, support. In 2010, the authorities (National Health Insurance House and the MoH) were almost unresponsive – in terms of action, not declarations – to the repeated appeals made by the PLHIV, civil society organization with regard to the ARV treatment interruptions as well as on need for support for harm reduction services. As such, a pessimistic attitude regarding the access to services and support is increasing among PLHIV, other beneficiaries (vulnerable people) as well as among civil society representatives and public institutions which are service providers.

Universal access. Targets agreed

As a result of the target setting process, a wide list of indicators was included (see tables below). In general, the targets include the main areas of intervention (prevention, treatment, care and support), being adapted to national specific situation (e.g. one core indicator is not relevant for Romania: the percentage of orphans and vulnerable children (OVC) (boy/girl) aged under 18 living in households whose household have received a basic external support package – since the number of AIDS orphans is low). The targets had been reviewed in 2007 during the interim report on universal access and, at the national level in 2008 with the elaboration of the National HIV/AIDS Strategy for 2008–2013, but were not endorsed by the government.

Below are the targets originally agreed for prevention of HIV infection. It includes general indicators for youth population, access to medical services, quality of services, and also prevention for some key population groups (IDU, CSW), but missing for others (MSM, inmates).

Targets for Universal Access – Prevention

Indicator	Latest Estimates		Targets 2008	Targets 2010
	Figure	Year	Figure	Figure
Percent of children and teens attending school (over total scholar population) receiving health education (including HIV/AIDS/drug prevention)	48.78%	2005	90.20%	98%
Percent of IDUs who participate in needle exchange programs	24.68%	2005	50%	60%
Percent of CSWs reporting consistent condom use with all clients	46.50%	2005	60%	65%
Percent of young people (15–24 yo) with adequate HIV/AIDS knowledge (3 prevention ways)	60%	2005	80%	85%
Percent of young people (15–24 yo) reporting condom use at first sexual intercourse	49.17%	2004	60%	70%
Percent of pregnant women subject to PMTCT interventions in targeted counties	40%	2005	75%	85%
Percent of districts offering PMTCT services	38.09%	2005	100%	100%
Percent of health units that have Universal Precautions procedures in place and trained staff	73.70%	2005	100%	100%

Source: Preliminary reporting format for national scaling up towards universal access

Some of the targets seem ambitious (e.g. those aiming for 100%). While it's important to target children and teens in school, there are no indicators for activities aimed at those outside formal education system who are likely to be at higher risk. Behavioural data (e.g. Percent of CSWs reporting consistent condom use with all clients) rely on survey data and are subject to biases coming from inclusion in research only of those accessing services, overestimating the figures.

The access to ARV treatment was considered universal since the elaboration of the targets, the main gap being for substitution treatment for IDUs. An analysis of the HIV/AIDS response from 2010 (Petrescu, 2010) estimated that 83% of PLHIV who need treatment are receiving, but this figure is including also those not yet diagnosed.

Targets for Universal Access – Treatment

Indicator	Latest Estimates		Targets 2008	Targets 2010
	Figure	Year	Figure	Figure
Percent of eligible PLWHA enrolled in ARV treatment	100%	2005	100%	100%
Percent of HIV/AIDS patients monitored according to international guidelines from total patients in active medical surveillance	100%	2005	100%	100%
Percentage of IDUs who qualify for and are enrolled in substitution treatment	10%	2005	45%	60%

Source: Preliminary reporting format for national scaling up towards universal access

In order to evaluate the care and support for PLHIV only one indicator was used regarding the accessing of medical care and psycho-social support services through day care clinics. This indicator is insufficient to have a picture of the quality of services received.

Targets for Universal Access – Care and Support, including children affected by AIDS

Indicator	Latest Estimates		Targets 2008	Targets 2010
	Figure	Year	Figure	Figure
Number/percent of PLHIV reached with medical care and psycho-social support through day care clinics	32.90%	2005	62%	80%

Source: Preliminary reporting format for national scaling up towards universal access

Overall, these targets are general and they do not include aspects such as human rights (including gender equality). As the interim report on UA points out (Iliuta et al, 2007) given the limited research data available it is possible that the indicators did not reflected accurately the epidemiological situation of the country. Some of these concerns have been addressed in the last 3 years with an increase in research activity financed

mainly by international agencies (UNICEF, UNODC, GFATM). The list of indicators and targets included in the interim report on UA was broader, many of them being possible to collect, monitor and achieve within GFATM projects. For instance the 2004–2007 Strategy did not included operational plans, budget and sources of financing for the various activities, hindering their achievement. As a result many data have not been collected (e.g. the last Reproductive Health Survey was carried out in 2004).

Given the fact that between 2007 and 2010, a National AIDS Strategy was missing the monitoring and evaluation of targets and indicators was not on the agenda, but rather a side effect of GFATM projects and other researches undertaken in the meantime.

Achievement of Universal Access targets

In order to assess the progress in meeting the targets set in 2006 it is necessary to review the list of the indicators. When comparing the original list with UNGASS country reports from 2008 and 2010 one can notice that many of the indicators have changed, which makes it difficult to track the level of "achievement".

Table 6.

Targets for Universal Access and their achievement

Area – Prevention	Baseline Estimates		Targets 2010	Achieved	Comments
	Figure	Year	Figure		
Percent of children and teens attending school (over total scholar population) receiving health education (including HIV/AIDS/drug prevention)	48.78%	2005	98%	66.81%	Percentage of schools that provided life skills-based HIV education in the last academic year. In 2008 the GFATM project which included this activity ended and the program was not extended to all schools.
Percent of IDUs who participate in needle exchange programs	24.68%	2005	60%	53%	BBS survey 2009 (N = 449).
Percent of CSWs reporting consistent condom use with all clients	46.50%	2005	65%	NA	Condom use at last intercourse is significantly higher with clients than with steady partners (98.02% vs. 5%).
Percent of young people (15–24 yo) with adequate HIV/AIDS knowledge (3 prevention ways)	60%	2005	85%	NA	Survey carried out in 2009 but without access to database.
Percent of young people (15–24 yo) reporting condom use at first sexual intercourse	49.17%	2004	70%	71.5 % men vs. 61.4% women)	
Percent of pregnant women subject to PMTCT interventions in targeted counties	40%	2005	85%	45% (2009)	At national level and including known HIV positive women.
Percent of districts offering PMTCT services	38.09%	2005	100%	NA	
Percent of health units that have UP procedures in place and trained staff	73.70%	2005	100%	NA	
Area – Treatment	Latest Estimates		Targets 2010	Achieved	
	Figure	Year	Figure		
Percent of eligible PLWHA enrolled in ARV treatment	100%	2005	100%	100%	UNAIDS Estimates taking into consideration the number of those not yet diagnosed with HIV is 83% and WHO estimates 81%..
Percent of HIV/AIDS patients monitored according to international guidelines from total patients in active medical surveillance	100%	2005	100%	NA	
Percentage of IDUs who qualify for and are enrolled in substitution treatment	10%	2005	60%	NA	
Area – Care and Support, including children affected by AIDS	Latest Estimates		Targets 2010	Achieved	
	Figure	Year	Figure		
Number/percent of PLHIV reached with medical care and psycho-social support through day care clinics	32.90%	2005	80%	NA	67% access social entitlements from Local authorities

Sources: Preliminary reporting format for national scaling up towards universal access UNGASS, 2010 Country Report; UNAIDS indicators 2010 – Romania.

Regarding the 7 core indicators proposed by UNAIDS the situation is presented below.

Indicator 1: Percentage of women, men and children with advanced HIV infection who are receiving antiretroviral combination therapy

Eighty three percent (83%) of the estimate people in need for ARV treatment (8900) have access to antiretroviral therapy (Petrescu, 2010, Draft national HIV/AIDS Strategy, 2011–2015) (one of the highest in Central and Eastern Europe). Yet, the access to treatment was significantly affected by interruptions in 2009 and 2010 due to the limitation in budget allocations as well as given to the decentralization of ARV procurement (Romania, Country Progress Report 2010).

Indicator 2 – Not relevant for Romania

Indicator 3: Coverage of prevention mother-to-child transmission; in 2009, 99850 tests were done for pregnant women (MoH), while 222295 women gave birth (Euristat, cited by Petrescu2010 meaning that only about 45% of pregnant women were tested. There is still uneven access to PMTCT services nationwide. HIV testing and counseling are part of the medical package available for pregnant women, but there are no reliable data concerning the way family doctors are carrying out pre-test counseling. From the 21 VCT centres created with GFATM funds in 2003–2006 only a small proportion are still active and in Bucharest none of those centres are functioning now (Petrescu, 2010). Training programs of staff for PMTCT ended in 2006 and there are no data on the number of existing and functioning multidisciplinary teams created in 2006.

Indicator 4 Coverage of testing and counseling: VCT services should be available in each district of Romania (MoH centres in each district capital city). The national program for communicable diseases theoretically covers for funding for the reagents used for VCT and PMTCT programs, but there are problems with funding the costs with the personnel providing the counseling activity. In Bucharest there is no functional VCT providing HIV testing and pre/post test counseling since the end of 2008. According to the MoH, the total number of HIV tests performed in the general population ("on demand", at the VCT centers) were: in 2008 – 107998 (out of which 838 were positive) and in 2009 – 118981 HIV tests (out of which 893 were positive). The number of HIV tests performed on demand constantly increased.

Indicator 5: Number of condoms distributed annually by public and private sector – data not available

Indicator 6: percentage of young men and women who had sex before 15 years.

The BSS conducted in Romania does not allowed for the evaluation of this indicator, which is not available. Yet, a surveillance conducted by The National School of Public Health and Health Services Management showed that the median age of initiation of sexual activity is 15.4 years for young men/boys and 17.4 years for young women/girls, which is a decrease from 16 years (young men/boys) and 18 years (young females/girls) as it was determined in a similar surveillance survey performed by the same institution in 2006 (Petrescu, 2010). Condom use at the last intercourse increased to 60% in 2009 compared with 52% in 2006 (Petrescu, 2010).

Indicator 7: Amount of national funds disbursed by governments in low and middle income countries – already mentioned.

Based on the interviews with experts and key population groups, the general conclusion seems to be that Romania is ensuring universal access, at least to ARV treatment for PLHIV.

The experts expressed their opinion on this, suggesting that the main problems to be addressed are related to financing and political will:

> "Romania has shown that it is capable of providing universal access to prevention and treatment, using the resources of NGOs and international funding for HIV prevention programs and the national budget for treatment.." (expert, NGO)
> "Romania may ensure the prevention and treatment and care for HIV / AIDS. The one thing needed is political will. [...] Political will unlocks funds, therefore it is essential." (expert, CBO)
> "There are several aspects: financial, political and logistic. Financial speaking, Romania pays the most expensive part of this HIV AIDS problem, around 50–60 million." (expert, NGO)

Representatives of PLHIV have a different opinion on the matter considering that at the moment Romania finds it as difficult to ensure Universal Access, as it was in 2008.

> "Romania can not cover the necessary prevention programs, treatment and care because of insufficient budget allocated by the authorities in these fields. The treatment model that worked in Romania until 2008 is a successful model that could be replicated". (expert, NGO)

The health system of Romania is underfinanced, undermining the chances that prevention programs will get funding and at the same time the issues to be addressed are not prioritized.

> The main constraints are related with the management and financing of public health programs in Romania. The whole health system is underfinanced and there are limited prospects for prevention programs to be financed. A successful model is the recently closed GFATM program which was based on a clearly defined strategy and well organised management system which financed the priority areas in HIV prevention (expert, UN agency)

Most of the experts consulted could not mention/recognize a set of targets for UA, but rather refer to the National Strategy as a starting point. In fact the National Strategy includes the targets set. Given the fact that between 2007 and 2010 there was no official strategy; achieving UA seemed outside of the public agenda. Also, corruption is mentioned as a possible barrier in relation to procurement of ARV therapy especially given the current economic crisis. The decentralization of procurement of ARV drugs is considered to have caused the delays in adequate funding and treatment interruptions.

> "The main barriers to the continuation of these programs are related to the financial side. Currently HIV prevention programs (needle exchange, part of substitute treatment) are financed from European funds and their continuity is not guaranteed by the state. At the same time, decentralization of acquisition of ARV drugs has caused delays in procurement and also in prescribing drugs to HIV-positive patients, which increases their resistance to treatment and puts their life at risk." (expert, NGO)

The use of generic drugs is considered to having possibly been a good solution. Ineffective management in the health and public sectors are mentioned as other barriers alongside the stigma associated with HIV or belonging to a vulnerable group. One representative of NGOs summarizes the situation, highlighting the difference between strategies and their implementation and the main obstacles (funding, limited human resources, limited adult education programs, lack of motivation from staff, corruption and discrimination).

The stories collected from persons belonging to key population groups confirm some of the above-mentioned barriers. An HIV positive woman who recently had a baby tells that when the time for delivery has come, her physician was not available and had to be attended by the one on call:

> "When I arrived at the hospital the gynaecologist on call told me that C-section is no longer necessary, because "I was on labor" and the baby will be infected (which was not the case). I insisted to have a C-section."

She can still remember the way she was treated in the maternity:

> "The doctor on call was training [the nurses] (to wear gloves) at that very moment with me delivering the baby. After delivery I was taken upstairs into a cold room (according to procedures) and without hot water."
> "The only time I felt discriminated against was at birth. I do not remember other situations, but I did not have much to do with other institutions, except for Matei Bals Hospital (the Hospital where she is registered)."

An MSM mentioned a different situation, in which he faced discrimination in varied settings, from at his workplace to everyday interactions, but not in public institutions. (MSM/bisexual, 29 years old, Bucharest).

A person living with HIV sued a hospital for discriminatory treatment when hospitalized for a surgery and won the case (Male, 28 years old). Also one of the major difficulties reported was the interruption of ARV treatment or the frequent visits to the Regional centre. As a consequence PLHIV prefer to access only specialized clinics and rarely attend other doctors/specialists.

As an IDU, you can find it difficult to get needles and syringes. A 34 year old woman mentioned that she buys them from the pharmacy, but she heard that sometimes the police are waiting nearby. (Female IDU, 34 years old).

> An HIV positive woman with 3 incarcerations, an injecting drug user with hepatitis C and B, unemployed, tells how she was treated when in prison: "I was treated like a queen because I was known from my previous two terms, but the other PLHIV were treated as having leprosy, marginalized". During her time in jail, she did not receive any counseling, or syringes but only ARV treatment and brochures.

Some of the constraints in achieving universal access targets include:

Contextual factors

The lack of an operational plan of the 2005–2007 strategy and the lack of a strategy for 2007–2010 has affected the capacity of achieving UA targets. However, the

effect was diminished due to the GFATM funding until June 2010, which was largely in line with UNAIDS indicators and UA targets.

> "There were things done in Romania with the single purpose of a good image ... for instance access to treatment reached at one point 70%. This great success was achieved in 2002. Maybe it was due to some pressure from EU regarding the conditions of children in Romania, mainly on access to treatment, but especially on HIV. At that point every effort was made and the result was a guide to therapeutic monitoring and treatment. Everything else regarding the prevention was left at the mercy of the Global Fund and other funds. On the subject of care, if we talk about welfare, we can speak of a positive discrimination only due to the pressure of the civil society and of the people living with HIV." (expert, CBO)

There are additional concerns for the following period. The political instability in 2008–2009 combined with the way the economic crisis hit the health system – all new employment in public sector was blocked, people were fired and wages cut by 25% to reduce public costs.

Public policies

While treatment continues to be free of charge, in 2009 and even more in 2010, there have been interruptions of treatment due to lack of timely funding. Prevention programs targeting key population groups have been entirely provided by civil society organizations, the public authorities neglecting the issue. A Presidential report from 2009 suggesting legalizing sex work and decriminalization of drug use generated many debates and remained without any specific results.

Health sector

At policy level, there were not significant changes, except for the problems already mentioned with medication and lack of public harm reduction services.

> "There are problems in organizing and funding several prevention and support programs from Romania and this aspect is very much covered by external financing by non-governmental organizations. This issue, why the government does not supplement the amounts allocated to HIV AIDS prevention and information (with very little, 5–10% maximum), exists for many years now. From a financial standpoint, is an economic calculation. The amount is not enormous. That would be a supplement for the budget that Romania already pays – maybe 10–20% maximum. So it is possible. The question is whether the money exists or can be allocated for it, considering the world crisis." (expert, NGO)

Health service delivery

There are still barriers in accessing other medical services for PLHIV, especially dentistry, neonatology and surgery due to reluctance of health staff. The general problems of the Romanian health system affected also PLHIV and NGOs protested when the situation was critical.

Community and household

The demand for services remained high, an evaluation commissioned by UNICEF to Faculty of Sociology and Social Work of programs developed by 8 NGOs to

IDU, MSM and CSW revealing the positive impact and adequacy of (mainly harm reduction) services provided (Buzducea & Lazăr, 2010). The access to social entitlements for PLHIV increased from 32% in 2005 to 67% in 2010 (Lazăr, 2010).

Epidemiologic situation

Given the GFATM and other international donors funding the programs targeting key populations reached the people in need, the public financing being mainly for treatment and social benefits.

Lessons learned and key recommendations to achieve Universal Access by 2015

While some of the targets set for 2010 were achieved, the results could have been closer to Universal Access with some additional adjustments. In September 2010, a draft National Strategy on HIV/AIDS, based on the analysis previously carried out, set the new targets for 2011–2015. For the first time, a Strategy is including impact indicators, more specific indicators for Romania, responsibilities for various institutions and identifiable resources to finance the proposed activities.

Taking into account the results achieved so far, the input received from community organizations and clients of services, the situation of HIV/AIDS in Romania, the needs of specific key populations and the new Strategy elaborated in consultation with government representatives, civil society organizations and other stakeholders, we can make some recommendations to various actors involved at different levels.

Recommendations to national government:
– Create a governmental body (department of infectious diseases within the Ministry of Health) to design and monitor the National HIV/AIDS Strategy; at the moment there is no official Strategy;
– National programs and budgeting for multiple years of Ministry of Health and Ministry of Labor;
– Coordinate better between areas of intervention – prevention, treatment, care and support for vulnerable groups;
– Ensure continuous availability to ARV treatment (to stop interruptions) by creating a strategic back up system; holding centralized tenders; reducing price of drugs so that budget is not a barrier by exploring use of generics;
– Contract prevention programs and services to NGOs with proven expertise on a competitive basis;
  o *"There are also many NGOs that have experience in this field and who could implement such programs. If there would be funding, it would be easy to find people who could carry out these projects. Also, there could be made such departments within the social structures of the City Halls or there could be paid more attention to the social workers."(expert, NGO)*
– Development of a functioning partnership between state and civil society by increasing the dialogue with NGOs to ensure public policies adapted to the

needs of target populations, continuous colaboration between the two not only on projects;

– Cary out cost-benefit researches to document the expenditures needed for HIV prevention and treatment;

– Increasing access to services of IDU and CSW by removing the legal penalties for posession of small quantities of drugs and dezincrimination of sex work;

– Consultation of organizations of pacients and most at risk populations when elaborating policies and strategies addressed to them. The involvement of PLHIV, IDU and MSM organisations are good examples of consultation and could be extended to other groups like SW, Roma and prisoners.

Based on the experience of UA until 2010, it is necessary to implement monitoring and evaluation system which in turn can inform progress in achieving the targets and in establishing evidence-based national priorities. In order to address the barriers identified national continuous campaigns to destigmatize people from key population groups and combat discrimination are needed.

Recommendations to civil society organizations/community sector:

– Identify alternative funding (EU, community based) for the programs addressing vulnerable groups for HIV;

– Awareness campaigns for decision-makers to better understand the risks associated with HIV infection;

– Advocacy measures to promote the human rights of key population groups

– Developing projects in partnership with public authorities

– Carrying out studies to show the impact of services provided, monitor and evaluate the results

– Involve groups not yet involved (CSW, prisoners)

– holding the government accountable on the newly established Strategy

Recommendations to other stakeholders

UNAIDS: we recommend to disaggregate indicators by level of implementation – national, regional, local. The rationale is to increase ownership and involvement of community organizations in setting and achieving the targets.

While encouraging countries to establish indicators that allow for comparisons overtime UNAIDS should give some flexibility so that countries do not need to use indicators that are not relevant for them.

In accordance with the draft National HIV/AIDS Strategy 2011–2015 available in October 2010, we present in annex 1 selected targets and indicators to be included, as part of the review process of the universal access, based on national priorities and key areas of intervention. We have only included prevention and key population groups.

– Youth (table 7)

– CSW (table 8)

– IDU (table 9)

– MSM (table 10)

– Prisoners (table 11)

– Vertical transmission (table 12)

Annex 1 Selected targets and indicators from draft National HIV/AIDS Strategy 2011–2015

Table 7.

Targets and indicators for 2011–2015 included in the draft NAP – youth

Intervention Priority: HIV Prevention among youth
Impact Indicator: decrease of HIV incidence among 15–29 years olds by at least 20% compared with 2010 until 2015

Indicators	Baseline	Interim target	Final target
% young people between 15–24 years old with complex knowledge about HIV/AIDS	10% 2006	45% 2013	50% 2015
% young people between 15–24 years old who report condom use at the first sexual intercourse	73% 2009	75% 2013	80% 2015
% schools prepared to teach health education	66.8% 2009	80% 2013	85% 2015
% school students and young people exposed to health education		90% 2013	90% 2015
% young people living with HIV / AIDS diagnosed who have access to this package of services and supplies	41% 2009	100% 2013	100% 2015
% young people with HIV / AIDS who report constant condom use	65% 2009	80% 2013	85% 2015
% staff who receiving training on HIV / AIDS		45% 2012	75% 2015
% institutionalized children and young people exposed to prevention programs, care andtreatment for drug use and STIs		50% 2012	70% 2015
The number of cities with HIV prevention programs for adolescents and young people outside school		10 2013	12 2015
% family physicians with counselling skills on HIV / STDs for young persons		50% 2012	75% 2015

Table 8.

Targets and indicators for 2011–2015 included in the draft NAP – CSW

Intervention priority Prevention of transmission associated with commercial sex
Impact indicator: Maintenance the HIV prevalence among CSW at 1% by 2015

Indicators	Baseline	Interim target	Final target
The number of big cities where studies are provided	2009 10	2013 10	2015 15
Review of the law regulating prostitution	No 2010	Yes 2013	
Legislation and implementing rules for mandatory application of ads to avert on HIV/STI risks for any commercial with a sexual message	No 2010	Yes 2012	Yes 2012
Number of cities with such programs	0 2010	20 2013	20 2015
Number of CSW included in outreach programs for HIV/STI prevention Consistant use of condoms with all sexual partners	5.848 2010 24% 2009	7.000 3013 35%	10.000 2015 45%

% CSW who undergo an HIV test in the last 12 months % who know their results	33% 90%	50% 90% 2013	50% 90% 2015
% youth between 15–29 years who say they use condom at last sexual intercourse with CSW		90% 2013	95% 2013
Number of towns with such programs	0 2010	20 2013	20 2015

Targets and indicators for 2011–2015 included in the draft NAP – IDU

Intervention priority Prevention of transmission associated with injection drug use **Mpact indicator:** Maintenance the HIV prevalence among IDU at 1% by 2015			
Indicators	**Baseline**	**Interim target**	**Final target**
% IDUs from Bucharest and Ilfov who used sterile injecting equipment the last injection	85% 2008	85% 2012	90% 2015
% IDUs in Bucharest and Ilfov who are enrolled in needle exchange programs	42% 2009	60% 2012	65% 2015
Number of IDUs in substitution treatment in 2000	2000 2010	5000 2012	6500 2015
Number of programs for teens IDU	0 2010	7 2012	7 2013
% IDUs who undergo an HIV test in the last 12 months and who know their results	18,7% 2009	40% 2012	40% 2015
% IDUs with a history less than two years of consumer	4% 2009	2% 2012	1% 2015

Targets and indicators for 2011–2015 included in the draft NAP – MSM

Intervention priority Prevention of transmission associated with men who have sex with men **Impact indicator:** Maintenance the HIV prevalence among MSM at 2% by 2015			
Indicators	**Baseline**	**Interim target**	**Final target**
% the general population exposed to the campaign on destigmatization and non-discrimination based on sexual orientation		25% 2013	35% 2015
% social, health and services staff that provide appropriate services to persons with homosexual orientation based on standards	0		15% 2015
Numer of big cities with such programs	1 2010	1 2013	3 2015
No. organizations active in social and health interventions in LGBT benefit	2 2010	4 2013	5 2015
Number of locations with outreach interventions to prevent HIV / STI among MSM	10 2010	10 2013	14 2015
% MSM using condoms at last sexual intercourse	42,7% 2010	58% 2013	65% 2015
% MSM who undergo an HIV test in the last 12 months and who know their results	42% 2010	90% 2013	90% 2015
No. locations in which are runs interventions for adolescents MSM	0 2010	5 2013	5 2013

Targets and indicators for 2011-2015 included in the draft NAP – prisoners

Intervention priority: Prevention of transmission in the prison system **Impact indicator:** Maintain HIV prevalence below 1% among prisoners			
Indicators	**Baseline**	**Interim target**	**Final target**
Program developed, financed and implemented by National Authority for Penitentiaries ANP	No 2010	Yes 2012	Yes 2015
Number of trained peer educators for HIV / AIDS	1500 2010	1500 2013	1500 2015
% prisoners with access to free condoms in prisons	56% 2010	100% 2013	100% 2015
Number of prisons offering needle exchange programs and substitution treatment programs	5 2010	10 2012	15 2015
% of IDU prisoners who declare using sterile equipment the last injection	65% 2010	80% 2013	85% 2015

Table 12.

Targets and indicators for 2011–2015 included in the draft NAP – vertical transmission

		Baseline	Interim target	Final target
Intervention priority: Prevention of vertical transmission **Impact indicator:** Reducing the vertical transmission to 1–3% by 2015				
Indicators		**Baseline**	**Interim target**	**Final target**
% family physicians with expertise in HIV counselling of pregnant women		50% 2006	75% 2013	80% 2015
Number of counties with active services counselling and voluntary testing of pregnant women		17 2006	42 2013	42 2015
Locations with teams trained and active		8 2009	19 2013	19 2015
% Children born to HIV-positive women whose HIV status is determined		NA 2010	95% 2012	95% 2015
% diagnosed HIV-positive women counselled on sexual and reproductive health		NA 2010	100% 2013	100% 2015

Annex 2: Contact list

Institution		Contact person and position in organization	Type of interview
ARAS (Romanian Association Against AIDS)	AIDS-service organization serving drug users, sex workers and inmates	Dr Maria Georgescu, Executive Director Monica Dan	Recorded interview
Population Services International	Condom social marketing organization	Tudor Kovacs	E-mail
Romanian Angel Appeal	AIDS-service organization (PMTCT and VCT), Principal Recipient of GFATM round 6 projects (2007–2010)	Fidelie Kalambayi Monitoring and Evaluation Officer	E-mail
Romanian Children's Appeal	AIDS – service organisation, PLHIV, programs for youth	Mihai Tociu President	Recorded interview
Romanian Harm Reduction Network	Advocacy and networking in harm reduction	Valentin Simionov, Executive Director	E-mail
UNAIDS	UN agency	Eduard Petrescu, UNAIDS Country Manager	E-mail. Written documentation
UNOPA	Umbrella organization of PLWHA	Iulian Petre, Executive Director	E-mail

References

Buzducea, D. & Lazăr, F. (2008) *O monografie a fenomenului HIV/SIDA în România* [A monograph of HIV/AIDS phenomenon in Romania]. Bucureşti: Editura Universităţii din Bucureşti.

Buzducea, D. & Lazăr, F. (2010) *Evaluarea programelor adresate adolescenţilor cu risc crescut de infectare* [The evaluation of programs targeting most-at-risk adolescents], UNICEF, Bucharest, Romania.

Buzducea, D., Lazăr, F. and Mardare, E. (2010) The situation of Romanian HIV-positive adolescents: results from the first national representative survey. in *AIDS Care: Psychological and Socio-medical aspects of AIDS/HIV*, 22, 5, 562–569.

Chisevescu, D. P., et al. (1998) Injection Practices among Nurses – Valcea, Romania, *Morbidity and Mortality Weekly Review*, 50, 4, 59–61.

Hersh S., Popovici F., Jezek J. (1993), Risk factors for HIV infection among abandoned Romanian children, *AIDS,* 7, 1617–1624.

Iliuta, C.; Bocioc, F.; Militaru, C. (2007) *Demonstrating the impact of civil society involvement in the target setting process for universal access: Romanian case study*. Central and Eastern European Harm Reduction Network (CEEHRN), Lithuania.

Johnson, B. T., Buzducea, D. (2007) Romanian Pediatric AIDS Cases as Adolescents: Acquisition Routes, Current Risk Behaviors, and Psychological Correlate, *AIDS and Behavior*, Springer US, 11, 5, 716–725.

Lazăr, F. (2009). Persoanele cu HIV/SIDA [People with HIV/AIDS], in Preda, Marian (ed.), *Riscuri şi inechităţi sociale în România. Raportul Comisiei Prezidentiale pentru Analiza Riscurilor Sociale şi Demografice [Social Risks and Inequities in Romania. Report of the Presidential Commission for Analysis of Social and Demographic Risks]*, Iaşi: Editura Polirom, 2009, 234–246.

Lazăr F. (2010) HIV/SIDA şi relevanţa acesteia pentru asistentul social din România [HIV/AIDS and its relevance for the social worker in Romania], in Buzducea (ed.) *Asistenţa socială a grupurilor de risc*, [Social work with groups at risk] Iasi: Editura Polirom, 352–376.

Ministry of Health, „Prof. Dr. Matei Bals" National Infectious Diseases Institute, HIV/AIDS Monitoring and Evaluating Department, (Institutul de Boli Infectioase "Prof. Dr. Matei Bals", Compartimentul de Evaluare şi Monitorizare a infectiei HIV/SIDA în România), 2007, 2008, 2009, 2010 *Date statistice HIV/SIDA în România 2007, 2008, 2009, 2010* [HIV/AIDS statistics in Romania 2007, 2008, 2009, 2010]. http://www.cnlas.ro/date-statistice.html (accessed Sept 2010).

Petrescu E. (2010) *Raport de analiza a situaţiei şi a răspunsului HIV/SIDA în România* [Analysis report on the HIV/AIDS situation and response in Romania] UNDP – Romania – unpublished report, received from the author in September 2010.

Preda M, Buzducea D, Lazăr F. and V. Grigoraş (2010) *Researching the edge: young injecting drug users and female sex workers*, Bucureşti: Editura Universităţii din Bucureşti.

Preda, M (ed.) (2009) *Riscuri şi inechităţi sociale în România. Raport al Comisiei Prezidenţiale pentru Analiza Riscurilor Sociale şi Demografice din Romania* [Risks and social inequalities in Romania. Report of the Presidential Commission for Analysis of Social and Demographic Risks in Romania], Iaşi: Editura Polirom.

Popescu-Chisevescu, D., Mihailescu, I., Popaza-Mihailescu, G., Pasat, L., Ion-Nedelcu, N.,Popa M.I. (2001) Injection practices among nurses-Vâlcea, Romania, 1998, *Morb Mortal Wkly Rep*, 50, 4, 59–61

Simon C, Evans K, Calles NR, Harris AT, Dobmeier M., Moreau L., Owen C. and Rayburn T. (1999) A program of Acquired Immune Deficiency Syndrome Education for nurses in Romania, *Journal of Pediatric Oncology Nursing*, 16, 69–73.

Strategia Naţională HIV/SIDA 2004–2007 (National HIV/AIDS Strategy 2004–2007).

Strategia Naţională HIV/SIDA 2008–2013 [National HIV/AIDS Strategy 2008–2013] – draft for public debate.

Strategia Naţională HIV/SIDA 2011–2015 [National HIV/AIDS Strategy 2011–2015] – draft October 2010.

UNAIDS *UNGASS Country Progress Report: Romania*. Geneva: United Nations Joint Program on HIV/AIDS, 2010. http://data.unaids.org/pub/Report/2010/romania_2010_country_progress_report_en.pdf (accessed May 2010)

UNGASS *COUNTRY PROGRESS REPORT. Romania, 2008 Reporting period: January 2006–December 2007*. Submission date: 31 January 2008. http://data.unaids.org/pub/Report/2008/romania_2008_country_progress_report_en.pdf (accessed Sept 2009).

The Co-Existence of the Social Work and Child and Youth Care Professions

RIKA SWANZEN[*]

Introduction

Charlton Ogburn, Jr. said in 1957 that:

"...I was to learn later in life that we tend to meet any new situation by reorganizing; and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency, and demoralization."

This is a very apt introduction for this article, since with any change the question of whether it is really necessary often comes.

Opinions about the perceived necessity of the emergence of another social service profession as well as an overview of significant changes to the existing social work profession will be given in this article. Still it will be wise for members of these professions to remember that reorganizing does not automatically mean progress and that this new situation caused by changes in social work and the emergence of Child and Youth Care Work (CYC) should maybe be met with creativity and maturity, instead of too much reorganizing.This article will set out to describe the two professions. This will be done through reflecting on the following:
- An overview of the historical development of each.
- The international definitions of both professions.
- The exit level outcomes of each profession's degree requirements.
- Claims made in literature regarding the differentiation of the two professions.
- Changes in the past decade including specialization in social work and auxiliary registration for child and youth care work.

The article will then conclude with the identification of points of concern and recommendations for moving forward with a collaborative working relationship in South Africa. The author will make use of many quotes in this article to give the direct opinions of key authors in the debates touched on in this article.

---
[*] Child and Youth Development School of Arts, Monash South Africa, Tel. +27119504279, E-mail: rika.swanzen@monash.edu

Definition of terms

For understanding the argument set forth in this article the author wants to clarify what is meant by the terms below. Other relevant terms will be described throughout.

Social services are services and institutions that forms part of a social welfare system, designed to aid individuals and groups to attain satisfying standards of life and health; to have personal and social relationships which permit them to develop their full capacities; and to promote their well-being in harmony with the needs of their families and the community (Friedlander, 1961 as cited in McKendrick, 1990, 5).

Social development is defined as a planned process of social change to improve social well-being of the population in conjunction with a process of economic development (Midgley, 1995 as cited in Fouche and Delport, 2000).

Knowledge base of a profession means the key theoretical framework/s supported by research that is used by a profession. Although she did not attempt to define knowledge base, the following description of Karen Vander Ven (1986, 18–19) in her reference to a project intended to set up guidelines and principles for child care, is in the authors opinion an apt description of knowledge base for the purpose of this article. "Identification of the content distinguishing the…field by consensus of a large representative group of practitioners… Major areas of generic content, including both knowledge and skills … are described". She further mentions that this has served to bring consistency into the content that is covered between different training programs.

Social functioning is defined by Lantz (1987, 3) as referring to the interactions between and including the person and their social environment. He sees social functioning as a complicated process and not a static state of being, but rather constantly changing throughout the human life cycle.

Milieu treatment is seen as the use of daily routine as the place for treatment has become known as milieu therapy. In this model all parts of daily experience – the physical characteristics of the setting, the furniture, the routines, the people, the food, and so on – become tools for therapy. Clearly these are also an integral part of behavior management. In the therapeutic milieu, at least in theory, therapy and management are intertwined and inseparable (Vanderwoerd, 1991). A term often used with milieu treatment is lifespace intervention. Keenan (2002, 221) states, "Life-space work is neither individual casework nor group work, nor even individual casework conducted in a group context but is a therapeutic discipline of its own." It can be seen as the "spontaneous interventions that which occur as a result of planned environmental design, routine daily activities, and spontaneous relational interventions" (Stuart, 2009, 298).

Residential care is seen by both social service professions as a significant part of their profession's emergence as will be seen in the discussion of their historical development. Parrott (2002, 65) states that "residential care provides permanent or occasional periods of care for people who can no longer live, or have difficulty living in their own homes".

NGO is the abbreviation for Non-governmental organisation which can also be referred to as a Non-profit organisation (NPO).

Describing the two social service professions

As mentioned in the introduction the article will set out to describe the two professions with the list of five ways of understanding the professions better, namely an overview on their history, international definitions, exit level outcomes for the respective degrees, claims made through literature about the professions' knowledge base, and with reflecting on the changes in the past decade.

Historical development

The statement from Dennis McDermott (2007) provides the rationale for why it is necessary to reflect on the historical development of a profession if you want to understand it: "The history of a profession or organization is similar to the memory of an individual. It gives the members an identity; it is a way of saying who they are". He compares the move of the profession towards obtaining formal education as the 'early adulthood' of the profession and states that:

> "It will be interesting to see what happens as we move into universities, our educational early adulthood. We'll probably experiment with "drugs" (attractive but unfulfilling theories from other disciplines), and fool around with "flavour-of the-month" techniques, but with luck, and a good "memory" – a sense of our history – we'll probably keep our identity in tact and make it to higher education that is grounded in our work."

The author does not claim to give a comprehensive history of the two professions in this article, but would attempt to highlight those developments that strongly influenced the knowledge base of the professions.

Historical development of social work

To provide an overview of the historical development of social work since its establishment, information was taken from Ramsay (1994), Mason (1990), McKendrick (1990) and Kemp, Whittaker and Tracy (1997) and these sources are combined in the summary below.

Table 1.

Historical events that shaped the development of social work

Time period	Event
1665–1814	The earliest form of social welfare in South Africa (SA) was when the Dutch Reformed Church assumed responsibility as the Dutch East India Company's agent for the distribution of poor relief. Also founded the first orphanage
1917	Charity organizations in the Unites States, influenced by the strong leadership of Mary Richmond, focused on reforming individuals and families in poverty. At the same time, with the support of Jane Adams and other pioneers of social justice, settlement house and reform work focused on changing the social conditions of poor housing, child labor, and sweatshop environments in factories. Greater emphasis was placed on the specialized training required for thorough social investigations. The 1917 publication of Richmond's Social Diagnosis presented social casework, with an emphasis on thorough investigation, diagnosis, and treatment as social work's teachable scientific method. Mary Richmond identified the broad-based 'man in his environment' perspective as a unified concept for the new profession. On the other hand, Addams argued that, as the causes of personal social problems were embedded in the environment, this reinforced the need for the profession to have a social environment focus. The rivalry between Richmond and Addams became so great that the two resorted to denouncing each other's perspective. The pressure to become scientific pushed social work in the direction of Richmond's method specialization perspective.

1932	The report of the Carnegie Commission of Inquiry in 1932 lead to a National Conference held in Bloemfontein (SA) in 1934. Two recommendations from this conference were to establish a state bureau to be responsible for people's welfare and for the preparation of skilled, university-trained social workers. With the establishment of the Department of Welfare in 1937 also came the Child Care Act of 1937.
1951–1968	Growing out of the diagnostic casework of the 1930s, Hamilton (1951) introduced the notion of the person-in-situation configuration, which was later developed by Florence Hollis (1964) as the Psychosocial Approach. Hollis classified casework procedure as either direct or indirect (or environmental) treatment. The person to be helped must be seen in the context of his interactions or transactions with the external world. In a classic paper, "Social Study: Past and Future", Carel Germain (1968) suggested that new knowledge about systems would enable the conceptual integration of social and psychological phenomena, and thus support a shift in social casework from a static to a dynamic view of the environment.
1970–1990	Harriet Bartlett's 1970s publication of *The Common Base of Social Work* proposed that three core components were needed for a holistic conception of social work: a social functioning focus, a broad-based practice orientation, and a repertoire of intervention methods. Approaches used by social workers during the 1980s included the behavioural approach as a reaction to the psychodynamic emphasis in case-work; behaviour modification, with its range of techniques based on empirical evidence illustrating their effectiveness; the systems approach, which is more of an overarching theory developed by Von Bertalannfy during the late 1960s and first applied to social work by Hearn; Family therapy approaches, with concepts of sub-systems and boundaries fundamental to the structural understanding of the family; and the generalist or eclectic approach, which describes the different roles of the social worker, from clinician /behaviour changer to consultant /educator or broker /advocate. in efforts to reconceptualize the environment for social work practice, introduced ecological concepts into social work theory. Central to the ecological perspective, which Germain (1978), Gitterman (1987) and Meyer (1983) consider a subset of systems theory, is the idea of the continuous, transactional relationships between organisms, or living systems, and their environments.

Historical development of child and youth care

Beukes and Gannon (1996), Allsopp (2005) and Stuart (2009) provided an overview of the child and youth care profession's development and a summary from these authors are given next to orientated the reader towards the major influences on this development. In the previous table and the next the author stayed with the original text to avoid interpreting the events, but since parts of the paragraphs were removed and to allow for the chronological organisation of the information into table format, she did not use direct quotation for the sections used, but recognition is given to the mentioned authors.

Table 2.
Historical events that shaped the development of child and youth care work

Time period	Event
1739–1802	In a time when children were treated very poorly and their mortality rate was high, Thomas Coram had established the famous Founding Hospital in 1739 for abandoned childre. This hospital developed a form of foster care. In 1802 England Sir Robert Peel's Act for the Preservation of the Health and Morals of Apprentices drives the improvement of working and living conditions for apprentices and one known exception to the harsh treatment of child labourers was the Quarry Bank Mill run by the Gregg family.
1851–1852	By 1851 there was legislation in Britain providing for reform schools and industrial schools, the latter concentrating on prevention. In 1852 Mary Carpenter stated that a child will never behave well in prison from any moral sense and that they'll be more inclined to do badly when they come out. She opened her own reformatory known as Kingswood.
1984–1899	The National Society for the Prevention of Cruelty to Children (NSPCC) was formed in 1884. In 1891 an Act of the English Parliament prohibited the full-time employment of children under the age of eleven years. The new way of thinking continued into the twentieth century which is seen as 'The Century of the Child'. The last decades of the 19th Century showed a new understanding the nature of childhood, and the philanthropic movement of that century developed new ways of caring for children who were destitute or homeless.
1940–1950	An association 'Educateur Specialise' began in France during 1942 for professionals who worked with children and were total lifespace specialists responsible for pulling the potential out of troubled children. Psychoanalytic theory, with a focus on child development and the importance of the pre-adolescent years, strengthened the relationship-based orientation adopted by the professional. In the UK in 1946 the Curtis Report made strong recommendations regarding the training of residential workers. Legislation at that time emphasised the importance of the biological family and the effort needed to restore the child to his family. This took the history of child care into the present and may be called the 'deinstitutionalisation' phase, which means that the worst aspects of institutional or statutory care are consciously avoided, links between helping services are maintained, and helping is focused on reintegrating children into their natural human and social environments.

1965–1975	At the end of the 1960's, the first Association of Child Care Workers was founded in the Western Cape, with others following later in the Transvaal, Natal and the Eastern Cape. The National Association of Child Care Workers (NACCW) was formed from these local associations in 1975. Its aim has been to address the training and the professional ethics and development of child care workers, and has introduced a number of courses for various levels of practice. The Association contributed significantly to a definition of child and youth care in a South African context and started publishing books and a monthly journal in later decades. Biennial conferences organised by the NACCW have furthered the philosophy and knowledge of child care. A major theme since the1950s has been the professionalization of child and youth care workers, who seek better knowledge and skills for their work, and greater acknowledgement and status in helping teams. The B.A. CYC only began in Victoria in 1973 however and by this time behaviourism was also influencing the emerging CYC profession.
1980–1994	A milestone in the child care movement was the 1980 de Meyer Committee of Inquiry into Certain Aspects of Child Care. Part 2 of the report contains a number of recommendations regarding facilities at children's homes, staff and their training, and the care and treatment of children. 1987 saw the introduction in practice of the 1983 Child Care Act. This Act encouraged permanency planning, i.e. the prompt and decisive return of the child in care to a family setting, and referred to the 'unfitness' of parents to care for a child, rather than the 'child in need of care'. Post 1994, the child and youth care service has come under radical review, with the establishment of the Inter-Ministerial Committee on Young People at Risk.

The author is of the opinion that where you were trained and where you worked will influence with which parts of the historical developments one agrees with. Although current developments and agreements among practitioners and academics are more relevant, the history explains the residual influences that often remain in writings and practice. What the discussion did highlight is that both professions had much reasoning and development around the place of the environment and that some differences exist as to how this concept is approached (ecosystems and life space thinking), but also that development in theoretical frameworks did filter through to practice on broadly similar ways (such as behaviourist models).

International definitions

An international definition for the author is a statement about the profession that the majority of practitioners and academics had to agree with regardless of contextual and governmental differences.

The international definition of social work is:

"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 point where people interact with their environments. Principles of human rights and social justice are fundamental to social work." (South African Council for Social Service Professions - SACSSP, 2001, 1).

The International definition of child and youth care work is:

"Professional child and youth care practice focuses on the infant, child and adolescent, both normal and with special needs, within the context of the family, the community, and the life span. The developmental-ecological perspective emphasizes the interaction between persons and the physical and social environments, including cultural and political settings. Professional practitioners promote the optimal development of children, youth and their families in a variety of settings, such as early child care and education, community-based child and youth development programs, community mental health, group homes, residential centers, rehabilitation programs, pediatric health care and juvenile justice programs. Child and Youth Care practice includes skills in assessing client and program needs, designing and

implementing programs and planned environments, integrating developmental, preventative, and therapeutic requirements into the life space, contributing to the development of knowledge and professions, and participating in systems intervention through direct care, supervision, administration, teaching, research, consultation, and advocacy" (Stuart, 2009, 5).

The key concept in the social work definition seems to be the interaction between people and their environment with a focus on the enhancement of their well-being and a protection of their rights. The key concept in the CYC definition seems to be similar except that it specifically describes its client and specify the contexts, settings and functions. The next sections will provide more specific descriptions of the focus of these two professions training and practice, but for now one can understand if there may be some overlap between the professions that may lead to the question whether these two professions can co-exist.

Exit level outcomes (elo)

ELOs states what competencies students within a degree should possess to enter the specific profession. These are given in this section to show what the expectations of universities currently are. It does not mean that this cannot change, since it always adjusts to the requirements of practice and developments in the field. The social work degree recently changed but the discussion of this falls out of the scope of this article. The CYC degree has also not been accepted yet and although the effect of professional boards will be touched on later in this article, this discussion also falls outside of the scope of this article. The information given next will provide some information for comparison and it reflects current ideas around the suggested knowledge base for each social service profession.

Social work (obtained from SAQA, 2009)

This specific registered qualification is for the University of Johannesburg (Gauteng) and may differ slightly from the outcomes required by other universities in South Africa. It does however give a practical example to compare against. The learner should be able to:

1. Identify and analyse, at an advanced level, ethical, social and economic problems, develop, facilitate, evaluate and adjust appropriate actions and reflect on these actions, and reflect on these actions based on a theoretical framework

2. Work, at an advanced level, effectively with others, as members of a team, when facilitating the process and technology of helping individuals, groups, organizations and communities and evaluate, adjust and reflect on these actions, based on a relevant theoretical framework.

3. Develop, organise and practise intellectual independence, flexibility and creativity, at an advanced level.

4. At an advanced level, collect, analyse, organise, critically evaluate and reflect on information with regard to ethical, social and economic problems, based on a relevant theoretical framework

5. Communicate, at an advanced level, effectively and appropriately with individuals, groups, organizations and communities, using visual language and therapeutic skills in the modes of oral written format

6. Analyse, develop and manage human and environmental resources, at an advanced level, based on a relevant theoretical framework

7. Use advanced assessment, intervention and evaluative techniques, in the process and technology of helping individuals, groups, organizations and communities, based on a relevant theoretical framework

8. Address, at an advanced level, social, ethical and economic problems appropriately, by taking into account the White Paper on Social Welfare and the political and socio-economic influences in South Africa

9. Explore, apply and reflect a variety of strategies, at a advanced level, to learn more effectively within a human sciences environment

10. Contribute, at an advanced level, to the development and maintenance of human capacity, at a local and national level, based on a relevant theoretical framework

11. Contribute, at an advanced level, to the development and maintenance of human capacity within a culturally diverse context and to evaluate and adjust actions, based on a relevant theoretical framework

12. Explore employment opportunities through practical projects at an advanced level

13. Explore and facilitate entrepreneurial opportunities, at an advanced level, while addressing social, economic and ethical problems.

Child and youth care (obtained from Oosthuizen, 2006):

The next ELOs have been suggested for the degree in CYC in South Africa. The learner should be able to:

1. Demonstrate an understanding of children, human development and the origins of child and youth care work.

2. Carry out developmental and therapeutic work with families and groups.

3. Conduct assessment in a child and youth care work context.

4. Contribute to policy development and evaluation at global and programme level.

5. Interpret and respond to human behaviour in a child and youth care work context.

6. Provide support for young persons and their families in a child and youth care work context.

7. Design, develop, implement and evaluate programmes in a child and youth care work context

8. Provide leadership, supervision and management direction in a child and youth care work context.

Even though the expression of these outcomes are determined by the content of the curriculum offered by the provider of the degree, what is observable is that both qualifications expect outcomes for skill development on individual (micro) level and on community (macro) level. Reference to the difference in focus when it comes to context must then be more specific and it is hoped that this will become clearer in the next section.

Differentiation of two social service professions

To look at how the international definition and degree competencies translate to practice, descriptions of the professions' activities from literature will be explored

next after which there will be a discussion and recommendations on how the professions may co-exist.

Social work knowledge base

It is true that social work has a responsibility for social justice. As Webb and Wistow (1987 as cited in Parrott, 2002, 16) argued: "social work contributes to one or more of three basic functions: social control, the promotion of change, [and] social maintenance". And in many settings where social workers are employed by the State they have statutory duties and implementing acts such as the Child Care Act. But most of the social work positions are charged with promoting change at the individual and societal level, while social maintenance has grown as services concentrate on supporting people in their communities. The adoption of community work into social work was met with skepticism by Pinker in 1982 (Parrott, 2002). Still a variety of sources on social work theory talks about the adoption of ecological and systems concepts, maybe specifically to enable social workers to meet the macro level demands placed on the profession.

The term *ecology* was first used by Ernst Haeckel in 1868 (apud Ungar, 2002) to refer to interdependencies among organisms in the natural world. Ecology means the interdisciplinary scientific study of the living conditions of organisms in interaction with each other and with their surroundings, living and non-living. Since social work has as its purpose to foster healthy transactions between people and their environment, there is a comfortable fit with the science of ecology. As Carol Meyer (in Ungar, 2002) noted that the move from casework to social work meant that family, group, community, and organizational approaches to intervention, in other words a focus on the client's environment, became part of social work practice.

"Social work has historically had the dual mission of people-helping and society-changing" (Welch, 1990, 152). The polarization of these two perspectives is what inhibited the development of an integrated practice format that incorporates all the social work methods (casework, groupwork and community work and organization). For this reason the author proposed the human ecosystems theory as a metatheory for social work. This is a blending of the 1972 general systems theory of Lazlo and human ecology of Theodorson in 1961 (Welch, 1990). "In human ecology, the person-in-environment orientation constitutes the totality of relationships among individuals and their environments. The key to understanding the basics of human ecology is the notion of interaction" (Welch, 1990, 155).

> The profession of social work has long claimed its niche as that space where the traffic between the environment and individuals, families, and groups occurs. Person-environment is a code for this transactional space. The reign of the ecological/systems model of understanding and practice, and that staple of curriculum, human behaviour and the social environment, all stake out in one way or another, this conceptual and practical habitat for the profession. It is, in fact, one of the distinguishing marks of the helping that social workers do, that we must always understand human problems, suffering, possibility, capacities, and need in terms of their context; we must understand how the environment promotes challenges and offers resources; and we must understand how the individual or family interacts with those factors. But there is a sense of the environment

that social work has, to a significant degree, ignored – that is the immediate, proximal, often small environment where people play out much of their lives. Where we need to attend to elements of this aspect of the environment, some of the ways that we think about human problems and possibilities might be reshaped. (Saleebey, 2004, 7).

It would be safe to conclude that literature agrees that social work has a social justice responsibility and that intervention occurs at the point of interaction between the individual and the environment. The sincere struggle with finding the means to help people on an individual and on community level is apparent. A number of other developments occurred since then such as the development of ecometric tools to measure the person in environment fit. For the scope of this article this will not be discussed here.

Child and youth care knowledge base

The concept of "milieu treatment" has strongly influenced child care work. August Aichhorn, Bruno Bettelheim and Fritz Redl, through the middle years of the 20th century, developed ideas of using the total 'life space' of the child to promote emotional health and effect change. "Bruno Bettelheim believed in the institution's unique potential for rehabilitating seriously disturbed youngsters, and in his work demonstrated the value of consistent, round-the-clock impact on those in care. Respect for the individual and involvement in the person's entire life space, including the events of daily living such as rules and routines, games and activities, problems and struggles, could have a therapeutic impact on the young person" (Beukes and Gannon, 1996).

Karen Hector (2005, 20) states:

"It is not possible to separate child and youth care work into neat compartments. When one applies a child and youth care approach one works in the life space of the child which includes his family and community; there is an interconnectedness of all these domains that the child and youth care worker has to take into account. The fullness of the approach is tied up with the quality of the relationship, the vessel that carries it all. This work occurs from 'moment' to 'moment.' The success of this interventive moment [Garfat, 2003] is dependent on the strength of the relationship between the child and the intervener. As Fewster (2001) so succinctly put it: 'all that we are, and all that we will ever be, stems from our relationships with others from the moment of our conception to the time of our departure'."

Hector (2005, 23) refers to Trieschman, Whittaker and Brendtro (1969), in "The other 23 hours", who questioned the value placed on the therapeutic hour that made practitioners think about 'what happens to the child in the hours that s/he is not engaged in psychotherapy'. She also quotes Weiner (2002 as cited in Hector, 2005, 24) who states that:

"...valuable as psychoanalytic insight is to our work, the psychoanalytic method is destructive to children when practised in the life-space of the milieu. Individual

psychotherapy may be a useful adjunct to milieu treatment but liberal use of individual therapy in residential centers introduces, in addition to certain advantages, the danger of a withering of the milieu's therapeutic potency from neglect as staff wrongly assume that its therapeutic tasks will be accomplished in the scheduled individual sessions."

Jack Phelan (2008) states that relationship as viewed by child and youth care work has two layers. The first layer is the ability to establish safe, equal relationships with suspicious, poorly attached people and the second is the relationship between the person(s) being helped and their social context.

"Developing the professional expertise to do these levels of relational work is the core of the child and youth care educational/experiential process. Initially, physical skills are stressed and doing things that establish trust are key. Then emotional strength is emphasized as you are required to join people in their despair and fear. In addition, reflective practice and even spiritual resilience is required as the child and youth care professional connects at a more intimate level. Personal change theory and strategies to increase competence and hope become part of the knowledge base, within the context of gender, attachment, loss and family dynamics. The parallel process of separation and closure, which is essential and yet potentially devastating to the person who has finally learned to trust another being, demands clear boundaries within this intimate connection" (Phelan, 2008).

As with the literature on the knowledge base of social work, it is impossible to claim that a full discussion can be given on all the nuances of the profession in this article, but again concepts that are repeated in literature are given here. For CYC one can conclude from the previous discussions that great emphasis is given to using the moment and setting to influence children and that relationship is the intervention in CYC which asks for personal investment in a way that may not seem acceptable to other professions.

As the author has emerged herself in the literature of CYC she has come to appreciate the sincerity with which this investment is driven (as can be seen practically on the e-mail discussion forum across the globe initiated by CYC-net, see http://www.cyc-net.org/thenetwork.html). They build their theories around this use of self and even their style of writing shows their uniqueness where they do not shy away from admitting to sometimes unproven personal opinions. They may be more aware of the fact that at the end, regardless of our training, it is truly the use of our own awareness and the quality of relationships that make an impact. And although we can acknowledge that it is not a new concept under the helping professions, CYC practitioners and authors do seem to make more of an art out of it and the author believes it should be acknowledged that CYC may be developing the missing ingredient to the concepts of report-building and client-centered work.

The differences between social work and CYC

It seems very fitting to conclude a discussion on the knowledge base of social work and CYC by highlighting the differences between the two. A person in an ideal position to explain the differences is James Anglin, who is a social worker by training and a recognized author in child and youth care writings. He states that the variety of views on the different emphases between social work and child and youth care are

mostly generalizations which do not hold true in every training program or every jurisdiction, but they may indicate a relevant inclination (Anglin, 2001). The differences he identifies include:

1. Social work focuses more on the social and community networks, child and youth care more on individual and interpersonal dynamics.

2. Social work focuses more on social problems, child and youth care more on human development.

3. Social work focuses more on organizations and policies, child and youth care more on people and relationships.

4. Social work focuses more on knowing about children and families, child and youth care more on living and working with them.

5. Social work focuses more on a wide variety of societal groups and issues, child and youth care on the needs of children and youth.

6. Social work focuses more on problem solving, child and youth care more on the helping and growth process.

7. Social work focuses more on gaining power and societal influence, child and youth care more on gaining self-awareness and personal growth.

Anglin (2001) is of the opinion that "many social work leaders would like to see social work education provide the type of training characteristic of child and youth care or social pedagogue programmes, the fact is, in practice, such a focus tends to be watered down and displaced by the demands for more generic preparation of a much broader scope".

In the discussion towards the end of this article where she discusses the overlap between the professions, the author will come back to the claims made by Anglin, but for this section she wants to conclude with this point. What is also useful to note from a discussion of a profession's development of its knowledge base is the fact that its members has the right to question and research previously accepted forms of thinking and treatment. A possible danger, in the author's opinion, of needing to succinctly describe the nature of a profession and how it differs from another, is that it may limit its members to use alternative modalities in the human sciences. Post-graduate short courses are often attended which shapes the practitioner's techniques and this leads to the creation of unique and diverse practitioners sharing the same profession in name, but who look and sound different in practice. It makes her think of the following quote she once read on team work by Doug Floyd: "You don't get harmony when everybody sings the same note".

Changes in the past decade

Although history tells us something about the foundation of a profession and maybe even gives some rights to claims of a profession's scope of practice reflected in the exit level outcomes prescribed by regulating bodies for professional education, it is the current developments that have the biggest influence on current practice. Off course the claims made in literature influences practice, but often changes in practice indicate to the academic realm what to research and initiate the benchmarking of university degrees.

The quote below is probably the biggest impetus for this article.

"The South African Council for Social Service Professions is in the process of designating child and youth care as a distinct profession, which is the next step in a long process including public hearings, designated research, and many descriptions of practice-based data and educational frameworks. Yet we still struggle with professionals in social services questioning the legitimacy of child and youth care as an area of practice which qualifies to be designated as a profession". (Phelan, 2008).

The council mentioned above was traditionally the council for social work and this change is in the author's opinion symbolic of the move to include various social service professions under the same umbrella. This must have been done in a proactive move foreseeing that social work will not be the only profession needing regulation within the realm of social services. "The SA Council for Social Service Professions (SACSSP), the statutory regulatory body for the social service professions in South Africa, was established and functions in terms of the *Social Service Professions Act*, 1978 (Act 110 of 1978) as amended. The present SACSSP evolved from the erstwhile SA Council for Social and Associated Work (established in 1980), the SA Council for Social Work and the SA Interim Council for Social Work" (SACSSP, 2005).

The changes touched on in this last part of the attempt to describe the nature of the professions reflect on the following 3 aspects driven by the regulating body of both social service professions in South Africa:

• Regulation of child and youth care on auxiliary level.

• The use of Professional boards to drive the interests of the professions regulated by SACCSP.

• Specialty fields.

Registration of auxiliary child and youth care workers

With regard to the registration of CYC workers, a pronouncement was made by the council:

"[A] set of regulations that would enable Child and Youth Care Workers to practice at an auxiliary level were approved by the South African Council for Social Service Professions (SACSSP) and submitted to the National Department of Social Development (NDSD). … an agreement was reached to accept in principle to accommodate the current ±5.000 Child and Youth Care Workers practising at the abovementioned level. ... Unfortunately the PBCYC during its two meetings held in December 2008 and February 2009 respectively, never attended to the recommendations of the Department. Furthermore the SA Qualifications Authority (SAQA) suggested that clarification should be provided on the title of the proposed Bachelor of Child and Youth Care submitted to SAQA for registration purposes, and whether social work should not be reflected in the title" SACSSP (2009, 4).

Zeni Thumbadoo (2005) raises the question why the policies that promote child and youth care to assist in meeting a desperate need in the light of the impact of HIV and poverty, does not receive a more immediate response.

"[N]o concomitant provision made for salaries for child care workers on the staff of the State Departments. This further contributes to the difficulties of funding community child

and youth care workers even in innovative outreach programmes from residential facilities. At the same time there is a view that only child and youth care workers with degrees or diplomas should service the field as child and youth care workers. The reality is that there are not enough child and youth care workers in South Africa with these qualifications. Our degree programme was established only 5 years ago. It is not realistic that these workers would be available in the numbers required in communities" (Thumbadoo, 2005, 142).

She further questions whether workers at an auxiliary level can function as child and youth care workers or should one wait until all workers are functioning as fully trained professionals; whether it will harm the profession if auxiliary workers develop in large numbers to respond to the immediate needs in communities, and whether it will not be an indictment to the child and youth care profession if they miss the opportunity to respond to children in the communities because we want to professionalize unrealistically in a typically first world paradigm (Thumbadoo, 2005)?

It is clear that the issue of registration of CYC at a degree (NQF 7) level is not settled, but that the topic is alive and active. The next part of this section explains a further influence on this process.

Professional boards

In 2005 this was the 'excited' statement by the SACSSP in their briefing report

> Following drastic amendments to the Act in 1989 and 1999 the Act now inter alia makes provision for the establishment of professional boards for the various social service professions, under the auspices of the Council. Two of the present priorities of the Council is to attend to the drafting of a new act to replace the *Social Service Professions Act*, 1978 (Act 110 of 1978) as the present Act is outdated, and to incorporate the other social service professions under the auspices of the Council as the umbrella governance body for the social service professions. (SACSSP, 2005)

Despite the stated intention of the council to incorporate other social service professions, this has not occurred to the satisfaction of members of the CYC profession as evident by the following quote by the Professional Board for Child and Youth Care Work (PBCYC, 2009, 5):

> "The PBCYC appealed to the National Department of Social Development (NDSD) for intervention into the situation and a meeting took place in September 2008. At this meeting a two-phased regulatory approach was mooted by the NDSD. Representatives of the PBCYC indicated clearly at this meeting that this suggestion was different from the consulted-upon process, and that constituents were expecting to be regulated at both levels. Representatives indicated clearly that they did not have a mandate at this meeting to agree to such a radical change, and would take it back to the full PBCYC for a decision."

This seems like a strong stance and the frustration of members of the profession was palpable at the NACCW 17th Biennial Conference in Bloemfontein (Free State, South Africa) in 2010. A further statement in one of the councils newsletters, raises the question however whether this stance taken by the PBCYC will be given priority if their term will not be extended.

> "The Social Service Professions Act, Act 110 of 1978, as amended, does not allow the extension of the terms of office of members of the SACSSP and the professional boards. Therefore, the terms of office of members of the boards end on 30 August 2009 and that of members of the Council on 30 November 2009. ... Since the Professional Board for Child and Youth Care Workers (PBCYC) has not managed to establish a register for child and youth care workers as required by the Act, such workers will not be able to elect and appoint any members. As the statutory council responsible for regulating the sector, the SACSSP will take the steps required to ensure that child and youth care workers are regulated. In so doing, it also ensures that the service recipients of child and youth care workers are protected. A plan of action on the management of this process has already been submitted to the National Department of Social Development for approval and will be implemented after August 2009." (SACSSP, 2009a, 1)

It is very possible that members of the emerging CYC profession do not see this as a positive development. It will be expected of them to believe that members selected by social workers will have the best interest of another profession at heart, which may even be perceived as a threat to social work. Time, and many more publications, keynote conference addresses and pronouncements in council newsletters, will tell what is in store for these two social service professions in the near future.

Specialization

Establishing fields of specialization has been a contentious issue, but the scope of this article does not allow for a discussion on this. Social work is in a process of having various specialty fields approved by the council.

> "Following a pro-active approach to the establishment of areas of specialisation in social work, the Professional Board for Social Work under the auspices of the SACSSP resolved on a phased approach to introduce the areas of specialisation in social work. The initial establishment of the areas of specialisation will be introduced as follows: Phase 1: Adoption Work, Occupational Social Work, Forensic Social Work, Clinical Social Work, Social Work in Health Care, Probation Services and Management and Supervision. Phase 2: Social Work Education, Social Policy and Planning and School Social Work." (SACSSP, 2009a, 7)

The relevance for including this development in this article is because speciality fields are further descriptions of what a profession does and it affects registration status, since certain minimum requirements must be met to qualify for registration in a certain speciality field.

Points of concern and recommendations

From the discussion thus far the author can identify some of the comments which the two professions may disagree about. These would be about claiming that CYC has more of a focus on needs of children, youth and families and that they work more with interpersonal dynamics. Social work sees their niche as studying and intervening in the transactions between the person and his environment, focusing on both the individual and the context. The author will provide more comments on the overlap between the professions by other authors next, but already want to propose that maybe discussions on methods should stay clear of claiming how direct or indirect the work with children, youth and families are and rather focus on the different ways in which direct and indirect strategies are applied. Many social workers are very involved in the lives of their clients and may not work on a societal level. It may well be that CYC workers are more flexible with their time to fit into the lifespace of children and this may be different to the treatment boundaries social workers are taught to respect. This sentiment is shared by Phelan (2008) who state that: "[c]hild and youth care family work can include doing things that most professionals would consider quite extraordinary and too intimate to fit the boundary ethics prescribed by their professional body".

Areas of overlap

Jack Phelan (2008) quotes James Anglin, a child care worker with a social work degree, saying that the reason for tension between social work and child care work is the presence of two underlying and eternal ways of understanding human society and social change. Although the theoretical basis's that underlined historical development seem similar as it became clear with a comparison of the history and international definitions, Anglin clarifies that:

> "that social work emphasizes political pressure for societal change, including the elimination of poverty and the primacy of social concerns over economic concerns, along with equity in legislation and policies – and thus all will be well in the world. Child and youth care work focuses on helping people achieve order within themselves and in their daily lives. Child and youth care work is not so much focused on political dynamics as on facilitating growth, development and the learning of life skills. … [t]here is a degree of incompatibility between the two approaches, and attempts to combine child and youth care preparation within the social work orientation, both in Great Britain and North America, have resulted in the child and youth care role being devalued and deemphasised, with the result that children and young people are not well served" (Phelan, 2008).

Anglin (2001) says that the two professions are very complementary, but that the apparent similarities between the two professional approaches can be misleading. He claims that while both work with families, the social work profession is involved with the family 'as a social agent, ensuring that the family receives appropriate social benefits and that the family unit is not abusive to any of its members, and so on'. Where the university-trained CYC workers are involved with families where there are children or youth involved, 'and are trained in addressing the developmental issues and day-to-day dynamics of

relationships, within both the home and the community environment, on a flexible schedule, as determined by the nature and intensity of the needs of the particular family'.

The biggest area of concern is not academics and practitioners trying to delineate their professional boundaries, but the areas of misperceptions about what the other profession does that may create professional misunderstanding and competition. Expressions portraying unfounded opinions about the other profession are dangerous. One such example is Grey (1996 as cited in Thumbadoo, 2005, 144): "Social work, for example, in its push for professional status abandoned its community thrust for clinical theory and practice both in South Africa and abroad". Thumbadoo then continues by saying:

> "The Social Work profession exposes many errors of judgment in the development of its profession in South Africa – resulting in a noticeably irrelevant and inadequate service provision. As I reflect on importance of these debates for childcare, I am convinced that the childcare workers in communities are vital players in ensuring that the blend of clinical practice and community work finds synergy in South African society and that within the humanist theories lies the creative blend of community social development work and clinical child care practice applicable to South Africa." (Thumbadoo, 2005, 144).

This is an unfounded generalisation as Kemp, et al proposed in 1997 (9) that person-environment practice will *redress* 'the loss of focus on environment and environmental intervention and the accompanying overemphasis on the individual in much of what constitutes direct, interpersonal, micro-level practice'. The author for one not only developed a classification system with person-in-environment as a theoretical base for her doctorate but also used the social networking strategies designed by Kemp, Whittaker and Tracy as a basis for a practice model for a welfare NGO to align their initiatives with social development aims.

As mentioned before professions will change direction and even the directions claimed in literature may not have filtered through to practice. In 1986 Vander Ven (18) claimed that "To be a full profession, a life long career path which allows for advanced clinical practice must be available in a field. A model for such a path in child care has been proposed, and some training and education activities are now including instruction in highly refined and sophisticated clinical skills in direct work with children". As the historical development showed, social work also had to use clinical methods to obtain recognition as a profession, but they were never truly able to sever themselves from the plea of the communities in which they served. The author also suspects that if asked about the meaning clinical work has for each profession, the definitions may differ. Despite this the word is being used as some form of evidence of social work's focus.

Recommendations

In the recommendations the author continues with some opinions on the issue of professionalization from CYC literature and then proposes a way to approach a peaceful synergy for the two social service professions in South Africa. If the reader has found this article intense, it is because this topic is intense and should receive due attention. A definite recommendation would be for any studies done on the successful integration of CYC in other countries to be published in social work journals as well. There is a positive

message to be shared on how these professions co-exist and as with most things there are often those who already have some of the answers – we just need to speak to each other.

Professionalization

Some strong opinions have been voiced about whether the emerging profession of CYC should even professionalize. One of these is expressed by Gerry Fewster (2004) where he questions the training CYC workers are receiving and stated that "the trainers are teaching precisely what they have learned, in the way they learned it. And in this they are aided and abetted by educational institutions that reward them for upholding the academic principles and practices created by the classical learning establishments of the early 1900's – they call it academic excellence". He goes further to state:

> My own experience points in a different direction. I am convinced that the only real hope for change lies in the hands of the students, trainees, practitioners and professional associations who demand something different and have the guts to say "no" to the status-quo. Of course this carries significant risk, particularly when so many Child and Youth Care people are struggling to elevate this profession within the traditional status hierarchy, but in the final analysis, no institution or program can operate without students' fees. Unless this power is unleashed, little will change and we will continue to have the education and training we deserve" (Fewster, 2004).

Karen vander Ven (1986, 15) stated during earlier years that "There is an ongoing debate as to whether or not the child care field should follow the professionalization model in its attempts to continue to establish status, public credibility, and general effectiveness." She notes that some have suggested that a craft perspective should be considered which would deal with the relationship between the practitioner and the client and the content of the work. It will have an individualistic, expressive component, and is taught through modeling, rather than academically (Vander Ven, 1986).

Much debates and initiatives not described in this article has gone by since and the author's own opinion is that the work of both social work and child and youth development is complex and important enough to be viewed as a profession. As stated by authors such as Thumbadoo, the need for more professionals within the child care field is undoubtedly needed in South Africa. One would hope that valid concerns need to be addressed to allow for a transition that seems so unavoidable and that these are the reasons for the delay. The drive for professionalization of child and youth care in South Africa is still the major aim of NACCW and at present Monash South Africa is one of the two institutions offering formal education in child and youth care.

The important people that may need the most concern during this time are the students enrolling for child and youth care. With still so much uncertainty how would the passion with which they enter formal education be altered when they enter practice? Anyone who follows the development and drive of CYC will get the idea that it is here to stay. One thing we can already do is to prepare social work students and CYC students for the possibility to find each other in practice. This can be facilitated by lecturers through

planning field placements where these practitioners successfully work side by side and where they are challenged to apply the team work principles they are being taught.

Peaceful synergy

The author wants to add her voice to the opinion of Phelan (2008) who state that: "What we do and where we do it does not need further articulation. However, describing the sophistication and professional complexity required to do it well is lacking at times. Other professional groups clearly don't have a desire to replace child and youth care practitioners in the daily lives of hard to manage youth or to spend hours in the life space of struggling families, yet there is a belief, particularly among some social workers, that child and youth care practice is just a specific version of social work."

She agrees that a description of the complexities of the profession is needed but that other professions can see the value of the work being done by CYC workers.

Anglin (2001) is of the opinion that social work focus on mobilising adults for social change is likely to be the most effective strategy to achieve the profession's goals and aspirations for society and therefore social work tends to be quite good at managing and influencing political dynamics. CYC on the other hand believes that influencing young people while there is maximum opportunity for personal change is likely to be the most effective strategy to achieve the profession's goals and aspirations for society and is therefore focused on facilitating growth, development and the learning of life skills.

"... the two viewpoints or models outlined above can combine to offer a powerful ... dynamic for social change. ... If you can permit me, as an ignorant outsider, to comment on the possibilities which may exist in South Africa, I would venture the opinion that a conscious acceptance and celebration of this difference and the diversity of approaches would be most in harmony with the vision and mission taking shape within the country as a whole. Heaven knows there will be more than enough for both professions to do in the years and generations ahead. It really doesn't make sense, to my mind, for one approach to try to control or dominate the other, and the real losers of such a struggle would always be the children and families we are supposedly there to serve." (Anglin, 2001)

I want to add my support to this notion of celebration of this difference. Stephen Covey (1989) claims that interdependent people combine their own efforts with the efforts of others to achieve their greatest success. It is possible for the two professions to combine their efforts to obtain huge successes in our country; should the areas of overlap be handled efficiently.

Conclusion

Only if you've trained and worked in a certain profession can you feel the discomfort of another's statement about your profession. And in the mode of self-reflection as prescribed by the CYC profession, this discomfort must alert one to something being out of sync. What the author does remember clearly from her social work training and ethical code is the emphasis on not doing harm to your colleagues or

other disciplines. She does believe this to be a noble quest. Because one can only judge when you walk a mile in someone's shoes and then you'll often find you have no wish to judge. It may be wise for those with a strong agenda and political will to not think of 'winning' at another's expense, regardless of the frustrations. In her own experiences, the author observed similar frustrations with social workers attempting to find recognition against the more revered psychology profession. It seems to her therefore that the two professions have this struggle in common and that this can become a positive drive to find a place of peaceful collaboration and to avoid the repetition of past mistakes. The author has often been accused of being overly optimistic, but she always remembers a saying which she heard long ago that said it's better to be an optimist who is wrong than a pessimist who is right.

Much has been said in this article about theoretical claims, opinions, regulations and recent developments and in the end the author can conclude that she herself wants to see both professions respected and allowed to implement their skills in a society with many complicated needs. The purpose behind this article was to inform social workers about a significant transformation within the field and to encourage thinking about the matters raised. But even more than this it was an attempt at showing that there are potential pitfalls but more common or at least shared ground that can facilitate discussions on collaboration in practice and teaching. This common ground however means that we serve similar clients and address similar problems but that there is and should be ample space to do this in different ways. While we find our solutions, the students who want to work with children and who enter training being offered in these uncertain times, must be seen as a priority. And while we fight for the future practitioners to have better circumstances, we can play a role in influencing a new generation that would be more open to a new dispensation. The author would therefore like to end off with the same quote she ended her presentation with at the International ASASWEI conference in Cape Town in 2010.

References

Allsopp, M. (2005) Child and youth care in the context of the South African reality, IN *Aspects of Child and Youth Care Practice in the South African Context,* Cape Town: Pretext Publishers (CD Book).

Anglin, J. (2001) Child and Youth Care: A Unique Profession *CYC-Online* 35, Reading for Child and Youth Care Workers, Retrieved from: http://www.cyc-net.org/cyc-online/cycol-1201-anglin.html

Beukes, K. and Gannon, B. (1996) *An Orientation to Child and Youth Care* (Second Edition, revised 1999). Cape Town: National Association of Child Care Workers, Retrieved from: http://www.cyc-net.org/reference/refs-history%20-%20beukesgannon.html

Covey, S. R. (1989) *The seven habits of highly effective people*, London: Simon & Schuster UK Ltd

Fewster, G. (2004) Editorial IN: *Relational Child and Youth Care* 17, 3 Retrieved from: http://www.cyc-net.org/Journals/rcycp17-3.html#3

Fouche, C. and Delport, R. (2000) The interpretation of the concept social development stimulates challenges for addressing poverty. *Social development Issues,* 22, 2/3, 64–70.

Hector, K. (2005) The South African context for child and youth care practice, In Garfat, T. and Gannon, B. (Eds.). *Aspects of Child and Youth Care Practice in the South African Context*, 19–35, Cape Town. Pretext.

Keenan, C. (2002) Working within the Lifespace, IN: Lishman, J. (Ed.) (2002) *Handbook of Theory for Practice Teachers in Social Work*, London: Jessica Kingsley.

Kemp, S. P., Whittaker, J. K. and Tracy, E. M. (1997) *Person-environment practice: the social ecology of interpersonal helping*, New York: Aldine de Gruyter.

Lantz, J. E. (1987) *An introduction to clinical social work practice*, Illinois: Charles C Thomas Publisher.

Mason, J. B. (1990) Social work with individuals and families IN: McKendrick, B. W. (Ed) 1990 *Introduction to Social Work in South Africa*, 47–75, Pretoria: HAUM Tertiary.

McDermott, D. E. (2007) *Our identity – from 50 years of education* The International Child and Youth Care Network 103, Retrieved from: http://www.cyc-net.org/cyc-online/cycol-0708-mcdermott.html Reprinted from: McDermott, D.E. (2007). OACYC *CYC Chronicle* 18, 3 Editorial.

McKendrick, B. (1990) The development of social welfare and social work in South Africa, McKendrick, B. W. (Ed) 1990 *Introduction to Social Work in South Africa*, 5–19, Pretoria: HAUM Tertiary.

Ogburn, C. Jr. (1957) *Merrill's Marauders: The truth about an incredible adventure* IN: Harper's Magazine, Retrieved from:
http://quotes.liberty-tree.ca/quote/gaius_petronius_arbiter_quote_7108

Oosthuizen, S. (2006) Professional Degree: Child and Youth Care Work, IN *Child and Youth Care Work* 24, 3, 21–23.

Parrot, L. (2002) *Social work and social care* (2nd edition), New York: Routledge.

Phelan, J. (2008) The profession called child and youth care work, IN: *International Child and Youth Care Network, CYC Online*, 109 Retrieved from:
http://www.cyc-net.org/cyc-online/cycol-0308-phelanguest.html

Professional Board for Child and Youth Care Work (PBCYC) (2009) Response by the PBCYC to the SACSSP's pronouncement on the status of the child and youth care registration process IN: *Child and Youth Care Work* 27, 2, 5–6.

Ramsay, R. (1994) Conceptualizing PIE within a holistic system of social work, IN: Karls, J.M. and Wandrei, K.E. (1994) *Person-in-environment System: The PIE classification system for social functioning problems*, 171–194, Washington DC: NASW Press

Saleebey, D. (2004) "The Power of Place"1: Another Look at the Environment IN: *Families in Society* 85, 1, 7–17.

SAQA (2009) South African Qualifications Authority Registered Qualification: Bachelor of Arts Honours: Social Work*, National Qualifications Framework* Retrieved from:
http://allqs.saqa.org.za/showQualification.php?id=73753

South African Council for Social Service Professions (SACSSP) (2001) *Newsletter*, 20, 2, 1–16.

South African Council for Social Service Professions (SACSSP) (2005) *Briefing Report: SA Council for Social Service Professions to Portfolio Committee for Social Development* Retrieved from: http://www.pmg.org.za/docs/2005/051019sacssp.htm

South African Council for Social Service Professions (SACSSP) (2009) SACSSP makes a pronouncement on the status of child and youth care registration processes IN: *Child and Youth Care Work* 27, 2, 4.

South African Council for Social Service Professions (SACSSP) (2009a) *Newsletter,* 1, 1, 1–24 Retrieved from: http://www.sacssp.co.za/UserFiles/File/SACSSP%20%20Newsletter%2009.pdf

Stuart, C. (2009) *Foundations of Child and Youth Care*, Dubuque: Kendall Hunt Publishing Company.

Thumbadoo, Z. (2005) Exploring the role of community child and youth care workers in South Africa: Where to in developing competencies? In Garfat, T. and Gannon, B. (Eds.). *Aspects of Child and Youth Care Practice in the South African Context*, 138–156, Cape Town. Pretext.

Truman, H. S. Quotations Page, derived from:
http://www.quotationspage.com/search.php3?Search=credit&startsearch=Search&Author=&C=mgm&C=motivate&C=classic&C=coles&C=poorc&C=lindsly

Ungar, M. (2002) *A deeper, more social ecological social work practice* IN: The Social Service Review, 76, 3, 480–498.

Vanderwoerd, J. (1991) Divisions between behavior management and therapy: Towards new directions of authority in child and youth care. *Journal of Child and Youth Care,* 5, 1, 33–41.

Vander Ven, K. (1986) 'You've come a long way baby' The evolution and significance of caregiving IN: Vander Ven, K. and Tittnich, E. Eds. (1986) C*ompetent caregivers – competent children; training and education for child care practice*, 13–34, New York: Haworth Press Inc.

Welch, G. J. (1990) An integrated approach to social work practice In McKendrick, B. W. (Ed) 1990 *Introduction to Social Work in South Africa*, Pretoria: HAUM Tertiary.

Criminal Exploitation of Children in Contemporary Nigeria

OLAKUNLE MICHAEL FOLAMI [*]

Introduction

Literatures on child labour and trafficking have dominated the academic landscape since the beginning of this millennium. It is widely noted that, the focus of most researchers has been on children working as domestic servants, factory workers, commercial sex-workers, and street hawkers/vendors to earn a living (see Asiwaju 2007; Ebbe and Dilip 2007a; Folami 2007; Higuchi 2004; Minkang 2007; and Tavcer 2004). Little or no attention has been paid to children working for the survival of their families or guardians.

The British Broadcasting Cooperation (BBC) (2008) reported that before children turned to 10 years in Nigeria, they are often taken from their homes in south-eastern state of Abia State, Nigeria, on a weeklong journey across the Bright of Guinea to Gabon in canoes. There, they are put to work on the streets by their 'uncles' – usually, neighbours or friends of their parents in their home-villages. They are promised care, education, and/or training while away with these supposed benefactors, but, instead they are subjected to a daily-routine of exploitation- emotional and physical. These children are gravely exploited in various ways depending on the type of labour that catches the whims and caprices of their benevolent 'captors'.

The economic exploitation of children becomes worrisome as a result of increase in the incidence of child prostitution and trafficking. The United Kingdom's Department for International Development (DFID) (2007) claimed that nearly two and half million children were trafficked between countries under the illusion that they were 'heading' for opportunities they were denied at home. Most of these 'captives' are girls unsuspectingly sold into the sex trade. They are victims of a 'debt bondage' where poor people are being taken out to a creditor to meet their basic needs.

Most studies on child labour often look at the phenomenon from the macroscopic socio-economic dimension. This study is designed to examine child labour from the basic unit of the society, that is, -the family. It is the belief of the researcher that the microscopic explanation would dig into the root of child labour and provide reliable data on the criminal exploitation of children. The number of children subjected to the drudgery of labour in Nigeria rises on a daily basis. The International Labour Organization (ILO)

---
[*] Department of Sociology Adekunle Ajasin University Akungba Akoko Ondo State Nigeria, E-mail: xtianfayol@yahoo.com

estimated that 12.3 million people all over the world are held in forced labour, bonded labour, sexual servitude, and involuntary servitude at any given time.

This study is significant because most countries of the underdeveloped world, regardless of their economic status are directly or indirectly involved in the exploitation of children. However, the free-market economy creates freedom for every member of the society to exploit available resources at his or her disposal. In a competitive economy, the survival of a family depends on the economic contribution of every member, - including children. In view of this, largely children are to work productively on a very large scale and figure prominently in the development of capital-accumulation. Ebbe and Dilip (2007b) have argued that in a country where there is high level of poverty and unemployment, child labour may be considered essential for the survival of the family. Children are therefore, placed in work-situations at very tender ages. The income this generated by them are desperately needed by their families/ guardians while the only benefit they receive may only be food and/ or a place to sleep.

This study therefore, examines this form of exploitation as it seeks to identify the reason(s) why parents engage their children in exploitative labour. Also, it attempts to highlight the method(s) parents/guardians employ in the exploitation of children as well as analyse the socio-economic consequences of child labour.

Child Exploitation in Perspective

Nigeria, a country at the crossroad of development, moved from the peripheral capitalist-economy to a core capitalist nation as a result of the privatization and commercialization policies of the Obasanjo-led civilian administration of 1999–2008. According to Odetola and Ademola (1985), the traditional economic system depended on subsistence farming. Polygamy, especially polygyny was valued and cherished. The underlying reason was that many children would be needed to work on the farm for the family. Production thus depended on human labour and children became a 'tool' of capital generation. As a result of this, it was highly desired by parents to keep a polygamous home/family. At an early age, a boy followed the father to the farm, starting by helping with the weeding, fetching and carrying, looking after the fire, and bird scaring. Consequently, there was a steady development up to a complete proficiency in farming activities.

As for a girl, she was to fetch water, help in the running of the household, clearing, cooking, caring for infants, preparing and marketing the farm surplus. Despite the introduction of formal education, before or after school, girls are made to hawk about far- produce while boys their fathers on the farm during weekends and/or school the holidays. In these ways described, children contributed essentially to the economy of their households through the proceeds are often neither spent on their welfare nor on their education. As Kelso (2004) observed:

> "These children are paid as children but treated as adults, work long hours, and engage in physical labour. They are denied education and growth opportunities, and, without education or vocational training, they are unable to compete in the workforce, and are thus confined to the vicious and endless life of poverty"

The capitalist economy places undue pressure on individuals within the society. 'Survival of the fittest' applies in every interaction, fewer become richer and many become poorer. The main survival-strategy designed by the poor is the engagement of children in capital production. In a very poor family with high number of children, − i.e., a family with a 'feeble' economic base, − may subject their children to street-begging, street hawking, prostitution, head-loading, and, even, petty theft. The exploitation of children does not end only with parents or guardians; even, religion clerics also practise this unwholesome attitude with impunity. In the Northern part of Nigeria, most Islamic clerics are fond of exploiting their pupils by engaging them in street-begging to generate income. These pupils-widely referred to as 'almajeri'− street urchins. Luga (2004) noted that the need to survive is a compelling force, which drives adults to exploit children. Poverty breeds other ills such as the increasing migration of children from rural to urban areas for labour. Family dysfunction and breakdown of support systems, the shedding of traditional values that uphold a strong family-foundation, are also some of the reasons why the exploitation of children abounds.

The vestige of traditional practice continues in Nigeria unabated. Children are put to work at what seems a very early age. The physical and sexual abuse of children is a commonplace feature of family life, although the full extent of such abuse has only recently come to the front stage of public discourse. Child exploitation has clear connections with what, by public standards today, appears as the criminal maltreatment of children. British Broadcasting Cooperation (2008) reported that movement of child labour is common in Nigeria. In January 2008, 105 children were rescued from the back of a 15seater minibus as they were being driven to an Islamic school, 400km away from their homes in the northern state of Kano. The country's anti-trafficking authority- NAPTIP-claimed it is a clear case of abuse, the way the children were packed on top of one another into a tiny bus showed they were being trafficked. But the children's parents said they were sending the children out to a traditional Koranic school, known as 'Tsangaya'-the Hausa word for 'village' or 'traditional'.

A popular non-governmental organization (NGO)-WOTCLEF (Women Trafficking and Child Labour Eradication Foundation), which was initiated and founded by Her Excellency, Chief (Mrs.) Amina Titi Atiku Abubakar, wife of the former Vice-President of the Federal Republic of Nigeria in 1999. This organization was established to champion the cause of Children in Nigeria. The mission of WOTCLEF is to organize and promote enlightenment campaigns against women trafficking and child labour; to create awareness to Nigerians and the international community on the effects of women trafficking and child labour migration; to work towards the eradication of women trafficking and child labour migration; to provide an enlightenment forum where policy makers can discover, harness and exchange ideas on the issues of women trafficking and child labour (see www.wotclef.net).

In spite of the activities of WOTCLEF, exploitation of children continues unabated. Another government agent National Agency for the Protection of Traffic in Persons and other Related Matters NAPTIP is fully committed to the prevention of all forms of human degradation and exploitation. Through the coordinated use of the nation's crime prevention and law enforcement resources, NAPTIP determines to stamp out human trafficking and to liberate and uplift the vulnerable; especially women and

children, from dehumanizing and exploitative employment and usage, as well as to ensure their rehabilitation and effective reintegration into society (see www.naptip.gov.ng).

Theoretical Perspective

Merton's 'strain theory' and Marx's inequality theory provide theoretical explanations for the exploitation of children. According to Merton, a capitalist society is an unusual society, not simply because the culture places an extra ordinary emphasis on economic success but also because this goal is universal, held up for all to desire and to achieve. Poor people are not taught to be satisfied with their situation but rather, are expected to pursue the 'capitalist dream' through hard work and honesty Even, it is claimed, the lowest or poorest can rise from rags to riches. This widespread aspiration for success, however, has an ironic and unanticipated twist to it. The 'cardinal capitalist virtue of 'exploitation', Merton (1968) cautioned, ultimately 'promotes a cardinal societal vice – 'child labour'.But why should the desire for economic survival lead to criminality? The problem is that the social structure limits access to the goal of success through legitimate means. The disjunctions between what the culture extols, – striving for success, – and what the social structure makes possible, – 'limited legitimate opportunities' – tend to place large segments of the Nigerian family in the stain engendering position of exploiting their children.

Merton developed five typologies that is, conformity, innovation, retreatism, rebellion and ritualism that are relevant to the discussion on criminal exploitation of children. 'Innovation' adaptation typology encompasses those who continue to embrace as a worthy end pecuniary success but who turn to illegitimate means when they find their legitimate prospects for economic gain blocked.

The offshoot of 'strain theory' has been traced to the work of Durkheim, – i.e., 'normlessness'. Normlessness describes the weakness of social norms to checkmate crime and criminality. The entering of Nigeria to full-fledged capitalist economy destroyed the mechanical relationship among people. Restitive law characterizes organic solidarity. Instead of being severely punished for even seemingly minor offenses against the collective morality, individuals in our modern society are likely simply to be asked to comply with the law or to repay, – make restitution to, – those who have been harmed by their actions.

The extant law against child labour is not repressive but it is more of restitution. The legal awareness of this law is low. There is little or no powerful and coercive common morality; the vast majority of people do not react emotionally to a breach of law. The monitoring of child-rights' bill is largely in the hands of the media in a society with organic solidarity. But, the maintenance of restitutive law is primarily the responsibility of specialized agencies – for example, the Police and the Courts.

The ideas of Karl Marx on social inequality provides intuitive understanding for the explanation of the criminal exploitation of children and the reasons why many parents engage their children in labour at very early ages. Marx argued that the structure of classes produces relations of power, prestige and rewards in human society. The nature of domination of children by their parents or guardians explains the social structure of stratification and inequality.

The reviewed literatures and theoretical analysis therefore, provide rooms for the following hypotheses to be generated: That there is a significant relationship between the socio-economic background of parents and the involvement of children in labour; and, that most child labourers are orphans and labour for survival.

Method

Data for this study was collected in Lagos State, Nigeria. The choice of Lagos State as the study area was informed by the cosmopolitan nature of the State. The State is heterogeneous in terms of its cultural, and ethnic/'national' composition. Besides, the State has been identified as the destination of internally trafficked people in Nigeria (see Asiwaju 2007). Lagos State has twenty (20) Local Government Areas (LGAs). By randomization, using a five-scale interval, the researcher selected four LGAs: Ajeromi/Ifelodun, Epe, Ikeja and Lagos Island for the study. Qualitative method of data collection was also employed in this study. The qualitative method of data-collection provides an appropriate mechanism to generate adequate data for this type of study. The choice of this method was occasioned by the itinerant nature of most of the respondents while the high degree of illiteracy among the child labourers made it difficult for the researcher to administer questionnaires. However, eight hundred and eighty (880) respondents participated in the in-depth interviews conducted in four randomly selected sample-locations. The following distributions were obtained: Ajeromi /Ifelodun 180 (20.45 percent); Epe 140 (15.91 percent) respondents; Ikeja 300 (34.09 percent); and Lagos Island 260 (29.55 percent) respondents. The variation in the number of respondents from the four sample-locations is a result of the differences in the population density and commercial nature of these sample-locations.

Structured questions were asked from the respondents to avoid the overlapping of responses and mixed-up of ideas. Two research assistants were employed to administer the structured-interview schedule on the respondents in Ajeromi/Ifelodun and Epe. The research assistants are PhD students, – colleagues of the researcher – that carried out the fieldwork in the first two samples. The research assistants did not collect any honourarium but the researcher provided boarding and lodging for them. The researcher himself handled the conduct of in-depth interviews in the other two sample-locations, that – Lagos Island and Ikeja. It took the researcher approximately six months to collect data from all the sample-locations.

Participants in the study were children between the ages of six and seventeen years old. The reason for this age limit is that, the Nigerian Constitution fixes eighteen years as the age of legal responsibility minor (See 1999 Nigerian Constitution). The conduct of the in-depth interviews took place twice daily between 8am-12Noon and 4 pm–6 pm. The targets of the researcher, however, were the children who engage in street-hawking, conducting buses, head-loading, food vending, canteen-assistance and begging during school-hours and after school. The data collected were transcribed and subjected to rigorous qualitative and quantitative interpretation and analyses. However, the in-depth interviews provided data that could be codified for hypothesis-testing and the quantitative analysis of some variables. Simple percentages, cross-tabulation, and chi-square were the statistical tools used to analyze the following variables: 'size of family', 'age', 'sex', 'level of education', 'income generated by the family', 'reason s for child-labour' and' who benefit from the child-labour'.

Results

Socio-Economic and Demographic Characteristics of Child Labourers.

Table1.

Cross-tabulation of the parents' socio-economic backgrounds and involvement of children in labour

			Study	Location	
	AJ	EP	LI	IKJ	TOTAL
Background	No / %	No / %	No / %	No / %	No / %
Rich	05 (2.8)	06 (4.3)	08 (3.1)	07 (2.3)	26 (2.9)
Average	11 (6.1)	13 (9.3)	21 (8.1)	17 (5.7)	62 (7.1)
Poor	164 (91.1)	121 (86.4)	231 (88.8)	276 (92.0)	792 (90.0)
Total	180 (100)	140 (100)	200 (100)	300 (100)	880 (100)

Source: Author's field survey, 2007
Legend:
AJ/I: Ajeromi/Ifelodun
EP: Epe
LI: Lagos Island
IKJ: Ikeja

The table 1 explains the relationship that exits between parents' socio- economic backgrounds and involvement of children in labour by using simple percentages and cross-tabulation of data. The following results were obtained: 'Rich' 26 (2.9 percent); 'Average' 62 (7.1 percent); and 'Poor' 792 (90 percent). The results indicate that there is a clear connection between the involvement of children in labour and their parents' socio-economic backgrounds.

The in-depth interviews also revealed that 792 (90 percent) of the respondents came from poor backgrounds, where survival has become problematic. Some families have been living on dietary formulae: '0-0-1'- No food in the morning, no food in the afternoon and little or insufficient food in the evening; '1-0-0'- little or insufficient food in the morning, no food in the afternoon and no food in the evening; and '0-1-0'- no food in the morning, little or insufficient food in the afternoon and no food in the evening.

Also, 500 (56.8 percent) of the respondents came from polygynous homes where the responsibility of caring for the children rests squarely on women where siblings of the same mother eat from the same pot and wherethe father has no financial responsibility to play. The in-depth interviews conducted with child-labourers revealed thesocio-demographic statuses of the respondents:

> "It is highly unfortunate, my father could not prov ide for the family. He doesn't care about us. We are twenty-two siblings: 6boys and 16 girls. None of us went to school. I engage in street hawking to assist my mother because 'mummy' feeds us, clothes us and even provides shelter" (Sherifat 8, female,Groundnut hawker, Ikeja 14/08/07).

Her view was collaborated by Kola, another child labourer:

> "Whenever I think of my household I remember 'fuji house of commotion'- a popular Yoruba TV soap opera. My father is a pensioner. His meager income is not enough to take care of 18 of us, his children. We have to assist our mothers to make provision for

the family. Whenever we asked for financial support from daddy his response is always unsupportive-'go and meet your mum' (Kola 11 male, head-loader, Epe, 10/07/07).
Ho: that most child labourers were orphan.
H1: that most child labourers were not orphans.
X2 = 14.8
A = .025
d.f = 6
Critical value = 14.5

The rejection region for this test can be located using chi-square with a =. 025 and d.f = 6. The critical value is 14.5. Since the observed value of x2 exceeds the critical chi-square value, it is imperative to reject the null hypothesis of independence of the classification and conclude that most child labourers are not orphans. The probability of making a wrong decision using the chi-square test is = .025. Consequently, I fell fairly confident that some child-labourers are orphans. The simple percentage analysis gives the figure of orphans amongthe child-labourers interviewed at 336 (38.2 percent) while those with parent(s) were 544 (61.8 percent).

It was also gathered from the in-depth interviews that out (336 (38.2 percent) respondents who were orphans, about (260 (77.4 percent)) were trafficked to Lagos from Niger Delta after both parents have been killed in protracted fratricidal wars between the Ijaw and Itsekiri, the Ijaw and Ilaje and the destruction of Odi ordered by President Olusegun Obasanjo in 1999. Furthermore, 65 (29.6 percent) of the respondents have single-parents who are financially handicapped. This finding demonstrated the severity of divorce rate in Nigeria, most especially in the urban centers. Though divorce is not the only factor responsible for single-parent syndrome, other factors such as spouse death, baby born out of wedlock' and voluntary single-parenting are also contributory. The following responses of child labourers are insightful:

> "…Yes, I beg to survive. My parents were killed dur ing Ijaw and Itsekiri crises. My parents did not introduce us to any of their relations. I followed rescued mission operation team to Lagos. On getting to Lagos, I absconded. Since then, I live on begging and alms from good Samaritans"(Omat sola, female, 10,, street beggar, Ikeja, 21/07/07).
> "I don't think I have a father. My mother refused to show me my father. I sell for my mother because she is unemployed. I hawk twice daily, I sell beans cake in the morning and provisions in the evening"(Taye, male, 13, Ikeja, 21/07/07).
> "I have a woman who is both my 'mother' and 'father'. I was told she adopted me. I hawk for her inside moving buses. If I refused to hawk, no food for me. In fact, I have to hawk in the morning before I could be given food" (Funmi, female 14, Ajeromi/Ifelodun, 10/11/07).
> "I am an Islamic pupil. My malam/teacher asked me t o go for begging for him. Yes, I have parents but they forced me to go Koranic School. My malam takes advantage of this and always put me on the street for begging" (Lukman, male, Epe, 24/11/07).

Forms of Child Labour

Different forms of child labour are identified in this study. The forms of child labour identified in this study the forms identified by Ebbe and Dilip (2007). It also compliments the forms of inequality existing within the family system. Though these are somehow hidden, a careful examination of the root-cause of exploitation of children

brings it to the open. Various ways by which parents deployed their children to generate income were revealed by the study. These are:

1. Street hawking: sachet water, fruit/vegetable vending, provisions, food-vending etc. 310 (35.2 percent).

2. Aggressive hawking: car spare-parts, bottled-water, sachet-water, wares, jewelries, drugs etc. 95 (10.8 percent).

3. Street-begging: direct begging, assisting disable person, group begging etc. 101(11.5 percent).

4. Bus conductor, passengers/driverintermediary (Agbero) 65 (7.4 percent).

5. Head loader/wheelbarrow pusher ('Alabaru'), (163 (17.4 percent)).

6. Fetcher of water/ water vendor ('Agbonmita'), (99 (11.2 percent)).

7. Sex work: in-house, brothel, street-hanging, night-clubbing etc. 57 (6.5 percent).

The in-depth interviews conducted among child labourers were more revealing:

"I am into hawking, most adults cannot match my de xterity when it comes to money making. I hawk different articles three times daily. It is provisions in the morning, 'pure water' in the afternoon, and fried yam in the evening" (Chinwe, female, 10, Lagos Island, 12/08/07).

"In my own case, I engage in begging for the surviv al of my family. My father is crippled; my mother is jobless, if I don't beg who will care for the family. Let me reveal certain things to you, a times, I pick pocket if I failed to get something from begging (Ibrahim, male, 9, Lagos Island, 12/08/07).

It is worrisome to note that some girls engage in commercial sex work to fend for their parents/guardians. In-depth interviews conducted in Ikeja revealed that young girls between 9–14 years engage in prostitution. These children gave poverty, lack of parental care, push factors from school and home, peer group influence, abduction etc as factors that led to their engagement in prostitution/ commercial sex-working.

"I am into prostitution, is there anything bad in w hat I am doing? I use what I have to get what I want. I have been sleeping with men, I mean adult of my dad's age since age 8, and I am now 13 years old. Yes, I save my money and send ¾ of it to my parents. I enjoy this 'work' – prostitution! Because I get money from it to finance other siblings and see to the welfare of my parents" (Chineye, female, 13, Lagos Island, 24/11/07).

"I have been engaging in prostitution since age 12y ears old. The madam who brought me from the village always arranges me for men. She negotiates price with them and they pay her directly. What I gained from this unwholesome arrangement are accommodation and a small sum of money to live on. I have no opportunity to further my education. I left school three years ago, precisely whenever I asked her about schooling she shout me down (Patience, female 15, Ikeja, 21/07/07).

Forms of Exploitation

Exploitation is characterized by social and economic relations in a capitalist society. Gender, race, age, power/ authority, income, ethnicity have been identified as the root causes of stratification in society. This study revealed that age difference between children and parents/ guardians confer natural/ unlimited authority and recognition on parents/ guardians to control and direct the activities of children without hindrance.

The promulgation of child rights bill in Nigeria in 2006 has not helped matter; sixteen out of twenty-six States in the country have adopted this bill. Where the bill has been adopted there is little or no public sensitization about its existence. The children have no knowledge of the extant law in the States that have already adopted the bill. Exploitation explains vividly the kind of inequality that exists between parents and children. According to Worsely, (1982) the capitalists pay workers less than the value of the products of workers' labour while and keeping the surplus for themselves. The workers are not often aware of this exploitation, while the capitalists but no eye-lids at their gain. The capitalists even behave as if this surplus value derives from their skillful business- acumen. And, Marx is of the view that 'so long as trade is good, the capitalist is too much absorbed in money grubbing to take notice of this gratuitous gift of labour.

This study, however, highlights how parents/guardians benefit from the exploitative labour of their children. The money generated by children from dangerous, grueling, and indecent jobs, such as prostitution and street hawking, ends up in the pockets of parents/guardians. What the children get in return is often only food and a place to sleep. The orientation of giving birth to different sexes is different across cultures but a unique under-current is exploitation. For instance, the Hausa/ Fulani, in the northern Nigeria, prefer a female child to a male child. It is the shared belief among this major ethnic group that a female is a source of wealth to the family. This actually accounts for the predominant practice of early marriage among the Hausa/Fulani. The sex preference among the Yorubas is male. Male child is needed for the creation and further reproduction of wealth as well as the perpetuation of the family name.

The in-depth interviews conducted among the child labourers in the five sampled-locations revealed a wide range of exploitation experiences by children:

> "My parents are still alive but have no source of i ncome. My family depends on the income generated from this ware. If I don't sell in a day, my family would be in a crisis. Yes, I deliver all the sales to my mother. I don't make 'extra', I don't keep anything for myself and my parents do not save anything for my education and future" (Sherifa t, female, 8, Ikeja 14/08/07).
> "We are eight in my family but I am the last born. All of us engage in selling of articles. My father is the 'managing director'. My mother is the 'accountant'. The children are the workers; they don't care about us. All proceeds go to them. No education, no clothing, no medication except food and shelter. I regret ever coming to this world! (Chuks, male, 15, Ikeja, 14/08/07)

The exploitation of children did not stop with the parents/guardians a few other adults in care of these children's welfare also engage in this criminal act. The guardians take over the care and training of children whose parents are alive but reside far away in the rural areas or are dead or act as parents for the orphans or motherless babies. The excerpts from the data collected provide insights into this form of exploitation:

> "The woman I am serving is my guardian. She took over the responsibility of caring for me after my parents died. I lost both parents to Niger-Delta crisis. She forced me into labour because I am not her biological child. I work for the money that her family spends. She sends her biological children to school but no education for me. If I don't hawk in the morning, I won't eat. I don't gain anything from my labour except feeding, even, the

feeding is not regular" (Seun, female, 14, Epe 10/07/07,)

"My guardian happens to be my uncle. He said I have to work for other children in the household to survive because I am the youngest. He stopped me from schooling and forced me into labour. He feeds me but the food is not regular. I supplement my income by 'pick-pocketing'. There was a day I was caught. I escaped being lynched by a whisker" (Chima, male, 1 3, Ikeja, 15/08/07).

"I hate life! I regret my sojourn on this earth. We that lived like princes and princesses in our father's house have now become refugees in another man's house. Our uncle took the three of us after the death of our father. This 'wicked' uncle stopped paying our school fees and makes us income-generating tools for his family. His children are in schools and never engage in any form of labour" (Layo, female, 16, Epe, 11/07/07).

"If in a day I made #2,500 ($21) I told my uncle tha t was enough to send me to school but he said he had no time for school and he beat me. He used a horse whip to beat me and a times he used a rope to tie me and lifted me up. I usually sleep in the market place and eat scraps of food from the rubbish. I later worked in the canteen, washing plates. If I made a mistake, I was seriously beaten" (Osunbor, male, 9, Ajeromi/Ifelodun, 11/11/07).

"I kept asking my aunt when she was going to put me into school and then she said if I asked again she would beat me. Instead I was forced to sell bottled drinks on the highways. I had to give my aunt #3,000($25) everyday. If I did not earn that amount, I was beaten. On one occasion, I was supposed to give money to a creditor my aunt had owed six months ago, but I did not make enough, the woman took electric iron, plugged it in, allowed it to turn red, and used it on my body. When something is getting difficult like that, there is no way you can even cry because if you are even longing for tears, you will not get" (Rachel, female, Lagos Island,13/08/07).

Conclusion and Recommendation

In this study, attention has been to the exploitation of children, especially in contemporary Nigeria. The promulgation of child rights bill in 2006 made the exploitation of children in whatever guise a criminal act. As at February, 2008 about sixteen out of thirty-six States of the Nigerian Federation have adopted the child rights bill. The non-adoption by some States to this law has made the eradication of child-labour a difficult task indeed.

It is believed that articulating the demographic factors that are associated with exploitation of children is a prerequisite to explicating a number of factors such as poverty, ineffective law, ignorance, lack of education and economic doldrums, and frequent policy- changes.

In the area of legal education, Nigerian government has a lot to do. Legal awareness of child-labour among people is low, even; adult citizens are ignorant of the law not to talk of the underage. The sensitization of citizens of their rights on radio and television has far reaching effect. Regular radio and TV Programmes on children's legal rights and awareness can reduce the level of ignorance. This study has shown that law against child labour is restitutive rather than repressive. Offenders must be severely punished for any action that is considered to be injurious and offensive to the children. Exploitation of children in whatever form must be met with swift, severe punishment.

The different ways by which children have been exploited were also discussed in this study. These include: street-begging, street-hawking, bus-conducting, 'head-loading'

and some other forms of labour that could be described as hazardous. The literature also shows that the identified forms exploitative of child-labour are common features of underdevelopment economy or developing economies.

A very important revelation was the nature and who are the actors in the exploitation of children. It was identified that parents, guardians and religious teachers are the agents of exploitation. The compelling need to adapt to strenuous economic conditions made most of the parents to engage their wards in dangerous labour. The socio-economic consequences of the exploitation of children is enormous. It is revealed that most child labourers did not attend school while some have already dropped out of school. Most of the child labourers 'graduated' to become criminals. They learn the technique as a result of association with common criminal on the street. It is also observed that in the near future, the required sound labour power to drive the nation's economy would be in short supply.

To 'secure' the future, the life of children must be protected. The enabling child rights law must be proactive. There should be a specially trained squad of the Nigerian Police to arrest and prosecute any child below 18 years, involving in labour. In this way, juvenile courts, reformatory homes, and social security services must be created in the country to forestall the incidence of child labour.

In conclusion, any research is a work in progress and, ultimately partial and incomplete. There are far too extraneous variables operating to contribute to the better understanding of this phenomenon at this point in time. An analysis relying principally,- as this study does – on the socio-demographic characteristics of respondents provides useful but limited insight into the sociological construction of criminal exploitation of children, and structural and cultural factors attributed to it..

References

Asiwaju, K. (2007) "The Challenges of Combating Traffiking in Women in Nigeria" In Global Trafficking in Women and Children edited by Obi, ONI and Dilip K.Das CRCPress, Atlanta, GA.

British Broadcasting Corporation (BBC) (2008) "Trafficked Children Tell their Stories". Foreign Features. *Nigerian Tribune* 7 Feb.

Department for International Development (2007) "Every where in chains". *Development Issue*.

Ebbe, O. N. I. and Dilip K. (2007) *Global Trafficking in Women and Children*, Atlanta, GA.: CRC Press.

Folami, O. M. (2007) *Trafficking Children for Child Labour and Prostitution in Nigeria in Global Trafficking in Women and Children* (edited) by Ebbe, O.N.I and Dilip K. Das Atlanta, GA: CRC Press.

Higuchi H. (2004) *Criminal Exploitation of Women and Children in Japan*. Paper Presentation at the Elevent Annual Meeting of the International Police Executive Symposium, Vancouver, Canada, May 16–20.

Kelso, Chandrika M. (2004) *Trend in Child Labour in India: Behavioural, Social and Policy Implication*. Paper Presentation at the Elevent Annual Meeting of the International Police Executive Symposium,Vancouver, Canada, May 16-20.

Luga, V. (2004) *Criminal Exploitation of Women and Children in Philippines*. Paper Presentation at the Elevent Annual Meeting of the International Police Executive Symposium, Vancouver, Canada, (May 16–20).

Merton, R. K. (1968) *Social Theory and Social Structure*. New York: Free Press.

Minkang. G. (2007) *Trafficking in Women and Children in Japan in Global Trafficking in Women and Children* (edited) by Ebbe, O.N.I and Dilip K. Das, Atlanta, GA: CRC Press.

Odetola T. O. and A. Ademola (1985) *Sociology: An Introductory African Text*. London: Macmillan Publishers Ltd.

Tavcer S. D. (2004) *The Trafficking of Women for Sexual Exploitation: The situation from the Repulic of Moldova to Western Europe*. Paper Presentation at the Elevent Annual Meeting of the International Police Executive Symposium, Vancouver, Canada, May 16–20.

Worsely, P. (1982) *Marx and Marxism*. Chi Chester England Ellis Horwood.

www.wotclef.net

www.naptip.gov.ng

On the Way from Words to Facts.
Focus Groups on Smoking Prevention &
Cessation Interventions for Teenagers

THEODORA ENE[*]

Nowadays, the representatives of international health organizations are talking about a tobacco epidemic that kills about 5.4 million people a year – more even than tuberculosis, HIV/AIDS and malaria combined and it is expected that by 2030 to increase the death toll to 8 million people a year and more than 80% of these tobacco deaths will be recorded in developing countries (WHO, 2008a).

The following paper is based on the documents that were produced within the euFAQT (eu – Families and Adolescents Quit Tobacco) Project. The project is developed under the DG SANCO Public Health Program 2008–2013 and was officially launched on the 1st of November 2009. The project approaches both adolescents (from the age group 14–19) and their families in educational as well as entertainment settings. The scope of the project is to promote a culture of prevention and a healthier smoke free way of life for European adolescents & their families. Also, one of the main aims of the project is to create a framework of existing smoking prevention and cessation methodologies while targeting adolescents and their families, but there will be considered different gender, lifestyle and contemporary cultural issues related to smoking.

On considering the expected outcomes, the undergoing euFAQT project should contribute to the understanding of the following: attitudes of adolescents towards smoking; the family interactions on issues of smoking uptake & cessation efforts; increasing awareness about smoking; to have a positive impact on smoking cessation and prevention through pilot implementation. Also, it is estimated that project will support the complementing of EU policies on smoking prevention and cessation by adding to existing knowledge about smoking among adolescents. As it is anticipated from all projects funded under DG SANCO Public Health Program 2008–2013, euFAQT should develop, implement and evaluate *innovative*, evidence-based and transferable interventions for the prevention and cessation of smoking.

For the implementation of the three-year euFAQT project, it was established a project consortium had comprising of universities and private or public research institutions from eight European Union member states (Greece – EL, Romania – RO, Poland – PL, Hungary – HU, Slovakia – SK, Bulgaria – BG, Cyprus – CY, and Czech Republic – CZ) and Turkey – TK. The consortium partners chose to implement it in those countries where adolescent smoking rates are quite high as it was determined based on

---
[*] University of Bucharest, Faculty of Sociology and Social Work, 9 Schitu Magureanu Street, sector 1, Bucharest, Romania, tel.: 021.314.03.26, E-mail: theod@gmail.com

different surveys. As it is the case with the WHO 2008 publication that uses a *Global Youth Tobacco survey* performed in 2004, that displays the prevalence of smoking among young people age group 13–15 in South-eastern Europe for Romania and Bulgaria: with 27.1% of the boys and 19.7% of the girls smoking and respectively with 31.3% of the boys and 42.7% of the girls that smoke (WHO, 2008b, 27).

In the design of the project, it was decided that the level of involvement of each partner to be different. As a result, there are some participating partners present in each group of activities as those from Greece, Hungary, Poland and Romania, while the participating partners from Bulgaria and Slovakia get involved just certain working packages of activities. The collaborating partners from Czech Republic, Cyprus and Turkey are to be involved mainly in the performing of the Info Days working package.

Initiated with a systematic country-specific literature review on the methodologies and evidence-based interventions on smoking prevention and cessation with a central focus on teenagers that were performed by the participating partners from six countries (BG, EL, HU, PL, RO, and SK) the project continued with the planning and organizing of a series of focus groups (in EL, HU, PL, RO).

The literature review report collected different information available on prevalence of active smoking on adolescents from a series of latest sources (Bratu, 2010). As the author of the report pointed out, preventing youth from initiating tobacco use represents a key aspect in tobacco prevention efforts. As it turned out most adolescent smokers become tobacco dependent before the age of 18. And that it is suggested that the smoking cessation education should start even *before* the age of 12. Aside from banning policies implemented in Romania, there should be continued and developed comprehensive tobacco control and education programs. Based on the findings of the different surveys that she used, Bratu recommends the following measures: ”education programs for kids and adolescents about the dangers of tobacco use, changing family, and peers, community and society acceptance of adolescents tobacco use, and reducing youth access to tobacco” (2010, 13).

Based on the literature review country-specific reports and the results of the focus group country-specific reports, a series of specific interventions will be designed, over a period of six months, which will emphasize skills and awareness building, and they will be using a family participation approach to promote smoking prevention and cessation by the participating partners in the six countries mentioned above. Once, the interventions developed, they will be pilot tested and evaluated (over a period of six months and respectively, over a period of two months) in seven countries – includes Cyprus –. Finally, there will be planned and organized Info Days in all the nine countries where to extensively disseminate the results of the pilot tested interventions among stakeholders and policy makers in order to encourage transferability and sustainability of these interventions across Europe. Currently, the project is in the stage where focus groups were conducted and analyzed and the focus groups reports produced and are ready to use for the drafting of the interventions.

Concentrating for the rest of the paper on the conducted focus groups, it must be mentioned that the methodology developed was applied unitary by all four participating consortium partners in order to obtain comparable data. The purpose of the focus groups was to support the development of a comprehensive understanding of smoking prevention

and cessation possibilities in adolescents and their families. When the methodology was designed, it was taken into account the social and cultural characteristics of the Central, Eastern, and Southern European/Mediterranean countries.

As it was mentioned above, there were organized a series of target groups that addressed three different target groups: adolescents from the age group 14–19, parents of adolescents, and educators/significant others. But the focus of this paper is just on the four focus groups organized on adolescents in Romania.

In regard to the adolescents at the age of 14–19, the following characteristics were considered:

- they should be both smokers and non smokers present in any of the groups (the moderators were instructed to have at least one smoker in each group);
- there were gender-based groups of adolescents: groups just for girls and just for boys;
- within the age considered (14–19 years old), there will be two age sub-groups: 14–16 and 17–19.

As a result, there were conducted four focus groups for the following participants: girls at the age of 14–16, boys at the age of 14–16, girls at the age of 17–19 and boys at the age of 17–19. For the other target groups, there were selected parents of both girls or/and boys at the age of 14–19 and educators and significant others[1] of such adolescents at the age of 14–19. Also, in these target groups were selected both smokers and non smokers.

For the focus groups there were set the following goals:

- attain qualitative information on attitudes towards smoking in a group of adolescents;
- indicate parents' and educators' attitudes towards smoking in general and towards adolescents' smoking in particular;
- discover the most desired methods and ways of intervention and approaches for promoting health enhancing behaviors.

The focus group methodology was designed in a manner that will allow the identification of themes about the following issues: attitudes of adolescents and their families towards tobacco use; influential factors on tobacco uptake in participating countries; alternatives for smoking prevention and cessation interventions; and about which are the most desired, preferable and suitable interventions in regard to smoking cessation and prevention among adolescents.

All focus groups were conducted during December 2010 in Comuna Mănăstirea, Călăraşi County and the analysis of data and reporting took place in the first trimester of 2011. The adolescents that participated at the focus groups were selected from Vocational High-school "Matei Basarab" as well as their educators, while the parents had children enrolled in the same high-school. In Table no. 1, there are included some information about the adolescents participants.

---

[1] In the educator and significant others target group, the focus group moderator was instructed to select either professors, school counselors, pedagogs or other persons significant in the life of these adolescents at age 14–19.

Table 1.

Information on the focus groups' participants

Gender	Boys				Girls			
Age group	14–16		17–19		14–16		17–19	
Number participants	7		8		9		9	
Smoking status	1 smoker	6 non smokers	4 smokers	4 non smokers	3 smokers	6 non smokers	4 smokers	4 non smokers + 1 former smoker
Parents' smoking status	Parent ceased smoking after changing religion.	Most of them have at least a smoker parent.	With one exception, all adolescents have at least a parent smoking.	Most of them have at least one smoker parent. Some parents tried to give up but were not able too.	In one case the parents smoke, for the other two it wasn't determined the smoker status of the parents.	They have parents and/or siblings that smoke.	They have smoker parents which have tried at least once to give up.	3 have non smokers parents while 1 has a smoker brother & one's father is a former smoker.

   With few exceptions, most of the adolescents – boys and girls – have siblings either younger or elder, with a number of siblings ranging from one to seven. Most of the adolescents live with their parents with three exceptions – one boy in the age group 17–19 is living with his elder sister, two girls (each from another age group) living one with her maternal grandmother because her mother was in Italy working and the other with her aunt. With the exception of two girls (each from another age group) that commuted during school days to this locality, all the other adolescents were located in Comuna Mănăstirea.

   Before getting into details regarding their smoking habits, it was essential to determine certain aspects from adolescents' private lives. So, there was important to determine if and what types of hobbies do they have; how do they spent their leisure time; if there are persons which serve them as sources of strength and inspiration; where they meet with friends and what type of activities they carry out together. On the hobbies, it turned out that regardless of age and gender, the main hobby is to listen to music and actually, with the exception of boys at age 14–16, all the other participants listen to manele[2] type of songs – with the exception of one girl in the group of age 14–16 that mentioned that she won't listen manele or folk music). A hobby that all the groups have in common refers to playing computer games. A hobby which was mentioned just by those in the group of girls at age 14–16 is painting and dancing, while another one preferred by some participants in girls at age 17–19 group was reading stories and watching soap-operas. Most of the adolescents are using the available leisure time to perform their hobbies and in some cases there are differences in the ways they are using this time based on their age. For example, girls at age 14–16 might spend their time for watching movies and soap-operas and going for walks, while girls at age 17–19 mention

---

[2] While DEX Online is defining *maneaua* as a love song of oriental origins with a tender and long-winded tune, Wikipedia is offering a more comprehensive definition – Balkan music style, performed mainly by Roma singers. The tune is a compilation of Roma music with Turkish, Greek and other Middle Eastern elements. There are used both traditional and electronic instruments and beats. The phenomenon is present also in other Balkan countries: Bulgaria, Serbia, Greece, Bosnia, etc. Usually the lyrics are about certain themes: money, cars, enemies and women – with reference to love or sex.

spending time with friends, going to disco, "talking for hours on the phone", or "spending time on mess ". The boys a bit more physically active – so, they prefer playing soccer or going out with friends.

Knowing the growing importance of spending time with friends in the life of a teenager, it was interesting to see where they meet and the types of activities they carry out together. It came out that there were age-based differences – the girls and boys at age 14–16 meet with friends at their own home or that of their friends, while those in the groups of age 17–19 mention different public spaces: disco, park, pastry shop and even the pub or the local shop (e.g. 'at the shop for a juice'), or at the bus stop ('at the station, next to the cemetery') and the girls from this age group nominated also their friends' homes. They mainly spend their time together to discuss different issues with their friends. Regardless of age, in spite of the giggling effect provoked, the main topic of discussion is to gossip 'about boys' (in girls case) and 'about girls' (in boys case), followed by topic related to future activities they will perform together ('planning for New Years Eve') or about how they spent the current week and what problems they have encountered and how they can have help each other.

As expected the sources of inspirations hugely varying from relatives (girls at age 14–16 – "my grandma because she is a strong person that managed to go through a lot in her life and overcame many things", "my father because he has a strong character and he doesn't become easy somebody's pray", girls at age 17–19 – two of them mentioned their own mothers – "because she gave birth to me and she takes care of me", just one boy at age 17–19 mentioned his mother and mother-in-law as sources of inspiration), to public figures (TV-related persona as Andreea Esca, and Bianca Drăguşanu – girls at age 14–16; singers – Celine Dion, Andra, Andreea Bănică, Inna, Denisa, Florin Salam & Connect-R – girls at age 14–16 and boys at age 17–19), and sportsmen (soccer players and a K1 fighter – boys at age 14–16 and 17–19). It is interesting to notice that half of the boys at age 17–19 and ¾ of the girls at age 17–19 have no role model.

There should be noticed the differences between their perspectives on smoking depending on their smoking status. So, the non smokers, despite of gender and age, do not approve with smoking ("it is a weird stuff and I don't like it...", "it disgusts me when I think of smoking", "smoking causes health problems", "dying", "cancer", "suicide") and for the smokers, this represents "entertainment", "fun" but also "death" and "illness". But there are some non smokers that even if they consider smoking as something bad they have no problem with people smoking around them. The former smokers see smoking mainly as being "of no use" to them.

When reporting on the causes of smoking, both smoker and non smokers (asked to mentioned how they noticed it on other persons) nominated quite the same causal factors: the mood – either good or bad – ("because I was happy that I passed the Math test", "I smoked because I had the Geography test and I didn't know anything", "because I got a low mark on the Chemistry class"), level of nervousness and agitation – "I was really upset because I had a quarrel with my boyfriend", "because I didn't smoke till that hour" , "when she tries to do something and it doesn't work" –, habit – "she smokes every morning with a coffee", "she smokes when she draws", "he smokes anyway. Either he is happy or not, he still smokes" –, entertainment purpose – "they were making smoke rolls and having fun…" Indifferent of the cause of smoking, there

was reported a change in the mood of the individual that was smoking in a positive way – "I calmed down a bit", "it made us forget to think about the grades I will get", "I was happier", "he looked calmer at the end".

Both smokers and non smokers, mentioned curiosity as the main reason for taken up smoking, followed closely by the need to do something challenging or to fit in the group of peers/friends, or just because they saw their best friends smoking. So, some of them started smoking because they tried to imitate the behavior of other family members (mainly parents) or their closest friends. When trying to pin down the moment of starting/trying to smoke, the girls and boys in group age 14–16 reported that they tried for the first time with about 18-months ago, with one exception – the smoker boy from this age group that started at the age of six. A non smoker boy at the age of 17–19 reported that he just had his first try before arriving to the focus group meeting but argued that he did that in order to ensure that his friend would not be able smoke it. But in all cases, even in the situation of those adolescents that decided not to smoke, during the first time smoking experience, they were not by themselves but accompanied by their best friend/s.

All of the adolescents that tried smoking stated that they experienced negative body reactions (headaches, dizziness, stomach pains, nausea – "the ground was spinning around", "I felt a bit sick", "I got sick, I was down for two hours") and most of them do not even liked it. This turns out to be a crucial moment in the life of a teenager, because this is the moment when such an individual decides if s/he will keep on trying to smoke until s/he likes it ("I decided to give it another try") or decide not to give it another try because they couldn't overcome these reactions or because they "didn't feel anything...". In some cases, adolescents' health problems are the ones that stop them from trying to start smoking or force them to cease smoking after a while.

If the non smokers, indifferent of age group, were not able to identify and narrate a positive or a negative experience related to this issue, most of the smokers had a story to tell. So, according to smokers' responses the most pleasant experience was when they picked up smoking in spite of the side effects mentioned above, other pleasant experiences related are linked to the moment when they participated at a party where they could smoke without worrying that they will be caught. The most unpleasant experience has to do with the moment when they were caught either by a family member or by a professor or the high-school's principal which denunciated her/him to the parents and these confronted them about that. Unfortunately, the unpleasant experience was not enough to make them stop – "I decided to give it another try". So, considering the last 24 hours, it turned out that they all had smoked during that timeframe – actually, with one exception alone, all other smokers had cigarettes with 45 minutes – 1 hour before arriving to the focus group meetings.

As mentioned already, there were some unpleasant experiences and all of them involved a confrontation with their parents on the matter of smoking. As adolescents reported their parents' reactions widely varied as follows:

• recurrent discussions between parents and the teenagers about this issue;

• applying silent treatment for a period of time;

• monitor teenager's leisure time activities in order to identify: where s/he is spending time, with whom s/he meets and if they are going to smoke;

· threatening with the cancelation of the pocket money if s/he continues smoking;

· forbidding the teenager to spend time with friends;

· physically reprimanding the teenager;

· giving up on taking care of the adolescent and putting her/him in the care of other relatives;

· and the most extreme one – disinherit the teenager.

So, parents do not agree with smoking performed by their children, even if they smoke. From the discussions, it came out that there are imposed double standards one for them and one for their children in regard to smoking – "it is OK for them to smoke but not for us".

Considering that in many respects parents' reactions are partially caused by the information they get from adolescents' educators, we should see how the adolescents perceived their professors' reactions. The smoker boy at age 14–16 and the smoker girls at age 17–19 complained that the professors were the ones that denounced them to parents for smoking while in the case of the smoker girls at age 14–16 and the smoker boys at age 17–19, they commented that the professors told them not to smoke in classroom or school premises and "go to smoke somewhere where no one can see" them.

As in the case of the parents, the adolescents are noticing the same double-standard behaviour in the case of the educators too – because it is known by pupils which one of them are smoking. At least, in one case, the Class Master recognized in front of the pupils that she smokes and that she understands them. This way the adolescent felt "understood and I felt better".

In respect to friends' feedback when they found out about adolescent' smoking behavior, there were identified four important reactions. The most common response was the no-reaction one from both non smoker and smoker friends, followed closely by the one of surprise ("You smoke?") which was followed in one case of friend' s request for a cigarette; the third type of reaction was of happiness ("Bravo! Well done") because now they can smoke together; and finally, there are those that have a negative reaction to the newly appeared smoking habit of their friend ("you should not be smoking").

According to teenagers' choices, the usual places where smoking takes place are: behind the high-schools premises and behind the cultural centre, at the pastry shop or at friends' homes and usually they do not smoke by themselves but in the company of friends. Commonly, they mainly smoke Kent or Kent short but if they are running out of them, they are not picky about that and actually, mentioned that they can smoke any type of cigarettes. Regarding the frequency of buying cigarettes and how many of them, most of the smokers buy them on daily basis and the number varies according to the amount of money they have available – "I buy as soon as I finish it".

Because they are not used to buy an entire cigarettes package but instead they are used to buy those by piece, it is difficult for some of them to estimate how much time will take them to consume an entire cigarettes pack. Also, the non smokers (with the exception of the non smoker girls at age 17–19) buy cigarettes for their relatives (parents, siblings, other relatives) whenever they were asked for, even by a complete stranger – "a woman asked me to buy some smokes for her and I did". The frequency of buying cigarettes ranges from 2–3 times per week, to weekly and even annually – "when my aunt comes to visit us, I buy her smokes". Briefly, it should be noted that there is an increase

in the number of cigarettes consumed from one age group (14–16) to the other (17–19) which is followed by an increase in the costs of maintaining the habit.

Looking to find if there is any chance for their smoking attitude to change, there were identified three main directions. Considering the smokers participants from all adolescents groups – indifferent of age and gender –, they all stated that are not interested in cutting down the number of cigarettes or ceasing to smoke in the future because they believe they can't give up smoking. (There was just one girl at age 14–16 that said she will give up smoking if she will develop certain health issues, otherwise no.) The second direction is set by the non smokers from the girls and boys groups at age 14–16 which, in one voice, affirmed that they are not interested in trying to smoke any time soon. This attitude is quite the opposite of the one that the non smokers from girls and boys groups at age 17–19 which admit that they are interested in starting to smoke in the future.

Questioned on appearance and health changes, the adolescents, regardless of age group and gender, proved to be very knowledgeable and aware the risks and consequences of smoking on health. Still the smokers, from all age groups and both genders, manage to give as proves those changes that at a first look might sound not as much negative but positive. For example, some of them report that they slimmed since they start smoking while others refer to not gaining fat or even change in behaviour ("my behaviour changed completely – I am more sure of myself, wilder..."). Just a smoker girl at age 17–19 reported a change in voice and a boy in the same age group mentioned that he stopped from growing in height. More refined observations were reported by the non smokers that pointed out the type of changes they noticed at their smoker friends. Actually, they are concerned not just with the fact that presence of smoking persons in their life will affect their health but that through passive smoking they will develop more severe health issues even than the smoker. A couple of non smokers accused already breathing problems.

As it can be noticed in Table no. 1, most of the focus group participants have at least one parent that is smoking, and also has tried to give up smoking or even ceased to smoke. In connection with parent's attempts to cease smoking but failed to do so, the adolescents (regardless of gender and age group) were disappointed by their parents lack of will and actually commented negatively in reference to their parents' behaviour – "they are lost. They really can't give up smoking...". The disappointment is even bigger where one or both parents managed to cease smoking for a certain period of time and after a while they re-start smoking again: "I don't like it, but I can't do anything... it is their choice... I always tell them that it's not good for them" (14 year old boy non smoker on his mother that re-started smoking). The boys from the group age 14–16, that have parents that smoke or tried to cease smoking noticed the lack of consistency between their parents' attitude regarding smoking by their children and their own smoking habits – "I told him [his father] that «if you are telling me that [smoking] is bad for me and will make me sick, why do you smoke?» and [he] told me that he can't give up but I should not start smoking because there is no good... he could try give up... but he can't". Their parents weakness is afterwards transposed on themselves especially for those adolescent that smoke. As a result, their own attitude regarding the cessation of smoking is a mirror or their parents weakness – "after you start smoking there is no way I can give up, I just can't".

Prevention represented one of the main themes of the focus group. There was necessary to establish the specific ways of prevention (e.g. messages written on the packages of cigarettes, advertisements, flyers, brochures, Internet, etc.) and to collect data about their characteristics, about which audiences is the method most suitable for, needs covered, advantages and/or disadvantages of the method, the preferred method and the most suitable method. Also, the participants were asked to suggest specific activities that might involve the whole family.

There are two characteristics that all the age groups and gender have consensus about: a) the texts on cigarettes packs are both for smokers and nonsmokers and b) they are ineffective because "nobody pays attention to them". Regarding all the other ways of prevention – there is a lack of consensus which would be the most effective methods that might be used in prevention activities – either the brochures and leaflets are best for non smokers because they keep them informed or they are of no use "because nobody reads them anyway…", or mass media campaigns "are useful for those that think more" or "for those that just start smoking" or "of no good to anybody"…

Questioned about the prevention activities developed within the school' setting, all participants, indifferent of age and gender, remembered that such activities were organized at high school a year ago. Even if they commented on the uselessness of leaflets and brochures early on, they remembered that such flyers were distributed during the campaign and some of the information included in them. But the highest impact was caused by the documentary film broadcasted and other image based presentations.

The recommendations put forward by adolescents as prevention interventions ranged from realistic to highly unrealistic ones as follows:

• organizing meetings in the form of support groups where to bring together smokers and non smokers. At each meeting there should be invited guests that will present their life stories and how smoking affects them. When specialists will make presentation to "focus on the physical and psychological changes – the fact that we might turn into dependents";

• organizing public debates where important public figures to come and present the suffering caused by smoking;

• organizing counselling sessions provided by Psychologists or "someone that understands us and knows how to talk to us";

• to post in different places banners or meshes that show "people that are smoking and the damages done by smoking";

• to fine the adolescents that are caught smoking;

• and to "give money" as an incentive to those that do not smoke.

Regarding way of cessation of smoking, the focus groups participants were partially aware about the existence of different methods (e.g. nicotine patches and pills, electronic cigarette, etc.) but they hardly had any information about them, if there was a treatment to be followed, about how they work – for example, they were not aware that the nicotine patches come in different sizes based on the numbers of cigarettes consumed by users and for how long should be used. Also, they have no idea about what would be the costs involved in adopting one or another method. In the case of the electronic cigarette, some of the smoker girls at age 14–16 considered this method as being inappropriate to their age.

Asked to consider a way of smoking cessation, besides the more earthy solutions found as the possibility of going cold turkey or using the nicotine patches. Once more adolescents, both smokers and non smokers proved very imaginative in the methods they proposed: wrapping the cigarette pack in scotch tape – "until we get the scotch out, the need to smoke might be gone. We lose our patience and give up"; inviting friends and family not to give them anymore cigarettes – "we might become more irritated for a while but we will become more ambitious"; putting an elastic band over the wrist and when they feel the appetite to smoke to use the elastic band to inflict pain; "smoking the cigarettes of the persons that want to give up smoking"; and even burning or wetting the cigarettes – which were dismissed by other participants as reasonable methods because the smoke might increase the urge to smoke and the cigarettes might be dried out...

The preferred cessation interventions refer to counselling and support. Especially, the smoker adolescents consider that they need "help in the form of advices" and mentioned that they would talk with friends and Psychologists about giving up smoking.

As a result of the conducted focus groups, it had been noticed that the adolescents have just basic information regarding the different type of cessation methods available. As a result, there is a need to organize informative sessions in which the cessation methods to be presented, how the treatment is designed, the time need it and costs involved.

In a survey performed in 2008 (Gallup Organization, 2009), when referring to the effectiveness of health warnings on tobacco packs 62% of Romanian respondents who have never smoked or who have quite smoking, answered that health warnings on cigarette packs *are effective in informing them about the health effects of tobacco* and four out of 10 say that warnings are *very* effective for this purpose. Summarizing on some of the information collected in the focus groups, it should be remembered the fact that all participants, from both genders and age groups, are aware of all anti-smoking messages and all the texts and photos from tobacco packages and they could quote them and describe them with no difficulties. Also, they were aware about the risks and consequences of smoking, and in spite of the fact that they took part in previous anti-smoking activities developed at their high school, still the only one that gave up smoking did so because she was forced due to health issues. Several of them mentioned that this would be the only reason they will give up smoking or when they will go bored of smoking.

Parents attempts to ban the smoking habits of their sons and daughters might prove ineffective because many times even the pocket money provided by them to their children in order to buy a snack or a juice while at school are used for buying cigarettes instead. And in case these small allowances get cancelled, their children will get creative as changing notebooks and other school consumables they have for cigarettes or even work. Their parents' actions are doomed to be ineffective also because, in spite of the legal regulations, the vendors continue to sell cigarettes to minors, even by piece of cigarettes. Plus there are also the circumstances in which the parents themselves or other close relatives send them to buy them smokes.

Based on the focus groups conducted, it had been established that in order for the prevention and cessation of smoking interventions to have the required impact on adolescents from both age groups and gender, the followings should be considered:

• informal meetings should be organized in the form of support groups were both smokers and non smokers to participate on weekly basis;

• organize public debates with presentations provided by different professionals: Psychologists, MDs, professors etc. Those specialists should use a language adapted to adolescents' age. At these debates where should also be invited persons that suffered as a result of smoking, to share with them their life stories and how smoking impacted their life personally and professionally. It is highly important that the presentations should include visual and video materials in order to have a higher impact;

• choosing certain public figures as the image of the anti-smoking campaign (e.g. the most popular persons came out to be singers of the "manele" style of music, followed by sportsmen of different genre);

• counselling sessions provided by Psychologists in the form of individual therapy, group therapy, family and child sessions etc.;

• using the high school as the location where different informative debates, sessions can be presented not just to adolescents but also to their parents and other groups of people that might be interested in the subject. This way it will increase their information base about smoking risks and consequences with accurate data.

As mentioned previously, the findings of these focus groups are going to be used for designing the future interventions that will include both adolescents and their families. Currently, the project is exactly in this stage. The interventions, which will be afterwards pilot tested and evaluated, can be either common to all the countries where they will be implemented or specific to each country. This is a decision which will be taken later on this year.

References

Bratu, E. (2010) *Country Literature Review Report: Romania*. Report developed by Fundatia Romtens for euFAQT project, April, 2010, not published

The Gallup Organisation (2009) *Survey on Tobacco – Analytical report*, Flash EB Series #253Hungary. (Survey performed upon the request of Directorate General Health & Consumer).

Krueger, R. A. & Casey, M.A. (2005) *Metoda Focus Grup: ghid practic pentru cercetarea aplicată*. [Focus Group Method: A practical guide for applied research] Iaşi: Editura Polirom.

WHO (2008a) *WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package.* Geneva.

World Health Organization (2008b) *Reversing the Tobacco Epidemic – Saving lives in south-eastern Europe*. South-Eastern Europe Health Network. Geneva.

www.dexonline.ro

www.ro.wikipedia.org

Social Work Education in South Asia
Insights from Nepal

BALA RAJU NIKKU[*]

Introduction
Understanding South Asia Region

South Asia is home to well over one fifth of the world's population, making the region both the most populous and most densely populated geographical region in the world. South Asia is a distinct geographical entity comprising seven countries – India, Pakistan, Bangladesh, Nepal, Bhutan, Sri Lanka and the Maldives (situated in the Indian Ocean). Even though cut off from the Asiatic continent due to the highest Himalayan Mountains in the world, South Asia is a gate way between South East and Middle East Asia. It is bounded on the south by the Indian Ocean. To its northern part are Russia and China and to its western side lie Afghanistan and Iran.

India is placed in a unique position in the region. It is the only country in South Asia that shares its borders with the rest of the South Asian countries; whereas, none of them share common Borders with each other. As regards India, its northern part of the Himalayas is bordering on Pakistan, Nepal and Bhutan, and the eastern part touching upon Bangladesh and the southern side reaching out to Sri Lanka. This apart, India occupies a pre-eminent position in South Asia, unlike any other country in the Southeast Asian region, in terms of the size of its population, natural resources, economy and industrial, military and technological power. Nevertheless, Pakistan has a greater strategic value in comparison to India primarily because of its geographical proximity to the Gulf and Central Asian regions endowed with abundant

---

[*] Nepal School of Social Work, Kathmandu, Nepal. E-mail: nikku21@yahoo.com. Nepal School of Social Work is an initiative of Sutra Centre for Development education and Research. Address: Shankamul, Ganesh Marg, Kathmandu, Nepal. phone: 00977-1-2030346/4486696 Mobile: 00977-9851004578 www.nepalschoolofsocialwork.org

energy and strategic resources. The countries of South Asia are internally diverse and part of global flows of people, goods and ideas. Different forms of governance, language, culture and markets make this region a vibrant one in the global affairs.

International Social Work

There are a lot of discourses about the models or branches of social work. One important discourse among many is about what international social work is and how to internationalise social work education in a particular school of social work work/country or region? Gray et al (2008) claimed that the 21st century social work represents a number of parallel and related discourses that co-exist of which many social work educators are not aware. Asamoha et al (1997) argued that despite the increasing global changes, the social work curriculum in many parts of the world remains narrowly focused on domestic perspectives. Thus a first step toward preparing students for a practice in the new millennium is the internationalization of the social work curriculum (cited from Johnson 2004, 7). International social work, according to Midgley (1990, 1997) is a 'two way street'. Cox and Pawar (2006) describe international social work as international professional practice and the capacity for international action by the social work profession and its members. Xu (2006) argued that 'while social work educators and researchers have thoroughly discussed and defined international social work, and have documented the importance of internationalizing social work, they have focused very little on the international social work practice involved in real world settings' (680). In addition to these arguments we found other dialogue on developmental social work. Social Workers have been involved in social development for many years, but it is only recently that social development principles have been explicitly applied to social work practice. The result is that a new and distinctive approach to social work practice known as *developmental social work* has emerged (Midgley and Conley, 2010).

Despite of these discourses the fact is that it has become much more important for social workers to collaborate across the national borders to provide effective services to their clients. It has also become impetative to schools of social work to collaborate within the country and across to develop new knowledge and provide students of social work opportunities of cross cultural learning and ability to understand local issues in a global context. Several authors have argued that 'Globalisation and Market forces' will inevitably force social work schools to adapt a common curricula which essential lead to internationalisation of Social Work education in the regions of the world (Johnson, 2004). This paper aims to capture status of social work education in the South Asian region in general and Nepal in particular from the lens of international social work. The aim is to find out is internationalisation of social work is happening in the region?

Professional social work education in the South Asian region: a brief analysis

Out of 8 countries of the South Asia (SA), three are land locked (i.e Nepal, Afghanistan and Bhutan) and six are included as the least developed countries (LDCs) currently in the world. The LDCs represent the poorest and weakest segment of the

international community. The political, economic, social and cultural milieu of the SA region offers vast potential for social work. The cultures and philosophies of this region are rich and diverse. Social work, like the diversity of people, is not a homogeneous entity in the region. Different models of social welfare and social work have developed over the past decades in each of these countries and collectively in the region.

India

Social work was introduced into India in the 1930's by Americans eager to share the new treatment methods that were proving successful in helping many Americans to handle personal problems. There social workers came to colonial India with a sense of adventure and excitement in introducing their ideas into a new culture. As a result 1936 first school of social work now known as Tata Institute of Social Sciences was established. In 2011 the Tata institute of Social Sciences is celebrating 75 years of social work education in India. The first undergraduate degree in generic social work was started in 1974 in the Nirmala Niketan College of Social Work in Mumbai, state of Maharashtra. India is currently witnessing a sea change in the attitudes and aspirations of its one billion plus population. In all this, social work education could not be left unaffected. The increasing monetization, outsourcing, and western style Human Resource policies are impacting the world view of Indian social workers.

For the past more than 7 decades, there has been an unprecedented growth in the number of Schools/Departments/Institutes offering Social Work education all over the country. In India, currently there is a wider number of Institutions offering Social Work Education with different specializations. One of the serious issues in Social Work Education is the lack of uniformity in curriculum and standards of practice among the professionals in different settings. In spite of earlier efforts taken by prominent Social Work Educators, still in India, we do not have a Council for Social Work Education. In the absence of a National Council, there is no system of accrediting Social Work Institutions, Standardization of Social Work Education, Practices and Licensing of Social Work Practitioners (Ponnavaikko 2009, v). 'Contemporary social work issues in India cannot be addressed without a shift to a more politically aware definition of the profession, guiding both national and international goals for social work (Alphonse, George and Moffatt, 2008, 10).

Pakistan

In Pakistan, the First In Service Training Course, sponsored by the Government of Pakistan and the United Nations Technical Assistance Administration (UNCTAA), trained its first 65 Pakistani social workers in 1953 (Rehmatullah, 2002, 1). Rehmatullah describes the country's 50-year history with social work as one of lost promise. The profession 'started [in the 1950s] with high idealism and a desire to practice new unconventional methods'. But it 'became victim of political and bureaucratic designs of the powers that be at a given period in time. In the process, some of its programmes and services survived, others fell by the wayside.' The profession continues to have 'western oriented methods of problem solving' And 'it still falls short of the original ideal of

developing indigenous social work literature of our own and developing Pakistani methodology' (idem, 180). It must, in short, 'rise again into a scientific programme, to review the achievements as well as its failures, and inject new blood into it [and it must] reshape the practice of social work in the context of our strong family system as advised by the first UN advisors who came to Pakistan fifty years ago' (idem, xiv).

Bangladesh

The social work education also traveled when Bangladesh was separated from Pakistan. The advent of academic social work in Bangladesh has come from the recommendations made by UN experts on welfare for the establishment of a programme of professional welfare practice. The recommendation highlighted the need for scientific knowledge in the solution of acute and large-scale social problems (Watts, 1995). The Institute of Social Welfare and Research at Dhaka University runs a 2 year MA degree in Social Welfare and a 3 year BA Hon's degree in Social Work. The College of Social Work under Rajshahi University also runs a 3 year Hon's degree in Social Work. Currently few more universities have started social work programs. To produce local knowledge, the Institute at Dhaka University has now set up the Bangladesh Social Work Teachers Association for developing indigenous materials. Efforts are also being made to translate the standard foreign textbooks to make learners familiar with basic social work concepts in Bengali language.

Nepal

In 1996 the first department of social work in Nepal has started in an affiliated college of Kathmandu University. The Nirmala Niketan an Indian based college of social work extended its help in establishing this department. It was only in 2005 Department of Social Work at Kadambari College affiliated to Purbanchal University has introduced fully fledged Bachelors in Social Work (BSW) course and became the member of Asian and Pacific Association of Social Work Education (APASWE) in 2007 and International Association of Schools of Social Work in 2009. Later about fifteen colleges affiliated to Tribhuwan University have introduced social work as one of the major course. The challenges are lack of coherence in the curriculum standards and human resources. Development of social work in Nepal was described in detail elsewhere (also see Nikku, 2010, 2009a) and also in the following section.

Sri Lanka

It was in department of Social Services set up in 1948 under the recommendation of Royal Commission headed by Sir Ivor Jennings and Department was entrusted with implementation of social welfare schemes for the disabled people. The National Institute of Social Development (NISD) is only institution of higher learning in social work education in Sri Lanka established by the National Institute of Social Development Act No.41 of 1992. It is recognized by the University Grants Commission of Sri Lanka as a degree awarding institution in Sri Lanka.

Bhutan and Maldives

The literature review suggests that there are no opportunities available for social work education in these countries.

Afghanistan

The country has a history of turmoil and conflict especially in the past 30 years. These conflicts have had a dramatically deleterious impact on the education system within Afghanistan. University campuses became relative war zones, which resulted in a shattered infrastructure and forced many faculty members into exile and/or intellectual isolation. Some faculty members were even killed for their commitment to education (Tierney, 2006). The relevant Ministries are trying to introduce social work education. In May 2006, the Ministry of Labor Social Affairs, Martyrs and Disabled (MoLSAMD) launched the National Strategy for Children at-risk (NSFCAR) and supported by UNICEF. The Government recognizes that professional social workers are critical to the effective delivery of family support and child protection services in Afghanistan. One of the key tenets of the NSFCAR is the development of staff trained as child protection social workers. Social work does not yet exist as a 'profession' in Afghanistan. There is no school of social work or other accredited training programme. There are no standardized tools, quality benchmarks for service delivery, or established minimum standards of care. Relevant legislation and policy is outdated at best, absent otherwise (Unicef Afghanistan 2009)[1].

Conclusion

It is evident that the presence and influence of social work in the South Asia is growing over the years and more schools of social work have been established in the past decade but there are yet many issues. The caution here is mushrooming growth of social work departments in affiliated colleges of Universities in India leading less quality standards. The lack of clear state support for social work education in Pakistan and Bangladesh also needs to be analyzed. Afghanistan needs immediate help in initiating social work training to be able to help the country's ongoing reconstruction process. At the same time lack of presence of schools of social work or educational opportunities for professional social work in Bhutan and Maldives may be a point for further reflection. The presence of few schools in Nepal and Sri Lanka needs further assistance nationally and internationally and can make crucial contributions to the growth of social work in South Asia.

Social Work Education in Nepal: Opportunities and Challenges

Nepal is one of the poorest countries in the world and home for 27 million populations. The country has gone through a series of transitions and is currently

---

[1] UNICEF Afghanistan (2009) Advocacy Paper 5: SOCIAL WORK CURRICULUM DEVELOPMENT, UNICEF Afghanistan. Accessed at http://www.crin.org/docs/Social%20 Work%20Curriculum%20Development%20Advocacy%20Paper%205%20February%202009.pdf

rewriting its constitution. There is hope that it will solve the issue of constituting a true republican democracy. This context provides ample opportunities and challenges for a young profession like social work in Nepal.

Access to Higher Education

The educational approaches in Nepal are to a large extent guided by events in Colonial India. Hachhethu (2004) documents that 'during the oligarchic Rana regime (1846 to 1951) in Nepal, education was virtually prohibited except for the members of the ruling family and other privileged groups. For higher education Nepal had only one institution, the Tri Chandra College established in 1918. The situation changed after 1951 and several government and private colleges were established' (idem, 225–226). Nepal entered its first democratic era in 1951. It was after this that the development of higher education gained momentum. In 1952, Nepal had only two colleges but three years later, the number had increased to 14; a total of 915 students and 86 teachers attended. In 1992, the first Private University, the Kathmandu University was established after the government of Nepal opened up higher education to private sector investment. Until then it was only the Tribhuwan University which was established in 1950s providing higher education in the whole of the country (Sijapati, 2005).The Purbanchal and Pokhara Universities are charted in the second half of the 1990s. These two regional universities were primarily intended to oversee the existing higher education campuses in the region and to develop their own programmes in an environment of competitiveness in the higher education system (Lohani, 2001).

Access to development Services

The Nepalese system of nonprofit regulation also finds its origins in religious, cultural, economic, social, and political roots, though for many years after 1960 the state played a highly restrictive role, and since 1990 nonprofits have gained some measure of rights in the changing Nepalese political system. In 20 years of time the non governmental agencies mushroomed in the country and have been criticized for their inability to serve the client populations.

Civil Society and Social Work

Many civil society groups registered with Social Welfare Council (SWC) a government body, however, are given the mandate to work on relief, charity, environment protection, economic project and social development rather than on political education and conflict resolution. This suggests that government control over civil society activities. About one third of the respondents claimed that they could make in impact influencing the public policy. Majority of them are the human rights organisations (like CWSIH on domestic child labor and Women rights organisations about women legal access to parental property, right to equal property, right to self-determination; reproductive health rights including family planning and safe motherhood and divorce laws).

Only very few about fifteen percent of the representatives of NGOs (Nikku, 2009b) stated that they are able to state and market (private entities) answerable and accountable to their members. Many of these civil societies are functioning outside the Kathmandu valley and felt that they do not have enough access to information to lobby and influence.

More than half of the civil societies have stated that they are able to respond to social interests in their working area. About two thirds of the civil society leaders stated that their wok empowered the citizens and increased their voice in the local decision making processes.

All most all the civil societies except religious organisations are dependent on the state and or external funding for their work. The leaders stated that the citizen support has become very low because of the state's takeover of welfare functions which used to be in the domain of community groups. Over the years the state is not a position to support and fulfill these functions any more. At the same time community groups also lost their interest in collective activities may be due to growing impacts of globalization and capitalistic attitudes. These changes made civil societies depend on the external donor support sometimes at the stake of their independent nature.

Beginning of Social Work Education

In the earlier sections I have presented the socio, political and civil society context. It was evident that Nepal is undergoing rapid transitions. Within this context Social Work education was introduced in Nepal. Social work in Nepal can be traced back in many forms of voluntary work through religious and cultural institutions such as *guthi (clan based association), dharmashala (free residences for poor)* and *patipauwa* in Nepal. Alms giving to poor and disable is widely practiced even today. This practice is rooted in the concept of *Dan* (charity) in order to please Gods to seek better life at present and in next life as well.

Currently, three universities i.e. Tribhuwan, Kathmandu and Purbanchal Universities, are offering social work education at bachelor level. Out of them, only Purbanchal University offers both a Bachelor of Social Work (BSW) and Master of Social Work (MSW) degree that was initiated in 2005. The Kathmandu University provides B.A in social work degree that started in 1996 and a one year postgraduate diploma initiated in 2010. The Tribhuwan University offers Bachelor of Arts with social work as a major subject.

Main Issues in Social Work Education and Practice in Nepal

Main issues in Social Work education and practice are struggle for recognition and achieving quality standard that can be comparable internationally. As is evident Universities in Nepal have introduced social work as a course of study very recently. At the same time lack of government body (social work council) to supervise the coherence and quality in teaching and practice standards raise many questions about the future of social work as a professional discipline.

• *Promotion of Social Work Values:*

The mission of social work is rooted in a set of core values. Although the core values of the profession identified by different authors vary, there is a common base. The core values of social work are: service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence[2] (NASW code of ethics 1999). In addition to these values: respect for people, client self determination, confidentiality and privacy, providing individuals with opportunity to realize their potential, client empowerment, non discrimination, respect for diversity, and willingness to transmit professional knowledge and skills to others have been cited by other scholars. One of the main issues of social work education in Nepal is the focus on the promotion of social work values. The social work training of the three different universities that exist in Nepal promote different values of social work. For example the Purbanchal University (PU) promotes right based values, the Kathmandu university (KU) focuses more on clinical social work and the Tribhuwan University (TU) based more on generic social work.

• *Social Work Educators*

The second issue is not enough trained social work educators are available in the country. The reasons for this are multi fold: 1. until recently there were no opportunities for the social work training at Masters Level. Even now the facility is available in a single university and in one college that is affiliated to this university. There is no social work department established within these Universities. And hence the Universities do not invest on the promotion of intellectual enterprise of social work. There are no journals specifically focused on Social Work. 2. The trained MSWs from India and abroad do not like to engage themselves in social work teaching as there is a lot of demand for them from the INGO sector which pays much more than the academic institutions. 3. Ironically there is low recognition for the academics as a career in the country as a whole (Nikku, 2009b).

The other issues are: There is no National Association of social workers in the country and hence one of the main attributes of a profession is yet to be achieved. To supervise the quality and standards of the social work education there are no bodies such as Council of social work education under the aegis of University Grants Commission of Nepal are formed. In the absence of these bodies the lack of coherence in the curricula and practice standards are not enforced and ensured.

• *Recognition for Social Work Profession and Professionals*

The lack of formal recognition for professional social workers by the government is a major issue in a landlocked country like Nepal. There are no positions legally declared for social workers except a role of social workers in the Juvenile Justice Bench. For many governments jobs the graduate social workers cannot even compete as the training is not yet recognized by Service Commission of Nepal. However trained social workers are recruited by the NGOs and International NGOs in Nepal.

---

[2] http://www.naswdc.org/pubs/code/code.asp

- *Alliance Building*

The departments of social work under different colleges affiliated to Universities have to come together and form an association of Nepal schools of Social Work and its head of the departments can form another association to guard the quality of social work education. Currently such efforts have begun but have not taken a concrete shape due to the invisible competition among schools for student intake for their respective courses[3]. However the students from different schools have started coming together to form an association of students of social work. To cite an example, social work students from department of social work, Kadambari College took the initiative and celebrated the World Social Work Day in the year 2008 for the first time in Nepal together with students from other schools. This has created awareness among the general public about social work profession and brought solidarity among social work students. Taking the cue from here, the colleges that are offering social work have to come together and strive to promote the value of social work education on the national stage through various networking and policy influencing strategies.

- *Social Work Trainee Vs Volunteer*

Another challenge that the social work students and faculty are facing is their working relationship with field practitioners. The social work students are placed for their field practicum in a variety of government, semi government and non governmental agencies. They are in general accepted for the placements but are treated as mostly volunteers and not as trainees. This distinction creates low moral effect on the trainees. Some evidence is available that there is a greater demand for volunteers who come from abroad compared to local social work trainees who are placed in the same organization. The majority of the field work supervisors are not trained social workers and hence there is a gap in guidance provided to students of social work. In some cases it is observed that the agencies have higher expectations from the student trainees in terms of their contribution to the agencies' development rather than meeting the learning objectives.

Conclusions

Social work as a young profession in South Asia certainly requires new orientations, directions, solutions and actions to become more effective in meeting the ever growing challenges in the region. There is a need for integration of new ideas, concepts and knowledge into social work training. Internationalization of Social Work is different from International Social Work. The schools of social work in the region are at different stages of growth and are influenced by country situations. The paper concludes that four major issues and challenges that are confronting the development of professional social work

---

[3] Department of social work at Kadambari College has taken number of initiatives to bring all the social work department heads and students to come together on various occasions to discuss about the curricula standards, student needs, practice codes and ethics and enhancing quality of social work education and recognition in Nepal. The department organized in collaboration with other schools the world social work day on 17th April 2008 first ever in Nepal. The department organized the second Biennial Conference of International consortium of Social Development during Nov 25–28, 2008 in which a large of number of students from different social work schools has participated.

development in the region should be addressed. With the support of international organisation like IASSW, ICSW and IFSW the local schools of social work can lobby and advocate with the government agencies to bring state recognition for social work profession in each country of the region. Collectively there is a scope to form a South Asian Association of Schools of Social Work and Association of Professional Social Workers of South Asia. These bodies can also associate with the regional organisations like South Asian Association for Regional Cooperation (SAARC)[4] and influence the policy making in the region. These initiatives will further create opportunities for social work training and increase the image of the social work as a profession.

Second, the schools of social work come together and develop an integrated social work education and training opportunities. So those, the social workers can work and practice social work in a country of their choice. Thirdly, each country in the region lobby for institutionalizing professional social work practice standards and fourthly, employment of social workers in different government service delivery institutions to reach the poorest of the poor.

By drawing experiences especially from Nepal this paper provides future directions to further development of social work as profession and its contribution in different development sectors in the South Asian region.

References

Asamoah, Y., L. Healy and N. Mayadas (1997) 'Ending the International-Domestic Dichotomy: New Approaches to a Global Curriculum for the Millennium', *Journal of Social Work Education,* 33, 2, 389–401.

Alphonse, M., G., Purnima and Moffatt, K. (2008) 'Redefining social work standards in the context of globalization: Lessons from India'. *International Social Work,* 51, 145.

Cox, D. and M. Pawar (2006) *International Social Work: Issues, Strategies, and Programmes,* Vistaar Publications: New Delhi, India.

Gray, M., Coates, J. and Yellow Bird, M. (eds.) (2008) *Indigenous Social Work around the World. Towards Culturally Relevant Education and Practice.* Ashgate, Burlington, VT, USA.

Hachhethu, K. (2004) Political Science in Nepal, *Studies in Nepali History and Society*, 9, 2, 225. Mandala: Kathmandu.

Johnson K. A. (2004) 'Increasing the level of Internationalisation in social work programs: The Use of Healy's continuum as strategic guide', *International social work,* 47, 1, 7–24.

Lohani, B. (2001) The Higher education in Nepal, The Rising Nepal, dated 11-01-2001.

National Association of Social Workers (NASSW) (1999) *Code of Ethics*, NASW Washington, DC.

Nikku, B. R. (2010) Social Work Education in Nepal: Major Opportunities and Abundant Challenges, *Social Work Education,* Routledge, 29, 8, 818–830.

Nikku, B. R (2009a) Social Work education in South Asia: A Nepalese Perspective, Chapter 16, in *Social Work Education: Voices from the Asia Pacific,* ed. Noble *et al*, pp. 341–362, The Vulgar Press: Australia.

---

[4] The SAARC celebrates 25 years of history. The SAARC Charter was signed by the Heads of State or Government of the Member States on 8th December 1985 in Dhaka with the objectives of promoting welfare of the peoples of South Asia and improving the quality of their lives through acceleration of economic growth, social progress and cultural development.

Nikku, B. R (2009b) Facilitation and Report: National Consultation Workshop on Local and Global Social Welfare: *Role of Civil Society in Nepal,* 12–13 July 2009, Nepal.
http://www.icsw.org/doc/Nepal_National_Consultation_Workshop_%2039pp_Jul09.pdf

Ponnavaikko, M. (2009) .Foreword, *Quality Enhancement of Social Work Profession in India: Issues and Challenges*, ed. P. Ilango, Allied Publishers: India.

Midgley, J. and A. Conley (2010) *Social Work and Social Development: Theories and Skills for Developmental Social Work,* Oxford University Press: New York.

Midgley, J (1990) 'International social Work: Learning from the Third World', *Social Work*, 35, 4, 95–301.

Midgley, J. (1997) *Social Work in a Global Context*. Sage : Thousand Oaks, CA.

Rehmatullah, S. (2002) *Social Welfare in Pakistan,* Oxford University Press: London

Sijapati, B. (2005) Perils of Higher Education Reform in Nepal, *Journal of Development and Social Transformation,* 2, 25–32. Accessed at
http://www.maxwell.syr.edu/moynihan/Programs/dev/Journal%20Files/vol2 sijapati3.pdf

Tierney, W. (2006) Transformation, reform, and renewal in Afghanistan. *International Educator*, 15, 5, 14–18.

Watts T (1995) *International handbook of Social Work Education*, Greenwood Press: London.

Xu, Q. (2006) 'Defining international social work: A social service agency perspective', *International Social Work,* 49, 6, 679–692.

Evaluating the One-Year Block Placement in Field Instruction

LETNIE ROCK*
KAREN RING**

Introduction

The curriculum of the current B.Sc. Social Work Programme at the University of the West Indies, Cave Hill Campus in Barbados combines two years of classroom course work and a one year of field instruction. The programme is designed to prepare students for direct service positions as generalist social work practitioners in human service agencies. The course work is Caribbean-focused and can be completed in two years on a full time basis or in four years on a part time basis. In the third year (Level 3) of the programme, each student on placement is placed in two different agencies. In Semester I the student is required to complete a placement with a focus on micro interventions and the second semester there is a focus on meso and macro interventions. There is also the opportunity for students who require overseas placements to complete their practicum outside of Barbados. This practicum component of the programme which lasts for two semesters of an academic year must be completed on a full time basis. Attendance at a weekly three-hour integrative seminar is also required for all students in conjunction with the field placement activity.

Historically, the Social Work Programme at the Cave Hill Campus offered a two-year Certificate in Social Work that was begun in 1988. This certificate programme was discontinued at the end of the 1995/1996 academic year when a third year was added to the programme thereby creating the first B.Sc.Degree. Students from the latter graduated with a bachelor degree in Social Work in 1997. A second cohort of B.Sc.students was admitted and these graduated in the 1999/2000 year. After this the social work baccalaureate programme was revised to include the block placement. Students were thereafter admitted annually to the B.Sc. Social Work Programme which included the block placement as a feature.

---

* Head of the Department of Government, Sociology & Social Work, Lecturer in Social Work, Faculty of Social Science, The University of the West Indies, P.O. Box 64, Bridgetown, Barbados, 246-417-4288, E-mail letnie.rock@cavehill.uwi.edu

** MSW, LCSW, Lecturer in Social Work, Department of Government, Sociology & Social Work, Faculty of Social Science, The University of the West Indies, P. O. Box 64, Bridgetown, Barbados, 246-417-4292, E-mail: karen.ring@cavehill.uwi.edu

A pilot study of the block placement was conducted in 2003 to evaluate its efficacy. The sample for that study comprised students and field instructors who had been involved in the first block placement. As a result of the findings of the pilot study the block placement structure remained a part of the programme. Five years later, in 2008, there was another evaluation of the block placement. This paper discusses findings of that evaluation.

The block placement structure was created to provide indigenous-based social work practice and experience in a region where the majority of social work educational resources and materials were from outside the Caribbean. In social work the field instruction component is almost one-third of the students' university experience which gives them an opportunity to integrate social work theory and practice. It also gives the students in-depth, intensive exposure to diverse social work settings, processes and challenges.

The major change in the new baccalaureate programme under study was that the field instruction was changed from a concurrent placement (12 hours per week) as done previously, to a block placement (32 hours per week) as discussed. This change took place following feedback from students and field instructors who cited some challenges of concurrent placements. It was believed that the block placement would provide longer and ongoing learning experiences, offer greater continuity and less fragmentation and interruption in dealing with clients, thus reducing the level of stress for clients, field instructor and students alike. It was envisioned that the block placement concept would encourage students to engage in more creative activities while on placement, develop more long-term projects and provide greater opportunities for the placement of students in non-traditional settings.

Additionally, it was envisioned that the block placement would provide opportunities for students including those from other Caribbean countries to complete their placement in various countries of the region including their own home county if they so desired. This exposure would enable the matriculation of social work students who on graduation would have the capacity to compete globally for admission to masters' degree programmes and employment opportunities in social work.

Literature Review

The "practicum (or field placement) is a social work internship served within an agency affiliated with [a] social work program that provides a type of social work service. The focus of practicum is gaining supervised social work experience in order to enhance the knowledge and skills gained from … coursework" (Berg-Weger and Birkenmaier, 2000, xxv). Tucker Rambally (1999) states that "field education is an essential component of social work education. It is the medium through which students integrate knowledge and values with practice in an agency setting" (485).

Students in practicum are expected to integrate the theory learned in the classroom with practice. Jennings (2000) notes, through …internships, students are able to relate their classroom education to practical applications" (1). Students also are expected to develop meaningful relationships with clients, their supervisor and other

agency personnel as they become socialized into the social work profession (Berg-Weger & Birkenmaier, 2000, 24).

Social work education programmes generally apply the concurrent field placement model when placing students in their practicum, but the process of building 'meaningful relationships' can take time. In addition to the time spent in the field, students are also expected to participate in an integrative practice field seminar which is an essential part of the field experience since "the integration of theory with social work practice has been an emphasis of social work educators since the beginning of formalized social work education" (Berg-Weger and Birkenmaier, 2000, 17). To this end, the extended time experienced in a semester long placement provides the opportunity for much learning to take place and for the student to gain adequate knowledge and insight into the functioning of the organization in which he/she is placed. Berg-Weger and Birkenmaier, 2000 note, "organizations can be very complicated; mastering an understanding of the agency can take time and the persistence needed to work through early mistakes" (88). Extended continuous time on placement such as a semester long block placement serves to enable the student to observe and experience the change brought about following intervention. Another reason why the block placement in social work education is a viable option for students is that macro -level practice, which may involve large-scale interventions in organizations and communities can be very complex and challenging and takes time. Macro-level work "presents opportunities for practitioners to induce large-scale positive change in the lives of many clients through systemic solutions" (Berg-Weger and Birkenmaier, 2000, 177). In addition, the block placement of three months duration allows the student to become more meaningfully involved in placement activities and can result in a transformational experience for the student. The Global Standards for Social Work Education and Training state, "field education should be sufficient in duration and complexity of tasks and learning opportunities to ensure that students are prepared for practice" (IASSW/IFSW, 5).

In reference to field education in Barbados, Tucker Rambally (1999) states that it "can act as a force for organizational change and as a catalyst for social development" (494) and suggests a strengthening of the social work programme in Barbados by including a social development perspective into the curriculum. As social work builds a new agenda in the twenty-first century, the social development paradigm is taking root. For field education to have this thrust students should be exposed to placements such as the block placement where they can observe how the many dynamics including the environmental dynamics impact their clients and understand which interventions can have a far enough reach in bringing about change. Jennings (2001) also believes that there is "a need for an expanded community-oriented focus in social work education and field instruction" (3). This author further suggests that community placements are extremely useful. He notes "to achieve connections between social work education, the practice community, and the larger cultural community students could be placed in a neighbourhood network rather than in a single agency, where they can experience the 'context' of services as well as perform a variety of social work roles. Such placements may offer enough variety to be used for more than one year" (3).

In order for the work done by students individually or collectively to have an impact on clients (the organization and/or community) adequate time must be allotted by

the student, agency and academic institution for the student to initiate and enable the social work process from engagement to termination. For example, for changes to be effected in an organization by the worker, he/she needs to mobilize the organization to engage external systems for the benefit of clients or workers, remove "procedures that inhibit service", develop new programs or projects or "alter the design of existing services to increase benefits to clients or to promote accessibility and utilization of services" (Homan, 2004, 269). Students in placement who initiate intervention activities need to see them through to fruition as much as possible and learn that at times it is important to manage their time and stick with the client in the long term. In reference to those persons new to the practice arena, Sheafor et al, (2000) note that "the new social worker quickly learns that there is not enough time to do all that needs to be done. Faced with reality, the worker must make the best possible use of limited time and focus on matters of highest priority" (171). Furthermore, extended block placements can provide an opportunity for the fulfillment of the social work processes by students as they work with their clients.

The extended field block placement model of one-year duration is not the norm in baccalaureate programs and is somewhat atypical of social work programmes at the Masters level. It may be concluded that few social work programmes have taken to this model of delivering field education and as such not much is written about the block placement approach in the literature. One author, (Jennings, 2001) describes a group-block placement within an MSW programme, which was eight weeks duration. The outcome for students was very positive and the author concluded that "the 'group-block' field placement experience is a positive experiential method for training future community-oriented social work practitioners, and the profession of social work must be responsible for encouraging this activity… the block-group field experience method is a positive alternative to other more traditional training agency based models" (12).

Methodology

This study builds on a previous pilot study completed in 2003. In the 2003 pilot study two focus groups and two face to face interviews were conducted by the researchers with persons involved in the block placement. One focus group was conducted with eight (8) of the sixteen (16) students who had just ended their block placement and one with a group of nine (9) of the 20 field instructors working with the students. These field instructors were based in government social service agencies, schools and non-governmental organizations. Two individual interviews were also conducted, one with the field coordinator and one with the field liaison supervisor.

The sample for the 2008 study was a convenient sample and included a cohort of persons who had completed the block placement between the years 2004-2008. Information for the study was also gathered from the field instructors and the field placement coordinator.

Data Collection

One of the focus groups conducted by the researchers comprised a group of six (6) respondents who were students that had just completed the B.Sc. programme and

another focus group comprised eight (8) field instructors. One in-depth face to face interview was conducted with the field coordinator using an interview schedule. The schedule focused on the coordinator's assessment of (a) the advantages and disadvantages of the block placement (b) the students in placement (c) the academic institution (university) and (d) the agencies. The focus groups were audio taped and the researchers recorded the data for both the focus groups and interview. (See Appendix A). A questionnaire was also developed by the researchers and distributed electronically to 82 social workers. (See Appendix B). It aimed to collect demographic data and other data on the block placement. Fifteen (15) of the questionnaires distributed were completed and returned via e-mail. The questions in the survey addressed the relevance of the block placement to social work education, the advantages and disadvantages of the one year block placement structure, the effect of the block placement on students, supervisors and the agencies in areas such as supervision, client relations and follow-up, agency resources, integration of practice and theory and socialization into the profession. All the data which were collected were analysed qualitatively.

Findings

Ten respondents completed the on-line questionnaire; 12 females, 3 males. Participants in the study ranged in age from 25–51. Six persons (4 females, 2 males) who had completed the social work programme and who were in the 2008 graduating class also attended the focus group. There were ten (10) social service agencies listed as placement venues. Students were involved in micro- and macro-level social work requiring various social work tasks and activities. Some respondents indicated that they had continued their education since graduation with the B.Sc. Social Work and were undertaking in post graduate work, certificates and in-service training. Nine of the twenty field instructors (8 females, 1 male) who had supervised students from 2003–2008 participated in another focus group.

There were a number of advantages of the block placement as stated by respondents. Respondents who had experienced the block placement in the role of student emphasized that because they were at the agency for 32 hours a week there was continuity of practice and time to apply and practice skills and theories. One student commented, "the learning experience was richer because of the time spent in the practical environment, there was more opportunity to observe situations rather than have to hear about them". Another stated that she was able to "assimilate the information, develop assertiveness and gain confidence". They also reported that there was time for establishing and maintaining client-worker and staff relationships, that there was adequate time for assessment, observation and assimilation of information and interventions. The extensive time in placement also allowed for adequate client termination, planning and follow-up. A supervisor remarked that the block placement "allows the student to follow through on cases from start to finish. I feel that as much time as possible should be spent in the field." Moreover, a student summed up the experience as "my practicum experience was where I was able to finally blend classroom practice with actual work experience and make it meaningful. Since it was an ongoing process, I needed to plan my

work on a daily and weekly basis, which gave a sense of purpose and pride since I could measure what I was accomplishing".

Respondents also reported that the block placement was of benefit to intra- and inter-agency interactions. They reported that there was adequate time for assessment of the students' practice by the supervisor. One supervisor stated that it is "easier to supervise a student's progress…if the student is 'under your nose' for the majority of the week." In addition, they were able to effectively manage time and stress. Those who had been students in placement also believed that they had sufficient time and opportunity to understand how the agency operated and were therefore able to integrate into the agency culture. As one respondent pointed out, it "allows the student to become au fait with the culture of the agency and actually function like they are a part of the agency and not just a visitor". Additionally, they were able to collaborate with colleagues within the agency where they were placed and with those in other agencies, thus having the opportunity to develop a network of social service providers. According to one respondent (student), "a better understanding of the actuality of social work in Barbados was gleaned".

The greatest disadvantage of the block placement as stated by respondents was the financial constraints they experienced when they had to be fulltime in the placement and could not work their regular jobs. They felt that they had to "work" long hours with no benefit of a salary, neither could they work for a salary during the period. They indicated that having no personal income or stipend their financial situation was very limiting. "It can be a serious burden especially if you have no other means of financial support, it's difficult to exist" stated one student. There was also the additional cost of having to dress in professional attire and the cost of transportation to and from placement, which many had not taken into consideration when they first began the programme.

Another disadvantage that was stated by respondents was that in addition to the length and intensity of the placement, they had to complete two electives or a research project during that final year. They reported that with the number of hours they had to fulfill at the agency and the demands on their time and the nature of the work, they had little time for additional studies. "Especially if you are placed in a busy agency with a high turnover of clients, completing the integrated seminar coursework of an integrated paper and journal is taxing." A difficulty for some especially those who worked as nurses and teachers was getting study leave from work for an entire academic year in order to complete the B.SC. programme.

Outcome

Since its inception ten years ago the B.Sc. Social Work one-year block placement has been the mechanism for introducing students to the profession of social work and the world of work in Barbados. Despite the financial strains to the students at times, the programme continues to graduate approximately 15–20 social work students a year. Students find it useful and report that they learn more with long term exposure to client systems. They are also able to develop practice skills with client groups, take responsibility for their own learning in their placement settings, and build their own network of colleagues. Students are also able to demonstrate professional and self development through sharing of their placement experience and practice in the integrative seminars.

Two of the suggestions for improving the field experience that arose out of the findings of the 2003 pilot study have been subsequently implemented in the B.SC. Social work programme at the university. The first suggestion was for the adequate preparation of students going into their first semester placement. Some students reported that they did not know what was expected of them in their placement or in supervision. Since 2004 students have been attending a three day pre-placement orientation which covers a variety of topics relative to adjusting to an agency environment. Another suggestion from the 2003 and 2008 studies was for more practice and role play in the classroom, especially in the area of counseling, interviewing and skill-building. This has led to the introduction of an Interpersonal Relations and Skills Laboratory as a mandatory course for all social work majors. The course focuses on practice of interpersonal skills and self-development.

Another area of improved efficiency is the opportunity for student placements overseas or in the students' home countries. Regional field placements have slowly increased. So far, students have been placed in Canada and other neighbouring Caribbean countries and the enrollment of non-Barbadian Caribbean students has increased.

Agency personnel have indicated that they are generally satisfied with the block placement structure, as it serves the purpose of the clients as well as the supervisors. Supervisors are now able to observe students in the practice setting on a longer and continual basis, and thus are able to evaluate students more effectively.

References

Berg-Weger, M. and Birkenmaier, J. (2000) *The Practicum Companion for Social Work: Integrating Class and Field Work*. Boston, MA. Allyn and Bacon.

Global Standards for Social Work Education and Training. IASSW and IFSW. (2004)

Homan, M. S. (2004) *Promoting Community Change: Making it Happen in the Real World*. (3rd Ed.). Belmont, CA: Brooks/Cole.

Jennings, M. G. (2001) 'Community Practice: A Training Ground for Social Work Students.' The qualitative Report, 6, 1, March. 1–15. http://www.nova.edu/ssss/QR/QR6-1/jennings.html retrieved 7/1/2008.

Sheafor, B.A., Horejsi, C.R. and Horejsi, G. A. (2000) 'Techniques and Guidelines for Social Work Practice". (5th Ed.). Boston, MA: Allyn and Bacon.

Tucker Rambally, R.E. (1999) 'Field Education in a Developing Country: Promoting Organizational Change and Social Development.' *International Social Work*, vol. 42, 4, 485–496.

APPENDIX A

Evaluation of block field placement: interview schedule

<u>**Field Instructors:**</u>
1. Have any of you taught in the concurrent placement?
2. What is the relevance of placement in social work education?
3. What are the advantages of a one-year block placement structure?
4. What are the disadvantages of a one-year block placement structure?
5. How did the block placement structure affect the following areas?
    a. Client relationships and follow-up
    b. Supervision

    c. Time Management
    d. Stress
    e. Integration of Practice and Theory
    Have you found that the students are adequately prepared for placement?
    f. Agency Resources (Time, Effort, Accommodations)
    g. Involvement with Agency Culture/Staff
    h. Involvement with UWI programme/setting
    i. Access to Lecturers/Tutors
    j. Financial Status of Student
    k. Socialisation into the Profession
    l. Integrative Seminars
    m. Evaluation Process
    n. Staff Development and Supervision Skills
    o. Interaction between UWI Programme and Agency
    p. Implications for further agency development
6. What additional areas were affected?
7. What would you recommend in terms of improving the placement process?

Students:
1. What is the relevance of placement in social work education?
2. What are the advantages of a one-year block placement structure?
3. What are the disadvantages of a one-year block placement structure?
4. How did the block placement structure affect the following areas?
    a. Client relationships and follow-up
    b. Supervision
    c. Time Management
    d. Stress
    e. Integration of Practice and Theory
    f. Agency Resources (Time, Effort, Accommodations)
    g. Involvement with Agency Culture/Staff
    h. Involvement with UWI programme/setting
    i. Access to Lecturers/Tutors
    j. Financial Status of Student
    k. Socialisation into the Profession
    l. Integrative Seminars
    m. Evaluation Process
    n. Staff Development and Supervision Skills
5. What additional areas were affected?

APPENDIX B

The University of the West Indies
Faculty of Social Sciences

Dept. of Government, Sociology & Social Work
Cave Hill Campus

SURVEY ON THE EFFECTIVENESS OF THE ONE-YEAR BLOCK FIELD PLACEMENT
    Instructions: Please answer the following questions as clearly and thoroughly as possible. The information given will assist us in improving the practicum experience of the B.Sc. Social Work students. All information given will be treated in a confidential manner.
    We thank you for your cooperation and time in completing this form and would appreciate if you would return the completed form by ***June 23, 2008***. If you have any questions regarding this survey please call Dr. Letnie Rock at 417–4288 or email kring@uwichill.edu.bb or lrock@uwichill.edu.bb .

Section A:
1. Age: _____
2. Sex: _____
3. Year of Graduation:
4. Employment Status: Employed   _____
                                Unemployed_____

5. If employed, please state place of employment _____
6. Employment Duties:
_____
7. Have you obtained any other qualifications or training since your B.Sc. Degree?
        Yes_____   No_____
8. If yes, please state type qualification or training: _____
_____
_____

Section B:
1. What would you consider to be the advantages of the one-year block placement (2 consecutive semesters) vs. concurrent placement (2 days per week for 4 semesters)?
_____
_____
2. What would you consider to be the disadvantages of the one-year block placement (2 consecutive semesters) vs. concurrent placement (2 days per week for 4 semesters)?
_____
_____
3. In order to thoroughly address the above you may have to consider the following:
    Client Relationships and Follow-up
    Supervision
    Time and Stress Management
    Integration of Practice and Theory
    Agency Resources (Travel Allowance, Time, Effort, Accommodations)
    Involvement with Agency Staff and Activities
    Involvement with UWI Programme and Campus Activities
    Access to Lecturers/Tutors
    Financial Status of Student
    Socialisation into the Profession
    Adequate Preparation for Field Practice
    Integrative Seminars
    Evaluation Process
    Staff Development and Supervision Skills
4. What changes would you suggest for improving the field placement experience?
_____
5. Any other comments? _____

Mentoring as an Alternative to Therapy
for Immigrant and Refugee Youth

ANDREA COLE*
BETTY BLYTHE**

Introduction

As refugee and immigrant youth become more prevalent the world-over, social workers are called to provide effective and innovative psychosocial and mental health interventions for these communities. Refugees and immigrants arrive in the host country having already faced vast challenges and continue to face new hurdles as they adjust to a different lifestyle and culture. For some child immigrants, these challenges will rise to a level that requires mental health intervention such as individual, group, and family therapy. However the vast majority of immigrants and refugees do not seek out these traditional mental health services. Given the barriers that child and adolescent immigrants and refugees face in accessing formal mental health services, alternative options should be considered by social workers around the world. The mentoring model may be a viable alternative to traditional therapy in assisting immigrant and refugee youth in adjusting to life in their new host country. Mentoring in this article is conceptualized as a unique relationship and learning partnership between a child/adolescent and an adult in which the adult provides emotional and instrumental support to the child/adolescent (Eby, Rhodes & Allen, 2007).

According to the United Nations Population Division (2008), there will be an estimated 213 million immigrants living in a foreign country in 2010. That is approximately 58 million more immigrants worldwide as compared to just 20 years ago. The United Nations High Commissioner for Refugees (2008) reports that there were approximately 15 million refugees worldwide in 2008, and children make up approximately 44% of those refugees. At the end of 2008, developing countries hosted 8.4 million refugees, or 80% of the total global refugee population, while developed countries hosted the other 20% of the global refugee population. The vast number of immigrants and refugees the world-over suggests that social work should develop adequate responses to the mental health and psychosocial needs of these communities.

* Elmhurst Hospital, 79–01 Broadway, Elmhurst, NY 11373 (617) 335–0480, E-mail: andrea.r.cole@gmail.com
** Boston College Graduate School of Social Work, McGuinn Hall, Chestnut Hill, MA 02467, (617) 552–2744, E-mail: blithe@bc.edu

Immigrant and Refugee Youth

Immigrant and refugee youth arriving in a host country face an array of challenges related to life in their country of origin, their departure and trip to the new host country, and their adjustment to life in the host country. Children, especially refugee children, may have faced various traumatic experiences including war, torture, rape, and witnessing the death of loved ones prior to fleeing their country (MENTOR, 2009). When these clients leave their country-of-origin, they may stay in a refugee camp or a detention center where they endure an institutional setting (Lustig et al., 2004). Some immigrant youth face separation from one or more family members upon leaving the country of origin, increasing their sense of isolation and cultural confusion (MENTOR, 2009). Upon arriving in the host country, these children may be exposed to poverty, over-crowded housing, unsafe neighborhoods and lower performing schools (MENTOR, 2009). They must adjust to a new set of beliefs and values, new roles and patterns of life. Immigrant and refugee children are also the victims of racism, discrimination, and bullying by their peers. Parents of these children may have to work long hours to be able to pay the bills, leaving children to care for themselves and even their younger siblings (MENTOR, 2009). Children often learn the language of the host country more quickly, placing them in the role of interpreter and cultural-broker for the entire family. The multiple stressors these children face can disrupt normal development and have a negative impact on their overall functioning (Lustig et al., 2004).

Indeed, immigrant and refugee clients have been shown to have various symptoms that are correlated with stressors experienced during pre- and post-immigration. Reviews of symptoms experienced by refugee children exposed to war suggest that anywhere between 22% to 93% of these children endorse symptoms of trauma (Barenbaum, Ruchkin & Schwab-Stone, 2004). Children affected by war also frequently experience depression and anxiety, irritability and violent outbursts, feelings of numbness, poor sleep and nightmares, and thoughts about death (Lustig et al, 2004). These symptoms can last far longer than the child remains in a refugee camp; for some continuing years after resettlement (Lustig et al, 2004). For immigrants who are not refugees, depression is one of the most prevalent mental health problems, which has been linked to acculturation stress (Choi, Miller, & Wilbur, 2009). Another study of Hispanic immigrant youth and first-generation Hispanic immigrant youth in the United States found that both samples had equally high rates of exposure to traumatic events; in particular witnessing community violence. The authors found the overall rate of depression and PTSD among Hispanic youth in the sample to be 9.3% and 8.8%, respectively (Bridges, de Arellano, Rheingold, Danielson, & Silcott, 2010). These studies suggest that immigrant and refugee youth arrive in the host country with an array of mental health and psychosocial needs.

However, traditional Western mental health interventions are typically underutilized by immigrants and refugees. It has been suggested that refugees and immigrants seek out services according to the hierarchy of needs, focusing first on safety, survival, and access to necessities such as food, shelter, income, and education (Geltman et al., 2000). Other reasons why immigrants and refugees may not seek out mental health treatment include language barriers, stigma associated with mental illness, and lack of health insurance or financial resources to pay for such treatment (Westermeyer &

Williams, 1986). In addition, many immigrants find that aspects of therapy are incongruous with their culture and expectations. For example, immigrants may not feel comfortable talking about themselves frequently and in detail, as this may be shunned in their culture. The boundaries that are typical in therapy where the client talks exclusively about themselves while the therapist does not self-disclose may also be culturally unfamiliar. Other rules about gift-giving, appointment times and the importance of being on time to an appointment may not be familiar, and in fact, can seem illogical and dehumanizing to recent immigrants (McKinney, 2007). Other studies have shown that immigrants may be reluctant to seek out formal services due to fear of deportation or law enforcement officials (Lewis, West, Bautista, Greenberg, & Done-Perez, 2005).

Mentoring as an Alternative

These barriers suggest that alternatives to traditional mental health services may be particularly useful for and relevant to immigrant and refugee youths. Indeed, some including Summerfelt (1999) have argued that the distress related to war and loss that many immigrants and refugees experience has been "medicalized" by Western professionals attempting to create a technical cure to these "symptoms", which has typically been formal therapy and at times, medication. Summerfelt (1999) has suggested that it may be equally and even more important for those who are exposed to war and other traumas to be given the opportunity to rebuild their social world and community and to reinforce indigenous capabilities and strengths. Summerfelt (1999) suggests that the psychosocial losses an immigrant or refugee faces may be addressed by sharing feelings and connections with family members and friends rather than a "counselor" or "therapist". Mentoring offers a viable option to these youth as a way to assist them in processing their experience traveling to the host country as well as adjusting to and learning about the culture of their new country. Obviously, mentoring should not be considered an option as opposed to traditional mental health services and/or psychopharmacology for those individuals that suffer from severe or even worsening mental illness. However, for immigrants and refugees who are experiencing typical acculturation and adjustment challenges, mentoring may be a more culturally-acceptable form of psychosocial assistance than traditional mental health services.

Mentoring Programs

Mentoring programs vary in their structure and focus. Typically, child or adolescent mentees are matched with an adult individual who has agreed to be a volunteer mentor. These matches usually occur within the confines of an organization or school that is providing support and structure to the mentor/mentee relationship. The mentor and mentee then typically meet a certain number of times a week or month, depending on the time commitment required by the organization. The mentor and mentee may engage in any number of activities including both leisure activities such as going to the movies, the park, playing sports, or attending cultural institutions or events, and also instrumental activities such as working on homework, going to the library, attending school meetings,

applying for jobs and other necessities such as health insurance, food stamps etc. The goal of the mentoring relationship is for the child/adolescent mentee to continue to develop in a healthy, positive manner through a supportive relationship with an adult.

Over time, a consensus has developed regarding what is considered "best practice" in mentoring programs. These components include background checks and other procedures used to screen mentors, such as interviews. Many programs also include an orientation for new mentors, providing them with guidance on how to initiate and maintain a mentor relationship and the appropriate boundaries of such a relationship. Some programs have found success recruiting mentors that have a helping or teaching background, which may render them more able to form a trusting and supportive relationship with the mentee. It is also useful for mentoring programs to delineate the specific number of hours they expect the two individuals to meet each week or month and to monitor these matches to assure the relationship continues. Many programs also offer structured activities for the mentor/mentee matches to take part in and mandate parental involvement in the relationship (Dubois, Holloway, Valentine & Cooper, 2002).

Parallels between the Therapeutic and Mentoring Relationship

While there are many differences between traditional therapy and a mentor/mentee relationship, there are also many similarities. Just as the strength of the relationship between the therapist and the client has been shown to be a significant agent of change for the client, so it has been suggested that the strength of the relationship between the mentor and mentee propels the mentee towards more positive development (Spencer & Rhodes, 2005). As in therapy, the mentors are able to provide general emotional support to the mentee, allowing the mentee to express thoughts and feelings about their past and present experiences (MENTOR, 2009). For immigrant and refugee children, both mentoring and therapy relationships have the capacity to assist the client/mentee to reflect on the differences between their country of origin and their new country. The opportunities to share thoughts and feelings may not be available to immigrants in any other setting and are likely to assist the mentee in adjusting to life in the host country.

In addition to the emotional support and space to process feelings that both mentoring and therapy provide, mentoring affords the opportunity to assist the client with more practical, psychosocial challenges, as well. Mentoring provides an opportunity for the mentee to learn about and adjust to the culture of the host country and practice the language of the host country. The mentor and mentee may also spend time getting to know the city/town they live in, engaging in relaxing, fun activities that assist the client in feeling more comfortable with their new surroundings. The mentee can gain assistance with academic challenges including homework and applications to schools. The mentor can also provide guidance on how to navigate the city/town with public transportation, how to apply for a job or other necessary benefits, and how to obtain a library card (MENTOR, 2009). All of these practical activities would be largely outside of the boundaries of a traditional therapy; however this instrumental support is arguably as important to immigrants and refugees as emotional support.

Mentoring programs often seek out qualities in mentors that are similar to helpful qualities in mental health workers to establish a more emotionally supportive and long-

lasting relationship with the mentee. These qualities include the ability to empathize, be nonjudgmental, and a willingness to understand the culture and background of the mentee. Mentoring programs also seek out mentors who show a committed desire to play an effective role in the life of the mentee and the capability to listen activity and respond appropriately (MENTOR, 2009). It is often useful if the mentor is bilingual in the first language of the mentee, is bicultural, and/or has experience working with other immigrant youths. It is vitally important that the mentor is culturally competent in order develop a successful cross-race mentor/mentee match (Sanchez & Colon, 2005). Without adequate cultural competency training, mentors may make errors that negatively effect the development and functioning of the mentee (Rhodes, 2002).

Mentoring Outcomes

Various studies have measured the benefits of mentoring programs with immigrants and non-immigrants alike. In a meta-analysis of mentoring programs, Dubois, Holloway, Valentine, and Cooper (2002) found that mentoring is associated with positive gains in educational achievement as well as mental health. Relationships between mentor and mentee lasting more than one year created larger gains. When mentors formed a relationship with the mentee's parents, the gains were larger than when they did not. This meta-analysis also found that generally, mentoring programs have only a modest effect on average youth, but these effects are improved with high-risk youth and if the best-practices outlined above are utilized. Other studies have found that mentoring is linked to a reduction of hopelessness among mentees (Keating, Tomishima, Foster & Alessandri, 2002), and that mentoring may protect the mentee from developing depression if the mentee does not already show depressive symptoms at the beginning of the relationship (Bauldry, 2006). Mentoring is also likely to reduce high-risk behaviors including the likelihood that the child will ever carry a weapon, will have used illicit drugs in the past 30 days, has been smoking more than 5 cigarettes a day, or has had sex with more than one partner in the last six months (Beier et al., 2003).

An outcome evaluation of the Big Brothers Big Sisters program, a large mentoring organization in the United States, included data from nearly 1,000 ethnically-diverse children and adolescents taking part in the program. Each participant was placed in a treatment group and assigned a mentor or in a control group and placed on a waiting list. The outcomes suggested many benefits of mentoring. Those in the treatment group reported higher levels of functioning at the end of the study than those in the control group. More specifically, children assigned a mentor reported lower levels of substance use, higher academic performance, attendance and grades, and more positive relationships with parents and peers (Grossman & Tierney, 1998). These studies suggest youth engaged in mentoring programs experience both mental health and functional benefits.

Case Example

As a case example, the author will elaborate on a personal experience mentoring a female refugee youth in a metropolitan area of the United States. The mentee was a 14 year old female who was resettled in the United States by an international organization

that assisted her and her family in getting to and settling in the United States. This organization also established a mentoring program to provide support and guidance to refugee youth recently resettled in the city. The author volunteered with the agency to become a mentor for one of the refugee youth. The mentee was identified as a child in particular need of mentoring due to her recent immigration, her shy demeanor, and her tendency to "go along" with the other children at the agency. The mentee had arrived in the United States only a couple months prior from a refugee camp in an Asian country where she had lived her entire life. The child had not witnessed war or experienced other explicit trauma, only that of being perpetually displaced with no hope of returning to her family's homeland. The mentee's school performance was relatively poor, largely due to language barriers, and she often complained of feeling tired and not wanting to leave the house. The mentee also reported that when she first arrived in the United States, she frequently felt "sick", lost weight, and felt overwhelmed by the change in culture and her surroundings. The mentee was living in a 2 bedroom apartment with her parents, younger brother, grandparents, and multiple aunts and uncles. The mentee was offered to be paired with a mentor by the agency, and the mentee agreed, along with her parents.

The mentor was chosen through an elaborate selection and orientation process beginning with an initial meeting with the organizer of the mentoring program and other potential mentees. During this meeting the organizer stressed the level of commitment the mentor was making to the mentee; agreeing to meet a couple hours a month with the mentee for an entire year. The mentor was then provided with introduction materials outlining useful strategies for establishing and perpetuating a mentoring relationship and the appropriate boundaries of such a relationship. Thereafter the mentor was interviewed individually for an hour by the organizer of the mentoring program to be sure the author was a safe individual to provide mentoring and also to gain a sense of the mentor's personality for the "match" with the mentee. After a couple months of this process, the mentor and mentee were finally matched.

The first meeting of the mentor and mentee included the organizer of the mentoring program and the mentee's parents. All of the participants met at the mentee's home, establishing the relationship between the mentor and the mentee's parents early-on. The parents signed a consent form for the mentee to participate in the program. Thereafter, the mentor and mentee met nearly weekly for an entire year.

Initially, some challenges with relationship-building occurred. The mentee spoke limited English, making it difficult for the mentor and mentee to communicate. The mentee also had a generally small comfort-zone, only agreeing to meet at the organization that linked the two individuals, where the mentee would typically want help with homework. The mentee would invite her friends to spend time with the mentor and mentee together, at times speaking to the friends in her first language, which the mentor did not understand. The mentee, however, was very motivated to improve her school performance and relished the opportunity to have a native-English speaker available to help her with homework.

Trust and a connection between the mentor and mentee were gradually established after months of working on homework together weekly, and the mentee began to open up more about her experiences in the refugee camp and moving to the United States. The author and the mentee exchanged stories around cultural traditions, holidays,

religions, and their families. The mentee began to invite the mentor to parts of the city where people from her culture lived, worked, and shopped. Together the mentor and mentee would shop at supermarkets, movie stores, and eat at restaurants that reminded the mentee of her home country. The mentee at times invited her friends along on these trips as well, but more often spoke in English or translated so that everyone could participate in the conversation. Eventually the author was able to entice the mentee to move beyond her comfort zone and try activities in other parts of the city that were less related to the mentee's home country. The mentor and mentee went to museums, parks, and salons together. While the mentee did not ever seem to be totally comfortable during these activities, she showed her increased trust the mentor and comfort in the United States by trying them and extending beyond her comfort zone.

Towards the end of the year of formal mentoring, the mentee began to make significant adjustments to living in the United States. The mentee's affect became generally brighter, more euthymic, and she seemed more engaged in social and educational activities. The mentee began a new school year and explained she felts very happy at the school she attends as she has a few friends and is struggling less academically. The mentee no longer isolated herself at home and frequently went out to see friends and family also living in the city. The mentee performed in a cultural dance at school, something that she would have been too introverted to engage in months prior. The mentee also talked less often about returning to the country where the refugee camp is, apparently more comfortable with the possibility of a long-term stay in the United States. While the formal, organization-led relationship between the author and the mentee has now ended, the two continue to meet informally from time-to-time, thus extending the relationship beyond the expected year.

Discussion

This article has suggested mentoring as a viable alternative to traditional individual therapy for immigrant and refugee youth given the challenges of engaging these clients in strict mental health treatments. While the general benefits of mentoring programs have begun to be established, this hypothesis could be further tested by a strict comparison of the emotional and practical benefits gained by immigrant and refugee clients from these two interventions. In addition, although various studies and meta-analyses of mentoring programs have outlined best-practices and the benefits-there-of, research on mentoring programs is a burgeoning field. Continued research of best-practices and implementation of those practices would improve the quality of community-based mentoring programs and could potentially improve the outcomes of immigrant and refugee youth who utilize these programs (Rhodes, 2008). It would also be beneficial to more clearly establish how mentoring may or may not assist clients with symptoms of trauma, depression, and anxiety. While therapy remains the most well-established method for assisting clients with mental illness, immigrants and refugees should be offered other culturally-acceptable alternatives to assist them in transitioning to life in a new host country.

References

Barenbaum, J., Ruchkin and V., Schwab-Stone, M. (2004) The psychosocial aspects of children exposed to war: Practice and policy initiatives. *The Journal of Child Psychology and Psychiatry,* 45, 1, 41–62.

Bauldry, S. (2006) Positive Support: Mentoring and Depression Among High-Risk Youth. Report retrieved on June 8, 2010, from

http://www.ppv.org/ppv/publication.asp?section_id=22&search_id=0&publication_id=202

Beier, S. R., Rosenfeld, W. D., Spitalny, K. C., Zansky, S. M. and Bontempo, A. N. (2000) The potential role of an adult mentor in influencing high-risk behaviors in adolescents. *Archives of Pediatrics and Adolescent Medicine,* 54, 327–331.

Bridges, A. J., de Arellano, M. A., Rheingold, A. A., Danielson, C. K. and Silkott, L. (2010) Trauma exposure, mental health, and service utilization rates among immigrant and United States-born Hispanic youth: Results from the Hispanic Family Study. *Psychological Trauma: Theory, Research, Practice, and Policy, 2,* 40–48.

Choi, J., Miller, A. and Wilbur, J. (2009) Acculturation and depressive symptoms in Korean Immigrant Women. *Journal of Immigrant and Minority Health,* 11, 13–19.

DuBois, D.L., Holloway, B.E., Valentine, J.C. and Cooper, H. (2002) Effectiveness of mentoring programs for youth: A meta-analytic review. *American Journal of Community Psychology,* 30, 157–197.

Eby, L. T., Rhodes, J. E. and Allen, T. D. (2007) Definition and evolution of mentoring. In T. D Allen & L.T Eby (Eds), *The Blackwell handbook of mentoring: A multiple perspectives approach* (7–20). Walden: Blackwell Publishing.

Geltman, P. L., Augustyn, M., Barnett, E. D., Klass, P. E. and Groves, B. M. (2000) War trauma experience and behavioral screening of Bosnian refugee children resettled in Massachusetts. *Journal of Developmental & Behavioral Pediatrics,* 21, 255–261.

Grossman, J. B. and Tierney, J. P. (1998) Does mentoring work? An impact study of the Big Brothers Big Sisters program. *Evaluation Review,* 22, 403–426.

Keating, L. M., Tomishima, M. A., Foster, S. and Alessandri, M. (2002) The effects of a mentoring program on at-risk youth. *Adolescence,* 37, 717–734.

Lewis, M. J., West, B., Bautista, L., Greenberg, A. M. and Done-Perez, I. (2005) Perceptions of service providers and community members on intimate partner violence within the Latino community. *Health Education and Behavior,* 32, 69–83.

Lustig, S. L., Kia-Keating, M., Grant Knight, W., Geltman, P., Ellis, H., Kinzie, D., Keane, T. and Saxe, G. N. (2004) Review of child and adolescent refugee mental health. *Journal of the American Academy of Child and Adolescent Psychiatry,* 43, 1, 24–36.

McKinney, K. (2007) Culture, power, and practice in a psychosocial program for survivors of torture and refugee trauma. *Transcultural Psychiatry,* 44, 3, 482–503.

MENTOR (2009) Mentoring Immigrant and Refugee Youth Toolkit. Retrieved on June 8, 2010, from http://www.mentoring.org/find_resources/immigrant_toolkit/.

Rhodes, J. (2008) Improving youth mentoring interventions through research-based practice. *American Journal of Community Psychology,* 41, 35–42.

Sanchez, B. & Colon, Y. (2005) Race, ethnicity, and culture in mentoring relationships. In D. L. DuBois & M. J. Karcher (Eds*.), Handbook of Youth Mentoring* (191–204). Thousand Oaks, CA: Sage Publications.

Spencer, R. and Rhodes, J. E. (2005) A counseling and psychotherapy perspective on mentoring relationships. In D. L. DuBois & M. J. Karcher (Eds*.)*, *Handbook of Youth Mentoring* (118–132). Thousand Oaks, CA: Sage Publications.

Summerfelt, D. (1999) A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science and Medicine,* 48, 1449–1462.

United Nations High Commissioner for Refugees (2008) UNHCR Statistical Yearbook 2008. Retrieved on June 4, 2010 from http://www.unhcr.org/4bcc59559.html.

United Nations Population Division (2008) International Migrant Stock: The 2008 Revision. Retrieved on June 4, 2010 from http://esa.un.org/migration/index.asp?panel=1.

Westermeyer, J. and Williams, C. (1986). Planning mental health services for refugees. In C. Williams and J. Westermeyer (Eds.), *Refugee mental health in resettlement countries* (235–244). Washington, DC: Hemisphere Publishing Corp.

Health Promotion for Young Prisoners in Romania[1]

ANAMARIA SZABO[*]

Executive summary

The main systems responsible with offender rehabilitation in Romania are the social work system and the criminal justice system. The first targets non-criminally liable under-aged offenders and uses as rehabilitation means a series of special protection measures, which aim at protecting their rights and re-establishing the environment needed for proper development. The criminal justice system targets criminally liable offenders, both under-aged and legally-aged. The organization of the Romanian criminal justice system follows the traditional line of three phases: pre-trial (police and prosecutors' investigations), trial and post-trial (execution of sentences). The Criminal Code in force makes available to the Courts two types of criminal sanctions: punishments and educational measures. These are imposed to guilty offenders depending on their legal age and the offence they committed. The two institutions with the responsibility of organizing sentence execution are the National Administration of Penitentiaries (ANP) for all custodial sanctions, and the Probation Services (SP) for some community sanctions. A new Criminal Code is coming in force in the following period.

Statistical data from ANP shows that currently young prisoners (YP) represent 20% of the total prison population (PP). According to their age structure, 61% are aged between 21–24 years, 31% between 18–21 years and 8% between 14–18 years. Until 2008, the YP population registered a decreasing trend, similar to that of the adult PP. A mild increase was registered after 2008. Most of the criminal offences committed by youth consist in theft and robbery. Drug use in prisons is also common among youth. In 2008, according to the National Anti-drug Agency (ANA), about 29% of the prisoners declaring to have a drug use history were aged up to 24 years. According to the 2009 HIV, HBV and HCV Behavioral Surveillance Survey among injecting drug users (IDUs) in Bucharest implemented under the coordination of the United Nations Office on Drugs and Crime (UNODC), 56% of the IDUs (aged between 18–24 years, ex-prisoners and with a drug use history) declared they injected themselves while in prison. According to

the 2009 HIV, HBV and HCV Behavioral Surveillance Survey among prisoners in Romania implemented under the coordination of the Romanian Angel Appeal Foundation (RAA), data on the age group 18–24 years shows that 9% used cocaine; 6% injected with substances; 4% received / had access to free of charge sterile needles / syringes; 49% got tattooed in prison; 22% used condom during their last intercourse; 47% received / had free access to condoms; 53% attended sessions on HIV/AIDS; 33% were tested for HIV in their lifetime.

Medical care in prison is provided by the prison medical network, including 40 primary care offices, 45 dental and other specialty care offices, 10 dental labs, 40 pharmacies and 6 prison-hospitals. The main persistent problem of the Romanian prison medical network is the high deficit of medical staff. ANP's strategic objectives on medical care for the next years include ensuring needed resources, developing programs for the prevention of diseases, education of prisoners and health promotion, and increasing efficiency in the cooperation with the public medical sector. The main areas on which prison medical programs focus are HIV prevention, harm reduction among IDUs, tuberculosis control and mental health. ANP cooperates with different international organisms and with national public institutions and non-governmental organizations in order to improve and promote medical care in the prison setting.

National background information on the criminal justice system[2]

The legislation on criminal matters in Romania can be structured according to the age of the offender. Article 99 of the Criminal Code establishes the *limits of criminal liability* as follows:

- Under 14 years of age – no criminal liability;
- Between 14 and 16 years of age – criminal liability dependent on proved discernment while committing the criminal offence;
- Over 16 years of age – full criminal liability.

The main systems which are responsible with offender rehabilitation are the social work system and the criminal justice system. Offenders under 14 years of age (which are non-criminally liable) and those which are under 16 years of age (with no discernment while committing the offence, and thus non-criminally liable) are referred to the social work system. Offenders between 14 and 16 years of age for which discernment while committing the criminal offence was proved, and those over 16 years of age are fully criminally liable and thus are referred to the criminal justice system.

Social Work System

Law no. 272 / 2004 on the protection and promotion of child rights is the main legislation in force which covers the measures taken for *non-criminally liable offenders*. The law uses the term "child that committed a criminal offence and is non-criminally liable". For the purpose of this literature review, we will use the term non-criminally liable offenders when referring to this category.

---

[2] Section 2 contains revised information published in Szabo (2009, 2010).

According to articles 55 and 80 of Law no. 272 / 2004, the *special protection measures* that can be taken in these cases are the following:

- Specialized supervision, if the non-criminally liable offender is in the care of his parents;
- Placement in the extended family, with a foster family or within a residential centre, if it is not possible to maintain the non-criminally liable offender within his family or if his family didn't fulfill the obligations established while the minor was under specialized supervision.

According to articles 53 and 54 of the same law, these types of protection measures can be established and applied only after an individualized protection plan is made by a public social work service. Article 80 also stipulates that the decision to apply these measures is taken by a Child Protection Committee if the parents' agreement exists, or by the Court (usually a judge panel specialized in family matters) if the parents' agreement doesn't exist. According to the same article, the decision has to take into account the following:

- Conditions which favored the criminal offence;
- Offence's degree of social danger;
- Environment in which the offender developed;
- Risk of reoffending;
- Any other elements that can characterize the situation of the offender.

Non-criminally liable offenders for which a measure of specialized protection was taken have to comply with certain obligations. Article 81 of Law no. 272 / 2004 stipulates among these obligations school attendance, use of day-care services, medical treatment, counseling or psychotherapy, and ban on attendance in certain places or contact specific persons. If one or more of these obligations are broken, the Child Protection Committee or the Court, depending on the existence or lack of the parents' agreement, can decide to impose the second type of measure – *placement in the extended family or with a foster family*. According to article 82 of the same law, if the offence has a high degree of social danger[3] or if the non-criminally liable offender is committing another criminal offence, the placement can be made within a *specialized residential centre* administered by the public social work service.

Criminal Justice System

The criminal justice system is responsible with the rehabilitation of *criminally liable offenders*. According to the Romanian legislation in force (e.g. Criminal Code, Law no. 275 / 2006 for the execution of punishments), criminally liable offenders are dived as follows:

- Minors – between 14 and 18 years of age;
- Youth – between 18 and 21 years of age;
- Adults – over 21 years of age.

---

[3] The degree of social danger is established according to article 18[1], Criminal Code, stipulating that the Court should take into account the way and the means used to commit the criminal offence, the purpose, the circumstances in which the criminal offence was committed, the result produced or that would have been produced, and the offender's conduct.

For the purpose of the present review, *criminally liable young offenders* are considered to be between 14 and 24 years of age.

Criminal Sanctions

According to article 17 of the Criminal Code "criminal offence is the sole ground for criminal liability" and for an act to be considered criminal offence it has to meet simultaneously three conditions: constituted as social danger, committed with guilt and be stipulated by the criminal law. If these three conditions are met, then a criminal sanction can be imposed.

The Criminal Code stipulates two types of *criminal sanctions*: punishments and educational measures. These are imposed to guilty offenders depending on their legal age (under or over 18 years of age). The following table structures the applicability of criminal sanctions according to the Romanian Criminal Code.

Table 1.

Structure of criminal sanctions in Romania

Criminal sanction	Title of criminal sanction	Type of Individualization	Place of execution	Legal age (18 years)	Criminal Code	Institution
Punishments	Life imprisonment	Prison enforcement	Custody	Over	art. 54–55[2]	ANP[1]
		Parole	Community	Over	art. 55[1]	–
	Imprisonment (from 15 days to 30 years)	Prison enforcement	Custody	Both	art. 57	ANP
		Suspended sentence	Community	Both	art. 81–86, art. 110	–
		Suspended sentence with supervision	Community	Over	art. 86[1]–86[6]	SP[2]
		Suspended sentence under supervision or control	Community	Under	art. 110[1]	SP
		Workplace enforcement	Community	Both	art. 86[7]–86[11]	WP[3]
		Parole	Community	Both	art. 59–61	–
	Fine	Payment enforcement	Community	Both	art. 63	–
		Replaced with imprisonment	Custody	Both	art. 63[1]	ANP
		Suspended sentence	Community	Both	art. 81–86, art. 110	–
Educational measures	Reprimand	Enforcement	Community	Under	art. 102	–
	Supervised liberty	Enforcement	Community	Under	art. 103	SP
	Internment in a rehabilitation center	Enforcement	Custody	Under	art. 104	ANP
	Internment in a medical-educational institute	Enforcement	Custody	Under	art. 105	–

Legend: [1] National Administration of Penitentiaries, [2] Probation Service, [3] Workplace.
Source: Criminal Code, cited in Szabo, A., 2010. Wrong, guilt and punishment: about offender rehabilitation. In: D. Buzducea, ed. *Social Work with Groups at Risk*. Iaşi: Polirom Publishing, forthcoming. [Revised version]

Criminally liable under-aged offenders (between 14 and 18 years) are sanctioned either with an educational measure or with a punishment, while legally-aged offenders (over 18 years) are sanctioned by punishments. Thus, *criminally liable young offenders* (as defined in the present project between 14 and 24 years of age) can be sanctioned both with punishments and educational measures.

Sanctions for Criminally Liable Under-Aged Offenders

When choosing the sanction for a criminally liable under-aged offender, article 100 of the Criminal Code stipulates that the Court has to take into account the following:

- Offence's degree of social danger;
- Offender's physical condition;
- Offender's intellectual and moral development;
- Offender's conduct;
- Environment in which the offender developed;
- Any other elements that can characterize the offender as person.

According to the same article, punishments can be enforced only if educational measures are found to be insufficient for the rehabilitation of the criminally liable under-aged offender. Also, article 109 of the Criminal Code stipulates that life imprisonment sentences cannot be imposed and punishments' limits are halved. In general, in what concerns criminally liable under-aged offenders, educational measures have to be considered first, while punishments have to be seen as the last option as they are more coercive and less preventive. Educational measures are imposed in order "to educate and re-educate the under-aged who committed a criminal offence, to ensure a change in his conscience to respect the social values by acquiring educational and professional training to allow full integration into society" (Mitrache, 1994, 355). The main content of the educational measures available in the Romanian criminal legislation is as follows:

- Reprimand (article 102, Criminal Code) consists in reminding the under-aged the fault in his act by showing its social danger, advising him on the way he should behave in order to prove rehabilitation and pointing to the fact that re-offending will draw the imposition of a more severe educational measure or a punishment.

- Supervised liberty (article 103, Criminal Code) consists in letting the under-aged free for one year, under specialized supervision. The supervision can be made by the natural parents, the foster parents or the tutor. When they cannot provide satisfactory conditions, the Court can decide to entrust supervision with a relative or with the SP. The Court can also impose one or more obligations, such as ban on attendance in certain places, contact specific persons or do between 50 and 200 hours of community service.

- Internment in a rehabilitation centre (article 104, Criminal Code) consists in interning the under-aged in a center (managed by the ANP) in which he/she has the possibility to acquire educational and professional training according to his/her own skills. This measure is taken when the other two are considered insufficient.

- Internment in a medical-educational institute (article 105, Criminal Code) consists in interning the under-aged in an institute that can provide the medical treatment and the educational training needed to improve the physical and psychological state of the under-aged. Presently, this type of institute doesn't exist in Romania and as a consequence, the article is not applicable.

Sanctions for Legally-Aged Offenders

Punishments are imposed on legally-aged offenders (over 18 years), and as previously mentioned imprisonment and fine can also be imposed on criminally liable under-aged offenders (between 14 and 18 years), sentence limits being halved.

According to article 52 of the Criminal Code, the criminal sanction called *punishment* is "a measure of coercion and a means of rehabilitation of the convicted person. Its purpose is preventing reoffending. The execution of punishment intends to

form a correct attitude towards work, the rule of law and the rules of social life". Offenders that executed a punishment are seen as being rehabilitated.

Custodial punishments, such as life imprisonment and imprisonment, are executed in detention units of ANP, according to the progressive and regressive systems. Convicted persons can execute their sentences under specific detention regimes, depending on their punishment and behavior during incarceration. Chapter 2 of Law no. 275 / 2006 for the execution of punishments stipulates four types of custodial regimes, as follows:

- Maximum security regime is applied to persons with a conviction of life imprisonment or imprisonment higher than 15 years, and also to convicted persons considered to be of high risk. This type of regime is not applied to men over 60 years of age and women over 55 years of age, to pregnant women or caring for a child less than one year of age, to criminally liable under-aged offenders and to severe disabled persons. This type of regime can be changed with a less severe one after at least 8 years of the sentence is served.
- Closed regime is applied to persons convicted to imprisonment between 5 and 15 years. These persons can work outside the prison with approval from the prison administration and only under continuous guard. After at least $1/4^{th}$ of the sentence is served, this regime can be changed to a less severe one.
- Semi-opened regime is applied to persons convicted to imprisonment between 1 and 5 years. These persons can work and do other activities (educational, cultural, therapeutic etc.) outside the prison under supervision. After at least $1/4^{th}$ of the sentence is served, this regime can be changed to a less severe one.
- Opened regime is applied to persons convicted to imprisonment less than 1 year. These persons can work and do other activities outside the prison with no supervision.

Custodial punishments can also be executed in the community. Persons convicted to life imprisonment can be paroled after 20 years of detention were served, or after 15 years of detention were served if the person is over 60 years for men and 55 years for women, as stipulated by article 55^1 of the Criminal Code. Also, besides actual enforcement, the punishment of imprisonment (between 15 days and 30 years) can be individualized by the Court in ways that imply execution in the community. According to article 72 of the Criminal Code, such individualizations depend on criteria as punishment limits, offence's degree of social danger, offender's behavior and mitigating or aggravating circumstances. The main types of community execution for the imprisonment punishment are as follows:

- Suspended sentence (articles 81–86, Criminal Code) can be imposed if the punishment is imprisonment under 3 years, the offender was not previously convicted with imprisonment higher than 6 months and it is considered that the punishment's purpose can be reached without its enforcement. The sole obligation of the convicted person while under suspended sentence is to not re-offend.
- Suspended sentence with supervision (articles 86^1–86^6, Criminal Code) can be imposed if the punishment is imprisonment under 4 years, the offender was not previously convicted with imprisonment higher than one year and it is considered that such a sentence constitutes a warning enough to prevent re-offending. The convicted person has to comply with certain measures and obligations, his/her supervision being under the responsibility of the SP. A similar type of individualization available for the imprisonment punishment

imposed to criminally liable under-aged offenders is the suspended sentence under supervision or control (article 110^1, Criminal Code) its limits being halved.

- Workplace enforcement (articles 86^7–86^{11}, Criminal Code) can be imposed if the punishment is imprisonment under 5 years and the offender was not previously convicted with imprisonment higher than one year. This individualization is actually a type of pecuniary sanction: from the income earned by the offender, a quota of 15 to 40 percent, depending on his/her level of the income and caring obligations, is retained and transferred to the state budget. This sanction also imply the following conditions: social insurance rights are established after the quota is retained, the time executed at the workplace is not added to the working years necessary for pension rights, workplace can be changed only with Court approval, promotion and management positions are not available.

- Parole (articles 59–61, Criminal Code) is possible after the person served at least $2/3^{rds}$ of the sentence in case of imprisonment less than 10 years and at least $3/4^{ths}$ of the sentence in case of imprisonment higher than 10 years. The sole obligation of the convicted person while under parole is to not re-offend.

The fine is the main non-custodial punishment available in the Romanian criminal legislation in force. Besides its actual enforcement, the fine can be suspended (as with imprisonment, according to articles 81–86 of the Criminal Code) or can be replaced with imprisonment if the convicted person fails to pay it (article 63^1 of the Criminal Code).

Institutional Arrangements
The organization of the Romanian criminal justice system follows the traditional line of three phases:

- Pre-trial phase – divided into two types of investigations, conducted by the police and the prosecution, through which proves are collected on the criminal offence, the offender and his/her criminal liability.

- Trial phase – with the purpose of establishing the truth, the guilt and the suitable sentence. The judicial structure in Romania includes one Supreme Court, 15 Appeal Courts, 41 County Courts, 4 Specialized Courts (for under-aged and family matters and for commercial cases) and 177 Local Courts.

- Post-trial phase – covers the execution of sentences. Two institutions have the responsibility of organizing sentence execution: ANP (for all custodial sanctions) and the PS (for some community sanctions).

ANP is "a public institution of national interest, with legal entity, under the subordination of the Ministry of Justice (…) which contributes to the defense of public order and national security by providing guard, escort, surveillance, applying the custodial regimes and organizing social and educational activities for the reintegration of prisoners" (article 1, Resolution no. 1849 / 2004).

The main legislative framework that regulates the activities of ANP includes:

- Resolution no. 1849 / 2004 on the organization, functioning and attributions of the ANP;

- Order no. 2003/2008 on the Regulations for the organization and functioning of the ANP;

- Law no. 293/2004 on the statute of public servants within the ANP;

- Law no. 275/2006 on the execution of punishments;

■ Resolution no. 1897/2006 on the Rules for the implementation of Law no. 275/2006.

ANP takes into custody persons under preventive detention and with a final and conclusive sentence. Detention regimes are applied only to convicted persons, while those in preventive detention are under a special regime. There are 44 detention units presently in Romania (see the map below):

■ 32 prisons (Aiud, Arad, Bacău, Baia Mare, Bârcea Mare, Bistriţa, Botoşani, Brăila, Bucureşti-Jilava, Bucureşti-Rahova, Codlea, Colibaşi, Craiova, Drobeta-Turnu Severin, Focşani, Galaţi, Gherla, Giurgiu, Iaşi, Mărgineni, Miercurea Ciuc, Oradea, Pelendava, Ploieşti, Poarta Albă, Satu Mare, Slobozia, Târgu Mureş, Târgu-Jiu, Timişoara, Tulcea, Vaslui);

■ One female prison (Târgşor);

■ 2 prisons for minors & youth (Craiova, Tichileşti);

■ 6 hospital prisons (Bucureşti-Jilava, Bucureşti-Rahova, Colibaşi, Dej, Poarta Albă, Târgu-Ocna);

■ 3 re-education centers (Buziaş, Găeşti, Târgu-Ocna).

No halfway houses are available for parolees in Romania at the moment. Newly paroled persons with needs such as housing and employment have the right to apply for the support of the social work public services or non-governmental organizations, if they comply with conditions stipulated in specific social welfare legislation or the programs developed in local communities.

Graphic 1. Map of detention units in Romania

Source: Website of the National Administration of Penitentiaries: http://www.anp-just.ro

SP are specialized bodies with no legal entity under the technical subordination of the Probation Department within the Ministry of Justice and the administrative subordination of County Courts. The Probation Department was established in 2000 by the Minister of Justice's Order no. 2626, is functioning under the subordination of a State Secretary and has as main responsibilities the management, coordination and control of activities in the field of probation. County Courts provide space and financial support to all SP.

Graphic 2. Subordination of Probation Services in Romania
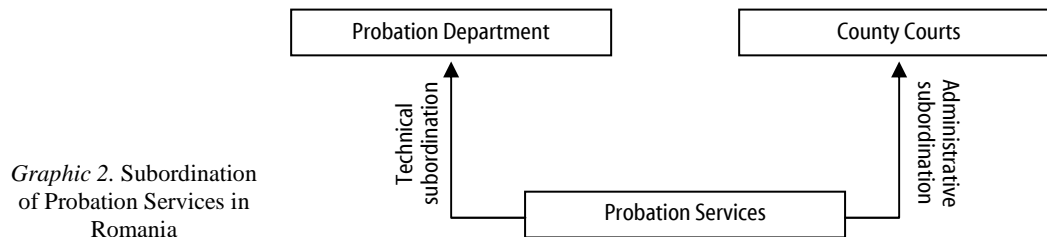
Source: Szabo, A,, 2009. *Development perspectives of the probation institution in Romania. Research report.* Bucharest: University of Bucharest Publishing, 12.

The main objective of SP in Romania is the social reintegration of offenders which execute their sentence in the community (article 1, Ordinance no. 92/2000 on the organization and functioning of SP). Not all criminal sanctions executed in the community are under the supervision of the SP (see Table 1). The following types of community sanctions are supervised by the SP:

- Suspended sentence with supervision (articles 86^1–86^6, Criminal Code);
- Suspended sentence under supervision or control (article 110^1, Criminal Code);
- Supervised liberty (article 103, Criminal Code).

Besides supervision in the community, SP also provide, among others (Szabo, 2009, 13):

- Evaluation reports on criminally liable offenders to the Courts and the Prosecution Offices;
- Evaluation reports on non-criminally liable offenders to the Courts and the Child Protection Committees;
- Assistance and counseling to convicted persons under probation supervision;
- Psychological counseling to victims of criminal offences;
- Participation in Parole Boards organized in prisons;
- Participation at hearings of criminally liable under-aged offenders during the pre-trial phase.

The provisions of article 102 of the new Criminal Code, approved by the Romanian Parliament in 2009 and entering into force in the following year, stipulate that SP will also supervise parolees during their last part of sentence execution in the community. At the present moment, the sole attribution of SP in the prison setting is the participation in the Parole Boards mentioned above.

National statistical background information on young people in prisons

According to data provided by ANP (August 2010), there are 5,658 YP aged between 14–24 years in Romanian detention units, 5,465 male (96.59%) and 193 female (3.41%). The total PP is of 28,185 prisoners. This means that YP represent 20% of the total PP.

Table 2 presents the gender and age distribution of YP. Those aged between 21–24 years represent more than half of the total YP population (58.91%). Criminally liable under-aged offenders (aged between 14–18 years) serving custodial sentences represent just 7.9% of the total YP population. This is because most of them are

sentenced in the community. Data from the National Statistics Institute shows that in 2008 from a total of 3,624 convicted minors, 2,483 (68.52%) received community sanctions, while 1,141 (31.48%) received custodial sanctions.

Table 2.
Age structure and gender distribution of young prisoners

Age groups / Gender	Male		Female		Total YP	
	n1	%N	n2	%N	N*	%N
14–15 years	10	0.18	0	–	10	0.18
15–16 years	33	0.58	1	0.02	34	0.60
16–17 years	139	2.46	9	0.16	148	2.62
17–18 years	265	4.68	8	0.14	273	4.83
Subtotal 14–18 years	447	7.90	18	0.32	465	8.22
18–19 years	360	6.36	17	0.30	377	6.66
19–20 years	514	9.08	12	0.21	526	9.30
20–21 years	811	14.33	39	0.69	850	15.02
Subtotal 18–21 years	1685	29.78	68	1.20	1753	30.98
21–22 years	1015	17.94	32	0.57	1047	18.50
22–23 years	1089	19.25	30	0.53	1119	19.78
23–24 years	1229	21.72	45	0.80	1274	22.52
Subtotal 21–24 years	3333	58.91	107	1.89	3440	60.80
Total	5465	96.59	193	3.41	5658	100

Legend: *N = n1 + n2 = 5,658 = Total YP.
Source: National Administration of Penitentiaries; Data reported on August 24, 2010.

Table 3 presents the distribution of YP in detention units according to the age structure. As it is expected, the majority of prisoners serving their sentence in re-education centers are aged between 14 and 18 years (95.88%). In minors and youth prisons, 72.61% of the YP population is aged between 18 and 21 years. As it is mentioned at the beginning of Section II.2., prisoners are considered youth up to 21 years of age by the Romanian legislation in force. From the total of youth between 14 and 24 years of age serving their sentences in prisons (as defined by the HPYP project), 68.57% are aged between 21 and 24 years. The criminally liable under-aged offenders serving their sentences in minors and youth prisons or in prisons were convicted by imprisonment punishments.

Table 3.
Age structure and detention units distribution

Age groups / Detention Units	RC[1]		MYP[2]		P[3]	
	n1	%n1	n2	%n2	n3	%n3
14–15 years	1	0.59	1	0.19	8	0.16
15–16 years	16	9.41	3	0.57	15	0.30
16–17 years	63	37.06	22	4.21	63	1.27
17–18 years	83	48.82	82	15.71	108	2.17
Subtotal	163	95.88	108	20.69	194	3.91
18–19 years	7	4.12	82	15.71	288	5.80
19–20 years	0	–	114	21.84	412	8.30
20–21 years	0	–	183	35.06	667	13.43
Subtotal	7	4.12	379	72.61	1367	27.53
21–22 years	0	–	30	5.75	1017	20.48
22–23 years	0	–	5	0.96	1114	22.43
23–24 years	0	–	0	–	1274	25.65
Subtotal	0	0.00	35	6.70	3405	68.57
Total	170	100.00	522	100.00	4966	100.00

Legend: [1]Re-education Centers; [2]Minors & Youth Prisons; [3]Prisons.
Source: National Administration of Penitentiaries; Data reported on August 24, 2010.

Table 4 presents the evolution of the PP in the last 10 years distributed on age groups. The YP population represented 29% of the total PP in 2000. The percentage

decreased to 20% in 2010. The decrease (n2000 / n2010) was of 3.2 for the age group 14–18 years and of 2.4 for the age group 18–24 years. The decrease was continuous until 2008, a mild increase being registered in 2009 and 2010.

Table 4.

Evolution of prison population

Years* / Age groups	14–18 years		18–24 years		14–24 years (YP)		Total PP
	n1	%N	n2	%N	n1 + n2	%N	N
2000	1521	3.15	12536	25.97	14057	29.12	48267
2001	1432	2.87	11908	23.89	13340	26.77	49840
2002	1396	2.90	11009	22.90	12405	25.80	48081
2003	895	2.09	8899	20.78	9794	22.88	42815
2004	851	2.18	8155	20.89	9006	23.07	39031
2005	864	2.35	7774	21.18	8638	23.54	36700
2006	756	2.22	6661	19.57	7417	21.79	34038
2007	538	1.83	5558	18.91	6096	20.74	29390
2008	431	1.64	4863	18.55	**5294**	20.20	26212
2009	470	1.76	5017	18.78	5487	20.54	26716
2010	473	1.68	5179	18.38	5652	20.05	28185

Source: National Administration of Penitentiaries; 2000–2009 data reported on December 31; 2010 data reported on August 16.

Data from ANP (August 2010) shows that the average custodial sentence for under-aged offenders (14–18 years of age) is of 4 years and 8 months. The average custodial sentence for the total PP is of 7 years and 6 months. Life imprisonment sentences (totaling 145 sentences) were not taken into account for the calculation for this indicator. ANP didn't provide data on the average custodial sentence for the age group 18–24 years.

Table 5 presents the distribution of criminal offences, ordered by the percentage of YP out of the total PP. The highest percentage was registered for criminal offences against property (28.16%), mainly theft and robbery. The Criminal Code defines theft as taking someone's property without his consent in order to misappropriate it (article 208), while robbery is defined as theft committed by use of violence, threats or by leaving the victim unconscious or defenseless, as well as theft followed by the use of such ways in order to keep the stolen property, to erase the traces of the criminal offence or to ensure the escape (article 211).

Table 5.

Criminal offences and age distribution

Criminal offences / Age groups	14–18 years		18–24 years		14–24 years (YP)		Total PP
	n1	%N	n2	%N	n1+n2	%N	N
Against property	390	2.66	3743	25.50	4133	28.16	14678
Against social life	1	0.21	59	12.42	60	12.63	475
Drug use and trafficking[1]	0	–	179	11.88	179	11.88	1507
Against persons	80	0.87	1012	11.00	1092	11.87	9199
Forgeries	0	–	7	11.11	7	11.11	63
Organized crime[2]	0	–	37	10.66	37	10.66	347
Against authority	0	–	8	10.39	8	10.39	77
Driving offences[3]	1	0.12	70	8.40	71	8.52	833
Human trafficking[4]	1	0.22	29	6.47	30	6.70	448
Against public interest	0	0.00	11	5.05	11	5.05	218
Subtotal	473	1.70	5155	18.51	5628	20.21	27845
Other offences	0	–	24	7.06	24	7.06	340
Total	473	1.70	5179	25.57	5652	27.27	28185

Legend: [1]Law 143/2000; [2]Law 678/2001; [3]Decree 195/2002; [4]Law 678/2001; Data reported on August 16, 2010.

Source: National Administration of Penitentiaries.

ANP reported zero mortality among YP in 2010, first semester. Other data available on YP's health, risk behaviors and services:

▪ ANP (cited in ANA, 2009, 95) reports in December 2008 that 1,682 prisoners had a drug use history (prevalence of 63.97‰), from which 74 (4.39%) were aged between 15 and 19 years, 415 (24.67%) between 20 and 24 years, 610 (32.26%) between 25 and 29 years and 583 (34.66%) over 30 years.

▪ ANA (2009, 97) reports that its subordinated centers for the drug prevention, evaluation and counseling delivered services in 2008 to 209 persons referred by the criminal justice system (either by detention units, courts, prosecutors, probation services and police) and with the following age structure: 8 (15–19 years), 59 (20–24 years), 62 (25–29 years), 49 (30–34 years), 22 (35–39 years), 7 (over 40 years) and 3 (no age specification).

▪ UNDOC (2010, 12) reports according to its 2009 HIV, HBV and HCV Behavioral Surveillance Survey among IDUs in Bucharest that "15% IDUs injected drugs while in prison. More than half IDUs (56%) aged 18–24 years, with imprisonment history and reported drug use, declared injecting while in prison as compared to 34% of those aged over 25".

▪ The HIV, HBV, HCV Behavioral Surveillance Survey among prisoners in Romania (RAA, 2010a), made in the period June–July 2009, reports within the sub-sample aged between 18 and 24 years the following data: 18% consumed cannabis at least once in their life; 9% used cocaine; 6% injected themselves with combinations of medication, alcohol and other substances; 4% received or had access to free sterile needles or syringes; 49% got a tattoo during detention; 19% got pierced; 23% intentionally cut their body; 16% used razor blades in common with others; 70% used trimmer scissors in common with others; 22% used condom during their last intercourse; 47% received or had free access to condoms; 53% attended information sessions on HIV/AIDS; 64% had access to leaflets or documentary films on HIV/AIDS; 14% attended training courses for HIV/AIDS peer-educator; 58% received or had access to free information on HIV testing; 33% were tested for HIV in their lifetime; 26% were tested for HIV during the last 12 months and 23% of then were tested for HIV in the prison setting.

Policies, practices and initiatives on health promotion for young prisoners

ANP has a common policy for all health related issues, without differentiating between young and adult prisoners. Thus, the subsequent description is applicable to prisoners of all ages.

Organization of Prison Medical Care

ANP is centrally organized on departments, among which functions a Medical Department. According to article 80 of the Order no. 2003 / 2008, ANP's central Medical Department is structured into two services:

▪ Medical Care Service (article 81, Order no. 2003 / 208): its main attribution is to organize, direct, evaluate, coordinate and monitor how medical care services are provided in all detention units;

▪ Programs and Preventive Care Service (article 83, Order no. 2003/208): its main attributions are to coordinate, evaluate and monitor public health activities which take place in the prison system and to elaborate, coordinate, implement and monitor programs of health promotion for prisoners. This Service also coordinates and implements the strategies for the prevention and fight against HIV, tuberculosis (TB), drug use, STD and for the preservation of mental health; monitors health indicators and the efficiency of medical care activities; evaluates prisoners' health needs; coordinates educational programs for the promotion of health and the activity of prevention, supervision and control of transmitted and non-transmitted diseases.

The main legislative framework that regulates medical care within detention units in Romania is the Order no. 1361/C/1016/2007. This framework provides specific stipulations regarding all types of medical care (e.g. primary care, emergencies, ambulatory care, dental care, hospitalization, pregnancy, medication, equipment, forensics, etc.), prophylactic and anti-epidemiological activities (e.g. prevention and fight against diseases, infections' supervision and control, assistance in case of drug abuse, vaccinations, etc.) and prisoners' rights and obligations as patients of the prison medical network.

Prison Medical Network

Direct medical care is provided to prisoners within facilities of the prison medical network, as regulated by article 24 of Resolution no. 1897 / 2006. The same article stipulates that the medical network within detention units must include equipment and facilities such as infirmaries, chambers for respiratory isolation and sputum collection, medical and dental offices, treatment rooms, pharmacies, dental labs and medical transportation. The latest ANP Annual Report (2009a, 26) informs that the Romanian prison medical network includes 40 primary care offices, 45 dental and other specialty care offices, 10 dental labs, 40 pharmacies and 6 prison-hospitals. The same report shows that during the 2009 calendar year a number of 27,000 prisoners received medical care services within this network.

Though the network's infrastructure exists, the main persistent problem of the Romanian prison medical network is "the high deficit of medical staff (…) in almost all detention units", according the institution's Annual Report (ANP, 2009a, 28). According to ANP doctor positions are vacant in Brăila and Târgu-Jiu prisons (nurses positions are occupied and doctors from other units cover the medical services), there is no neurologist in Jilava prison hospital, post-surgical intensive care is provided with difficulty in Rahova prison-hospital because of staff shortage (there are only 3 doctors) and in some cases dentists provide services in 2–3 detention units. Medical staff deficit is a national problem in Romania, affecting the medical system as a whole, not only the prison medical network. Vasile Astărăstoae, President of the Romanian Doctors' College, in a recent interview for Evenimentul Zilei daily said that in Romania there are "1.9 doctors per 1,000 inhabitants, while the European average is 3.9 doctors per 1,000 inhabitants" (Anghel, 2010). Besides the risks involved by the carceral environment, two serious factors maintaining staff shortage within the prison medical network are "the lack of financial attractiveness", as mentioned in a Diagnosis-Analysis on the Romanian prison system (ANP, 2009b, 24) and "the impossibility to announce job vacancies due to

budgetary restrictions", as mentioned by the cited Annual Report (ANP, 2009a, 29). Lack of financial motivation from part of medical professionals and institutional budgetary constraints are also factors that affect the public medical sector as a whole.

The ANP Annual Report (2009a, 28–29) also mentions other deficiencies of the Romanian prison medical network: two prison-hospitals (Rahova and Colibaşi) didn't have pharmacists; outsourcing primary medical care resulted in the poor access of prisoners to these services; difficult cooperation with the public medical units under the subordination of the Ministry of Public Health. Besides these, the abovementioned Diagnosis-Analysis (2009b, 24–25) also identified as deficiencies of the prison medical network during last year: insufficient funds for the proper equipment of medical facilities; lack of continuous training programs for the medical staff; insufficient medication for the treatment of prisoners. As it can be seen, all these deficiencies are structural in nature and mostly with exogenous determinants.

ANP Strategic Objectives on Medical Care

The ANP Strategy for the period 2010–2013 is currently awaiting approval by the Government. The draft project, still opened for public debate, reiterates the problems facing the prison system as a whole and considers medical care "one of the four priority fields" (ANP, 2010a, 10) along with institutional management, social reintegration of prisoners and safety, security and escort in the prison setting. The main strategic objectives on medical care stipulated by the 2010 draft project include:

- Ensuring the resources needed for medical activities;
- Developing programs for the prevention of diseases, education of prisoners and health promotion;
- Increasing the efficiency in the cooperation with the public medical sector.

According to the ANP's Annual Plan of Activities (2010b), the Medical Department is undertaking this year a large series of actions to reach the projected objectives mentioned above, and thus respond to the deficiencies identified during the previous year:

- Alignment of prison medical care regulations and procedures with the Ministry of Public Health's rules;
- Coverage of medical staff shortage within detention units;
- Development of a policy to attract qualified medical staff within the prison medical network;
- Professional training of the medical staff;
- Evaluation of medical equipment and facilities within detention units;
- Expansion of program implementation for the prevention of HIV and risks associated with drug use;
- Development and implementation of programs for the promotion of prisoners' health (such as programs against smoking, promotion of healthy diets, prevention and early diagnosis of cardiovascular illnesses);
- Establishment of partnerships with local public health institutions.

Health Policies and Programs in Prisons

Although the ANP Diagnosis-Analysis (2009b, 27) mentions that the prison medical system "doesn't have a policy in the field which is explicit, on medium term and accompanied by systemic indicators that measure results and fundaments appropriate interventions", we have identified a number of programs aimed at preserving and promoting prisoners' health, which can be structured on the following areas:

- HIV prevention;
- Harm reduction among IDUs;
- Tuberculosis control;
- Mental health.

As the subsequent description will show, the areas that cover HIV prevention, harm reduction among IDUs in prison and mental health have a series of common activities and programs which overlap. The organization of the subsequent literature review follows the logic of specific national regulations in force.

HIV Prevention

The Romanian legislative framework regarding medical care in prison, meaning the Order no. 1361 / 2007, stipulates specific measures for the prevention of HIV among prisoners. Section V of the above-mentioned Order stipulates actions such as dissemination of information materials, development of educational programs, distribution of condoms, provision of access to HIV testing and pre-/post-testing counseling, taking universal precautions in medical facilities, proper sterilization of medical instruments, appropriate collection of septic waste, etc. Prisoners that are HIV positive are entitled to a special diet and antiretroviral treatment (according to the national HIV/AIDS treatment guideline). The framework also provides stipulations for the prevention of hepatitis. Section VII of the Order regulates actions such as sanitary supervision of the prison environment, supervision of prisoners' personal hygiene, correct sterilization of dental and surgical instruments, universal precautions in medical facilities, use of disposable syringes for medical treatment, development of educational programs. Prisoners with a hepatic virus are admitted to prison-hospitals or to hospitals within the public medical sector. After hospital discharge, the prison doctor is responsible with ensuring the correct administration of treatment and diet. Prisoners with a hepatic virus are exempted from work.

These regulations are in accordance with the Law no. 584 / 2002 on AIDS prevention measures, as well as with the *National Strategy for the surveillance, control and prevention of HIV cases for the period 2004–2007* elaborated by the National Commission with the same name, an inter-ministerial body without juridical registration, presently under the Ministry of Public Health. The National Strategy for the period 2008–2013 was elaborated by the National Commission but was not yet officially endorsed by the Government.

Until present time, a series of HIV prevention programs took place in the Romanian prison system:

- Since 2000, ANP developed several HIV/STDs prevention programs involving delivery of condoms to paroled prisoners, as it is mentioned by an evaluation on the

implementation of the 2004–2007 National Strategy for the surveillance, control and prevention of HIV cases (RAA, 2006, 38).

▪ In the period 2004–2007, ANP implemented the first HIV/AIDS prevention program financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Round 2. According to RAA (2010b), the program provided prisoners with key information on HIV/AIDS and trained peer educators.

▪ In the period 2008–2010, the previous program continued with financing from the GFATM, Round 6 through the RAA as principal recipient and was implemented by a consortium of non-governmental organizations called "Initiative 38 – HIV Prevention Project in Prison Settings", in partnership with ANP. Leaded by the Romanian Harm Reduction Network (RHRN), the consortium included Close to You Foundation (ADV), Alliance to Fight against Alcoholism and Addictions (ALIAT), Romanian Association Against AIDS (ARAS) and Integration Association. The project covered 38 Romanian prisons, hence its name. According to RHRN (2010a, 4), the project delivered HIV prevention services to prisoners, including informative sessions, alternative information materials dissemination, condoms and lubricants distribution and peer educators training. The fifth progress report of the HIV/AIDS Program Round 6 (see the GFATM in Romania through RAA website) shows that by end of December 2009 a number of 1,151 prisoners were trained as peer-educators, 17,687 prisoners participated in group IEC sessions conducted by health educators, 9,052 prisoners were tested for HIV, and other 55 prisoners were tested for HVC. Peer-educators are an important resource in the prison setting, as other prisoners invest them with more trust compared to the prison staff and they are themselves highly motivated to participate in this type of program.

Harm Reduction among IDUs

The medical, psychological and social measures to be taken for prisoners using drugs are regulated by the Orders no. 1216 / 2006 and 1361 / 2007. According to article 1 of the Order no. 1216 / 2007, prisoners using drugs can receive three types of interventions, depending on their specific needs: emergency care, integrated assistance programs and prevention measures.

In case of emergencies (complicated withdrawal, overdose, complicated associated affections), medical care is provided by the public medical sector, while measures for withdrawal symptoms are primarily provided by the prison medical doctor and if stabilization doesn't occur the case is transferred to public facilities, as stipulated by articles 118–119 of the Order no. 1361 / 2007.

Integrated programs (PIT) are delivered according to Resolution no. 860 / 2005, which generally regulates drug therapy in Romania. The same PIT are also detailed in the Standards for medical, psychological and social assistance of drug users developed by ANA. According to these standards, PIT are "a comprehensive set of therapeutic, psychological and social programs, complementary, simultaneous or sequential, materialized in an intervention plan" (ANA, 2005, 64).

There are four types of PIT (idem, 66–71):

▪ Drug zero of low intensity programs (PIT 1) are aiming at acquiring or maintaining drug abstinence, improving family, social and professional integration,

redressing psycho-emotional and behavioral problems, developing or regaining social skills and stimulating professional, sports and cultural inclusion;

▪ Drug zero programs (PIT 2) follow almost the same objectives as the previous one, the difference being that they firstly aim at interrupting drug use under medical care;

▪ Drug zero with stabilization programs (PIT 3) prepare drug users for abstinence, create basic conditions to improve the quality of life, interrupt drug use under medical care and maintains abstinence, improve family, social and professional integration, stimulate professional, sports and cultural inclusion;

▪ Harm reduction programs (PIT 4) aim at reducing the impact and consequences of drug use, by using two types of strategies: opioid substitution therapy (OST) and needle and syringe programs (NSP). OST services aim at substituting the drug used with an opiate under medical control, reducing the risk of HIV, HBV, HCV, TB, STDs, reducing the consumption of other substances, improving the quality of life and improving family, social and professional integration. NSPs aim at contacting drug users and drawing them in the treatment network, ensuring epidemiology vigilance, reducing the harms of using drugs, facilitating safe injecting practices, increasing or stabilizing motivation to change.

Specific stipulations on the prison setting are found in the Order no. 1216 / 2006. For example, article 6 of this Order regulates that drug users under preventive detention receive medical and psychological care, while those convicted and serving their sentence in detention units receive, besides medical and psychological care, also social services. OST services are provided in prison-hospitals during the stabilization phase and by the prison medical doctor during the maintaining phase, as stipulated by article 13 of the same Order.

Besides treatment, article 19 of the Order no. 1216 / 2006 regulates measures for the prevention of drug use in the prison setting, such as dissemination of information materials, organization of sessions to inform, educate and communicate the risks drug use involves, cooperation with institutions from the community on developing prison prevention programs and organization of special programs for prisoners with a history of drug use.

Since 2007, UNODC has provided assistance and support to the ANP to establish the first HIV prevention services among prisoners using drugs. An assessment of needs and barriers for developing such services was made jointly by UNODC and ANP in 2007 and a collaboration agreement was concluded between the two organizations (see reports from ANP & UNODC, 2010; RHRN, 2010b; UNGASS, 2010). The agreement, which is still underway, focuses on the initiation and provision of OST and NSP services, the development and endorsement of technical protocols and the enhancement of the capacity to deliver services.

An ECDC (2010, 25) special report on the implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia shows that of the 49 countries included in the research, 18% provide NSPs, 36% provide OST, 77% provide reproductive health programs including STD prevention and treatment, 79% promote the use of condoms and 90% include HIV testing and counseling. By benefiting of the UNODC support, ANP has provided NSP in two prisons and OST services in five prisons. ANP also plans are to expand NSPs in 4 more detention units and OST services

in another 5, as mentioned by ANP & UNODC (2010). The latest ANP Annual Report (2009a, 28) shows that "during 2008–2009, 65 prisoners were included in methadone substitution programs and 150 in needle and syringe programs".

ANP has also available a Psycho-social assistance program for prisoners with a history using drugs, piloted in Ploieşti, Jilava and Poarta Albă prisons (Corduneanu & Petrescu, 2009). The program was developed within a Penal Reform Foundation (RJP) project (see description in Section IV.4.4.) and contains an educational module, addressing the needs of current and former drug users, and a therapeutic module, which targets only prisoners abstinent for at least 3 years. Each module lasts 12 weeks.

Tuberculosis Control

General tuberculosis control measures are implemented according to the following national regulations:

- National Program for Tuberculosis Control 2007–2011 (PNCT);
- Order no. 1577 / 2008 on Methodological standards to implement PNCT;
- Information-Education-Communication (IEC) National Strategy for Tuberculosis Control.

These are completed by the Order no. 1361/2007 which generally regulates medical care in the prison setting and by a *Guideline for the epidemiological surveillance of tuberculosis and monitoring of PNCT* elaborated within the program "Fighting tuberculosis: a comprehensive, coordinated, multisectorial response in Romania" implemented by the Romanian Government with financing from GFATM (Cîlţ, et. al., 2005).

The responsibility for TB control in the prison setting is attributed to ANP's Medical Department. The PP is considered vulnerable group and intensive screening measures are recommended. The above-mentioned 2005 Guideline recommends early TB screenings before placing any offender into detention units, irrespective of his/her status of convicted or non-convicted person. If the offender placed under arrest is presenting TB symptoms, a medical examination is to be made. Offenders diagnosed with TB are not to be placed in prisons, but admitted to special TB wings within prison-hospitals. If the convicted person, during the execution of the custodial sentence, is presenting symptoms and was diagnosed with TB either passively or actively, he/she is to be immediately admitted to a prison-hospital TB wing. Labs for TB bacteriological diagnosis are found in Colibaşi and Târgu-Ocna prison-hospitals, while TB dispensaries and wings are in Colibaşi, Târgu-Ocna and Jilava prison-hospitals. Due to the fact that there are only three prison-hospitals with special TB wings (one in the Eastern and two in the Southern parts of the country), in case of emergencies, when transportation to these facilities would jeopardize the offender's life, admission to the nearest public hospital with special TB wing is to be made. Parolees with a TB diagnosis that are still under treatment are transferred to the nearest dispensary to their residence.

The Romanian prison system is benefiting from GFATM funds (Round 2 and 6) to implement TB control projects since 2004 (see the GFATM in Romania through RAA website):

- During the GFATM Round 2 financing (2004–2008), ANP established a Unit for the Implementation of TB Control Projects (UIP-TB) aiming at reducing the incidence of TB by "aligning prison medical practices with the PNCT and field international

recommendations, organizing and equipping respiratory isolation chambers and sputum collection rooms, and increasing by 15% the number of prisoners with correct information on TB transmission and symptoms after the delivery of information sessions". The main results of these projects include: establishment of 115 respiratory isolation chambers and 45 sputum collection rooms in all Romanian detention units, including prison-hospitals; training of educator teams for TB control consisting of nurses, supervisors and social workers/ psychologists/ educators; training 507 TB Infection Control supervisors; distribution of IEC materials to prisoners and staff and educating over 25,000 prisoners. Before the GFATM Round 2 financing, the global TB incidence in prisons was of 2967 registered cases per 100,000 prisoners. In 2007, after projects implementation, the global TB incidence in prison was of 650 registered cases per 100,000 prisoners.

▪ In 2006, GFATM approved the Round 6 funding on TB control programs for the period 2007–2012. Presently, two projects are underway: "Education Sessions for Prisoners", aiming at changing the prisoners' behavior towards TB and increasing their knowledge on this disease, and "Implementation of PNCT in Prisons" aiming at creating a supporting environment for TB control by improving staff training. The fifth progress report for the TB Control Program Round 6 (see the GFATM in Romania through RAA website) shows that by the end of December 2009 a number of 11,921 prisoners participated in TB health education sessions.

Mental Health

The legislative framework that covers general regulations on mental health in Romania and endorses the protection of persons with mental problems consists of Law no. 487/2002 on mental health, Order no. 372/2006 for its implementation and the National Strategy on mental health for the period 2006–2010 approved by the Ministry of Public Health's Order no. 374/2006.

These regulations do not include specific stipulations on how mental health services should be provided in the prison setting, stating that the general legislation on mental health are applicable to prisoners diagnosed with mental problems which are executing a sentence or are under preventive detention, as well to persons admitted into psychiatric wards according to safety measures imposed by the Court (article 39, Law no. 487 / 2002). Article 84 of the Order 1361/2007 on the provision of medical care in the prison settings reiterates this by stipulating that prisoners with mental problems are to receive treatment and care according to the methodological standards issued by the Ministry of Public Health.

On the other hand, the legislative framework covering the prison setting provides regulations regarding the cell distribution of prisoners with special needs, including those with mental problems (article 80, Resolution 1897/2006) and the safety measures that should be taken in cases of prisoners with severe mental disorders (article 139 of the same Resolution). The safety measures allowed in these later cases include hospitalization for medical treatment and psychosocial assistance, the use of restraints during crises to avoid self-harm, harm to others and destruction of property and the constant assessment of the suicide risk. Article 63 of the Order no. 2003/2008 on the organization of ANP stipulates

that the Departments for social-psychological assistance within detention units are responsible for the development, assessment and improvement of intervention programs specific for prisoners with special needs. This category includes prisoners convicted for violent criminal offences and sexual offences, prisoners with a history using drugs, with a mental disorder or chronically ill, with high suicide risk, prisoners serving life imprisonment sentences, elderly, vulnerable.

In the period 2008–2009, the project "Developing community support for prisoners' mental health" was organized by RJP with PHARE financing and in cooperation with ANP (see the RJP website). The project aimed at elaborating a set of case management procedures in the field of mental health within prisons, stimulating the mobility of local community resources where prisons exist and providing relevant information to prisoners, prison staff and specialists from the community. A number of information materials were produced and disseminated and a series of specific psychosocial assistance programs were developed for:

▪ Prisoners with mental problems (Pripp & Zamoşteanu, 2009): provides psychotherapeutic interventions to support and care for the prisoners diagnosed with severe psychiatric and medical pathology and with a long time after onset and to psycho-behaviorally compensate and balance them. The first module is addressed to prisoners with mild and medium mental retardation, pronounced cognitive impairment, schizophrenia in remission, significant social anxiety, predominant negative symptoms, poor motivation for therapy and with a long time after onset. The second module addresses prisoners with personality disorders, affective disorders, neuroses, difficulties in social networking, under 35 years of age and with motivated communication impairments for psychotherapy.

▪ Prisoners with aggressive behavior (Corduneanu, 2009): contains group and individual sessions aimed at reducing the weight of negative consequences of individual risk behaviors and the number of aggressions in the prison setting. The program targets convicted persons under closed or maximum security detention regimes, over 21 years of age, with aggressive behavior and with records of prison disciplinary sanctions.

▪ Prisoners with suicide risk (Pripp, 2009): divided into two modules (psychotherapeutic and educational), it generally aims at reducing prisoners' suicide risk behavior by reducing depression. The psychotherapeutic module targets prisoners vulnerable for developing depression, with increased suicide potential and for which individual risk factors are found. The educational module addresses the general PP and constitutes a means for the selection and training of prisoners with interpersonal skills as trusting-peers which will further identify suicide risk situations.

▪ Prisoners with sexual offences (Decsei-Radu & Pripp, 2009): its philosophy is based on the well-known program called "Sex Offender Treatment Program" (SOTP), has a cognitive-behavioral approach and borrows from the rehabilitation models RNR, Good-Life, ABC and Irvin Yalom's group therapy. The objective is to reduce the risk of general and sexual re-offending and targets sexual offenders, irrespectively of their age, but are male, have a medium level of literacy, agree with the program's terms, have at least a medium re-offending risk and at least 2 more year to execute. Group participants have to have similar offences.

References

ANA (2005) *Standards of the national medical, psychological and social assistance system for drug users* [Romanian]. Bucharest: National Anti-drug Agency.

ANA (2009) *National Report on the Situation of Drugs. Romania. New evolutions, trends and information on themes of European interest* [Romanian]. [Online] Reitox. Available at: http://www.politiaromana.ro [Accessed August 10, 2010].

Anghel, M. (2010) Deficit of tens of thousands of health professionals in hospitals [Romanian]. Evenimentul Zilei, [Online] Thursday, August 19. Available at: http://www.evz.ro [Accessed August 20, 2010].

ANP & UNODC, 2010. HIV prevention services among inmates Romania. In: UNODC, *"Equivalent HIV Prevention and Care in Prison Settings: from Policy to Practice" Conference*. Riga, Latvia, June 1–2, 2010. [online] UNODC. Available at: http://www.unodc.org [Accessed August 10, 2010].

ANP (2009a) *Annual Report – 2009* [Romanian]. [online] National Administration of Penitentiaries. Available at: http://www.anp-just.ro [Accessed August 10, 2010].

ANP (2009b) *Diagnosis analysis of the prison administration system* [Romanian]. [online] National Administration of Penitentiaries. Available at: http://www.scribd.com [Accessed August 10, 2010].

ANP (2010a) *Strategy of the prison system for the period 2010–2013* [Romanian]. [online] National Administration of Penitentiaries. Available at: http://www.anp-just.ro [Accessed August 10, 2010].

ANP (2010b) *Annual Plan of Activities – 2010* [Romanian]. [online] National Administration of Penitentiaries. Available at: http://www.anp-just.ro [Accessed August 10, 2010].

Cîlţ, C. et. al. (2005) *Guideline for the epidemiological surveillance of tuberculosis and monitoring the implementation of the National Program for TB Control* [Romanian]. [online] Implementation of DOTS Strategy for TB Control in Romania. Available at GFATM in Romania through RAA: http://www.fondulglobal.ro [August 10, 2010].

Corduneanu, L. & Petrescu, C.S. (2009) *Psycho-social assistance program for prisoners with history using drugs* [Romanian]. [online] Râmnicu Sărat: Print & Grafic. Available at: http://www.penalreform.ro [Accessed July 29, 2010].

Corduneanu, L. (2009) *Psycho-social assistance program for prisoners with aggressive behavior* [Romanian]. [online] Râmnicu Sărat: Print Grafic. Available Penal Reform Foundation: http://www.penalreform.ro [Accessed July 29, 2010].

Decsei-Radu, A.R. & Pripp, C. (2009) *Psycho-social assistance and prevention of sexual abuse reoffending program* [Romanian]. Râmnicu Sărat: Print & Grafic. Available at Penal Reform Foundation: http://www.penalreform.ro [Accessed July 29, 2010].

ECDC (2010) *Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2010 progress report. Summary*. [online] European Center for Disease Prevention and Control. Available at: http://www.ecdc.europa.eu [Accessed September 8, 2010] doi:10.2900/29487

Law no. 143 issued on July 26, 2000 on prevention and fight against trafficking and illicit use of drugs, published in the Official Gazette no. 362 issued on August 3, 2000. [Romanian].

Law no. 15 issued on June 21, 1968 on the Romanian Criminal Code, republished in the Official Gazette no. 65 issued on April 16, 1997. [Romanian].

Law no. 268 issued on July 17, 2009 on the Criminal Code, published in the Official Gazette no. 510 issued on July 24, 2009. [New Criminal Code]. [Romanian].

Law no. 272 issued on June 21, 2004 on the protection and promotion of child rights, published in the Official Gazette no. 557 issued on June 23, 2004. [Romanian].

Law no. 275 issued on July 4, 2006 on the execution of punishments and measures disposed by judicial bodies during the criminal process, published in the Official Gazette no. 627 issued on July 20, 2006. [Romanian].

Law no. 293 issued on June 28, 2004 on the statute of public servants working in the National Administration of Penitentiaries, republished in the Official Gazette no. 628 issued on September 22, 2009. [Romanian].

Law no. 487 issued on July 11, 2002 on mental health and protection of persons with mental problems, published in the Official Gazette no. 589 issued on August 8, 2002. [Romanian].

Law no. 584 issued on October 29, 2002 on AIDS prevention measures and the protection of persons living with HIV/AIDS, published in the Official Gazette no. 814 issued on November 8, 2002. [Romanian].

Mitrache, C. (1994) *Romanian criminal law: general matters*. [Romanian]. Bucharest: Şansa Publishing.

Order no. 1216/C/1310/543 issued on May 18, 2006 by the Ministry of Justice, on May 19, 2006 by the Ministry of Administration and Internal Affairs and on May 18, 2006 by the Ministry of Health on how to run integrated medical, psychological and social programs for prisoners using drugs, published in the Official Gazette no. 471 issued on May 31, 2006. [Romanian].

Order no. 1361/C/1061 issued on June 4, 2007 by the Ministry of Justice and on June 11, 2007 by the Ministry of Public Health on the medical care of prisoners under the custody of the National Administration of Penitentiaries, published in the Official Gazette no. 459 issued on July 6, 2007. [Romanian].

Order no. 1577 issued on September 16, 2008 by the Ministry of Public Health on Methodological standards to implement the National Program for Tuberculosis Control, published in the Official Gazette no. 766 issued on November 13, 2008. [Romanian].

Order no. 2003/C issued on July 22, 2008 by the Ministry of Justice on the Regulations for the organization and functioning of the National Administration of Penitentiaries, published in the Official Gazette no. 603 issued on August 13, 2008. [Romanian].

Order no. 2626/C issued on October 16, 2000 by the Ministry of Justice to modify the organizational structure of the General Judicial Direction, published in the Official Gazette no. 580 issued on November 20, 2000. [Romanian].

Order no. 3099/C issued on December 5, 2008 by the Ministry of Justice for the supplementation of the Regulations for the organization and functioning of the National Administration of Penitentiaries approved by the Order no. 2003/C/2008, published in the Official Gazette no. 2 issued on January 5, 2009. [Romanian].

Order no. 372 issued on April 10, 2006 by the Ministry of Public Health on Rules for the implementation of Law no. 487/2002 on mental health and protection of persons with mental problems, published in the Official Gazette no. 373 issued on May 2, 2006. [Romanian].

Order no. 374 issued on April 10, 2006 by the Ministry of Public Health on the approval of the Strategy on mental health, published in the Official Gazette no. 373 issued on May 2, 2006. [Romanian].

Ordinance no. 92 issued on August 29, 2000 on the organization and functioning of offender social reintegration services and supervision of community sanctions execution, published in the Official Gazette no. 423 issued on September 1, 2000. [Romanian].

Pripp, C. & Zamoşteanu, A. (2009) *Psycho-social assistance program for prisoners with mental problems* [Romanian]. Râmnicu Sărat: Print & Grafic [online]. Available at Penal Reform Foundation: http://www.penalreform.ro [Accessed July 29, 2010].

Pripp, C. (2009) *Psycho-social assistance and prevention of suicide risk program* [Romanian]. Râmnicu Sărat: Print & Grafic [online]. Available at Penal Reform Foundation: http://www.penalreform.ro [Accessed July 29, 2010].

RAA (2006) *Intermediary evaluation report on the HIV/AIDS National Strategy 2004–2007* [Romanian]. Romanian Angel Appeal Foundation [online]. Available at National Committee to Coordinate HIV/AIDS and TB Programs: http://www.ccmromania-gfatm.com [Accessed August 10, 2010].

RAA (2010a) *Prevalence of HIV, HBV and HCV and transmitting risk behaviors among prisoners. 2009 Investigation Report* [Romanian]. Romanian Angel Appeal. [Unpublished].

RAA (2010b) *Prevention of HIV/AIDS among prisoners, professional challenges… life experience* [Romanian]. [online] Romanian Angel Appeal Foundation. Available at GFATM in Romania through RAA: http://www.fondulglobal.ro [Accessed August 10, 2010].

Resolution no. 1342 issued on August 26, 2004 on the approval of the National Strategy for the surveillance, control and prevention of HIV cases for the period 2004–2007, published in the Official Gazette no. 865 issued on September 22, 2004. [Romanian].

Resolution no. 1849 issued on October 28, 2004 on the organization, functioning and attributions of the National Administration of Penitentiaries, published in the Official Gazette no. 1062 issued on November 16, 2004. [Romanian].

Resolution no. 1897 issued on December 21, 2006 on the Rules for the implementation of Law no. 275/2006 on the execution of punishments and measures disposed by judicial bodies during the criminal process, published in the Official Gazette no. 24 issued on January 16, 2007. [Romanian].

Resolution no. 860 issued on July 28, 2005 approving the Rules for the implementation of the Law no. 143/2000 on prevention and fight against trafficking and illicit use of drugs, published in the Official Gazette no. 749 issued on August 17, 2005. [Romanian].

RHRN (2010a) *Annual Report*. Romanian Harm Reduction Network. Initiative 38 – HIV Prevention Project in Prison Settings financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria, Round 6, through Romanian Angel Appeal. [Unpublished].

RHRN (2010b) *Drug War Facts – Romania*. Romanian Harm Reduction Network. [Unpublished].

Szabo, A. (2009) *Development perspectives of the probation institution in Romania. Research report* [Romanian]. Bucharest: University of Bucharest Publishing.

Szabo, A. (2010) (in press) Wrong, guilt and punishment: about offender rehabilitation [Romanian]. In: D. Buzducea, ed. *Social Work with Groups at Risk* [Romanian]. Iaşi: Polirom Publishing.

UNGASS, 2010. *UNGASS Country Progress Report. Romania*. [online] United Nations General Assembly Special Session. Available at: http://www.unaids.org [Accessed August 10, 2010].

UNODC (2010) *HIV, HBV and HCV Behavioral Surveillance Survey among Injecting Drug Users in Bucharest, Romania*. Bucharest: Speed Promotion.

*** (2006) *National HIV/AIDS Strategy for 2008–2013* [Romanian]. [online] National Commission for the surveillance, control and prevention of HIV/AIDS cases. Available at the Romanian HIV/AIDS Center: http://www.hivromania.ro [Accessed July 29, 2010].

*** (2007) *National Program for Tuberculosis Control 2007–2011* [Romanian]. [online] National Committee to Coordinate HIV/AIDS and TB Programs. Available at: www.ccmromania-gfatm.com [Accessed August 10, 2010].

*** (2008) *Information-Education-Communication National Strategy for Tuberculosis Control* [Romanian]. [online] Public Health Ministry. Available at: http://www.cpss.ro [August 10, 2010].

Resource Websites
GFATM in Romania through RAA: http://www.fondulglobal.ro
Ministry of Publish Health: http://www.ms.ro
National Committee for HIV/AIDS & TB Programs Coordination: http://www.ccmromania-gfatm.com
National Institute for Statistics, TEMPO-Online Database: http://statistici.insse.ro
National Administration of Penitentiaries: http://www.anp-just.ro
Penal Reform Foundation: http://www.penalreform.ro
Romanian HIV/AIDS Center: http://www.hivromania.ro
Superior Council of Magistracy: http://www.csm1909.ro

Paper Reviews
The paper was reviewed by experts from the National Administration of Penitentiaries (ANP), National Anti-drug Agency (ANA), United Nations Office on Drugs and Crime (UNODC) – National Project Office in Romania, Romanian Angel Appeal Foundation (RAA), Romanian Harm Reduction Network (RHRN), Penal Reform Foundation (RJP) and Promoting the Right to Health Association (APDS).

Abbreviations

ADV	Fundaţia Alături de Voi (Close to You Foundation)
AIDS	Acquired Immune Deficiency Syndrome
ALIAT	Alianţa pentru Lupta Împotriva Alcoolismului şi Toxicomaniilor (Alliance for the Fight against Alcoholism and Addictions)
ANA	Agenţia Naţională Antidrog (National Anti-drug Agency)
ANP	Administraţia Naţională a Penitenciarelor (National Administration of Penitentiaries)
APDS	Asociaţia Promovarea Dreptului la Sănătate (Promoting the Right to Health Association)
ARAS	Asociaţia Română Anti-SIDA (Romanian Association Against AIDS)
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HPYP	Health Promotion for Young Prisoners
IDU	Injecting Drug User
IEC	Information-Education-Communication
NSP	Needle and Syringe Program
OST	Opioid Substitution Therapy
PIT	Program Integrat (Integrated Program)
PNCT	Programul Naţional de Control al Tuberculozei (National Program for Tuberculosis Control)
PP	Prison Population
RAA	Romanian Angel Appeal Foundation
RHRN	Romanian Harm Reduction Network
RJP	Fundaţia Reforma Justiţiei Penale (Penal Reform Foundation)
SP	Serviciu de Probaţiune (Probation Service)
STD	Sexual Transmitted Disease
TB	Tuberculosis
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
YP	Young Prisoner

'Institutionalizing the Redemption Ritual':
Judicial Rehabilitation in France

MARTINE HERZOG-EVANS[*]

Shadd Maruna, in his masterpiece, *Making Good* (Maruna, 2001), advocates for the creation of an institutionalized redemption ritual which would both reinforce the offenders' own certitude that he's indeed desisted successfully, but also his community and society, that he's now become a good citizen. According to Maruna such a ritual would have to be part of the correctional system itself to have such an impact, and would require certain conditions. It would need to be 'highly exclusive' in the sense that it would only be achieved by a small percentage of ex offenders on the basis of 'agreed-on standards at high enough level'. Ultimately it would have to be a ceremony which then enables the ex offender to move on with a 'forgive and forget' philosophy. Maruna then give several examples of automatic but long term rebiographing policies in the British and US system. However these systems, which exist in the very intricate French legal system, as they seem to clear the records of ex offenders after a certain amount of years without any official information of further offending, lack one major component to meet the strict conditions and goals that Maruna himself has set. First there is no official ceremony marking solemnly that the ex offender has desisted; second, the criminal history expires after a certain amount of years on the sole basis of time passing without any new reconviction. Surely this is not agreed-on standards at high enough level'.

I promised Professor Maruna[1] that I would present French 'judicial rehabilitation' for international readers. For indeed it meets all his requirements for a correctional 'honour roll' which 'would have to be a meaningful achievement not only in the eyes of the public but also to the ex-offenders themselves on order to constitute the authenticity test that desisting ex-offenders so badly want'.

This article will present the French legal system with a French legal methodology. In this respect, we have read all the cases which were available on the official website legifrance.gouv.fr and have worked on all written documents pertaining to judicial rehabilitation. Our knowledge of rehabilitation is also based on a lengthy involvement with charities and lobbies working with offenders and their family and draws on several previous research on rehabilitation (Herzog-Evans, 2007 and 2008;

---

[*] University of Reims, Law Faculty, professional address: 57 bis rue Pierre Taittinger, 51100 Reims; personal address as of June 17: 30–32 rue Jean de la Fontaine, 51100 Reims, phone: 33-660.121.575; E-mail: martineevans@ymail.com

[1] I want to thank Prof. Maruna for the very interesting discussions we had on this particular subject.

Danet et alii, 2008). For the latter we interviewed juges de l'application des peines, judges working for the National Judicial Record, prosecutors and solicitors, consulted court files and attended hearings.

Judicial rehabilitation and other measures. Helping desistance or acknowledging desistance?

Judicial rehabilitation is one measure amongst many others which expunges nearly or all criminal records and enables ex-offenders to move on. However the French legal system knows several measures which can broadly be classified into four groups: totally free measures; measures based on the absence of further reconviction; measures based on modest desistance; measures based on complete desistance. The first ones have a simple aim: to expunge criminal records of very old cases which are taking up too much space in the national files system and put an end to stains on family histories. The second and third three types of measures also have a simple aim: help offenders and ex offenders desist by eliminating the elements in their criminal records which makes it more difficult for them to find jobs. The last one has no particular aim other than for society to acknowledge that a person has successfully desisted. If some of them require more than others, it is because they can be obtained sooner. Judicial rehabilitation usually is not asked by someone who needs a job; it is asked by someone who has successfully desisted and wants it to be proclaimed as such, both for his own satisfaction and reinforcement, and for his relatives and society in general.

A few words must be said about the National Judicial Record (NJR), based in Nantes, France. This service registers all types of convictions for all people sentenced in France, whatever their nationality is. For each person these computerized files actually are divided into three separate files, called 'bulletins'. Bulletin number 1 contains all convictions and can only be consulted by penal courts (art. 768 of the Penal Procedure Code: PPC). Bulletin number 2 contains nearly all convictions except suspended sentences, juvenile records, contraventions (see infra) and can only be consulted by administrations and public services, generally for job applications (art. 775, PPC), but also for researches who want to visit prisons. Bulletin number 3 contains imprisonment sentences of two years and more, or under two years if the Court has decided it was necessary, along with sentences which prohibits certain professional activity. It can only be consulted by the person him or herself, but its copy is often asked for by private sector employers. Thus Bulletins 2 and 3 can be very detrimental to employment.

Within the limits of this article, it is impossible to list all the measure fitting in either one of the four above mentioned categories of measures. We shall thus limit our presentation to a few.

One 'totally free' measure is based on the mere passing of a very long time. Their official goal is to eliminate old files from the NJR and thus help this service to deal with its very demanding missions. But another underlying goal is for society to forget about very old cases, because so much time has passed it does not seem tp make sense any more to remember them. Besides, there is the idea that old people should die in peace and heir crimes should be forgotten – if not forgiven. This 'Hundred Years Rule' (art. R 70-1°,

PPC) thus allows the NJR to delete the old files of offenders who are 100 year old, are not dead yet (naturally when people die their records are eliminated) and have not benefited from the Forty Year Rule or other techniques.

The 'Forty Years Rule' (art. 769, al. 2, PPC) is a hybrid measure. It is not totally free, but it does not aim at helping offenders desist. It allows the NJR to clear criminal files which have not have been deleted via shorter term techniques, this forty years after the last conviction. The Forty Year Rule comes too late to help a criminal desist: by that time he is too old to find a job, start a training or a therapy. It actually typically applies to more serious crimes or to offenders who have been reconvicted again and again in the past who therefore cannot benefit from more demanding measures. There is however one condition: the lack of reconviction during those forty years. Like the Hundred Year Rule, it is merely a file clearing technique, but also shows some sort of sympathy for old people. Unlike the Hundred Year Rule it already belongs to the category of measures which require the absence of reoffending.

In that second category, one, created in 1994, with the new Penal Code, is now the most serious competitor for all measures described here, as it is automatic and, like the Hundred and Forty Year Rules, does not require any legal action, yet benefits ex offenders reasonably quickly. 'Legal Rehabilitation' (art. 133–12 to 133–17 of the Penal Code – PC), benefits all offenders except those who committed legal crimes. In France there are three categories of offences: 'contravention' (eg, parking tickets, dog battering, slapping someone in the face…); 'délits' (eg, robbery, assault on a human being, sexual assault but not rape, doing drugs, arson…) ; crimes (eg, homicide, bank robberie, rape, torture, drug trafficking, terrorism…). Custody can only apply to délits and crimes. Each offence has its own set of rules, procedure and courts. Legal rehabilitation applies to contraventions and délits after the passing of a certain amount of time, without any reconviction. It erases all criminal records which could be a limit to finding employment (ie Bulletins n° 2 and 3), but keeps intact criminal records which can be consulted by courts (ie bulletin n° 1). For a fine, three years after payment are required. For a single sentence to imprisonment of less than ten years, five years after its execution or, if it has not been executed, after the statute of limitation (In French it's called 'prescription' and occurs, for délits, ten years after the sentence) date. For a single sentence of ten years imprisonment or more or several sentences to five years imprisonment or more, legal rehabilitation occurs ten years after 'prescription'. For recidivists, legal rehabilitation requires double these conditions, eg twenty year in the case of a single sentence to ten years and more. For longer sentences and recidivists, legal rehabilitation will take much longer and thus won't be useful in order to find a job.

This is when another category of measures becomes useful. For these, not only the lack of any future offence is required, but also an evaluation by the court. The question that is raised in such instances is: does the claimant deserve it ? We shall only present one of these measures here, ie 'bulletins number 2 and 3 clearing'. To be exact they are three different actions here, but the most frequently used is the one which aims at clearing bulletin number 2 (art. 775-1, PPC) as clearing bulletin number two mutatis mutandi also clears bulletin number 3. However, this action has been prohibited for sexual offenders since 2004 (Bill n° 2004–204, March 9, 2004). It has been considered that administrations and the private sector should be aware that a job applicant, especially

for positions involving contacts with children, has previously committed sexual offences. This exclusion does not apply to bulletin number three (art. 777-1, PPC). For both actions, a court action is required and there is no delay after the sentence. But the claimant can also ask directly the court which sentences him, not to register the sanction in bulletins number 2 and 3. Because it happens so shortly after the sentence, it is purely utilitarian: courts do not ask the offender to be a perfect citizen; they only help him become one, by making sure he can get employment. For that reason, courts typically require that he actually is applying for a position which requires empty bulletins (Court of cassation, Criminal Chamber, dec. 12, 1992, decision number 92–81.873). They reject the claim if the profession at stake requires very high moral standard, as is the case for public servants (for a teacher: Court of cassation, Criminal Chamber, sept. 25, 1990, n° 89–86.085; for a policeman: Correctional tribunal of Nantes, 3rd chamber, april 26, 2005, n° BL). They also reject it if they consider that the offences were too serious (: a university professor who had sexually harassed a minor: Court of cassation, Criminal Chamber, feb. 8, 1995, n° 94–81.468) or if they are too numerous (Court of cassation, Criminal Chamber, oct.4, 2000, n° 00–80.181). These court defined conditions are however not very demanding especially when compared to what is expected from those who attempt to obtain a judicial rehabilitation.

Judicial rehabilitation: the conditions

The condition for judicial rehabilitation is extremely strict, which is coherent with the very reasons governing this action: one must indeed have totally desisted from crime, but even more, must also have become a good citizen.

All sentences can benefit from a judicial rehabilitation, including criminal ones, sentences to custody, suspended sentences, providing they were ruled by a French court (Paris Court of Appeal, feb. 11, 1914, DP 1919, 2, 9). However the claimant can only present his case after a certain amount of time after the sentence was executed of after its prescription (see supra for a definition). For a contravention, he must wait a year; for délits, three years; for crimes, five years. However these rather short delays only apply to first time offenders. Recidivists must wait six years for délits, and ten years for crimes. In the exceptionally rare case when they already proved they 'made good' (Maruna, 2001), ie if they were heroes who helped the country at the "peril of their own lives", no delay is required (art. 789, C. 1076, PPC). If the court rejects the request, the ex offender must wait for two more years.

These years only allow him to present his claim; it does not mean he has a vested right to obtain judicial rehabilitation. Just like Maruna wishes it to be, it indeed is highly – probable to much – exclusive. There were 16 judicial rehabilitation in 2009; 19 in 2008; 14 in 2007; 18 in 2006.

The first condition required for judicial rehabilitation is for the claimant to have paid all the damages to the victim(s) (art. 788, al. 1 PPC). Legally, this condition refers to the rule which applies to both legal and judicial rehabilitation, namely that rehabilitation must not prejudice third parties (art. 133-10, Penal PC). Criminologically, it refers to the idea that the first step to redemption is to acknowledge one's own faults and that paying damages is one way to do just that. Another aspect of this criminological ground for the

rule set by article 788, is that a true desister has taken full responsibility for his past actions before moving on. Only then will he be forgiven. As we all know, this is not a very frequent occurrence. During the court hearing, he will be asked many questions and they notably aim at asserting how he views that previous period of his life. Interestingly, this is typically also what Courts who grant conditional release or one of the numerous other equivalent measures known in the French legal system typically try and ascertain.

Past actions are also part of the court's evaluation of the opportunity to grant judicial rehabilitation. However this is only a small part of it. What counts above all is what the ex offender has done after his release or the execution of his sentence. Article 787 section 4 of the PPC requires that he has had an 'irreproachable behaviour' since his release. Courts actually also check out whether he had a good behaviour when in custody (art. 792-2, PPC). Courts have total discretion when analyzing this. The rather obsolete notion of good behaviour actually refers to more significant criteria like employment, family life, training, peers, and environment. As of employment, even though one cannot be too demanding in times of crisis (France has known chronic unemployment since 1974), courts usually want a full curriculum with persistent or nearly persistent employment, or require some valid proof that the claimant has looked very actively for a job, or has gone through training or passed diplomas in order to better his chances on the job market. They particularly appreciate trainings which allow a person to gain a professional identity and which show a U-turn in one's life. Of particular interest are persistent efforts over the year, for instance with people who had an underprivileged background, who passed all school exams during custody and continued at university after their release. Judicial rehabilitation is easier to obtain for people who also went through radical changes in their family lives. Such would be the case of a previously persistent offender who neglected his family and who is now a good father and spouse, supporting his family financially. U-turns also refer to a different choice for a spouse. Such would be the case for a person whose first wife was also involved in criminal activities and whose second one is totally foreign to delinquency. Naturally other signs of life changes like persistent attendance at AA or NA or relocating, is taken into account. There is a police investigation which aims at verifying whether the ex offender still has contacts with ex convicts or accomplices or simply with people still involved in criminal activities. But Maruna's 'making good' is also part of the courts' analysis. Involvement in charities, adoption of the spouse's child or of an orphaned family member, taking in a sick grandmother, all these elements are taken into account in the courts'ruling.

Judicial rehabilitation: the procedure

Judicial rehabilitation requires a court application. The ex offender can file it himself, but his parents or children can also do it for him after his death (art. 785, al. 1, PPC). He cannot apply for the rehabilitation of one sentence but not one or all others: judicial rehabilitation must concern his entire life and behaviour, and all his past offences must be put on the table (art. 785, al. 2, PPC).

Maruna's requirement for an efficient rehabilitation ritual is for the procedure to be part of the correctional system. France has pushed this a little further. The courts which is competent for judicial rehabilitation not only is part of the penal system, but is a

chamber of the Court of Appeal ('Instruction' Chamber). The idea is both to put the decision into more experimented hands, because it is a very serious one, and to make it even more solemn, which in turn reinforces the seriousness of the statement that indeed, the ex offender is now a true desister. The impact on the latter, on his family and society itself is thus even greater.

The request must be sent to the public prosecutor, who will ask the police to make a full investigation. They will look into all the elements mentioned above and will verify the credibility of the claimant. Prison authorities and the Juge de l'application des peines (judge competent for conditional release or other equivalent measures) are consulted. There is a discreet community enquiry. It must be discreet so as not to jeopardize the efforts made by the ex offenders to desist (art. C 1077 PPC); it must however be thorough (art. 792, PPC). Once the Court of appeal has been apprised of the case by the public prosecutor (here again at a high level of the hierarchy of prosecutors) it must give its ruling within two months (art. 794, PPC). The Court holds a 'contradictory' debate (i.e. France's equivalent of cross examining). The claimant can be assisted by a lawyer, but he can also present his case alone.

The Court can reject the claim, decide it is too premature and that it needs more guarantees that the ex offender has indeed desisted, or can grant judicial rehabilitation. Alas the decision is often made after the hearing, during a separate hearing, which diminishes its declaratory effect. It can naturally be explained by the need for the judges to think things over a little longer. Another procedural element does not meet the perfect ideal set by Maruna. Although this author does not mention such details, it would be assumed that for judicial rehabilitation to make a full impact, the court hearing or decision should be public. The impact on the ex offender is already immense, as we shall see in the next paragraph; but what about his family and society? Would it not be positive not only for the desister himself but also for the public opinion, to be told of such success stories on a regular basis, by the press, for instance? As it is, the hearing and the decision are held in camera. This type of procedure which is common to all post sentence decisions, and to judges (and tribunals) de l'application des peines decisions can be explained by one common reason. Even when the ex-offender has successfully desisted, making his criminal record public could have serious repercussions for its very grounds: he might lose his job, be ostracized by his neighbours or worse, his children might be treated badly at school, etc. However in some instances (high profile case, for instance) or when the ex offender never tried and hide his past, there should be no reason not to at least give him a say in the matter. It would in many instances be in his best interest for the case to be heard publicly. Whatever the procedure, the effects of the ruling are very positive.

Judicial rehabilitation: the effects

The legal consequences of a judicial rehabilitation are extensive. First, the sentence itself retroactively disappears. Legally, it never existed. Consequently, it traditionally was erased from all NJR bulletins. However a Bill passed in 2007 (n° 2007–297, march 5, 2007) decided that unless the court specifically decided that bulletin number one would be expunged, only bulletins 2 and 3 would be cleared (art. 769 and 798 modified, PPC). This law, strongly criticized (Herzog-Evans, 2007 and 2008) has not

made much of an impact. For indeed either the court considers a person has totally and truly desisted and is now a good law abiding citizen, actually doing good to the community, and there should be no reason whatsoever to keep any criminal record, or it does not consider these elements are present, and then the ex offender is not worthy of judicial rehabilitation. So the old rule still applies in most cases. The 2007 Bill has had another impact on the effects of judicial rehabilitation. Previously, since the sentence did not exist any longer, it could not count as the 'first term' of recidivism (legal recidivism requires two terms: a first sentence meeting certain conditions; a second sentence, meeting others). This is not true anymore (art. 133-16, PC; art. 783, PPC). However such an impact is not possible when the court has decided to expunge bulletin number 1: the courts will then have no way of knowing that the offender has a previous criminal record. Besides the new rule is in contradiction with an older one, which is still valid, which states that any person who is, due to his profession, aware of the rehabilitated ex offender's past criminal record, cannot mention it in any way whatsoever nor even leave a mention of such record in any document or file, with the exception of court documents and files (art. 133-11, PC; art. 783, PPC).

The rehabilitated person can now also vote (if he was legally barred from it which is not the case for all offenders, and cannot last for more than 10 years after the sentence), which is highly symbolic. That person could even technically be elected for any public position, although for that to happen the public opinion, who would have access to old press cuts, and pieces of news could naturally be made aware of it. But politicians being re-elected despite having previously been sentenced is not unheard of in France. He could also be selected as a member of a criminal jury, if bulletin number 1 has been cleared.

The criminological and emotional effects of judicial rehabilitation are just as powerful as its legal consequences are. Judges and lawyers we interviewed for previous researches on that subject (Herzog-Evans, 2008, Danet et alii, 2008) all testified that the atmosphere in the court was poignant. Many ex offenders have a trembling voice, and cry when the ruling is voiced. The effect resembles citizenship ceremonies. There is a shared feeling of extreme satisfaction, elation even, both for the Court (which is also 'making good on such occasions) and the ex-offender. The sense of pride, of being welcomed (in this instance back) into the community (remember Braithwaite's model too) is palpable and mirrored by the court's obvious pleasure at having thus ruled.

The consequence of judicial rehabilitation on further offending has never been studied. However the feelings of ex-offenders have (Danet et alii, 2008): they both consider judicial rehabilitation is the retribution of their efforts, but also a form of contract. The citizenship ceremony is there again a good comparison. There is a subliminal contract between the society and the rehabilitated person with the latter promising to continue to make good in order to merit the highly desired ruling.

Conclusion

But for the lack of public hearing and its now reduced legal consequences, French judicial rehabilitation meets nearly all Maruna's requirements for an 'honour roll'. It may be said, that it is actually a little too perfect. Because it is highly exclusive, not

many ex offenders obtain it. But the true reason for its marginal use is the competition of other expunging measures which can either be obtained earlier, or do not require much effort from the ex offender, some of them being actually obtained automatically. For délits, legal rehabilitation has virtually rendered judicial rehabilitation pointless. France has a pragmatic policy: it prefers to assist more offenders desist by partially clearing their criminal records, than to promote merit based already achieved desistance. Still judicial rehabilitation is the only way for those who committed crimes, and because of the seriousness of their offences, the symbolic impact of that beautiful set of legal rules is all the more powerful.

References

Braithwaite J. (1989) *Crime, Shame and Reintegration*, Cambridge University Press.

Bregault J. et Delagarde L. (1886) *Traité théorique et pratique de la réhabilitation des condamnés. Commentaire du titre III de la loi du 14 août 1885*, Paris: ed. Marchal et Billard.

Danet J., Grunvald S., Herzog-Evans M. et Le Gall Y. (2008) *Prescription, amnistie et grâce en France*, Paris: Dalloz.

Lorho G. et Pélissier P. (2003) *Le droit des peines*, Paris: L'Harmattan.

Herzog-Evans (2007) *Droit de l'exécution des peines*, Paris: Dalloz.

Herzog-Evans (2008) *Réhabilitation*, Paris: Dalloz.

Maruna, S. (2001) *Making Good. How Ex-Convicts Reform and Rebuild their Lives*, Washington DC: American Psychological Association.

Sacotte M. (1971) «La réhabilitation judiciaire», in G. Levasseur (ed.), *Les techniques de l'individualisation de la peine,* Paris: Cujas.

Zambeaux C. Articles 782 à 798-1, *Jurisclasseur Pénal*, Paris: Litec.

Social Work, Criminal Justice and their Reconfiguring Relationships[1]

FERGUS MCNEILL[*]
DENIS BRACKEN[**]
ALAN CLARKE[***]

Introduction

This paper is concerned with the reconfiguring relationships between social work and criminal justice. It focuses principally on the English-speaking jurisdictions that the authors know best, although we do make reference to developments elsewhere. We begin by providing a brief overview of the various organisational and professional relationships between social work and criminal justice systems, the many roles that social workers play in criminal justice and the different forms of criminal justice social work (hereafter 'CJSW') research. We go on to focus on just one type of CJSW research: *critical and comparative research* concerned with the character, development, forms and functions of CJSW, and consider what this body of work has to say about the development of and prospects for the relationships between social work, criminal justice and criminology.

Though we have settled on the term 'CJSW', it is not a term that is widely used. In English-speaking jurisdictions, CJSW is practiced by people who work for 'correctional services', 'offender management services' or 'probation departments'. Some of these people have social work qualifications, others do not. Moreover, the use of the term 'CJSW' immediately raises questions of whether and to what extent the practices concerned are recognisable as *social work* practices. However, to examine that question at this stage would lead us into wider debates about what social work is and into an invidious position as arbiters of what does and does not count as CJSW. For these reasons, we deliberately use the term loosely.

---

[*] Scottish Centre for Crime and Justice Research, University of Glasgow, Florentine House, 53 Hillhead Street, Glasgow G12 8QR, Tel: ++44 (0)141.330.5075 Fax: ++44 (0)141.330.4300, E-mail:

[**] St. Paul's College, University of Manitoba, 70 Dysart, Road Winnipeg, MB R3T 2M6, Tel: (204) 474-8581, Fax: (204) 474-7620, E-mail: bracken@cc.umanitoba.ca

[*] Department of Law and Criminology, Hugh Owen Building, Penglais, Aberystwyth, SY23 3DY, Tel: 01970 622718 Fax: 01970 622729, E-mail: ahc@aber.ac.uk

Criminal Justice Processes and Social Work

CJSW involves practice in formal criminal justice systems, as well as in alternative and diversionary systems. Of course other areas of social work, such as child protection and mental health, also have connections with the criminal justice system on a regular basis. For the sake of clarity, criminal justice includes systems or processes of criminal law, law enforcement, prosecution and defence, court adjudication and sentencing and the administration of sentences both in the community and in institutions. Separate youth justice systems are common and social work has a long history of involvement with young offenders. Although court missionaries – who may be seen in some senses as the precursors of professional CJSW – ministered to *all* of those in need at court (see Nellis, 2007), services to victims and witnesses are a more recent innovation in the criminal justice system. Since social work with offenders – as opposed to victims – has dominated the history of CJSW and so will dominate this chapter, it makes some sense to dwell briefly here on social work with victims of crime.

The evolution of work with victims owes much to social work's wider interests and loyalties. For example, family violence issues and sexual offending – with their obvious links to both feminist social work and social work's concern with child protection – have become major areas of CJSW involvement. However, for obvious reasons, social work with victims is not always the exclusive preserve of CJSW. Rather, who the victim is, in terms of age and gender, along with the context of her/his victimization may go some way towards pointing to the nature and type of social work contact. For example, child victims of neglect and child sexual abuse are most likely to be involved with child protection social workers, whose primary and proper concern is with the welfare of the child and not with doing justice (in whatever sense) to the offender. People abused by intimate partners (typically women abused by men) may be assisted by specialist teams of social workers, often working in close connection with police and prosecutors. Victims of crime who do not find themselves in categories such as these are more likely to come into contact with more generic victim services in the public or voluntary sectors; sometimes these services are staffed by social workers. Research in this area has developed rapidly on both sides of the Atlantic (for example, Williams, 1999, 2002; Roberts and Springer, 2008).

Where social workers in the criminal justice system are employed, and by whom, has an impact on the character and structure of CJSW practice. Education is also a key factor. Where a social work qualification *is* necessary for practice with offenders in the formal system, there tends to be more direct involvement by the justice-related parts of government in social work education and research as well as greater recognition within social work of CJSW as a distinct area of practice. Smith (2005) for example considers the break with social work training by the Home Office in England and Wales in 1995 as resulting in a decline over the ensuing 10 years in research articles on probation being submitted to and published in the British Journal of Social Work. In Scotland and Northern Ireland, a (generic) social work qualification is still required for CJSW practice and this remains the norm in the Republic of Ireland and some other European countries. Elsewhere in the English-speaking world, social work qualifications are not a requirement for practising CJSW. For example, a study of social work employment in Canada

(Stephenson, 2000) using data from 1996 found that 18% of probation officers in Canada had a social work qualification. A more recent study of probation (Bracken, 2005) found that no province in Canada required a social work qualification to be a probation officer. The Canadian Social Work Review, the only social work academic journal in the country, has published only two articles on CJSW in the past 20 years[2].

In both the USA and Australia, although social work qualifications are not usually a requirement for work in correctional services, the social work profession has recognized CJSW practice under the name of 'forensic social work' (FSW), defined by Roberts and Brownwell (1999, 360) as 'policies, practices and social work roles with juvenile and adult offenders and victims of crime'. The American National Association of Social Work sees FSW as a distinct area of practice, and an affiliate of the NASW, the National Association of Forensic Social Workers, is soon to launch its own journal[3]. Despite these developments, Reamer (2004, 213) argues that despite employment of social workers throughout the US criminal justice system, 'the social work profession has largely abandoned the criminal justice field… And, relatively little serious scholarship on criminal justice issues is authored by social workers'. Thrope and Traupmann (2005, 152) conducted a research among Australian social workers as to how they would describe FSW, which the authors see as (re)emerging area of specialization'. Their research provided support for the idea of FSW as a particular area of practice requiring specialized knowledge and skills.

Criminal Justice Social Work Practice

Although social workers often work in prisons and courts, most CJSW is based in the community and it is probably true to say that the most common tasks involve providing advice to judges (typically through pre-sentence reports), supervising and assisting offenders undertaking community-based sentences, and assisting ex-prisoners in their resettlement or re-entry to the community.

Social work's quest for recognition of a body of knowledge and set of skills necessary for practice typically centres on the idea of generic skills and the transferability of those skills across different areas of practice. Clearly, the practice process in CJSW – engaging, assessing, intervening (and/or case managing) and evaluating – is not dissimilar to that in other forms of social work (McNeill et al, 2005; McNeill, 2009). Whilst the relevance of generic knowledge, values and skills to CJSW has been widely recognised, debates about the degree of more specialist education and training that CJSW requires have been contentious in some jurisdictions. In the UK, Nellis has written extensively on the need for more criminologically focussed training for working with offenders, within a social work context or without. He argued that, in the UK, the Diploma in Social Work which emerged in the early 1990s contained too little of use for probation training and suffered from 'institutionalized genericism' (Nellis, 1993, 30).

Although some element of compulsion or involuntariness is not unique to CJSW, some recognition of the 'control' aspects of working with offenders in the community has

---

[2] One was by an American and used American data. The second was an article by an English academic on the break with social work training by the Home Office.
[3] See: http://www.nofsw.org/html/journal.html

been the subject of debate and research in CJSW for some time. Parsloe (1976) delineated what she termed three ideologies of welfare, justice and community that underpinned social work involvement with offenders. Her research suggested that all three were at work amongst probation officers in England in the 1970s. Day (1981) reported from a survey of probation officers on the potential for conflict between their 'professional ideology' as social workers and the demands of their work as officers of the court. More recently, in helping practitioners to work through these tensions, Rooney (1992) has explored the involuntary and/or mandated nature of some clients and their interaction with social workers – not just in criminal justice contexts – and he uses social work research which speaks to this aspect of working with offenders. Trotter's (2000, 2006) work is based on research which he conducted with probation officers in Australia in which qualified social workers were more likely to involve themselves in training and to use effective practices; he also found that their clients had lower breach rates.

Criminal Justice Social Work Research

If CJSW itself is multifaceted and varied, then the same is true of social work research which can be viewed as both 'complex and multidimensional… an arena for contested and competing perspectives and practices' (Gibbs, 2001, 688). Social work itself has undergone many changes in recent decades, mainly in response to wider social, economic and political changes. In particular, the trend towards globalisation, the emergence of a neo-liberal political agenda, the introduction of a market-based, mixed economy model of welfare provision, the rise of 'new managerialism' and the introduction of privatisation have all had a major impact on the nature, organisation and delivery of social work (Lesnik, 1997) and on social work research. Recent years have witnessed a shift from casework to case management, the emergence of specialist practice and an increasing emphasis on multi-agency provision and inter-professional working involving both statutory and voluntary sector organisations. There has also been a noticeable shift from the use of psychodynamic therapies in one-to-one work with clients, towards group work based on cognitive-behavioural interventions and task-centred practice initiatives. As a result of these developments, especially in English-speaking countries, the research agendas of social work agencies (in all fields, not just criminal justice) have become increasingly focused on defining and measuring effectiveness.

In some respects CJSW has been, for better or worse, an exemplar of these developments; it is probably fair to say that in this area debates about 'what works?' developed earlier and have been running longer. However, there is much more to CJSW research than 'what works?' For although the evidence-based practice agenda drives us in the direction of effectiveness research, broader debates about effectiveness require an engagement with research about the nature, character and proper purposes of CJSW as a social practice, and with research which seeks to explain and understand the problems it exists to address and the processes it exists to support. Although the book chapter on which this paper draws includes a review of all three forms of research (critical, explanatory and evaluative) (McNeill, Bracken and Clarke, 2010), here our focus is restricted to the first – that is, to critical research *about* CJSW. This is both because this best fits the themes of this volume and because it makes little sense to evaluate a set of

practices until and unless we have developed a clear understanding of what they are and how and why they have come to be what they are.

Critical and Comparative Research *on* Criminal Justice Social Work

In the 1970s, in criminal justice as in the rest of social work, the profession's associations with the 'psy' disciplines came under close scrutiny as a series of scholars, influenced initially by Marxist and later by Foucauldian scholarship, revised traditional accounts of social work's history. They alleged that the emergence of social work as a (semi-) profession was best accounted for by the need for new forms of social control precipitated by social changes associated with industrialisation and urbanisation (e.g. Donzelot, 1979). More recently, analytical histories of penal systems have focused on how the 'penal-welfare complex' (Garland, 1985) that developed in the late-19th and early-20th centuries has been transformed in the more recent past. Accounts of this penal reconfiguration centre on the USA (and sometimes England and Wales) and recount a discursive shift from a pre-occupation with the rehabilitation of offenders towards a 'new penology' pre-occupied with the management of crime risks or with a new 'culture of control' (see, for example, Feeley and Simon 1992, 1994; Garland, 2001; Simon, 2007). Much academic attention has been rightly focused on the emergence of 'mass imprisonment' in the USA[4] as a consequence of this socio-cultural shift – and specifically on the highly racialized character of this phenomenon (Wacquant, 2001). But more relevant here are related analyses of how societies, cultures and individuals construct (and are constructed by) other penal practices that are less routinely examined than the high drama of imprisonment – in particular CJSW practices.

For Garland (2001), the origins of the emergence of new strategies of crime control lie in a 'crisis of sovereignty' created by two major social 'facts' of the latter part of the twentieth century; '*the normality of high crime rates* and *the acknowledged limitations of the criminal justice state*' (Garland, 2001, 106, emphasis in original). This predicament provokes a 'schizoid' reaction in the state involving the development of two strategies. On the one hand the '*sovereign state strategy',* characterised by 'hysterical denial', deploys a criminology of the alien other to create a suitable enemy for the state to expressively and punitively attack (see also Pratt, 2000). This stands in stark contrast to the 'criminology of the self' which underlies more pragmatic, '*adaptive strategies'* typified in recent approaches to crime prevention and reduction that construct the criminal less as a 'deviant' and more as an 'illicit, opportunistic consumer' (idem 451–452) whose cost-benefit calculations must be managed. Traditional rehabilitation fits comfortably with neither of these criminologies nor with their related penal strategies; as Garland (1996, 461–462, emphasis added) notes, 'the excluded middle ground here is precisely the once-dominant welfarist criminology which depicted the offender as disadvantaged or poorly socialized and made it a *state responsibility...* to take positive steps of a remedial kind'.

According to Garland, these developments related to a profound loss of faith in the legitimacy of the traditional rehabilitative aims and purposes of probation is partly

---

[4] For a serious of key papers on this topic, see the journal *Punishment and Society,* vol. 3, no. 1. (2001).

provoked by adverse research findings. This loss of (political) faith resonated particularly powerfully in terms of changing *public* mentalities and sensibilities about crime and punishment[5]. Indeed, Garland (2001) argues that penal welfarism was eclipsed in large part because of the decline of support for its measures amongst the middle classes, now increasingly insecure as they navigate the risks and uncertainties of late modernity and, partly in consequence, increasingly distrustful of the claims of penal professionals as experts in their field (see also Bauman, 1997). As a result, probation's traditional justification – as a means of reclaiming or helping disadvantaged people through rehabilitation, in our *collective* interests – lost its cultural purchase and rehabilitation survives only in a hollowed out managerialised form in which the offender need not (perhaps cannot) be respected as an end in himself or herself; he or she has become the means to another end (McCulloch and McNeill, 2007). Rehabilitation is more carefully targeted, rationed and subjected to evaluative scrutiny; it is offence-centred rather than offender-centred; it targets criminogenic need rather than social need.

The discursive reformation of rehabilitation as just another method of risk management undertaken in the public interest has more recently been reflected in significant organisational changes in some jurisdictions. The establishment of the National Offender Management Service for England and Wales in 2004 made Garland seems impressively prescient. The name and the objectives of the new service clearly capture some of the characteristics of the new penology; as a centralised endeavour targeted at, but not for, *offenders* (the 'others'), it exists to *manage* them and in so doing to provide a *service* to the law-abiding public (the 'us'). Its objectives are to punish offenders and to reduce re-offending, affirming respectively the expressive and the instrumental aspects of the new penology.

Nonetheless, Garland's (2001) broader thesis in the 'Culture of Control' has been carefully examined and critiqued on various grounds (see, for example, Braithwaite, 2003; Feeley, 2002; Matthews, 2005; O'Malley, 2004; Zedner, 2002). In the absence of histories of CJSW drawing on practitioner and probationer accounts, it is impossible to judge the nature of the contingent relationships between official *discourses* and frontline *practices*. Fine grained qualitative studies of contemporary penal policies and practices in various jurisdictions (often using ethnographic methods) have in some respects both confirmed and challenged Garland's arguments about the reconfiguration of penality (see for example, Hannah-Moffat, 2005; Lacombe, 2008; Lynch, 1998, 2000; McNeill, et al, 2009; Robinson, 2002, 2003). Though these studies clearly confirm the emergence of risk and protection as dominant practice discourses – at least in the English-speaking world – they also reveal considerable complexity about how these 'new' discourses interact with existing preoccupations with need and welfare (in Canada and the UK) and with law enforcement (in the USA)[6].

---

[5] A great deal of important empirical work on public attitudes to punishment has been undertaken in recent years – and some of this research has directly addressed public attitudes to
[6] In some respects, some accounts of penal transformation – and specifically the demise of welfarism - seem at odds with the emergence from the interfaces between criminal justice and mental health in North America of ideas around therapeutic jurisprudence and therapeutic justice (see http://www.therapeuticjustice.com/). Related policy and practice initiatives like problem-solving and community courts in seem designed to take crime seriously and respond to community concerns, but to do so in a manner which is constructively focused

Looking beyond North America and the UK, evidence of similar changes in CJSW in other jurisdictions is even more equivocal. Historically the nature and use of community sanctions in Europe has varied significantly and has not always been tied to rehabilitation (Cid, 2005). In reviewing European probation, Walters (2003) identifies a shift in most jurisdictions from welfare to 'corrections' not dissimilar to that reported in the UK and the USA (see also McNeill, 2004). Canton (2007, 230) notes that:

> 'A definitive survey of European probation practice (van Kalmthout and Derks, 2000) found a tendency in "almost all countries" away from social work concepts and values and towards an alignment with the goals of other criminal justice agencies – noteably, risk management, public protection and punishment'.

Despite these shifts in discourse, they nonetheless described providing guidance, care and assistance as the most important job of probation services and many services, as we have seen, continue to see probation work as social work. That said, as the shift to 'corrections' suggests, promoting the social inclusion of offenders is increasingly difficult in jurisdictions where the emergence of a focus on public protection has placed considerable strain on the maintenance of a social work ethos in respect of 'offenders'. Rather than recognising victims and offenders as overlapping social groups, public protection discourses tend to dichotomise them and to cast their interests in a zero-sum game where to be pro-offender is to be anti-victim and vice-versa (McCulloch and McNeill, 2007). There are, however, important differences between the emphasis on *potential* victims implied by discourses of public protection and, as we have already seen, the emergence of a belated, legitimate and necessary concern with 'real' victims. Canton (2007, 230) notes that while many probation systems in Europe have recognised the political and ethical necessity of responding to the needs of victims as well as offenders, not all have been equally successful in integrating 'victim-centred work in an essentially offender-centred organization'. Amongst those who have progressed this agenda, Canton (2007) cites Austria, Belgium, Norway and parts of Germany as developing victim-offender mediation, as well as noting that some of the newer European services (for example, in the Czech Republic, Latvia and Turkey) have enshrined principles of reparation and mediation in their founding statements.

Looking beyond Western countries, different kinds of tensions exist in defining the purposes and character of CJSW. In the Republic of South Africa for example, in the contexts of social, economic and political transition in the post-Apartheid era, probation services have developed rapidly. However, in its changing social context, the character of South African probation is disputed; correctional services see probation strictly as a form of penal supervision, while social development practitioners envisage a much broader social work role at every stage in the criminal justice process (Ehlers, 2007). Elsewhere in Africa, in contrast to a focus on public protection, community sentencing tends to focus on community service which Ehlers (2007, 229) suggests 'fits well with cultural traditions of making amends as a response to wrong-doing'.

on practical problem-solving rather than risk or punitiveness per se. An analysis of the extent to which these developments represent an exception or counterargument to the culture of control, or whether they represent an expression of it is beyond the scope of this chapter (but for connected arguments see O'Malley, 2004).

A further layer of complexity is created by variations *within* different countries of which the USA and Canada provide the clearest examples. Bracken (2007) explains that probation is highly fragmented in the USA partly because of the multiple levels of government (and parts of government) involved, including municipalities, counties and states as well as the federal government itself. In Canada, while the ten provinces and three territories are responsible for delivering probation, it is the federal government and the national parliament that provides the legislative foundation.

Even in less federal nation-states, developments in relation to political devolution – notably in the UK and Spain – are creating new issues and tensions for CJSW. Thus while Scotland remains part of the UK, both social work and criminal justice became devolved matters when the Scottish Parliament was established in 1999; even before devolution, Scotland had taken a different path from England and Wales. Though CJSW continues to be located in social work and remains a service of local authorities, the new Scottish Government is increasingly setting the agenda for CJSW (see McNeill and Whyte, 2007). In this context, McNeill's research (discussed in Robinson and McNeill, 2004) confirmed the emergence of public protection as CJSW practitioners' 'meta-narrative', but noted that they interpreted and operationalised this purpose in particular ways, insisting that it was best achieved through helping offenders via social work methods centred on relationship-building and recognising the significance of offenders' *social* contexts and problems. Thus, there is at least some evidence (as Hannah-Moffat, 2005 and O'Malley, 2004 suggest in other jurisdictions) that while CJSW practitioners are increasingly willing to deploy the *discourses* of risk and protection, they do this in particular ways and for particular purposes, often in defence of the traditional *practices* of penal welfarism.

Conclusions

Whether we look to continents, countries or regions, it seems that CJSW is a field of practice in transition. However, those empirical studies referred to above suggest that this is an ongoing process and that it is a process that is mediated by the different histories, cultures and practices of CJSW in different jurisdictions. It follows that a clear priority for the future of critical research on CJSW is to develop more robust frameworks for comparative analysis. In this respect, recent developments in comparative criminological and penological research may provide very useful resources (see Cavadino and Dignan, 2006) – not least in examining to what extent approaches and practices can and should travel across jurisdictions (Jones and Newburn, 2007).

This has been a very partial and limited overview of the development of and future prospects for critical and comparative CJSW research. Whilst we hope that we have done enough to convince readers that there is and should be much more to CJSW research than 'what works?' evaluations, there are many more questions and issues that we might have addressed. What might moral, political and legal philosophy have to say, for example, about the proper purposes and normative foundations of CJSW? We have also neglected the particular ethical issues that arise for criminal justice researchers partly as a result of the controlling and sometimes coercive nature of criminal justice interventions[7].

---

[7] A special issue of the British Journal of Criminology (vol. 41, no. 3), published in 2001, addressed some of these issues.

We have not addressed what socio-legal studies might have to say, for example, about the uses of discretion and meanings of accountability in CJSW; or about what other contributions social theory and critical and comparative penology might make to making sense of CJSW globally; or about what kinds of histories of CJSW are necessary to make better sense of its past(s) and present(s); or about what other contributions criminology can make to the understanding of offending and the development of new CJSW practices to address it. Perhaps most fundamentally in a collection of this sort, we have had little to say about what CJSW has to learn from *social work* research and vice versa. It is perhaps telling that, although all three authors willing locate themselves within the social work discipline, the reality is that CJSW as a site of study and practice is an intersection between fields and disciplines – an intersection where the character of both study and practice is disputed and where, in many jurisdictions, the modernist romance between criminal justice and social work has ended in a quintessentially late-modern and very messy divorce. For both normative and empirical reasons, we remain committed to the union, but we do not doubt that if the relationship between social work and criminal justice is to survive, it needs renewed mutual respect, shared commitment of one to the other, and a lot of hard work. Maybe it's time for a second honeymoon.

References

Bauman, Z. (1997) *Postmodernity and its Discontents,* Cambridge: Polity Press.

Bracken, D. (2005) Development and Trends in Canadian Probation, *Vista Perspectives on Probation,* 10, 2.

Bracken, D. (2007) Probation in the USA and Canada, in R. Canton and D. Hancock (eds) *Dictionary of Probation and Offender Management,* Cullompton: Willan, 231–233.

Braithwaite, J. (2003) What's wrong with the sociology of punishment?, *Theoretical Criminology*, 7, 1: 5–28.

Canton, R. (2007) Probation in Europe, in R. Canton and D. Hancock (eds), *Dictionary of Probation and Offender Management,* Cullompton: Willan, 230–231.

Cavadino, M. and Dignan. J. (2006) *Penal Systems: a Comparative Approach*, London: Sage.

Cid, J. (2005) Suspended sentences in Spain: Decarceration and recidivism, *Probation Journal,* 52, 2: 169–179.

Day, P. (1981) *Social Work and Social Control*, London: Tavistock.

Donzelot, J. (1979) *The Policing of Families: Welfare versus the State,* London: Hutchinson & Co.

Ehlers, L. (2007) Probation in Africa, in R. Canton and D. Hancock (eds), *Dictionary of Probation and Offender Management,* Cullompton: Willan, 228–229.

Feeley, M. (2002) Crime, social order and the rise of neo-Conservative politics, *Theoretical Criminology*, 7, 1, 111–130.

Feeley, M. and Simon, J. (1992) The new penology: notes on the emerging strategy of corrections and its implications, *Criminology,* 30, 449–474.

Feeley, M. and Simon, J. (1994) Actuarial Justice: the Emerging New Criminal Law, in D. Nelken (ed.), *The Futures of Criminology*, London: Sage, 173–201.

Garland, D. (1985) *Punishment and Welfare: A History of Penal Strategies*, Aldershot: Gower.

Garland, D. (1996) The Limits of the Sovereign State: Strategies of Crime Control in Contemporary Society, *British Journal of Criminology*, 36, 4, 445–71.

Garland, D. (2001) *The Culture of Control: Crime and Social Order in Contemporary Society,* Oxford: Oxford University Press.

Gibbs, A. (2001) The changing nature and context of social work research, *British Journal of Social Work*, 31, 687–704.

Green G., Thorpe, J. and Traupmann, M. (2005) The sprawling thicket: Knowledge and specialisation in forensic social work, *Australian Social Work,* 58, 4, 142–153.

Hannah-Moffat, K. (2005) Criminogenic needs and the transformative risk subject: Hybridizations of risk/need penality, *Punishment and Society*, 7, 1, 29–51.

Jones, T. and Newburn, T. (2007) *Policy Transfer and Criminal Justice: Exploring US Influence over British Crime Control Policy*, Maidenhead: McGraw-Hill/Open University Press.

Lacombe, S. (2008) Consumed with Sex: The Treatment of Sex Offenders in Rsik Society, *British Journal of Criminology,* 48, 1, 55–74.

Lesnik, B. (ed.) (1997) *Change in Social Work*, Hampshire: Arena.

Lynch, M. (1998) Waste Managers? The New Penology, Crime Fighting and Parole Agent Identity, *Law and Society Review*, 32, 4, 839–869.

Lynch, M. (2000) Rehabilitation as Rhetoric: The ideal of reformation in contemporary parole discourses and practices, *Punishment and Society*, 2, 1, 40–65.

McCulloch, P. and McNeill, F. (2007) Consumer society, commodification and offender management, *Criminology and Criminal Justice*, 7, 3, 223–242.

McNeill, F. (2004) Desistance, rehabilitation and correctionalism: Developments and prospects in Scotland, *Howard Journal of Criminal Justice*, 43, 4, 420–36.

McNeill, F. (2009) *Towards Effective Practice in Offender Supervision.* Glasgow: Scottish Centre for Crime and Justice Research. Available online at: http://www.sccjr.ac.uk/documents/McNeil_Towards.pdf (accessed 8th January 2010)

McNeill, F., Batchelor, S., Burnett, R. and Knox J. (2005) *21st Century Social Work*

Reducing Re-offending: Key Practice Skills, Edinburgh: Scottish Executive. Available online at: www.socialworkscotland.org.uk/resources/pub/ReducingReoffending.pdf (accessed 21st May 2008).

McNeill, F., Burns, N., Halliday, S., Hutton, N. And Tata, C. (2009) Risk, responsibility and reconfiguration: Penal adaptation and misadaptation, *Punishment and Society,* 11, 4, 419–442.

McNeill, F., Bracken, D. and Clarke, A. (2010) Social Work and Criminal Justice in I.

Shaw, K. Briar-Lawson, J. Orme and R. Ruckdeschel (eds.)(2010) *The Sage Handbook of Social Work Research*, London, Dehli and New York: Sage.

McNeill, F. and Whyte, B. (2007) *Reducing Reoffending: Social Work and Community Justice in Scotland*, Cullompton: Willan.

Maruna, S. and King, A. (2004) Public opinion and community penalties, in A.E. Bottoms, S. Rex and G. Robinson, (eds.), *Alternatives to Prison. Options for an insecure society,* Cullompton: Willan, 81–112.

Matthews, R. (2005) The myth of punitiveness, *Theoretical Criminology*, 9, 2, 175–201.

Nellis, M. (1993) CCETSW, Criminal Justice and the Idea of a Probation Stream, in *Probation Training Issues and CCETSW's Training Curriculum*, London: CCETSW.

Nellis, M. (2007) Humanising justice: The English Probation Service up to 1972, in L. Gelsthorpe, and R. Morgan, (eds.) *Handbook of Probation,* Cullompton: Willan, 25–58.

O'Malley, P. (2004) The uncertain promise of risk, *Australian and New Zealand Journal of Criminology*, 37, 3, 323–343.

Parsloe, P. (1976) Social Work and the Justice Model, *British Journal of Social Work,* 6, 1, 71–89.

Pratt, J. (2000) The Return of the Wheelbarrow Man; Or, the Arrival of Postmodern Penality?, *British Journal of Criminology*, 40, 1, 127–145.

Reamer, F. (2004) Social Work & Criminal Justice: The Uneasy Alliance, *Journal of Religion & Spirituality in Social Work*, 23, 213–231.

Roberts, A. R. and Brownwell, P. (1999) A century of forensic social work: bridging the past to the present, *Social Work*, 44, 4, 359–369.

Roberts, A. and Springer, D. (eds.) (2008) *Social Work in Juvenile & Criminal Justice Settings*, Springfield, Illinois: Charles Thomas.

Robinson, G. (2002) Exploring risk management in the probation service: contemporary developments in England and Wales, *Punishment and Society*, 4, 1, 5–25.

Robinson, G. (2003) 'Technicality and Indeterminacy in Probation Practice: A Case Study' *British Journal of Social Work*, 33, 5, 593–610.

Robinson, G. and McNeill, F. (2004) Purposes matter: examining the "ends" of probation, in G. Mair (ed), *What Matters in Probation*, Cullompton: Willan, 277–304.

Rooney, R. (1992) *Strategies for Work with Involuntary Clients.* New York: Columbia University Press.

Simon, J. (2007) *Governing Through Crime: How the War on Crime Transformed American Democracy and Created a Culture of Fear.* New York: Oxford University Press.

Smith, D. (2005) Probation and Social Work, *British Journal of Social Work*, 35, 621–637.

Stephenson, M. (2000) *In Critical Demand: Social Work in Canada*, Ottawa: CASSW-ACESS.

Trotter, C. (2000) Social Work Education, Pro-Social Orientation and Effective Probation Practice, *Probation Journal*, 47, 4, 256–261.

Trotter, C. (2006) *Working with Involuntary Clients: A guide to practice*, 2nd edition, London: Sage.

Van Kalmthout, A. and Derks, J. (eds.) (2000) *Probation and Probation Services – a European Perspective*, Nijmegen: Wolf Legal Publishers.

Wacquant, L. (2001) Deadly Symbiosis: When ghetto and prison meet and merge. *Punishment and Society*, 3, 1, 95–134.

Walters, J. (2003) 'Trends and issues in probation in Europe', paper delivered to the PACCOA conference, Hobart, Tasmania, 1 September. Available online at: http://www.paccoa.com.au/PDF%20files/John%20Walters.pdf (accessed 21st May 2008).

Williams, B. (ed.) (2002) *Reparation and Victim-Focused Social Work*, London: Jessica Kingsley Publishers.

Williams, B. (1999) *Working with Victims of Crime*, London: Jessica Kingsley Publishers.

Zedner, L. (2002) Dangers of Dystopias in Penal Theory, *Oxford Journal of Legal Studies*, 22, 2, 341–366.

Zion, J. W. (1998) The dynamics of Navajo peacemaking. În *Journal of Contemporary Criminal Justice*. 14(1): 58–74.

Protection, Prevention and Promotion: The Restricted Evolution of the Protective Factor in Criminological Research

STEPHEN CASE*, KEVIN HAINES*

Risk factor research

A global movement of risk factor research has proliferated across the industrialised Western world in the past 30 years (see, for example, Farrington, 2007; Rutter et al, 1998; Hawkins and Catalano, 1992). This risk factor research (RFR) movement has been characterised by: 1) the *factorisation* (quantification) of young people's characteristics, circumstances, experiences, behaviours, attitudes, perceptions etc and 2) tests of *statistical association* between 'risk factors' and offending; associations that have been widely-replicated. This 'artefact' risk factor research (Kemshall, 2003) has drawn heavily on longitudinal research designs and has tended to present developmental and deterministic understandings of the 'predictive' and even causal influence of psychological and social ('psychosocial') risk factors on offending (Case and Haines, 2009). The most common working definitions of the risk factor have reflected the belief that these factors operate as:

- **Causal** – determining offending at different stages of the criminal career (Rutter et al, 1998);
- **Predictive** – increasing the statistical probability of offending at a later stage (Stephenson, Giller and Brown, 2007);
- **Multiplicative, cumulative or additive** – the more risk factors that a young person is exposed to, the more likely they are to offend, regardless of which specific factors are present (e.g. YJB, 2005);
- **Interactive** – different combinations exert different effects on offending when experienced together by the same young person (YJB, 2005);
- **Overlapping** – factors that are correlated with each other and both related to offending, but with neither having 'temporal precedence' in the causal chain (Kraemer, Stice, Kazdin, Offord and Kupfer, 2001);
- **Multi-stage** – a risk factor (e.g. neighbourhood disadvantage, lack of educational qualifications) could increase the likelihood of another risk factor (e.g. unemployment or low socio-economic status), which in turn could lead to offending (Farrington, 1996).

---

* Centre for Criminal Justice and Criminology, School of Law, Vivian Tower, Swansea University, Singleton Park, Swansea, UK. SA2 8PP, E-mail: S.P.Case@swansea.ac.uk

Although a precise and universally accepted and applied working definition of the risk factor remains elusive within RFR, the various definitions share the belief that risk factors have temporal precedence over offending and exert a deleterious influence on young people's behaviour. Farrington has encapsulated the appeal of RFR thus:

> 'The basic idea … is very simple: Identify the key risk factors for offending and implement prevention methods designed to counteract them. There is often a related attempt to identify key protective factors against offending and to implement prevention methods designed to enhance them' (Farrington, 2007, 606).

The restricted protective factor

As the above quotation makes clear, a natural logical corollary to the risk factor is the protective factor. Within RFR, therefore, the basic idea of the 'protective factor' is simple – a factor that protects against risk and reduces the statistical likelihood of offending. The notion of a protective factor may, thus, appear logical and straightforward and possibly even necessary within a comprehensive RFR paradigm. It is perhaps surprising, therefore, that both theoretically and empirically the notion of a protective factor has received relatively little direct attention – either within RFR or by its critics. In particular, there has been a limited conceptualisation of the protective factor in terms of what it actually is, how it works and what it protects against.

The definition and investigation of protective factors has been crudely and uncritically shackled to notions of risk factors for offending, rather than being conceived of, defined or explored as a potentially independent agent acting on young people's behaviour (Case and Haines, 2009). A further symptom of the uncritical and assumptive nature of protective factors is an ambiguity concerning exactly what behaviour/outcome protective factors are protective of. For example, protective factors in RFR have been variously linked to generic measures of *non-offending* (Thornberry and Krohn, 2003; Beinert, Anderson, Lee and Utting, 2002), the prevention of *offending onset* (West, 1982), the promotion of *desistance from existing offending* (Sampson and Laub, 1993) and, to a far lesser degree, the promotion of *pro-social, positive behaviours* (Catalano and Hawkins 1996). Therefore, reflective of its risk factor counterpart, there have been definitional ambiguities regarding how the protective factor should be understood, typified by the lack of consensus over a suitable dependent variable. Consequently, exploration and understanding of protective factors within RFR have been obfuscated by the lack of a consensual definition of the 'protective factor'. However, there *has* been an apparent consensus in understanding the risk factor-protective factor relationship as a narrow, reductionist, quantitative *dichotomy* (e.g. the absence/presence of introverted personality – West 1982; weak/strong attachment to the family – Graham and Bowling, 1995). Thus, risk and protective factors have been depicted as 'opposite poles of the same variable' (Loeber, Farrington, Stouthamer-Loeber, Moffitt, Caspi, White, Wei and Beyers, 2003, 118). The most common explanations of how this dichotomous relationship operates have been that protective factors:

     ● *Buffer* the effects of risk factors, promote resilience to risk and promote non-problematic development (e.g. Kraemer et al, 2001; Werner and Smith, 1992);

• *Mediate or moderate* the effects of exposure to risk factors (Pollard, Hawkins and Arthur 1999) and function as intermediate elements in the 'causal chains' between risk factors and offending (see Baron and Kenny, 1986);

• *Interact* with risk factors, such that if young people are exposed to certain protective factors contemporaneously then these factors interact with risk to promote resilience. Thus, the interaction between specific risk and protective factors is more important than the cumulative influence of exposure to multiple risk and protective factors (YJB, 2005; Thornberry and Krohn, 2003).

Losel and Bender have opined, however, that 'it is confusing when two constructs are used to describe different manifestations of one and the same variable' (Losel and Bender, 2003, 133). Risk factor researchers have argued that dichotomisation has standardised the way risk and protective factors have been conceived and measured in order to compare their ability to predict outcomes and to provide simplified and readily-understandable conclusions (Farrington, 2003). Notwithstanding this arguably facile rationalisation, such widespread dichotomisation and the over-simplification of the risk factor-protective factor relationship exemplifies the extent to which the concept of protection has not been borne of much deep thought. Definitional ambiguities and the superficial explanation of the relationships protective factors have with risk factors and offending have been founded on imputation and extrapolation, rather than empirically-validated and replicated understandings of the presence and nature of any processes of influence. Moreover, there has been little critique of the protective factor concept and few recommendations for a reorientation of RFR consolidated by empirical data collected explicitly for the purpose of advancing knowledge and understanding of young people's lives – the central purpose of the research that underpins this paper.

The independent protective factor?

'Not merely the opposite of a risk factor, protective factors should be thought of as separate constructs that affect risk or problem states.' (Fraser, Richman and Galinksy, 1999, 135)

Critics of artefact RFR have argued that the commonplace dichotomisation of risk and protection (even placing them at opposite ends of a linear scale) has precluded the investigation of the protective factor as an entity *independent* from risk (e.g. Case and Haines, 2009; Losel and Bender, 2003). There is, therefore, a distinct possibility that certain protective factors may be independent of risk factors and exert their own direct, reductive influence on offending that is in no way determined by risk (see also Loeber et al, 2003). It is important to emphasise that even researchers investigating the potentially-independent effects of protective factors have tended to focus on the obviation of risk and offending outcomes as the preferred indicators of influence. For example, the Pathways Into and Out of Crime partnership studies adopted a devoutly anti-artefactual, constructivist approach to risk factor research by exploring the dynamic and context-specific ways in which young people construct and negotiate risk and protection, rather than them being passive recipients of the irresistible effects of factorised and dichotomised risk and protective influences. However, the partnership studies privileged understandings of protection as increasing *resilience* to risk exposure (see, for example,

Haw, in France and Homel, 2007; Hine, 2006; Walker and McCarthy, 2005) rather than exploring protection as exerting a promotional influence on positive behaviour. This resilience focus resonates with the positive youth development research of Catalano, Berglund, Ryan, Lonczak and Hawkins (2004) who identified 'fostering resilience' as an indicator of success for intervention programmes seeking to promote positive outcomes for young people. Thus, even those researchers who have been critical of the simplistic dichotomisation of risk and protection have remained largely shackled to the dominant risk factor ideology of the paradigm.

A possible explanation for the restricted, risk-based focus of research into protective factors lies in the disciplinary foundations of RFR in the psychiatric research of William Healy and the medical research of Richard Clark Cabot; which emphasised the prevention of deleterious, negative outcomes. These foundations were openly acknowledged by the Gluecks (see Glueck and Glueck, 1930) in their seminal criminological RFR which, in turn, greatly influenced other early RFR (e.g. West and Farrington, 1973). It could also be that the psycho-criminological backgrounds of several of the most influential risk factor researchers (e.g. David Farrington, Michael Rutter, Terence Thornberry, Terri Moffitt) has shaped thinking in terms of explaining offending, *a negative behaviour*, rather than towards explaining and promoting positive behaviour. Indeed, such an approach is entirely consistent with the broader criminological enterprise which has been concerned with understanding and explaining crime, rather than its absence. Yet, it is important to question this disciplinary bias and to ask whether there is something missing from our current understanding of risk and protection. This restricted, deficit-focus has obfuscated and precluded the pursuit of a more holistic view of protective factors as potentially promoting positive behaviours/outcomes in addition to any relationships with risk factors and offending.

Protective factors as promotional factors?

A nascent body of protective factor research has emerged, however, which has begun to develop and evolve the protective factor concept along promotional lines. In particular, Catalano and colleagues have extrapolated the central concepts of their Social Development Model into a focus upon *positive youth development*, which 'contrasts with approaches that have focused on problems' (Damon, 2004, 14). Catalano et al (2004) have attempted to merge the prevention and promotion agendas for working with young people in the criminal justice system with the promotion agenda situated within, *inter alia*, the health, social care, education and children's rights arenas. This shift in a previously risk-dominated arena has augmented restricted understandings of protective factors as preventing the onset and continuation of problem behaviours/outcomes with more holistic conceptions of their potential to promote developmental pathways into pro-social behaviour and positive outcomes[1] that are substantive rather than merely the absence of a negative behaviour (e.g. non-offending as an ostensibly positive outcome).

---

[1] Catalano et al (2004) defined positive outcomes as bonding, resilience, social, emotional, cognitive, behavioural, and moral competence, self-determination, spirituality, self-efficacy, clear and positive identity, belief in the future, recognition for positive behaviour and opportunities for pro-social involvement, and pro-social norms (healthy standards for behaviour).

The positive youth development agenda has enabled protective factors to be explored in terms of their capability to be *promotional* rather than merely to protect and prevent against deficits (e.g. risk factors) and negative outcomes such as offending and substance use (Catalano et al, 2004). To date, however, the work of Catalano and colleagues stands alone in an otherwise fairly barren field and remains somewhat tentative and under-developed, particularly in the criminological context. The nascent conceptions of positive outcomes remain almost entirely psychological and are thus very narrow and limited in scope. The positive youth development research has also fallen into the trap of assuming a common aetiology of positive and negative outcomes and dichotomous risk-protection constructs as 'common denominators between risk and protection factor implicated in youth problem behavior' (Catalano et al, 2004, 1), rather than investigating protective factors as potentially independent constructs.

The enabling variables model: An empirical alternative

In Wales, a parallel research agenda to the positive youth development movement has begun to identify *enabling variables* associated with positive outcomes as a means of informing policy and practice with young people. The nascent enabling variables research has attempted to address limitations in previous research:

> 'there is a paucity of research focusing upon identifying protective factors and especially targeting the factors underpinning positive behaviours as opposed to merely operating as 'anti-risk' factors. Problem behaviours are defined and examined far more often than positive behaviours; necessitating a culture shift towards research which highlights the characteristics of positive youth development.' (Case, Clutton and Haines, 2005, 190)

In Wales, the Welsh Assembly Government have established their 'Extending Entitlement' youth inclusion strategy (National Assembly Policy Unit 2002), which outlines a set of universal entitlements[2] to opportunities, services and information for all young people aged 11–25 years.

We have preferred to employ the term 'variable' as opposed to 'factor' in our research here. The notion of a 'factor' is wedded to the reductionist, quantified, artefactual, deterministic and overly-definitive risk-based approaches that we have been critical of in the past, whereas the concept of a 'variable' offers the flexibility to understand psychosocial elements as correlated with outcomes; related to these outcomes in different ways at different times for different young people.

The Extending Entitlement enabling factors study methodology

As part of the evaluation of Extending Entitlement, survey questionnaires were completed by an opportunity sample of over 5000 young people aged 11–16 years across Wales, based in both secondary schools and so-called 'hard to reach' groups (e.g. black

---

[2] Entitlement to education, training and work experience, basic skills, volunteering activities, responsive services, careers advice, personal support, health advice, recreational and social opportunities, (e.g. sport, art, music) and the right to be consulted (National Assembly Policy Unit 2002).

and ethnic minority groups, offenders, those excluded from school, young people living in rural areas).

Questionnaire content was predicated on a group of established psychosocial risk variables (dubbed 'risk factors' in RFR) that had formed the basis of a previous questionnaire used to evaluate a youth crime prevention initiative based in Swansea known as Promoting Prevention (see Haines and Case, 2005). Young people were asked whether, in the past year, they had experienced any of a series of variables located in the domains of family, school, neighbourhood, lifestyle, peers and psychological/individual. Experience was measured (quantified) on a 5-point Likert scale by strength of agreement with statements phrased to indicate either perception of risk of negative outcomes (in line with established 'risk factors' within RFR) or protection against negative outcomes (in line with established 'protective factors' within RFR), for example:

● My parents argue with each other a lot; I dislike school (indicative of risk);

● I participate in a variety of constructive leisure time activities; I am positive about my future (indicative of protection).

The questionnaire also measured active levels (in the past year) of self-reported offending (a negative outcome measure) using the UK-version of the International Self-Report Delinquency instrument (Graham and Bowling, 1995). The basis of the questionnaire, however, was an innovative outcome measure known as perceived level of access to entitlements that assessed young people's ratings of their access to each of the 10 universal entitlements.[3] A measure of 'perceived level of access to entitlement' (PLATE) was taken for each of the 10 entitlements using a 5-point Likert scale as above. As with the psychosocial background variables, young people reported their strength of agreement with a series of statements relating to each entitlement, producing a measure of overall PLATE (scored from 10–50). The lowest quintile of aggregated PLATE scores constituted a negative outcome measure labelled 'lower PLATE' against which to measure associated psychosocial risk variables. These risk factors for lower PLATE were then compared with the risk variables for self-reported offending as a way of assessing the purported 'common aetiology' of negative outcomes for young people (see also Catalano et al, 2004). Conversely, the highest quintile of aggregated PLATE scores was labelled 'higher PLATE' and this was used as an innovative positive outcome measure. The psychosocial background variables that were associated with higher PLATE were labelled 'enabling variables' – a new form of protective factor in that they were independently associated with a positive outcome.

The Extending Entitlement study results: Independent enabling variables

Factor analysis was employed to reduce the large data set of psychosocial variables to a more manageable and practical output and to circumvent the problem of 'multicollinearity', whereby certain variables may be so closely correlated with one another as to be effectively measuring the same construct. Therefore, factor analysis identified a set of ten 'composite' psychosocial background variables:

---

[3] The questions used to measure PLATE were based on young person-friendly definitions of each entitlement that were developed by a Welsh Assembly Government-appointed working group of young people.

● relationship with parents – rule setting, parental interest, consultation with child, consistency of discipline, supervision;

● parental communication and affection – extent and nature of communication with child, extent and nature of affection for child;

● relationships and activities in school – respect from teachers, relationship with teachers, pupil consultation, extracurricular activities, affection for school;

● experiences in school – experience of bullying, academic achievement, consistency of discipline;

● commitment to school – pupil's commitment, parental commitment, experience of truancy;

● perception of neighbourhood – feelings of safety in local area, affection for local area, availability of drugs;

● use of leisure time – constructive use of leisure time, availability of activities;

● presence/absence of antisocial behaviour/attitudes – antisocial behaviour, attitudes supportive of antisocial behaviour, attitudes supportive of drug using, alcohol use, smoking and criminality, hanging around the streets;

● presence/absence of psychological problems – depression, worries about the future, eating/sleeping problems, self-harm;

● presence/absence of impulsivity – stress, dangerous behaviour, ability to defer gratification.

Logistic regression was employed to measure the association between these variables and active levels of negative outcomes (self-reported offending, lower PLATE) and positive outcomes (higher PLATE). Herein, the concept of *active* was taken to mean present in the previous 12 months, such that the outcomes and factors identified were, as far as possible, still relevant and live for young people. Table one illustrates the statistical associations between risk/enabling factors and the different outcomes for the whole sample, males, females and the specific age groups in the sample.

Table 1.
Risk variables for self-reported offending, risk variables for lower PLATE and enabling variables for higher PLATE by gender and age

		Gender		Age group				
	All	M	F	11–12	12–13	13–14	14–15	15–16
Antisocial behaviour/attitudes	O	O	O	O	O	O	O	O
Relationships & activities in school	L H	L H	L H	L H	O L H	L H	L H	L H
Experiences in school	O L H	L H	O L H	L H	L	O L H		
Relationship with Parents	L H	H	L	L			H	
Perception of neighbourhood	L	L H	L	H	L	O L		
Impulsivity	O L	O	O	O	O	O	O	O

Commitment to school		L		L	L H			
Use of leisure time			L H	L H	L		H	
Parental communication & Affection			O				L	L
Psychological problems								

O = risk variable for Self-reported Offending;
L = risk variable for Lower PLATE;
H = enabling variable for Higher PLATE.

Table one indicates that whilst there was a degree of commonality between the variables associated with negative behaviours/outcomes and factors associated with the positive outcome of higher PLATE, these similarities were not universal and there were notable examples of enabling variables being associated with a positive outcome independently of risk factors. These results show that the risk variable-enabling variable relationship is not necessary dichotomous and that certain enabling variables are identified as independent entities. Analysis found:

● *Lower PLATE* was significantly related to self-reports of offending;

● *Higher PLATE* was significantly related to self-reports of non-offending;

● *Antisocial behaviour/attitudes* was statistically-associated with self-reported offending for the whole sample and every gender – and age-related sub-group within it. However, it was not associated with lower PLATE, nor was *absence of antisocial behaviour/attitudes* associated with reports of higher PLATE.

● *Negative relationships and activities in school* were associated with offending only by 12–13 year olds. However, it was associated with lower PLATE for the whole sample and every sub-group, whilst *positive relationships and activities in school* were associated with higher PLATE for the whole sample and every sub-group.

● *Negative experiences in school* was associated with offending by the whole sample, females and 13–14 year olds and associated with for lower PLATE reported by the whole sample, males, females, 11–12 year olds, 12–13 year olds and 13–14 year olds. *Positive experiences in school* were associated with higher PLATE reported by the whole sample, males, females, 11–12 year olds and 13–14 year olds.

● *Negative relationship with parents* was not associated with offending. It was however, associated with lower PLATE reported by the whole sample, females and 11–12 year olds. *Positive relationship with parents* was associated with higher PLATE amongst the whole sample, males and 14–15 year old.

● *Negative perception of neighbourhood* was only associated with self-reported offending by 13–14 year olds. However, it was associated with lower PLATE amongst the whole sample, males, females, 12–13 year olds and 13–14 year olds. *Positive perception of neighbourhood* was associated with reports of higher PLATE by males and 11–12 year olds only.

● *Impulsivity* was statistically-associated with offending reported by the entire sample and all sub-groups within it. However, impulsivity was only identified associated with lower PLATE reported by males. The absence of impulsivity was not statistically-associated with higher PLATE.

● *Lack of commitment to school* was not associated with offending. However, it was associated with reports of lower PLATE by males, 11–12 year olds and 12–13 year olds. Commitment to school was associated with higher PLATE reported by 12–13 year olds only.

● *Unconstructive use of leisure time* was not associated with offending, although it was associated with lower PLATE amongst females, 11–12 year olds and 12–13 year olds. *Constructive use of leisure time* was associated with higher PLATE amongst females and 11–12 year olds.

● *Lack of parental communication and affection* was associated with offending reported by females, but was not associated with lower PLATE; nor was the *presence of parental communication and affection* associated with higher PLATE as an enabling factor.

These findings indicate that assuming a simplistic common aetiology between negative and positive outcomes for young people is neither valid nor advisable and that this has been fostered by an equally uncritical acceptance of dichotomous relationships between risk and enabling factors/variables. Whilst some variables (experienced by young people positively or negatively) did correlate with both positive and negative outcomes, this relationship was far from universal and several variables appeared to exert independent effects on specific outcomes. For example, the two variables linked most closely to self-reported offending, *antisocial behaviour/attitudes* and *impulsivity*, were not associated with lower PLATE (except for impulsivity in males specifically) and their absence was not identified as an enabling variable for higher PLATE. Conversely, *relationships and activities in school* and *experiences in school* were both linked to lower and higher PLATE across a number of groups but retained very few links with self-reported offending. Therefore, we would differ from established RFR thinking in interpretation and exploration of these findings in three key ways:

● The simplistic targeting of (risk) variables linked to lower PLATE and offending is likely to overlook the (enabling) variables linked to both higher PLATE and non-offending. Therefore, the prioritisation of enabling variables could serve the dual purpose of promoting positive outcomes and preventing offending by young people;

● Where artefact RFR and the positive youth development movement have largely assumed a common aetiology between variables associated with both negative and positive outcomes for young people (see Catalano et al 2004), the Extending Entitlement study results suggest that positive outcomes have a distinct aetiology that should be investigated independently;

● Where artefact RFR has been inclined to view the 'protective factor' as insulating young people against negative outcomes, the Extending Entitlement study has investigated the association between enabling variables and positive outcomes. The results suggest that enabling variables are not only associated with/protective of negative outcomes, but should be viewed more holistically as a reconceptualised protective factor that is promotional of positive outcomes.

● Focusing on enhancing positive outcomes/behaviours requires some re-assessment of what aspects of young people's lives are targeted for intervention. Variables outwith RFR have been shown to be associated with positive outcomes/behaviours and a greater likelihood of non-offending.

Using enabling variables to inform policy and practice

The enablement-based reconceptualisation of the 'protective factor' has been underpinned by an ethos of entitlement, which itself has enabled a focus on positive outcomes (such as PLATE). Therefore, the research has attempted to reorientate RFR towards a conception of protective factors/enabling variables as enabling positive behaviours. In particular, questioning the presumed common aetiology between negative and positive outcomes for young people has emphasised the importance of adopting an *independent* focus on positive outcomes and the variables associated with such outcomes supplementary to the traditional focus on risk and negative outcomes. The enabling variables perspective has produced a set of theoretical and empirical constructs that have explored the potential for protective factors/enabling variables to exert promotional effects on positive outcomes in conjunction with preventative effects on negative outcomes (e.g. offending), rather than conceiving of positive outcomes as merely resilience to risk, the absence of problems and desistance from negative behaviours as positive outcomes. These accords with Pittman and Irby's (1996) assertion that 'problem-free is not fully prepared', by which they critique the assumption that positive outcomes will occur naturally for young people in the absence of risks and problems. Indeed, a major conclusion of the enabling factors study must be that the prevention of youth offending could be better achieved by focusing on increasing PLATE and enhancing enabling variables rather than by maintaining a narrow, reductionist focus on negative outcomes, 'risk factors' and 'protective factors' as the functional dichotomy of risk as currently understood within contemporary RFR.

However, the enabling variables perspective has some limitations, which need to be addressed in future research. Firstly, identification of enabling variables has been theoretically-underpinned by the dual assumptions of a *dichotomous relationship* between risk variables and enabling variables and a *common aetiology* for negative and positive outcomes; both of which have focused on the key psychosocial domains of life explored in traditional RFR. Therefore, there is a pressing need for more exploration and evidence of the potential of protective factors/enabling variables (conceived of, rather than simply analysed, independently of risk) to influence positive outcomes; not least because our analysis indicated that negative outcomes (offending, lower PLATE) and positive outcomes (non-offending, higher PLATE) do not necessarily share common or dichotomous correlates. Indeed, the cross-sectional nature of the survey conducted precludes the identification of enabling variables as causal or predictive of future outcomes. As such, it may be somewhat premature to speak of 'enabling' factors at all, as this label implies a mechanism or process that cannot be explored using a one-off, snapshot design. Assumptions of temporal precedence and predictive influence (i.e. that enabling variables necessarily precede and therefore influence positive outcomes) should not be made uncritically. Instead, further work is required to explore issues of temporality and the nature and direction of relationships between enabling variables and positive outcomes. At this stage, the statistically-identified enabling variables should be seen as correlates with a specific positive outcome and indicators of an increased likelihood of self-reporting this outcome in specific sub-groups (ages, genders) that have been neglected in more aggregated forms of artefact RFR.

Therefore, the complexity and nuanced-nature of the enabling variables concept must be addressed. RFR has prioritised reductionist methods and analysis; particularly the quantification ('factorisation') of complex psychosocial experiences, which are then understood as over-simplified, deterministic 'factors' that are either predictive or causal of negative outcomes in young people's lives (Case and Haines, 2009). Investigations of risk and protection have focused explaining individual behaviour using aggregated and generalised measures of risk and protection that are not representative of or necessarily applicable to any individual group member (see Goldson, 2005). These criticisms, to some extent, could be applied to the Extending Entitlement research, along with the accusation that ostensibly traditional (flawed) artefactual RFR has been conducted by two of its fiercest critics. However, it must be stressed that the research was conducted prior to the formulation of several of our central research-informed criticisms of RFR. In any case, our intention within the Extending Entitlement research was to work within the established risk factor paradigm that we have been critical of in order to demonstrate that risk and protection/enablement should not be assumed uncritically to constitute dichotomous nor synonymous variables or processes. We are appropriately cautious when interpreting the enabling variable results, as these could still be statistical artefacts (e.g. products of statistical multicollinearity) and much remains unclear as to the direction and nature of the relationship between variables and outcomes. However, the research findings strongly suggest that a focus on risk variables alone can only ever tell half the story (at best) when describing, interpreting and explaining the negative and positive aspects of the lives of young people. Consequently, a focus on variables that enable positive outcomes itself 'enables' research to tell the other half of the story, which points in a different (positive) direction and enables a change in how young people are perceived, understood and responded to. In addition, aggregated data (e.g. measures of risk and enabling variables) should be utilised to illuminate broader social policy questions rather than to explain individualised behaviour, leaving practitioners free to decide how to address identified variables and implement interventions. Whilst the current research identified variables associated with negative and positive outcomes, none are explanatory at the individual level; nor are they generalisable to other populations of young people. Instead, the variables identified and investigated serve as broad indicators to guide the development of social policy and professional assessment and intervention.

Promoting promotion: Onwards and upwards

RFR has evolved very little since its inception, in terms of moving beyond mechanistic, artefactual, psychosocial, risk-focused understandings of protection (for a comprehensive critique of RFR, see Case and Haines, 2009). Consequently, the enabling factors research has significant implications for our understanding of the factors that shape the behaviour of young people and the outcomes they obtain and also for the objectives and methods of working with young people. The research analyses demonstrated statistical relationships between negative outcomes (offending and lower PLATE) and positive outcomes (higher PLATE and non-offending) and allowed the separate investigation of risk factors (related to these negative outcomes) and protective/enabling variables (related to these positive outcomes). The analyses indicated

that risk and protective/enabling variables are not necessarily two sides of the same coin and that the enabling variables linked to positive outcomes are not synonymous with the risk factors linked to negative outcomes. When all of this is considered alongside the relationship between higher PLATE and non-offending, the logical corollary is that targeting PLATE and enabling factors could provide a double-edged approach to the prevention of youth offending and the promotion of positive outcomes. The enabling variables research strongly suggests that merely targeting risk factors as the primary means of reducing youth offending has limited potential, whereas prioritising enabling variables may have more utility as they have been linked to both the absence of offending and an increased likelihood of reporting positive outcomes. The current research, therefore, offers a tentative step in the direction of a more thoughtful RFR that can extricate itself from its restricted, risk-dependent research into a concerted exploration of protective factors, not only in terms of their ability to protect against negative outcomes and the deleterious impact of risk factors (although these roles would be retained), but also in terms of their potential to promote and enable pro-social, positive outcomes that may be independent of risk and a narrow psychosocial focus.

The radical reconfiguration of, and culture shift within, artefact RFR with young people that would be necessitated by an innovative focus upon promoting positive outcomes and emphasising variables (n.b. not factors) that 'protect' the bright futures of young people will require far more research, although the enabling factors research serves as a promising empirical starting point. Existing methodologies and factorised understandings of protection tell us little about the potential nature, depth and complexities of the *processes* that may link identified protective factors/enabling variables to the absence of and the desistance from offending or whether these purported relationships exist beyond the realms of post-hoc statistical manipulations. Indeed, the very notion of a protection as a 'factor' has artificially restricted and biased investigations of the complex, multifaceted and dynamic process that pervades many areas of a young person's life and helps to shape their identity (see also McMurran and Ward, 2004).

The restricted notion of the 'protective factor' is a product of the self-fulfilling and introspective nature of a RFR movement that has somewhat obsessively and uncritically replicate a small group of psychosocial risk factors for offending (and consequently a small group of psychosocial protective factors for non-offending). This RFR movement has been hugely influential, particularly in England and Wales, and it has both provided a way of rationalising and sustaining youth justice policy which has been highly individualised in apportioning blame and responsibility as well as masking punishment as help. A broader and more positive agenda that could transcend traditional approaches and shift the focus for work with young people into areas such as social policy, education, health, social care and welfare has been eliminated by a narrow focus on risk and the absence on identifying those social conditions and experiences associated with positive behaviour and outcomes for young people. The Extending Entitlement research evidences a reconceptualisation of protective factors as merely mediators of the risk factors that themselves function as obstacles to addressing young people's needs, rights and entitlements. In this way, enabling variables embody young people's potential, capacity, strengths, opportunities and rights as opposed to their deficits (see also Goldson and Muncie, 2006) as a means of promoting and enabling positive outcomes – such outcomes which are notably associated with lower levels

of offending. The overarching ethos of this culture shift within the research discussed is, therefore, one of working with young people to enable their enablement, rather than simply to enable them to avoid disablement through a dogmatic and restricted focus upon risk and the inevitability of failure.

The enabling variables model animated by the Extending Entitlement research offers a forward-looking, proactive, solution-focused, 'children-first' (Haines and Drakeford, 1998; WAG and YJB, 2004) approach to working with young people; one which emphasises young people's needs, strengths and rights/entitlements, in accordance with Lerner and Benson's (2003) proclamation that, for young people with problems, 'the best defense is a good offense'. Consequently, the model stresses the empowerment of young people as a means of attaining success, improving quality of life and avoiding and addressing negative outcomes and influences. This new explanatory edifice for RFR offers a constructive and practical alternative to the backwards-looking RFR model that punishes, restricts and marginalises young people on the basis of past behaviour, the rebranding of need as deficit, weakness and failure, and the centrality of responding to the risk of what young people 'may' do in the future. This speaks of an overriding perception of young people as offenders first rather than children first and a zeal to respond reactively to their deeds rather than proactively to their needs. Portraying young people as passive victims of bundles of previous deeds, embedded risks and problems that must be managed and ameliorated by adults (e.g. through the promotion of traditional restricted conceptions of protective factors as encouraging resilience and desistance from offending) has distracted researchers, policy makers and practitioners from more positive and sustainable goals such as working with these young people to identify solutions to the problems and inequities that beset their lives. The enabling variables model developed within the Extending Entitlement research tackles this latter issue head on by exploring the promotional, enabling potential of the protective factor/enabling variable and its relationships with a positive outcome; cohering with a 'children/young people first' agenda that offers practitioners and policy makers a way of focusing on and engaging with the whole child/young person as central to a dynamic, proactive process of change in perceptions of young people and the way in which we work with them.

References

Baron, R. M. and Kenny, D.A. (1986) The Moderator-Mediator Variable Distinction in Social Psychological Research: Conceptual, Strategic, and Statistical Considerations', Journal *of Personality and Social Psychology,* 51, 1173–1182.

Beinert, S., Anderson, B., Lee, S. and Utting, D. (2002) *Youth at Risk? A National Survey of Risk Factors, Protective Factors and Problem Behaviour among Young People in England, Scotland and Wales.* London: Communities that Care.

Case, S. P. and Haines, K. R. (2009) *Understanding Youth Offending: Risk Factor Research, Policy and Practice.* Cullompton: Willan.

Case, S. P., Clutton, S. and Haines, K. R. (2005) 'Extending Entitlement: A Welsh Policy for Children', *Wales Journal of Law and Policy,* 4, 2, 187–202.

Catalano, R. F. and Hawkins, J. D. (1996) 'The Social Development Model: A Theory of Anti-social Behaviour', in J. Hawkins (ed.) *Delinquency and Crime: Current Theories.* Cambridge: Cambridge University Press.

Catalano, R., Berglund, M., Ryan, J., Lonczak, H. and Hawkins, D. (2004) 'Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs', *Annals of the American Academy of Political and Social Sciences*, 59, 98–124.

Damon, W. (2004) 'What is Positive Youth Development?', *Annals of the American Academy of Political and Social Science,* 59, 1, 13–24.

Farrington, D. P. (1996) *Understanding and Preventing Youth Crime*. York: Joseph Rowntree Foundation.

Farrington, D. P. (2000) 'Explaining and Preventing Crime: The Globalization of Knowledge' *Criminology,* 38, 1, 1–24.

Farrington, D. P. (2003) 'Key Results from the First Forty Years of the Cambridge Study in Delinquent Development', in T. P. Thornberry and M. D. Krohn (eds.) *Taking Stock of Delinquency: An Overview of Findings from Contemporary Longitudinal Studies.* New York: Kluwer.

Farrington, D. P. (2007) 'Childhood Risk Factors and Risk-Focused Prevention', in M. Maguire, R. Morgan and R. Reiner (eds.) *The Oxford Handbook of Criminology*, 4th Ed. Oxford: Oxford University Press.

France, A. and Homel, R. (2007) *Pathways and Crime Prevention. Theory, Policy and Practice.* Cullompton: Willan.

Fraser, M.W., Richman, J.M., and Galinsky, M. J. (1999) 'Risk, Protection, and Resilience: Toward a Conceptual Framework for Social Work Practice', *Social Work Research,* 23, 3, 131–143.

Glueck, S. and Glueck, E. (1930) *500 Criminal Careers*. New York: Alfred Knopf.

Goldson, B. and Muncie, J. (2006) *Youth Crime and Justice*. London: Sage.

Graham, J. and Bowling, B. (1995) *Young People and Crime*. Home Office Research Study 145. London: Home Office.

Haines, K. R. (2008) *Risks, Children's rights and Promoting Positive Futures*. Paper presented to the 6th Biennial Conference on Children, Young People and Crime. Edinburgh, UK.

Haines, K. R. and Drakeford, M. (1998) *Young People and Youth Justice*. Basingstoke: Macmillan.

Haines, K. R. and Case, S. P. (2005) 'Promoting Prevention: Targeting Family-based Risk and Protective Factors for Drug Use and Youth Offending in Swansea', *British Journal of Social Work,* 35, 2, 1–18.

Haw, K. (2007) 'Risk Factors and Pathways into and out of Crime: Misleading, Misinterpreted or Mythic? From Generative Metaphor to Professional Myth.' in A. France and R. Homel (eds.) *Pathways and Crime Prevention. Theory, Policy and Practice.* Cullompton: Willan.

Hawkins, J. D. and Catalano, R. F. (1992) *Communities that Care*. San Francisco: Jossey-Bass.

Hawkins, J. D. and Weis, J.G. (1985) 'The Social Development Model: An Integrated Approach to Delinquency Prevention', *Journal of Primary Prevention,* 6, 73–97.

Hine, J. (2006) *Young People, Pathways and Crime: Context and Complexity*. Pathways into and out of Crime: Taking stock and moving forward: International symposium. Leicester, April 2006.

Kemshall, H. (2003) *Understanding Risk in Criminal Justice*. Maidenhead: Open University Press.

Kraemer, H., Stice, E., Kazdin, A., Offord, D. and Kupfer, D. (2001) 'How do Risk Factors Work Together? Mediators, Moderators, and Independent, Overlapping, and Proxy Risk Factors', *American Journal of Psychiatry,* 158, 848–856.

Lerner, R. M., and Benson, P.L. (2003) *Developmental Assets and Asset-Building Communities: Implications for Research, Policy, and Practice*. Norwell, MA: Kluwer Academic Publishers.

Loeber, R., Farrington, D. P., Stouthamer-Loeber, M., Moffitt, T. E., Caspi, A., White, H. Wei, E. and Beyers. J. M. (2003) 'The Development of Male Offending. Key Findings from Fourteen Years of the Pittsburgh Youth Study', in T. P. Thornberry and M. D. Krohn (eds.) *Taking Stock of Delinquency: An Overview of Findings from Contemporary Longitudinal Studies*. New York: Kluwer.

Losel, F. and Bender, D. (2003) 'Protective Factors and Resilience', in D.P. Farrington and J. Coid (eds.) *Prevention of Adult Antisocial Behaviour*. Cambridge: Cambridge University Press.

McMurran, M. and Ward, T. (2004) 'Motivating Offenders to Change in Therapy: An Organising Framework', *Legal and Criminological Psychology,* 9, 2, 295–311.

National Assembly Policy Unit (2002) *Extending Entitlement: Support for 11 to 25 year olds in Wales*. Direction and Guidance. Cardiff: National Assembly for Wales.

Pittman K. and Irby, M. (1996) 'Promoting Investment in Life Skills for Youth: Beyond Indicators for Survival and Problem Prevention', in A. Ben-Arieh and H. Wintersberger (eds.) *Monitoring and Measuring the State of Children – Beyond survival*. European Centre for Social Welfare Policy Research, Vienna.

Pollard, J. A., Hawkins, J. D. and Arthur, M. W. (1999) 'Risk and Protection: Are Both Necessary to Understand Diverse Behavioral Outcomes in Adolescence?', *Social Work Research,* 23, 3, 145–58.

Rutter, M. J., Giller, H. and Hagell, A. (1998) *Antisocial Behaviour by Young People.* Cambridge: Cambridge University Press.

Sampson, R. J. and Laub, J. H. (1993) *Crime in the Making: Pathways and Turning Points Through Life*. Cambridge MA/London: Harvard University Press.

Smith, D.J. and McVie, S. (2003) 'Theory and Method in the Edinburgh Study of Youth Transitions and Crime', *British Journal of Criminology,* 43, 1, 169–195.

Stephenson, M., Giller, H. and Brown, S. (2007) *Effective Practice in Youth Justice.* Cullompton: Willan.

Thornberry, T. P. and Krohn, M. D. (2003) *Taking stock of delinquency: An overview of findings from contemporary longitudinal studies*. New York: Kluwer.

Walker, J. and McCarthy, P. (2005) 'Parents in Prison: The Impact on Children', in G. Preston (ed.) *At Greatest Risk: The Children Most Likely to be* Poor. London: Child Poverty Action Group.

Welsh Assembly Government and Youth Justice Board (2004) *All Wales Youth Offending Strategy*. Cardiff: WAG and YJB.

Werner, E. and Smith, R. (1992) *Overcoming the Odds: High-risk Children from Birth to Adulthood.* New York: Cornell University Press.

West, D.J. (1982) *Delinquency: Its Roots, Careers and Prospects*. London: Heinemann.

West, D.J. and Farrington, D.P. (1973) *Who Becomes Delinquent?* London: Heinemann.

Youth Justice Board (2005) *Role of Risk and Protective Factors.* London: YJB.

No Longer Social Workers:
Developments in Probation Officer Training
and Education in England and Wales

LOL BURKE[*]

Introduction

For many the change in arrangements for the delivery of probation training that took place in England and Wales in the late 1990s (with the emphasis on a dedicated programme to assist in achieving the organisational goals of delivering effective criminal justice interventions, risk assessment and public protection) was symbolic of a break with the social work traditions of the service. However, in truth, and certainly on a structural level, the links between probation and social work in England and Wales had become increasingly strained over a period of time. The rise of the professional social worker in the post-war period meant that probation had – for some reluctantly – lost most of its traditional work with children and young people; there had been strong resistance to fears that the Seebohm Report in the 1960s would lead to the abolition of the probation service through incorporation into the local authority children's services (as happened in Scotland) and the National Association of Probation Officers (NAPO) steadfast refusal to join the Standing Conference of Organisation of Social Workers. In the area of training however, the link with social work education remained strong through the generic programmes of study and the requirement that all probation officers hold a social work qualification[1] to attain professional status. In this respect, the introduction of the Diploma in Probation Studies in 1998 undoubtedly marked a radical shift in the training of probation officers in England and Wales. It was significant in both its *intention* (to move the probation service from its traditional social work based ethos to an agency of criminal justice/enforcement) and its structure (an integrated award combining an undergraduate degree with a practice NVQ delivered over two years). The changes were, certainly in policy terms, driven by a perceived need to 'toughen up' the probation service in order to enhance its credibility with the general public and were based on a notion that the service had somehow been contaminated by radical forms of social work in the 1970s and 1980s. In truth, such notions were based on a false dichotomy that characterised the social work role as one of caring and

[*] Senior Lecturer in criminal justice, Liverpool John Moores University School of Law, John Foster Building, 98 Mount Pleasant, Liverpool, L3 5UZ, Tel: 0044 151 231 3941, E-mail: L.Burke@ljmu.ac.uk
[1] This requirement was abolished in 1995 on the grounds that other disciplines were relevant to the work

helping and probation of one of control – thereby ignoring the co-existence of humanitarian and disciplinary concerns in both.

There was considerable opposition to the changes in training from both social work academics involved in the training and from within probation itself. For many observers this development marked a watershed in the probation service and was further evidence of a process of state sponsored deprofessionalisation (Aldridge, 1999). Nellis (1992) was one of the few who had publicly questioned the appropriateness of the social work focussed programme and an 'institutionalised genericism' that he claimed failed to take into account the differences between the various areas of social work practice and the apparent disinterest in penal reform which seemingly inhibited the development of a distinctive professional ethic, which would have crime reduction and anti-custodialism at its core. Even those who broadly welcomed the new award expressed concerns as to whether it would have; 'The capacity to encourage the holistic, properly contextualized understanding of offending which was the strength of social work training' (Bhui, 2001, 637).

The 'codeification' of practice knowledge and understanding

One of the main concerns following the introduction of the Diploma in Probation Studies programme was the central role given to the National Vocational Qualification (NVQ) in the programme structure. As Knight (2002) pointed out, these concerns were based on fears that; 'it brings standards of practice down to the minimum necessary for competence, rather than aiming for best practice, and knowledge requirements to the instrumental, rather than the critical' (283). These fears were echoed by Bhui:

> Given the huge time demands of the NVQ 'tick boxing' and emphasis on training in the workplace will they have sufficient time to *reflect* on their work? In short, the fear is that we may be moving towards *trained* rather than properly *educated* practioners; technicians, encouraged to do as they were told, rather than professionals who might think independently, question orthodoxy and produce creative and inspired work, which adapts to new challenges in a changing society (Bhui, 2001, 637).

Whitehead and Thompson (2004) have argued that, the requirements of generating reflective pieces to provide specific evidence for the NVQ award devalues reflection to a lower- level activity; 'Such pieces are seldom extracts from ongoing reflective processes but are constructed particularly to meet the evidence need. As a result, the pieces are driven by the codified knowledge not by the actual learning from practice' (36).

The role of Practice Development Assessor (PDA)[2] as the work based assessor of practice was seen as a pivotal role within the Diploma in Probation Studies. The key function of the PDA was to oversee the NVQ component of the programme and as such they could become 'gatekeepers and assessors of codified knowledge' (Whitehead and

---

[2] The Practice Development Assessor was normally a qualified probation officer with at least two years experience in the organisation

Thompson, 2004, 41). Similarly Knight and Ward (2001) were concerned that 'PDAs' trained only in the NVQ assessment processes might lack the broader perspective and be seduced by the mechanical nature of NVQ compliance into missing some of the larger concepts related to reflective and analytical practice, including the integration of theory and values' (181). However, Knight (2002) also claims that the PDA role has in practice been extremely positive in balancing; 'The tensions of being an employee and a student, a worker and a learner, and to mediate their learning needs within the service' (285).

The separation of knowledge *of* theory and knowledge *for* practice

From its inception the Diploma in probation Studies programme was unashamedly employment-led although the retention of the award within Higher Education was seen as a significant political victory. Consortia's of probation areas were established to deliver the programme in the nine regions of England and Wales. This was particularly significant in terms of recruitment and selection which had previously been undertaken by the individual university providers for the Diploma in Social Work (although probation staff often contributed to the process). Under the Diploma in Probation Studies arrangements, University providers had differing levels of involvement in the selection process but the responsibility rested firmly with the regional consortia who were tasked with the overall management of the programme.

It was also significant that trainee probation officers were employed by their local probation area and as such were both students and employees. Knight (2002) highlighted the potential conflict of interest that could arise because of this dual status with the resulting tensions between providers and employers over the purpose of training and education leading to different expectations being placed upon trainees. Knight (2002) argued that Universities were more likely to emphasise; 'the opportunities for learning, testing out, reflecting, challenging and making mistakes … Probation services want workers who understand the boundaries of their role and can function within these' (287). This tension was compounded by the sheer volume of work as the Diploma in probation Studies was delivered over a two year period instead of the usual three year period that is standard for undergraduate degrees in England and Wales. Senior (2000) argued that hour-for-hour (and without student holidays) trainees did as much work and learnt as thoroughly as conventional students. However, this has been criticised by Nellis as neglecting the issue of time. Quoting Adam (1990) he contended that: 'to alter the time frame of a social process necessarily alters the priorities, pressures and possibilities for the people involved' (Nellis, 2001, 428). Collins *et al* (2009) recently found that, whilst trainees generally seem to have found the Diploma in Probation Studies a stimulating programme they have in many cases struggled to balance the various demands placed upon them. Other studies have also suggested that although the programme has by and large produced confident and able workers possessing appropriate skills and knowledge at the point of qualification, this has been undermined by a lack of consistent procedures to affect the transition of newly qualified staff into the workplace and 'what is lacking for the majority of the respondents is the kind of supervisory relationship that could help them in the reflective cycle so necessary to the continued development of their learning' (Gregory, 2007, 67).

The Diploma in Probation Studies programme content was derived from a core curriculum whose knowledge requirements were informed by the occupational standards of the NVQ. According to Whitehead and Thompson (2004); 'These are not generalised ideas about the skills needed to be a probation officer but are competences that are described and broken down into enough detail that they can be objectively assessed with confidence' (49). As such they are inferred from work based observations of the trainee's practice (mainly by the Practice Development Assessor) and are thus largely non-theoretical. According to Whitehead and Thompson (2004) this enforced separation of knowledge of theory and knowledge for practice is fundamentally flawed. Drawing on the work of Schon (1987) they argued that such an approach omits what they describe as 'process knowledge' which is grounded in practice through continuing personal and professional growth rather than codified learning. Therein lays a fundamental tension in the probation qualifying award in that occupational standards are designed to describe a competence that constitute a particular role in an organisation rather than a time-limited qualification (Whitehead and Thompson, 2004).

Senior, the author of the core curriculum contended that; 'the task of the [Higher education] institution is to ensure [practical] learning can be assessed for academic purposes (Senior quoted in Nellis, 2001). However, according to Nellis (2001) this takes too narrow a view of the role of Higher Education. Universities do not hold a monopoly on the provision of 'underpinning knowledge' as outlined in the regulatory framework and it is therefore of questionable value in asking them to provide this when the probation service has the expertise to do this itself. He also challenges the assumption that; 'a belief that knowledge which does not directly inform occupational standards (within a given award) is valueless' (Nellis, 2001, 420). The danger being that; 'the university's contribution is nothing more than providing knowledge (or merely information) for a notion of practice whose intellectual and ethical parameters are set by government' (Nellis, 2001, 423). Nellis (2001) instead argued that the role of the University is to provide 'added value' which he calls 'overarching knowledge' (as oppose to underpinning) in terms of graduateness, which he states should; 'broaden horizons, stimulate curiosity and imagination, foster intellectual confidence and a capacity for self-directed learning, facilitate spoken and verbal expression, and inspire a reasonable love of reading and a strong ethical sense' (428). Whilst Nellis accepts that instruction has a place in training, the complexities of contemporary probation practice cannot be fully understood by reducing the knowledge required to technique and procedure alone; 'Attempts to force prepositional knowledge into an instructional mode – instructionalism – always tempting when the time for learning is short, invariably does violence to the material' (2001, 428). In Treadwell's study (2006) many of the trainees observed apparently rejected 'overarching knowledge' in favour of 'process learning' involving the application of rules. In this one can see echoes of the concerns raised by Buchanan and Millar that the application of research under the guise of *'what works'* could be; 'usurped and turned into agency guidance and paradigms for practice thereby promoting a conception of knowledge as *given*. And which in turn inhibits reflection and independent judgement' (Buchanan and Millar, 1996, 21).

In an article that predated the changes to probation training Buchanan and Millar (1996) argued that the incorporation of specific probation competencies into CCETSW

Paper 30 (CCETSW, 1991) had given the probation service a mandate to 'train for the job'. That a discourse centred around *'relevance'* and *'focus'* had come to dominate probation practice and was indicative of a wider 'prescriptive technocratic tendency' which not only threatened the social work identity of probation but social work education in general. Their concerns were based upon the apparent enthusiasm of the probation service for a competence based approach to training and focused approach of the emergent 'what work's agenda which was becoming a dominant feature of probation practice. A key strand of this development was the delivery of accredited programmes whose integrity depended on consistency of deliver and high levels of quality control. For Whitehead and Thompson, the danger is that innovation and practitioner-led research are stifled within this dominant orthodoxy:

> Ownership of the elements of decision-making and practice are central to motivation. It is this motivation and animation in practitioners that gives quality to the relationships with offenders and success in motivating offenders. In turn, it is constructive relationships and offender motivation that are central to the successful delivery of effective programmes of work (Whitehead and Thompson, 2004, 55).

Changing the *'culture'* of probation

As mentioned earlier, one of the driving forces behind the introduction of the Diploma in Probation Studies was a desire to change not only the culture but the staff profile of the probation service. Throughout the 1990s, the then Home Secretary, Michael Howard, had talked about former members of the armed forces being encouraged to work in probation in order to deliver its status as a deliverer of 'punishment in the community. The Dews Report (1994) into the training of probation officers referred to an over-representation of young, unmarried women and ethnic minorities in the probation service. Somewhat ironically, the majority of those undertaking the Diploma in Probation Studies have been young female graduates. As Annison points out suggest that the structural moves to align the probation service with the police and prisons (traditionally male dominated organisations) have not permeated into the recruitment patterns onto the Diploma in Probation Studies programme and; 'Indeed, the very diversity of women coming through the recruitment process could suggest that that the new conditions provided opportunities that appealed to both adaptive women (that is, women who may have other responsibilities and interests) and work-centred women' (2007, 154).

If the staff profile of those undertaking the Diploma in Probation Studies remained largely unchanged and perhaps has even been counter-productive in terms of the intention behind the changes, then a related concern is whether or not there has been a cultural shift in the dominant attitudes and values of those trained under a specific criminal justice orientated programme as opposed to those trained within a broader social work tradition? This is significant, because as a result of considerable investment in recruitment in the early stages of the programme, the numbers of those trained under the new arrangements quickly became a significant proportion of the overall probation officer staffing levels and one would therefore expect this to impact on the dominant occupational culture. In one of the first studies of those undertaking the programme, Treadwell (2006), who was himself a trainee on one of the programmes, warned that the

training had become aligned to the worst excesses of *authoritarian managerialism* due to its overly vocational nature although the programme was not intended to create an unquestioning 'enforcement mentality' a number of trainees in the sample he observed did just that. However, other studies (Annison *et al*, 2008; Deering, 2010) have found that in very broad terms the respondents had come into the job as probation officers to offer 'help' to their supervisees in order to guide/assist/facilitate or even teach them to overcome personal and structural issues that were at the root of their offending. It would appear that generally speaking trainees remained committed to a more humanistic, person-based approach traditionally adopted by the probation service which was somewhat at odds with the government's political agenda. Though they had undoubtedly taken on the language of evidence based practice, public protection and enforcement but this was overlaid by a commitment to an individualised approach to assessment and intervention that has its roots in traditional social work practice. Similar findings have been noted in other countries. In Bauwens (2009) study of changes to the Belgium Probation Service the author also found a level of ambivalence amongst workers towards the organizational changes that had taken place, and that they had retained a strong ethos based on social work values which had mitigated against attempts to move towards a more prescriptive and technicist approach to their practice. Although in a note of caution, both Treadwell (2006) and Deering (2010) studies found a potential strain between personal and organisational values could have a detrimental effect on the long-term retention of qualified staff.

> The increasingly bureaucratic 'case management' role that probation services have adopted is not compatible with the perception of the job held by many of those with whom I trained. They envisaged their role as being 'person centred'. They were not naïve in the belief that probation work was *de facto* social work. They believed they would work within a complex frame of care and control, incentive and instruction, but they did not believe that this would be a bureaucratic task first and foremost (Treadwell, 2006, 4).

The new qualifications framework

In 2009 it was decided to replace the Diploma in Probation Studies (DipPS) with a new qualifications framework. In retrospect, the Diploma in Probation Studies qualification appears to have served the organisation well despite the concerns outlined earlier and has provided a more focussed curriculum However, it was seen as being no longer fit for purpose in that it was aimed exclusively at one grade of staff (probation officers) and in this respect has not been responsive to the needs of the overall workforce. In particular, it failed to take into account the needs of probation service officers (PSOs) who make up over half of the probation workforce in England and Wales and supervise higher risk work in some areas yet have traditionally received no formal training programme or direct route for career progression. It was also felt that the existing model was not business led in that it was driven by the number of trainee probation officers appointed regardless of the needs of individual probation areas. The effect of this being that whilst employers require new staff throughout the year, graduates of the programme all become available during the same month as their training concluded. This rigid recruitment structure was compounded by the high costs of delivery resulting from the

complex infrastructure required to oversee the academic and practice based components of the programme. There have been approximately 500 recruits per annum to the Diploma in Probation programme at a cost of £48,000 each year[3]. The current amount allocated from the centre for training new Probation Service Officers is £800 (Ministry of Justice/NOMS, 2009).

In many respects the content of the new qualifications framework is similar to that of the Diploma in Probation Studies although perhaps unsurprisingly in the wake of the Sonnex case[4] there is an even greater emphasis on risk assessment and management in the curriculum. There are however some important differences between the two schemes:

• Firstly, the new approach is not an award in a sense that those undertaking it would be expected to complete all levels (as in an undergraduate degree for example) but a framework to be completed in part or its entirety depending on the career aspirations of the individual and the role that they undertake within the organisation. In this respect, it has seemingly been developed to reflect the structures of the Offender Management Model offering a tiered curriculum reflecting the various roles contained within it (Knight & Stout, 2009).

• It is open to all operational practitioners (not just those appointed as trainees as in the current arrangements) and there will be a minimum level of practice and academic based qualifications required for each staff grade. All new entrants will be required to complete a 'Gateway to Practice' before commencing duties unsupervised (approx 10 days) in which they will be introduced to the work of the organisation and their workplace.

• Those undertaking the programme will be employed as Probation Service Officers and not trainees as was formerly the case. Once recruited into a Probation Service Officer role there would be a probationary period during which the employee would be required to complete an NVQ level 3 (about 6 moths). PSO's will be given the opportunity to apply to undertake study to obtain an honours degree which will prepare them to move to the grade of PO.

• An Honours degree remains the minimum requirement to practice as a Probation Officer. To apply for the post as a Probation Officer the applicant would first need to demonstrate that they have either a relevant honours degree or have undertaken the minimum two years Foundation degree via the Probation Service Officer route.

• Employers will be able to employ staff to enter on the programmes throughout the year, rather than on one specific date.

Whereas the Diploma in Probation studies programme was delivered through a 'blended learning' approach that involved a mixture of distance learning materials

[3] These costs include the salaries and costs of support staff and the Regional Training Consortia who oversee the programmes. A grant of £37,750 is allocated for each trainee per annum from the centre.

[4] The murders of French students Gabriel Ferez and Laurent Bonomo by Daniel Sonnex in horrific circumstances cast a shadow over the management of high risk offenders in the community throughout the summer of 2009. Whilst subsequent reports identified failings by a range of criminal justice agencies the Justice Minister, Jack Straw, aimed most of his criticisms at the involvement of probation staff and it led to the resignation of the Chief Officer of the London Area. However, the media spotlight on the case also drew attention to severe staff shortages, difficulties in retaining experienced staff, excessive workloads and ineffective information systems, which were compounded by instructions from the centre encouraging probation areas to under spend in order to cover future redundancies.

delivered via the internet and occasional seminars , workshops and meetings with tutors in the university setting, the new qualifications framework places a greater emphasis on distance or e-learning as a mode of delivery. Treadwell and Mantle have argued that distance learning 'cannot replicate the process of human interaction' (2007, 8) and fear that 'being part of a real rather than a virtual, academic community, included [sic] the opportunity to receive face-to-face, peer and facilitator support and reassurance' (7) will be lost. Similarly, a study by Davies and Durrance (2009) found that 'close contact with compassionate and stimulating teachers provides learners with the reflective opportunities and stimulus needed to adopt deep approaches even when the pace of learning is challenging' (216). Whilst acknowledging the danger of feelings of isolation and sometimes a lack of real discussion and debate provided by classroom intervention, Dominey (forthcoming) takes a more positive view of distance learning as an approach to learning. She argues that distance learning programmes are only as good as the staff that plan, create, deliver, assess and provide feedback. Developments in distance learning such as discussion boards and social networking sites have the potential to replicate seminar discussions. As Davies (forthcoming) notes 'such developments would reflect a wider cultural shift towards electronic communication and the reasonable assumption that learners are more and more accustomed to meeting, engaging and communicating through electronic media'. Moreover, distance learning can provide access to Higher Education for those who may have struggled with more traditional university based programmes because of geographical distance, disability issues or family commitments.

Conclusion

The new probation qualifications framework would seem to address some, but not all, of the issues raised by changes to probation officer training in England and Wales. It certainly provides for the provision of more flexible recruitment processes which could potentially be more responsive to the needs of local probation trusts. Under the new arrangements budgetary responsibility is devolved from the centre to local employers. In recent years there has been something of a mismatch between the number of trainees seeking employment following qualification and vacancies available in the local areas. Whilst the new arrangements could potentially lead to more responsive workforce planning, they will require robust systems at the local level to meet these challenges. It is important that the infrastructure provided by the Regional Training Consortiums are maintained in some form and that the role of the role of the Practice Development Assessors remains central to delivery as this relationship with the trainee has in many respects being pivotal to the success of the existing arrangements (Knight & Ward, 2001). As Davies (forthcoming) notes; 'In the absence of a "learning champion" operational demands are likely to take routine precedence over the less immediate demands of learning'.

Whilst there is much to commend in the new qualifications framework, there are a number of concerns and a lack of clarity in some key aspects which will need to be addressed prior to implementation. It has been one of the unintended consequences of the decision to locate the DipPS at degree level that the majority of those applying to undertake the programme already possessed a first degree. The new arrangements attempt to minimise a replication of study by building on the accreditation of prior learning to

shorten the journey to qualification. The review appears somewhat narrow though in relation to what will count as a relevant degree limiting it to holders of a degree in criminology, criminal justice, and community justice or police studies. Previous training arrangements have drawn upon a range of academic disciples and subject areas which have in different ways contributed to the practice knowledge base although none have provided a complete application or framework for understanding probation work. In recent years there has been a burgeoning of criminology and criminal justice courses in the United Kingdom but few – if any – of these will have offender management at the core of their curriculum. The strength of the Diploma in Probation Studies was that it provided a structured and cohesive award as oppose to the looser framework suggested by the new arrangements. In this respect, it is important that this development does not result in a fragmented system of training in which knowledge is subservient to practice requirements. Cuts in government funding as a result of the on-going adverse economic conditions will almost inevitably lead to pressure to train staff as cheaply as possible within the shortest time frames. This could leave the academic component of the programme – which already appears somewhat diluted in the new arrangements – increasingly vulnerable and its range of enquiry further narrowed under the guise of financial expediency. The assumption contained within the review is that all participants regardless of the route to qualification taken will manage a caseload under supervision with protected learning time however the review doesn't specify what form the latter will take. This will need to be carefully managed to ensure that an appropriate synergy is achieved between academic learning and procedural knowledge. As Davies and Durrance (2009) have warned; 'Imperatives to meet performance targets and to manage risk can potentially relegate learning to a lesser rank in organisational objectives and create a time scarcity inimical to the process of learning' (206).

In the short consultation that followed the publication of the framework (Ministry of Justice/NOMS, 2009), the main concerns raised by respondents were in relation to the post-graduate route which requires those undertaken the training to obtain the vocational and academic elements within a 12 month period and as result this was extended to 15 months following the consultation. Concerns were also expressed that those undertaking this route would have less practice experience than those with PSO experience. It is worth noting that throughout the 1970s and 1980s there were different routes to the Certificate of Qualification in Social Work including a 12 month post-graduate route which resonates with the new arrangements for probation training. Ultimately it was deemed necessary to harmonise these routes with the introduction of the Diploma in Social Work in response to concerns raised regarding inconsistent standards of provision. It is important that the same situation is not replicated here, potentially resulting in a two-tier workforce.

It is one of the ironies of attempts to create a market economy in public services that it almost inevitably leads to a concentration within a small number of providers. The net result of successive tendering for the probation training contracts has been a significant reduction in the number of higher education institutions involved in its delivery. It is important that probation has strong links with the wider academic community in order to ensure that emerging research is fostered and developed, and the organisation does not become an insular one merely concerned with delivering the

political agenda of the day. Those academics involved in the delivery of the programme are ideally placed to bridge the gap between practice and knowledge and act as an important conduit of new research and knowledge into the organisation however they are undoubtedly constrained to some extent by the demands of programme delivery and limited by the contract culture in terms of how critical they can be of the NOMS message. There is a real danger of a polarisation of academic thought and practice which can lead to stereotypical representations on both sides. 'The scope for critical academics to be characterised as ivory tower irrelevancies with no sense of the "real world" is matched by the scope for thinking of contract holders as unthinking ciphers of the market' (Davies, 2009).

The initial training and education provided by the organisation is crucial because it is during this period that ideas about what probation is, or should be, and the individuals place within it are either formed or consolidated. In recent years there has been a change in statutory supervision in England and Wales, and indeed within many other European jurisdictions, with reductions in re-offending and public protection being emphasised over welfare support (Deeds, 2009). This has resulted in stricter enforcement criteria which has, in turn, curtailed professional discretion and flexibility in dealing with the 'complex multiple needs' faced by many offenders. Yet it remains vital that the probation service produces reflective practitioners who are able to balance the political imperatives of their work whilst dealing in many cases with the negative impact of recent policies on those they supervise. It is hoped that the new training arrangements for probation officers in England and Wales continue to produce high-calibre staff who are appreciative of the complexities involved in the rehabilitative process and are able to critically challenge prevailing dogmas that scapegoat individuals and look for easy and expedient solutions to deep seated problems.

References

Aldridge, M. (1999) Probation Officer Training, Promotional Culture and the Public Sphere, 77, 1 73–90. *Public Administration,* Blackwell Publishers Ltd., 77, 1 73–90.

Annison, J. (2007) A Gendered Review of Change within the *Probation* Service, *The Howard Journal of Criminal Justice*. Blackwell Publishers Ltd., 46, 2, 145–161.

Annison, J., Eadie, T. & Knight, C. (2008) People First: Probation Officer Perspectives on Probation Work, *Probation Journal,* Sage Publishers Ltd., 55, 259, 259–271.

Bauwens, A. (2009) Probation officers' perceptions on recent Belgium changes in the probation service, *Probation Journal,* Sage Publishers Ltd., 56, 3, 257–268.

Bhui, Hindpal Singh. (2001) New probation: closer to the end of social work? *British Journal of Social Work*, Oxford Journals, 31.4, 637–639.

Buchanan, J. And Millar, M. (1996) Probation placements: Questions of quality, *Social Work Education* Routledge Publishing Taylor & Francis Group, 15, 3, 20–33.

Collins, S., M. Coffey and F. Crowe (2009) Stress, Support and Well-being as Perceived by Probation Trainees, *Probation Journal,* 56;3 pp.259–272. Sage Publishers Ltd.

Davies, K. & Durrance, P. (2009) Probation Training: The Experience of Learners and Teachers, *Social Work Education,* Routledge Publishing Taylor & Francis Group, 28, 2, 204–221.

Davies, K. (2010) personal correspondence cited in Burke, L. (2010) The new qualifications framework: Getting the right balance, *Probation Journal,* Sage Publishers Ltd., 57, 1, 3–8.

Davies, K. (Forthcoming) Response to 'Work-Based Learning for Probation Practice: Doing the job properly'. Submitted for publication in *Probation journal.*

Deeds, R. (2009) Women going home from prison: Does experience match expectations? *Prison Service Journal.* HM Prison Service, 184.

Deering, J. (2010) Attitudes and beliefs of trainee probation officers: A 'new breed', *Probation Journal,* Sage Publishers Ltd., 57, 1, 9–26.

Gregory, M. (2007) Probation Training: Evidence from Newly Qualified Officers, *Social Work Education,* Routledge Publishing Taylor & Francis Group, 26, 1, 53–68.

Knight, C. (2002) Training for a modern service in D. Ward, J. Scott and M. Lacey (Eds) *Probation: Working for Justice,* Oxford: Oxford University Press.

Knight, C. & Ward, D. (2001) Qualifying probation training: implications for social work practice, *Social Work Education,* Routledge Publishing Taylor & Francis Group, 20, 2, 175–186.

Knight, C. & Stout, B. (2009) Probation and offender management training: An argument for an integrated approach, *Probation Journal,* 56, 3, 269–283.

Ministry of Justice/NOMS (2009) Probation Qualifications Framework Review, Consultation paper CP(L) 9/09. Published on 16 June 2009. London HMSO.

Nellis, M. (2001) The new probation training in England and Wales: realising the potential, *Social Work Education* Routledge Publishing Taylor & Francis Group, 20, 4, 415–432.

Treadwell, J. (2006) Some personal reflections on probation training, *The Howard Journal of Criminal Justice,* Blackwell Publishers Ltd., 45, 1, 1–13.

Treadwell, J. & Mantle, G. (2007) Probation Education, Why the Hush? A Reply to Stout and Dominey's December 2006 Counterblast, *The Howard Journal of Criminal Justice* Blackwell Publishers Ltd., 1–12.

Whitehead, P. & Thompson, J. (2004) *Knowledge and the Probation Service.* Wiley.

Criminal Justice Social Work in Scotland

TRISH MCCULLOCH[*]
FERGUS MCNEILL[**]

Introduction

Issues of crime and justice have come to occupy a prominent and often contentious position in many jurisdictions across the globe. On one level, this can be seen to reflect late modern preoccupations with risk, punishment and control – as evidenced, for example, in a prevailing and widespread notion which tends to equate punishment and justice solely with the imprisonment of offenders. On another level, it reflects new (and frequently invited) levels of public scrutiny, engagement and comment on state-funded professional activities.

The implications of the above developments for those practicing in the field of criminal justice have been significant and far reaching, resulting in what several distinguished penologists have described as very significant 'penal transformations' in the UK, the USA and other English speaking jurisdictions (see for example Garland, 2001; Pratt et al 2004; Pratt 2000; Simon and Feeley, 1995; Feeley and Simon, 1992, 1994). Yet, amidst this transformation, public, political and (inter-) professional understanding of the multiple professional roles which populate this landscape sometimes appear lacking and are, more often than not, constructed upon assumptions, inaccuracies and grossly simplified notions of both 'the problem' and 'the solution'.

In this paper we seek to discuss and illuminate the role of social work in the field of criminal justice, focusing on recent developments in Scotland. We begin by mapping out the distinctive and changing terrain of criminal justice social work practice in Scotland, giving attention to its position within broader judicial, political and societal contexts. We then consider the social work task as it occurs in three key areas – that is, in the provision of services to the court, in the supervision of community sentences, and in the delivery of prisoner throughcare and resettlement. Finally, attention will be given to the emerging research evidence relating to each of the above areas and to the implications of that research for effective practice. Recognising both the incessant and multi-directional pressures being brought to bear on the criminal justice social work role and

[*] University of Dundee, School of Education, Social Work and Community Education OTI Building Nethergate, DD1 4HN+44 (0)1382.381492 (direct line), E-mail: p.mcculloch@dundee.ac.uk

[**] University of Glasgow, Scottish Centre for Crime and Justice Research, Florentine House, 53 Hillhead Street, Glasgow G12 8QR, Tel: ++44 (0)141.330.5075, Fax: ++44 (0)141.330.4300

task (at least in the Scottish context), as well as the emerging opportunities to direct and define that task positively, it is hoped that our discussion will allow for comparative analysis of the role *and* potential of criminal justice social work as it is occurring and evolving in other jurisdictions.

Criminal justice social work in context

Scotland's criminal justice system has long been recognised for its distinctive nature, traditions and practices (Young, 1997; Croall, 2006). Typically, commentators draw attention to two fundamental features. The first relates to the 'common law' nature of Scots criminal law – a term used to refer to a body of law developed through successive decisions of courts and similar tribunals, rather than through legislative statute. The second feature relates to the pivotal and discretionary role played by prosecutors (or 'procurators fiscal') and judges in the criminal justice process. While opinions vary as to the virtues or otherwise of these traditions, most agree that each brings a level of flexibility and discretion to Scottish justice which sets it apart from the judicial practices of many other jurisdictions.

As McNeill and Whyte note (2007), Scotland's arrangements for the supervision of offenders in the community are equally distinctive. In contrast to the rest of the UK, and many other English-speaking countries, responsibility for providing offender services to the criminal justice system – in the form of assessment, supervision and throughcare of offenders – continues to rest with local authority social work departments. For the last two decades, such services have typically been delivered via specialist criminal justice social work teams who, under the directives of *National Objectives and Standards Social Work Services in the Criminal Justice System* (SWSG, 1991a), are tasked to deliver a range of services and schemes, including the provision of reports to the courts, probation and community service. For those less familiar with recent penal developments in this country and beyond, this configuration of criminal justice services is significant and attests, amongst other things, to Scotland's longstanding and often fiercely protected commitment to the promotion of social welfare within Scottish justice – a commitment which, even in the recent past, it has had to defend on a national and global level.

It is conventional to date both the local authority based organisation of criminal justice social work and its associated social welfare ideology to the Kilbrandon[1] reforms enshrined in the Social Work (Scotland) Act 1968. However, the Scottish probation services that were formally created by the Probation (Scotland) Act 1931 were always co-terminous with local council boundaries rather than Sheriffdoms, (meaning local court areas); an arrangement which was controversially criticised in the Morison Report (1962) despite a dissenting view from at least one Scottish committee member (see McNeill, 2005). The development of penal welfarism in Scotland, as elsewhere, has deep roots and a long history (Garland, 1985); the Kilbrandon report (1964) may have represented its

---

[1] Lord Kilbrandon was, most famously, the author of *The Kilbrandon Report*, a document first presented to parliament in 1964 and now widely recognised as producing radical, humane and far reaching reforms in relation to the treatment of young people in trouble and/or in need of care and protection. Kilbrandon's 'reforms' – enacted in the Social Work (Scotland) Act 1968 – were critical to the establishment of Scotland's Children's Hearing System and to the ongoing development of a wider social welfare ideology within Scottish justice.

high tide but should not be misinterpreted as the moment of disjuncture in the development of criminal justice social work.

In any event, the decision to locate probation services within generic social work departments was only partly ideological. It also reflected two pragmatic concerns. One arose from the failure of Scottish probation to make significant progress as a disposal for adults; this meant that once juveniles were transferred to the new social work departments, there would not have been a viable workload for probation services (McNeill, 2005; McNeill and Whyte 2007). The second concern related to the fact that probation officers were considered to be amongst the best trained social workers; in consequence, they were seen as being likely to be key staff in the new departments. Ironically perhaps, once in those departments, ex-probation staff may have fared well in terms of promotion, but probation work slipped down in the order of priorities. By the late 1970s academic and professional commentators were bemoaning the demise of Scottish probation (Marsland, 1977; Moore, 1978; Nelson, 1977). Despite these concerns, the late 1970s augured in community service – perhaps the most significant innovation in criminal justice social work since the probation order itself. The Community Service by Offenders (Scotland) Act 1978 introduced the order and by 1986 it was available in 50 courts. The further expansion of CS was hampered by the vagaries of diverse local authority-based funding arrangements throughout the country, and it was this that led to central Scottish Office funding in 1989, linked to national objectives and standards. This became a model for all social work services in the criminal justice system, when 100 per cent Scottish Office funding and full national objectives and standards were published two years later (SWSG, 1991).

The incentives that prompted the then Scottish Office to pursue these reforms are remarkably similar to those that concern today's Scottish Government, but unlike today, in the 1980s problems of acute prison overcrowding were associated not just with high fiscal costs but also with adverse media coverage related to prison riots and prison suicides. In consequence, the first objective in the new national standards was 'to enable a reduction in the use of custody… where it is used for lack of a suitable, available community based social work disposal' (SWSG, 1991: s12.1). However, the standards were also premised on the view that reducing the use of custody required improvement in the credibility of community based disposals – and that signalled the importance of enhancing the effectiveness of practice in reducing reoffending (see below). To that end, a supplement to the national standards set out the then research evidence about how best to practice so as to reduce reoffending (SWSG 1991b). Perhaps more significantly, the standards also signified and enshrined a recalibration of the underlying ideology of criminal justice social work. As Paterson and Tombs (1998) noted, they implied a 'responsibility model' – a sort of hybrid of welfare and justice – where offenders were to be held to account for their offending choices, but those choices were to be understood as being situated in particular personal and social contexts. Both the choices and (somehow) their contexts were to be addressed by criminal justice social work services.

As one of us has noted elsewhere (McNeill, 2005), there was little time for this new model to bed in before the emphasis shifted again. By the late 1990s, for reasons too complex to review in detail here, public protection was emerging as the dominant purpose of or meta-narrative for probation work in Scotland as in several other jurisdictions (see

Robinson and McNeill, 2004; McNeill, Bracken and Clarke, 2010). By the time of the publication of 'Community Penalties: the Tough Option' (Scottish Office, 1998), the Minister responsible was declaring that 'Our paramount aim is public safety' (s1.2). The emphasis on public protection required a shift in focus from assessing and reducing the risk that an offender might end up in custody (the practice preoccupation of the early 1990s) to assessing and managing the risks that an offender might pose to others. A plethora of reports, guidance documents, and revision to the national standards reflected these important changes in emphasis (for more full discussion see McIvor and McNeill, 2007; Weaver and McNeill, 2010 forthcoming).

Following the devolution settlement and the establishment of the Scottish Parliament in 1999, the pace of change in Scottish criminal justice and youth justice has been unrelenting. Under the Labour-Liberal Democrat coalitions that were in government between 1999–2007, the ironic effect of devolution was a 'de-tartanisation' of Scottish criminal justice (McAra, 2008) as many of the ideas and programmes of the UK's New Labour government filtered north from London to Edinburgh. Perhaps most significantly for criminal justice social work, the Labour party manifesto in the 2003 election proposed the establishment of a singe correctional service, removing criminal justice social work from the Local Authorities and combining it with the Scottish Prison Service in a single agency. In the face of strong opposition to these plans, the Labour-Liberal Democrat coalition formed after the election introduced instead the Management of Offenders (Scotland) Act 2005, which established eight Community Justice Authorities, charging them with the task of developing strategic plans with their key partners (the police, courts, prosecution, prison, victims' organisations, health boards and others) to reduce reoffending (for more detail see McNeill and Whyte, 2007). The same perceived need for 'seamless offender management' (Carter, 2004) that presaged the introduction of the National Offender Management Service for England and Wales therefore yielded a quite different structural arrangement in Scotland.

But if a similar focus on protecting the public by reducing reoffending through offender management had signalled a 'de-tartanisation' of Scottish criminal justice social work, then the election of a minority Scottish National Party (SNP) administration in 2007 perhaps has allowed (predictably) for its potential 're-tartanisation'. From the outset, the SNP Government had a different approach (required by their minority position in the Parliament) and a different discourse. Perhaps most notably in connection with youth justice and anti-social behaviour, their tone was more positive and they seemed less inclined to trade on the supposed popularity of 'tough on crime' (never mind the causes) policies. It is probably unwise to overstate the change in direction (at least until the passage of time allows us better to assess its true significance), but it is already clear that the SNP sees the continuing growth in the Scottish prison population as a problem (rather than a solution) and wants to do something about it.

The key documents produced since 2007 are 'Reforming and Revitalising: Report of the Review of Community Penalties' (Scottish Government, 2007); 'Scotland's Choice: Report of the Scottish Prisons Commission' (Scottish Prisons Commission, 2008); the Government's response to the Commision's report, 'Protecting Scotland's Communities: Fair, Fast and Flexible Justice' (ScottishGovernment 2008) and the Criminal Justice and Licensing Bill, currently before the Scottish Parliament. Though

none of these dispenses with protecting the public through reducing reoffending as part of the purpose of punishment (and of community disposals), collectively they attest to the emergence of an increasing emphasis on reparation – on offenders paying back for their crimes – perhaps principally because this is seen as a more credible basis from which to argue the case for reducing a rapidly escalating prison population.

For example, the heart of the Scottish Prisons Commission's report, and the core of the choice that the Commission sets out, can be found in their first two recommendations:

> 1. To better target imprisonment and make it more effective, the Commission recommends that imprisonment should be reserved for people whose offences are so serious that no other form of punishment will do and for those who pose a significant threat of serious harm to the public.
> 2. To move beyond our reliance on imprisonment as a means of punishing offenders, the Commission recommends that paying back in the community should become the default position in dealing with less serious offenders.' (Scottish Prisons Commission, 2008, 3)

The Commission's remedy for Scotland's over-consumption of imprisonment centres on a range of measures that it considers necessary to enact their second recommendation and make 'paying back in the community' the 'default position' for less serious offenders. The concept of 'payback' is defined as follows:

> 'In essence, payback means finding constructive ways to compensate or repair harms caused by crime. It involves making good to the victim and/or the community. This might be through financial payment, unpaid work, engaging in rehabilitative work or some combination of these and other approaches. Ultimately, one of the best ways for offenders to pay back is by turning their lives around' (Scottish Prisons Commission, 2008, para 3.28, emphasis added).

Several ways of paying back are identified – through restorative justice practices, through financial penalties, through unpaid work, through restriction of liberty (electronically monitored curfews) and, perhaps most interestingly in this context, through 'paying back by working at change'. Working at change in turn is linked to engagement in a wide range of activities that might seem likely to address the issues underlying offending behaviour (drug and alcohol issues, money or housing problems, peer group and attitudinal issues, family difficulties, mental health problems and so on). Notably the notion of paying back by turning one's life around represents a very neat, if underdeveloped, reframing of engagement in rehabilitation *as an act of reparation*.

The SNP Government's response to the Commission's proposals is contained in the Criminal Justice and Licensing Bill currently before the Scottish Parliament. Amongst the measures contained in that bill is the introduction of a single 'Community Payback Order' which is intended to replace or subsume most current community sanctions, allowing judges to determine which particular conditions (or forms of payback) are appropriate in individual cases. As one of us has suggested elsewhere (McNeill, 2009), this proposed order, and more broadly the concept of 'payback' is one with which criminal justice social work must now engage. If the Bill passes in to law, it will lie as

much with social work practitioners as with policymakers to give real meaning to the concept, and in order to avoid the development of the concept and the order in ways that are inimical to the best of criminal justice social work's traditions and values, it is vital to populate the notion of payback positively. Reparation – perhaps especially rehabilitation as a form of reparation – can be constructed in ways that are consistent with social work traditions and values, but it can also be used as a justification for the public humiliation and degradation of offenders, rather than as part of their path to integration and inclusion.

To conclude this section, for decades criminal justice social work in Scotland has pursued three purposes: reduction in the use of custody, public protection through reduced reoffending and the rehabilitation and social inclusion of offenders (McNeill et al., 2005). Although one or other of these purposes has tended to be given priority, most policy documents tend to recognise their inter-dependence. But now, there is a 'new kid on the block' – reparation (or payback) – and it falls with criminal justice social work to determine where and how it fits with these existing and enduring priorities.

Criminal justice social work in practice

The above discussion sets out the shifting purposes and contexts of contemporary criminal justice social work practice in Scotland. The attending question then is 'what does this mean in practice?' and, perhaps more significantly, 'what is it that criminal justice social workers do?' In this section, we provide an overview of the criminal justice social work task as it occurs in three key areas, that is: (i) in the provision of services to the court; (ii) in the supervision of community sentences; and (iii) in the delivery of prisoner throughcare and resettlement.

Services to the court

Social workers are routinely involved in the provision of advice, information and services which can assist the criminal court in sentencing decisions. Social workers also have a duty to provide services for offenders and their families, victims and witnesses while attending court. The range of duties associated with the above tasks are detailed within the National Objectives for Social Work Services within the Criminal Justice System (Scottish Government, 2004, paragraph 8) and include the following:

- dealing with requests for reports;
- providing oral and stand down reports for the court;
- interviewing offenders immediately after the court has asked for a report;
- interviewing offenders/accused persons immediately after the court has passed a custodial sentence or remand;
- interviewing offenders immediately after the court has made a disposal involving social work;
- forwarding relevant information to the receiving prison in the event of a custodial sentence;
- representing the social work authority in the court setting including where appropriate, court user groups and liaising with other professional groups.

• helping to divert persons suffering from mental disorder who may be at risk to themselves from a custodial remand, either to hospital (in conjunction with local medical and psychiatric services) or to appropriate bail accommodation where available, for assessment (under section 200 of the Criminal Procedure (Scotland) Act 1995).

Amongst the many duties outlined above, the provision of 'reports' (known as social enquiry reports in Scotland) occupies a critical part of the sentencing process and, as such, the social work task. National Standards identify the purpose of social enquiry reports as being:

> … to assist sentencing. They provide information about offenders and their circumstances of general relevance to the courts. On the basis of a risk and needs assessment, they also advise the courts on the suitability of offenders for those community based disposals (Scottish Executive, 2004, paragraph 1.2)

The above standard usefully highlights the core functions of social enquiry reports. Importantly, it also identifies the process at the heart of that activity – that is, assessment. In a professional climate where the practice of 'report writing' (as it is most commonly referred to) has become increasingly standardised and fragmented (Gorman, 2006; Robinson, 2005) the relationship between social enquiry practice and professional assessment is easily eroded. In part, this reflects broader global trends affecting public service provision – including, for example, the rise of managerialism and previously noted late-modern preoccupations with risk and its control – however, it also reflects the particular content and context of criminal justice social work practice; features of which, individually and collectively, present particular challenges to the practice and process of social enquiry.

For example, McNeill and Whyte (2007), highlight the longstanding tension of defining the social work 'client' in the social enquiry process, the often conflicting expectations of judges, offenders, victims and other stakeholders, and the inevitable tensions that arise in operating at the intersection of two systems with intrinsically different value and ideological bases. Others draw attention to the impact of wider penal trends on the development of social enquiry and pre-sentence reports (as they are known in England and Wales). For example, Nash (2003) and Gelsthorpe et al (forthcoming) highlight significant changes in the purpose, focus and content of pre-sentence report writing in recent years – changes which both observe are best understood in the context of 'changing representations of offenders against a backdrop of late modern moves towards risk thinking, managerialism and 'populist punitiveness'' (Gelshorpe et al, forthcoming, 1). Reviewing similar trends, Gorman (2006) charts what he considers to be the progressive sacrifice of individualised assessment, narrative skill and professional autonomy to an increasingly depersonalised, automated and hyper-regulated report writing practice. Robinson's (2005) analysis raises similar concerns and presents a vision of offender management in which the process of assessment increasingly resembles an assembly-line-like process, where the principal task becomes one of 'sifting' and sorting' the typically messy narrative that emerges from the offending subject. While this process may well make for a more efficient progression to the next stage of 'correction', it is a process which appears much less conducive to effective or meaningful *progression* for offenders.

Assuming then that social enquiry practice, and the process of assessment within that, is at least in part seeking to inform effective and meaningful progression for offenders (via appropriate and effective judicial decision making), it is imperative that those engaged in this task do so with a clear sense of purpose. Moreover, in the current trend towards standardised and technicist approaches to professional assessment, there is a need, perhaps now more than ever, for workers to engage in that purpose with a critical appreciation of the research evidence which underpins effective assessment (more on this below).

Community Sentences[2]

At the time of writing, social work's role in the supervision of community sentences and disposals occurs in various forms. For example, social workers may have a role in supporting diversion from prosecution by supporting access to relevant support services. Social workers are directly responsible for the supervision of probation orders – in the form of standard probation, probation with requirements, and intensive probation. Social workers are also involved in supporting community-based reparation and mediation measures – whether in the form of unpaid work, restorative justice or community reparation orders.

While it looks likely that the nomenclature surrounding the social work role and task in this area is set to change (see the above discussion of community payback), it remains to be seen to what extent this most recent reconfiguration of services (if enacted) will alter and impact on the day to day practice of community sentences. For the time being, it is reasonable to assume that the three enduring purposes associated with criminal justice social work – currently headlining with the goal of public protection through reduced reoffending – will continue to dictate both the what and the how of practice in this area, albeit with an enhanced attention to reparation. In day-to-day practice then, and in various guises, this can helpfully be translated into three core and interactive tasks:

(i) the nurturing and development of worker-offender relationships capable of supporting offenders to engage and comply with imposed orders;

(ii) the development and enactment, in partnership with the offender, of an individualised action plan capable of supporting and sustaining change (for example, via the targeting of assessed needs, risks and strengths), and

(iii) the regular review of activities towards an improved targeting of resource, service delivery and approach.

Of course, *how* workers and offenders go about the above tasks is appropriately varied, influenced as it is by a myriad of factors, including, for example, the individual offender; the worker's experience, values and beliefs; professional and organisational directives and research evidence. However, as a base line, and mindful of our attempt to illuminate the practice task, it is reasonable to suggest that if workers are both morally and practically engaged in the above-noted processes then there is scope for optimism regarding what can be achieved.

---

[2] It needs to be noted that the terminology used to refer to the range of community sentences available to the court in sentencing varies across and even within particular jurisdictions (also known, for example, as 'community disposals', 'community sanctions' and 'alternatives to.

Prisoner throughcare and resettlement

Prisoner throughcare and resettlement refers to the provision of a range of social work and associated services to prisoners and their families from the point of sentence or remand, during the period of imprisonment, and following release into the community (Scottish Executive, 2004). In practice, this typically consists of two elements: pre-release work in prison and post release supervision in the community.

When one considers the above task in the current context – that is, a context of exceptionally high prison numbers, persistently troubling re-offending rates and frequently asserted commitments to curtail the 'revolving door' of custody – it would be reasonable to expect the area of throughcare and resettlement to occupy pole position in the line up of criminal justice social work provision. Indeed, in 2005–6, nearly three quarters of prisoners released from a short sentence (6 months or less) were reconvicted and over half (54%) returned to prison on a custodial sentence (Scottish Government, 2009). If these statistics were not disturbing enough, research studies consistently highlight the high level of (unmet) personal, social and psychological needs presented by prisoners upon release (Haines, 1990; Vanstone, 2007).

Notwithstanding the above, until recently, throughcare provision has typically found itself on the margins of criminal justice social work services, with policy and practice efforts variously described as patchy, poorly developed, and failing to meet basic resettlement needs (McIvor and Barry, 1998; McIvor and McNeill, 2007; Munro and McNeill, 2010). Partly in response to this troubling picture (of which the above is only a snapshot), recent penal developments in Scotland have placed increasing emphasis on the role of throughcare and resettlement in achieving broader governmental objectives of public protection and reduced re-offending (see for example Tombs, 2004). In turn, a range of new provisions have been proposed and established, including, for example, new arrangements and priorities for partnership working in throughcare – most significantly, and for the first time, in the form of a statutory duty to co-operate on the part of prisons, local authorities and criminal justice authorities (Management of Offenders (Scotland) Act, 2005, s.1), new measures to secure 'end-to-end' sentence management of offenders, and enhanced provisions for the supervision and surveillance of prisoners on release – with particular attention to arrangements for sexual and violent offenders.

Professional and academic response to recent developments has been mixed. On the one hand, there has been broad support for what has been seen as the long overdue revival and reconstruction of throughcare as a now fundamental feature of government efforts to promote public protection and reduce reoffending. On the other hand, legitimate concerns have been raised regarding the associated costs of new initiatives (Tata, 2007), the perceived ratcheting up of surveillance practices over an ever-expanding post-release population (Munro and McNeill, 2010), and the inevitable tensions that arise in seeking to balance public protection and risk management priorities with questions of justice and rights (Tata, 2007).

Whatever one's view – and to some extent we are, again, in a 'wait and see' position as many of the new provisions remain in a formative phase – social work's role in this fast changing landscape remains pivotal and will almost certainly expand. For example, we can expect to see a much enhanced role for social work in the assessment of

prisoners – as a standard and ongoing feature of sentence management. There are already more explicit expectations in respect of joint planning and partnership working – arising, for example, from the new provisions for integrated case management. And the increasingly varied demands made of social work in terms of post-release supervision look set to increase considerably. Yet, amidst this state of flux, there is much that remains the same. The overall aim of the service remains intact – that is, to assist prisoners to reduce their risk of re-offending and to help them resettle and reintegrate within the community. Moreover, the recognised 'processes' by which that can be achieved remain consistent with the three core activities identified above in relation to community sentences (Vanstone, 2007). Further, the shifting, complex and morally challenging environment in which social workers are required to undertake this task is one that workers are now more than accustomed to. As we face then the challenge of delivering effective throughcare in an unfolding and uncertain terrain, we can perhaps take comfort from the fact that success will most likely be achieved through practices marked by both continuity and change.

Research Evidence

As we turn now to consider the research evidence currently informing criminal justice social work practice in Scotland, it goes without saying that a comprehensive review of the research in this area is beyond the scope of this chapter. For a fuller discussion, readers are directed to McNeill (2009) and Ward and Maruna's (2007) recent work in this area. For our purposes here, we seek simply to provide an overview of promising approaches in offender assessment and supervision, giving attention, where feasible, to the points of strength and weakness in each.

Assessing risk/needs and strengths

Over the last two decades effective assessment in criminal justice social work – and offender management more broadly – has become firmly associated with a 'risk/needs' approach to assessment and intervention. Informed by the work of Andrews and Bonta (1994,1995), this approach involves the use of standardised assessment tools – used in conjunction with professional judgement – to enable practitioners to arrive at a prediction of an offender's future 'risk of reoffending' and 'risk of harm'. (Kemshall, 1996). The process also involves the identification of offence-related ('criminogenic') needs and, ideally, attention to how motivated offenders are to address identified needs and risks. Much has since been written about the use, merits and limitations of this approach to assessment and space does not permit detailed coverage here. To summarise, it is now widely acknowledged that standardised risk/need assessment tools, when used *alongside* professional judgement, can greatly enhance the process and quality of assessment and decision making in criminal justice practice. Not surprisingly however, research also documents a number of associated problems and pitfalls. Specifically, existing studies highlight the considerable demands of such an approach on practitioners' time (Robinson, 2003), the potential for unwitting discrimination against minority groups (Hannah-Moffat, 2005), an over-presentation of negatives and deficits (Ward and

Maruna, 2007), and an approach to assessment which is potentially mechanical, stereotyped and distancing (see previous discussion).

More positively, growing awareness of the above limitations has contributed to a renewed interest in the broader processes known to be associated with effective assessment practice. For example, both the desistance literature and the 'Good Lives Model' of intervention highlight that assessment must be thoroughly individualised – that is, capable of recognising and responding to the individual realities experienced by those who offend. A number of studies also point to the pivotal role of 'relationship' in the assessment process. For example, we know that the development of a constructive relationship is fundamental to any meaningful exchange of information; however recent studies suggest that this is also critical to the process of motivating, preparing and supporting offenders towards change (Furniss et al. 2001, Burnett and McNeill, 2005, McCulloch, 2005). Other studies foreground the importance 'optimism' and 'hope' in the assessment process (Burnett and Maruna, 2004) while others point to the efficacy of workers who are not only 'technically competent' but 'morally engaged' (Smith, 1996, 153).

As we look to research then, arguably, the challenge of effective assessment practice only broadens. Perhaps this is to be welcomed. Our discussion of assessment began by tracing a trend in social enquiry towards an increasingly fragmented and technicised task. Attention to the related research evidence indicates that this is one potential outcome of recent practice developments in this area. However, the above discussion also highlights that the development of structured approaches to assessment *can* offer benefits when used appropriately. As we continue to grapple with the many and varied demands of effective assessment in criminal justice social work, it is perhaps prudent to appraise and apply recent research evidence in the context of the broader knowledge and research base informing effective assessment practice. A research base which routinely reminds us that assessment is a process not a task, of the importance of relationship and partnership in that process, and of the importance of engaging in thoroughly individualised and contextualised assessments of risk, needs *and* strengths (Milner and O'Byrne, 2009).

Offender supervision: what's promising in reducing reoffending?

The rise of public protection and reduced reoffending as the (at the time) bold new headline for criminal justice social work has done much to focus research attention upon the means by which that goal can be achieved. However, despite the substantial progress that has been made in this area, research, policy and practice continues to highlight that our understanding of, and efforts towards, effective practice remains 'a work in progress'. In part, this reflects the multi-factorial nature of crime and its causes; specifically, the multiple personal and social problems that often lie behind reoffending; the impact of wider economic, structural, cultural and political forces on the construction of crime, criminality and criminalisation, and the inherently diverse and individualised nature of offenders and their offending behaviours. Each of these factors reminds us that the challenge of reducing re-offending in practice is considerable. Yet, acknowledging this challenge, we also know that most offenders, including many persistent offenders, do give up crime, despite the many needs that they have and the many obstacles that they

face. With this in mind, we turn now to consider what is known about the *means* of effective offender supervision – that is the practices and processes shown to be most promising in assisting individuals to achieve reduced re-offending, desistance and, ultimately, a good life. Our discussion here focuses on three promising approaches currently in vogue, that of, the Risk-Need-Responsivity model, desistance focused practice, and the Good Lives Model of intervention.

The Risk-Need-Responsivity (RNR) model is associated principally with the work of Canadian correctional psychologists Don Andrews, Jim Bonta, Paul Gendreau and Robert Ross. Currently the most prominent of the models considered here, RNR has underpinned most policy and practice developments that have come to be associated with the 'what works' movement of the last two decades. In this respect, it is expected that readers will be familiar with its core principles and practice implications. By way of summary, McNeill (2009), drawing on the work of Ward and Maruna (2007), provides a basic outline:

> The RNR principles are that levels of service should be proportionate to the level of assessed risk (high risk individuals require the most intensive intervention); that treatment should be focussed on changing criminogenic needs (these being dynamic factors which, when changed, are associated with reduced recidivism); and that the style and mode of the intervention should engage the offender and suit his or her learning style and cognitive abilities. These three principles require the development of comprehensive and validated assessment instruments to guide assessment and intervention and the development of treatment programmes that are cognitive behavioural in orientation, highly structured, implemented by well trained, supported and supervised staff, delivered with integrity (in the manner intended by programme designers), based on manuals, and located in organisations committed to rehabilitation in general and programmes in particular (24).

As the above approach has been 'tried and tested' over the last two decades, there is evidence to suggest that offenders supervised in accordance with RNR principles are more likely to desist. However, there is also considerable evidence – much of which emerges from implementation studies – which points to its limitations. Reviewing this evidence, Ward and Maruna (2007) conclude that it may not be that RNR is at fault in targeting risk, need and responsivity, but rather that the targeting of risk may be a *necessary* but not a *sufficient* condition for reducing reoffending. The authors go on to suggest that to accommodate differences amongst offenders a 'specific case formulation' is required, rather than too generalised an application of the principles. Part of the task then is not just to identify risk and needs, but to work out, case-by-case, how risk and needs interact to influence offending in specific contexts and, from such an understanding, how risk and needs can be best addressed. This conclusion resonates with the findings of other studies in this area, which, collectively, point to a need to also attend to the broader processes and outcomes of change interventions – including, for example, the construction of helping relationships, the dynamics of motivation and compliance, and the importance of recognising broader rewards and reasons for change (see, for example, McCulloch and McNeill, 2008). Of course, there is an unavoidable tension here in so far as RNR centres on a belief in 'targeted', 'structured' and often 'standardised' approaches to intervention, while its critics (and the approaches that have developed alongside it), point to the need for a broader, more subjective and more contextualised approach to change.

The desistance literature – the second approach considered here – exists less as a model of intervention and more as a paradigm for understanding and supporting the change processes involved in desisting from crime (that is ending offending). Acknowledging that desistance exists independently of interventions – but can be supported by them – the implications of embedding interventions with offenders in understandings of desistance is potentially significant and far reaching. Put simply, the argument is that criminal justice social work services seeking to support desistance need to think of themselves less as providers of correctional treatment (that belong to professional experts) and more as supporters of desistance processes (that belong to desisters). As such, choices about the kinds of interventions to be used with and for offenders should be based on understanding of *their* individual change processes and of how professionals can best support these processes.

By way of summary, Maruna (2001) identifies three broad theoretical perspectives in the desistance literature: maturational reform, social bonds theory and narrative theory. Respectively these perspectives address how desistance relates to age and maturity, to social ties and social bonds, and to changing personal identities. Bringing these perspectives together, Farrall (2002) stresses the significance of the relationships between 'objective' changes in the offender's life and his or her 'subjective' assessment of the value or significance of these changes:

> '… the desistance literature has pointed to a range of factors associated with the ending of active involvement in offending. Most of these factors are related to acquiring "something" (most commonly employment, a life partner or a family) which the desister values in some way and which initiates a re-valuation of his or her own life … (Farrall, 2002, 11)

Rather than the three perspectives competing therefore, desistance is seen to reside somewhere in the interfaces between developing personal maturity, changing social bonds associated with certain life transitions and the individual subjective narrative constructions (or personal stories) which offenders build around these key events and changes. Put simply, it is not just the events and changes that matter; it is what these events and changes mean to the people involved. This understanding implies both that desistance is not an event (like being cured of a disease) but a *process* and that (because of the subjectivities involved) the process is inescapably *individualised*.

The implications for practice of this developing evidence base have begun to be explored in a small number of research studies that have focussed on the role that probation or social work may play in supporting desistance. Rex (1999) and others underline the importance of strong relationships between offenders and their supervisors, characterised by mutual respect, loyalty and commitment. Other studies point to the importance of offenders own resources and networks in resolving problems and supporting change, see for example McCulloch, (2005), Hill (1999) and, most notably, Farrall's (2002) exploration of the progress or lack of progress towards desistance achieved by 199 probationers. Reflecting something of a renaissance in attention to the social contexts of persistence and desistance, each of these studies suggest that, in addition to addressing individual decision making, motivation and reasoning skills (also known as 'human capital') interventions must pay greater heed to the community, social

and personal contexts (or social capital) in which they take place. Necessarily, this requires a decentring of the offending subject – or more precisely his or her perceived deficits – in favour of an attention to the broader social contexts and conditions required to support and sustain change. Farrall (2002) puts this point more directly and identifies the need to now 'conceptualise probation intervention as being aimed at altering some aspect of an individual's social *and* personal circumstances' (p. 214, emphasis added) While this point may seem obvious to some, particularly those practicing within a Scottish context, recent practice developments – for example, (often) myopic preoccupations with the development of cognitive skills within structured programmes – suggest it is a point worth restating[3].

In a recent paper, the material presented above has been used to propose a desistance paradigm for 'offender management' (McNeill, 2006) which is summarised in Figure 1 below. With regard to practice, the desistance paradigm deliberately forefronts processes of change rather than modes of intervention; it begins not with what the system or the practitioner does with the offender, but with what the offender him or herself is experiencing. Practice under the desistance paradigm would certainly accommodate intervention to meet needs, reduce risks and (especially) to develop and exploit strengths. A necessary precursor of such activity however would be working out, on an individual basis, how the desistance process might best be prompted and supported. This would require the worker to act as an advocate providing a conduit to social capital (that is, the potential social networks and relationships within families and wider communities that can create and promote opportunities for change) as well as a 'treatment' provider building human capital (that is the motivation, skills, resources and qualities of the individual that he or she might need to develop or deploy in the process of desistance). The forms of engagement required by the paradigm would re-instate and place a high premium on collaboration and involvement in the process of co-designing interventions. Critically, such intervention would not be concerned solely with the prevention of further offending; they would be equally concerned with constructively addressing the harms caused by crime by encouraging offenders to make good through restorative processes and community service (in its broadest sense). But, as a morally and practically necessary corollary, they would be no less preoccupied with making good to offenders by enabling them to achieve inclusion and participation in society (and with it the progressive and positive reframing of their identities required to sustain desistance).

A Desistance paradigm
Basic orientation: Help in navigating towards desistance to reduce re-offending, to reduce harm and to make good to offenders and victims.
Approach to assessment: Explicit dialogue and negotiation assessing risks, needs, strengths and resources and offering opportunities to make good.
Focus of practice: Collaboratively defined tasks which tackle, risks, needs and obstacles to desistance by using and developing the offender's human and social capital.

Figure 1. The desistance paradigm

---

[3] A number of recent papers further explore the implications of the desistance research for contemporary probation practice. Unfortunately space does not permit coverage here. Interested readers are directed to Burnett and Maruna, 2004; McNeill, 2006; McNeill and Weaver, 2010.

The Good Lives Model (GLM) represents a relatively recent development in offender supervision (Ward and Brown, 2004; Ward and Marshall, 2004; Ward and Gannon, 2006) and is an approach to practice which focuses less on offender deficits towards a more holistic and strengths based approach to individuals and their change process. The basic principle underpinning GLM is that each of us – *including* those who offend – are predisposed to seek certain goals or 'primary human goods' (including, life, knowledge, excellence in play and work, agency or autonomy, inner peace, friendship, community spirituality, happiness and creativity) and typically do so via the means available to us. The means by which we achieve these goals are know as 'secondary goods' and might include for example certain types of work, networks or relationships. In light of our preceding discussion around desistance (in particular the necessity of attending to, and facilitating, the inter-play between both human and social capital) this conception of human behaviour and human agency is particularly resonant and raises a number of implications for offender supervision. The principal implication is that interventions seeking to promote desistance or a 'good life' should aim to promote an individual's good as well as to manage and reduce risk. There is of course a necessary balance here. As McNeill (2009, 27) notes, too strong a focus on personal goods may produce a happy but dangerous offender; too strong a focus on risk may produce a dangerously defiant or disengaged offender. The task for the worker then is to create a change relationship in which the individual offender is recognised, valued and respected and through which individual (change) priorities can be jointly established, tailored and pursued in line with his or her life plans, associated risk factors and life capacities.

Ward and Maruna's (2007) evaluation of the GLM cites a wealth of empirical evidence to support the above approach to practice. However, the authors are also quick to acknowledge that thus far, 'there is a paucity of specific correctional programs that have been explicitly developed with GLM in mind' (Ward and Maruna, 2007, 171). Certainly there are a number of questions that might be asked about the GLM in the Scottish context. For example, are the primary human goods cited as universal as the model suggests? Further, are today's workers in a position to 'negotiate' and support the 'person centred' priorities associated with the pursuit of a 'good life'. Ideally, these questions and others now need to come to the fore as the GLM is more fully tested in the contexts in which workers and offenders are tasked to achieve change. Certainly there is much within the GLM that offers an antidote to some of the limitations associated with RNR and the correctional climate currently dominating practice. However, there is also much within its core values and principals which will inevitably make its implementation in that same climate challenging.

If the above discussion of promising approaches in the field of offender supervision feels like a challenging task then we have perhaps scratched the surface of the challenge of the task. As those engaged in the process of desistance will attest, sustained change is rarely easy, it rarely goes entirely according to plan and it is rarely uni-directional. It is, more often than not, associated with effort, vacillation, persistence, partnership and hope. The task of the worker in this process is, at its simplest, to contribute to and impact on that process for good.

Conclusion

In this chapter we have sought to illuminate both the 'what' and the 'how' of the criminal justice social work task as it is occurring and evolving in Scotland. In doing so we have given attention to the distinctive and embattled landscape in which that task is unfolding, to the complex and often contentious nature of the task itself and to the developing research evidence which seeks to inform that. The story that emerges from our discussion is one of change, continuity, challenge and opportunity – a story which we suspect is neither unique to Scotland nor uniformly replicated elsewhere. As we seek then to develop our understanding of and capacity for effective criminal justice social work practice – from our many and diverse vantage points – the challenge presented to us is not simply to understand that story, but to also populate and direct that story towards a positive and sustainable future.

Acknowledgement

References

Andrews, D. and Bonta, J. (1994) *The Psychology of Criminal Conduct.* Cincinnati, OH: Anderson.

Andrews, D. and Bonta, J. (1995) *The Level of Service Inventory – Revised: Manual.* New York: Multi-Health Systems Inc.

Burnett, R. (1992) *The Dynamics of Recidivism.* Oxford: University of Oxford Centre of Criminological Research.

Burnett, R. and Maruna, S. (2004) 'So "prison works" does it? The criminal careers of 130 men released from prison under Home Secretary, Michael Howard', *Howard Journal,* 43, 4, 390–404.

Burnett, R. & McNeill, F. (2005) 'The place of the officer-offender relationship in assisting offenders to desist from crime', *Probation Journal*, 52, 3, 247–68.

Carter, P. (2004) *Managing Offenders, Reducing Crime: A New Approach.* London: Home Office, Strategy Unit.

Collins, H. (2000) *Walking Away.* Rebel Inc.

Croall, H. (2006) 'Criminal justice in the devolved Scotland'. In Mooney, G. and Scott, G. (Eds.) *Exploring Social Policy in the 'New' Scotland.* Bristol: The Policy Press.

Farrall, S. (2002) *Rethinking What Works with Offenders: Probation, Social Context and Desistance from Crime.* Collumpton: Willan Publishing.

Feeley, M. and Simon, J. (1992) 'The new penology: Notes on the emerging strategy of corrections and its implications', *Criminology,* 30, 4, 449–74.

Feeley, M. and Simon, J. (1994) 'Actuarial justice: The Emerging New Criminal Law'. In Nelken, D. (Ed.) *The Futures of Criminology*. London: Sage.

Furniss, J., Flaxington, F. and MacDonald, A. (2001) 'The role of audit in the holistic assessment of programme effectiveness'. *Probation Journal,* 48, 3, 171–8.

Garland, D. (1985) *Punishment and Welfare: A History of Penal Strategies*. Aldershot: Gower.

Garland, D. (2001) The Culture of Control: Crime and Social Order in Contemporary Society. Chicago: University of Chicago Press.

Gelsthorpe, L.; Raynor, P. and Robinson, G. (forthcoming) 'Pre-sentence reports in England and Wales: Changing discourses of need, risk and quality'. In McNeill, F., Raynor, P. and Trotter, C., *Offender Supervision: New Directions in Theory, Research and Practice*. Cullompton: Willan Publishing.

Gorman, K. (2006) 'Constructing a Convincing Narrative: The Art of Persuasive Storytelling within the Tight Constraints of Formal Pre-sentence Assessments for the Criminal Courts'. In Gorman, K., Gregory, M., Hayles, M. and Parton, N. (Eds.) *Constructive Work with Offenders.* London: Jessica Kingsley.

Hill, M. (1999) 'What's the problem? Who can help? The perspectives of children and young people on their well-being and on helping professionals', *Journal of Social Work Practice,* 13, 2, 135–45.

Kemshall, H. (1996) *Reviewing Risk.* London: Home Office.

Kilbrandon Report (1964) *Children and Young Persons (Scotland)*, Cmnd 2306. Edinburgh: HMSO.

Marsland, M. (1977) 'The decline of probation in Scotland', *Social Work Today*, 8, 23, 17–18.

Maruna, S. (2001) *Making Good: How Ex-Convicts Reform and Rebuild their Lives.* Washington, DC: American Psychological Association.

McCulloch, T. (2005) 'Probation, social context and desistance: Retracing the relationship', *Probation Journal,* 52, 1, 8–22.

McCulloch, T. and McNeill, F. (2008) 'Desistance focussed approaches' in Green, S., Lancaster, E. and Feasey, S. (Eds.) *Addressing Offending Behaviour*, Cullompton: Willan Publishing, 154–171.

McIvor G. and Barry, M. (1998) *Social Work and Criminal Justice: Volume 7 – Community Based Thoughcare*. Edinburgh: The Stationary Office.

McIvor, G. and McNeill, F. (2007a) 'Probation in Scotland: Past, Present and Future'. In L. Gelsthorpe and R. Morgan (eds.) *The Probation Handbook: a Policy, Practice and Research Handbook.* Cullompton: Willan Publishing.

McNeill, F. (2005) 'Remembering probation in Scotland' *Probation Journal* 52, 1, 25–40.

McNeill, F. (2006) 'A desistance paradigm for offender management', *Criminology and Criminal Justice,* 6, 1, 39–62.

McNeill, F. (2009) 'Probation, Rehabilitation and Reparation' *Irish Probation Journal* 6, 5–22.

McNeill (2009) *Towards Effective Practice in Offender Supervision,* Scottish Centre for Crime and Justice Research. Published online at: http://www.sccjr.ac.uk/pubs/Towards-Effective-Practice-in-Offender-Supervision/79.

McNeill, F., Bracken, D. and Clarke, A. (2010) 'Social Work and Criminal Justice'. In I. Shaw, K. Briar-Lawson, J. Orme, and R. Ruckdeschel (eds.) *The Sage Handbook of Social Work Research*, London and New York: Sage.

McNeill, F., Batchelor, S., Burnett, R. and Knox, J. (2005) *21st Century Social Work Reducing Reoffending: Key Skill,* 52pp. Edinburgh: Scottish Executive

McNeill, F. and Whyte, B. (2007) *Reducing Reoffending: Social Work and Community Justice in Scotland.* Cullompton: Willan Publishing.

Milner, J. and O'Byrne, P. (2009) *Assessment in Social Work.* Basingstoke: Palgrave Macmillan.

Moore, G. (1978) 'Crisis in Scotland', *Howard Journal*, 17, 1, 32–40.

Morison Report (1962) *Report of the Departmental Committee on the Probation Service*, Cmnd 1650. London: HMSO.

Munro, M. and McNeill, F. (2010 forthcoming) 'Fines, Community Sanctions and Measures'. In Croall, H. and Mooney, G. (eds.) *Criminal Justice in Scotland.* Cullompton: Willan Publishing.

Nash, M. (2003) 'Pre-trial investigation', in Chui, W.H. and Nellis, M. (Eds) *Moving Probation Forward: Evidence, Arguments and Practice.* Harlow: Pearson Education, 92–107.

Nelson, S. (1977) 'Why Scotland's after-care is lagging', *Community Care*, 14, 12, 87.

Paterson, F. and Tombs, J. (1998) *Social Work and Criminal Justice, Volume 1: The Impact of Policy.* Edinburgh: Scottish Office Central Research Unit.

Pratt, J. (2000) 'Emotive and ostentatious punishment: Its decline and resurgence in high-risk probationers: Early results from an experiment in California', *Crime and Delinquency*, 36, 1, 87–111.

Pratt, J., Brown, D., Brown, M., Hallsworth, S. and Morrison, W. (2004) *The New Punitiveness: Trends, Theories, Perspectives.* Cullompton: Willan Publishing.

Rex, S. (1999) 'Desistance from offending: Experiences of probation', *Howard Journal,* 36, 4, 366–83.

Robinson, G. and McNeill, F. (2004) 'Purposes Matters: The Ends of Probation', in G. Mair (ed.) *What Matters in Probation Work.* Cullompton: Willan.

Robinson, G. (2003) 'Risk and Risk Assessment', in Chui W.H. and Nellis, M. (Dds) *Moving Probation Forward: Evidence, Arguments and Practice.* Harlow: Pearson Education*,* pp. 108–129.

Scottish Executive (2004) National Objectives for Social Work Services in the Criminal Justice System: Standards – Social Enquiry Reports and associated Court Services. Published online at: http://www.scotland.gov.uk/Publications/2004/12/20474/49335.

Scottish Government (2007) *Reforming and Revitalising: Report of the Review of Community Penalties.* Scottish Government: Edinburgh.

Scottish Government (2008) *Protecting Scotland's Communities: Fair, Fast and Flexible Justice.* Scottish Government: Edinburgh.

Scottish Government (2009) *Reconviction Rates in Scotland: 2005–06 and 2006–07 Offender Cohorts.* Published online at:
http://www.scotland.gov.uk/Publications/2009/08/28132734/Crime-Justice.

Scottish Office (1998) *Community Sentencing: The Tough Option – Review of Criminal Justice Social Work Services.* Edinburgh: Scottish Office.

Scottish Prisons Commission (2008) *Scotland's Choice: Report of the Scottish Prisons Commission.* Scottish Prisons Commission: Edinburgh.

Simon J. and Feeley, M. (1995) 'True Crime: The New Penology and Public Discourse on Crime', in Blomberg, T. and Cohen, S. (Eds) *Punishment and Social Control: Essays in Honor of Sheldon L. Messinger.* New York: Aldine de Gruyter.

Smith, D. (1996) 'Pre-sentence reports', in May, T. and Vass, A. A. (Eds.) *Working with Offenders: Issues, Contexts and Outcomes.* London: Sage.

SWSG (1991a) *National Objectives and Standards for Social Work Services in the Criminal Justice System.* Edinburgh: Social Work Services Group.

SWSG (1991b) *Social Work Supervision: Towards Effective Policy and Practice – A Supplement to the National Objectives and Standards for Social Work Services in the Criminal Justice System.* Edinburgh: Social Work Services Group.

Tata, C. (2007) *The End to 'Dishonesty' in Sentencing? The Custodial Sentences Act will be Fogged by Confusion.* Available at: cjscotland.org.uk: bit.ly/6kKm0e.

Tombs, J. (2004) 'Throughcare: A Process of Change', *Criminal Justice Social Work Briefing Paper 7.* Edinburgh: Criminal Justice Social Work Development Centre for Scotland.

Vanstone, M. (2007) 'The Resettlement of Prisoners in England and Wales: Learning from History and Research'. In McIvor, G. and Raynor, P. (Eds.) *Developments in Social Work with Offenders.* London: Jessica Kingsley Publishers.

Ward, T. and Brown, M. (2004 Trotter, C. *Offender Supervision: New Directions in Theory, Research and Practice,* Cullompton: Willan.) 'The good lives model and conceptual issues in offender rehabilitation'. *Psychology, Crime and Law,* 10, 3, 243–257.

Ward, T. and Gannon, T. A. (2006) 'Rehabilitation, aetiology, and self regulation: The comprehensive good lives model of treatment for sexual offenders'. *Aggression and Violent Behaviour: A Review Journal,* 12, 87–107.

Ward, T. and Marshall, W. (2004) 'Good lives, aetiology and the rehabilitation of sex offenders: a bridging theory'. *Journal of Sexual Aggression,* 10, 2, 153–169.

Ward, T. and Maruna, S. (2007) *Rehabilitation: beyond the risk paradigm.* London:Routledge.

Weaver, B and McNeill, F. (2010 forthcoming) Public Protection in Scotland, in Williams, A. and Nash, M. (eds.) *The Handbook of Public Protection*. Cullompton: Willan.

Young, P. (1997) *Crime and Criminal Justice in Scotland*. Edinburgh: The Stationary Office.

Performing Caring Power in a Scandinavian Welfare State

KERSTIN SVENSSON[*]

Introduction

Social work is always depending on its context. There are few acts performed by social workers that could be understood without regarding their organizational context. Different societies make different organizations possible. In order to understand social work in criminal justice, we have to acknowledge both the specific society and how criminal justice is organized. In this article I will give a picture of social work and criminal justice in a Scandinavian welfare state, Sweden.

Sweden has a long tradition as a strong welfare state. In the 19th century, Sweden was a poor country where people mainly where supported through agricultural work. When the industrialization came in the turn to the 20th century there were two parallel movements, on the one hand the middle class was organizing in philanthropic associations and on the other hand the working class was organizing in political organizations and labor unions. In the late 19th and early 20th centuries some significant inventions and discoveries were made in Sweden which made the Swedish industry and exportation increase quickly. The fast growing industry brought wealth to the country; the social democratic movement influenced how this wealth was distributed and the work in philanthropic associations more and more turned over to social work in a growing public sector. In 1921 the first education of social workers started in Stockholm, and it was followed by more educations around the country. And Sweden has, despite the big wars during the 20th century, been a country living in times of peace since the early 19th century.

Between the 1930's and 1970's there were a long stable period of growth under a social democratic government were the Swedish welfare state was built. Between the late 1970's and the 1990's there were shifting governments, still the "old" welfare state ideas dominated, but they were not stable any more.In the early 1990's the Swedish welfare state started to become more and more selective and changed from a general, insurance based system, were "rights" where the main word, into a system where risk and needs were to be assessed (Walker and Walker, 1998).In the early 1990's Sweden, as many other countries, had its deepest recession since the 30's. The industrial era was over, as well as the era of the specific Swedish welfare state. Some of the ideas still last, but more and more institutions that used to give general assistance are now turned in to selective

[*] Lund University, School of Social Work, PO Box 23, SE-221 00 LUND, SWEDEN. Phone: + 46.46.222.04.61. E-mail: kerstin.svensson@soch.lu.se

and needs-testing institutions and becomes more and more heterogenic (Sunesson et al., 1998; Kumlin and Rothstein, 2005). Now, the former welfare state is criticised for being paternalistic and incompatible with contemporary life were the freedom of the individual as well as the personal responsibility is in focus (Bergmark et al., 2000).

Criminal policy was a part of the social policy in the growing welfare state (Tham, 1995). Crime was not regarded as a unique problem, but as an effect of the social situation. Social work therefore played an obvious part in criminal justice. Now, as also Young (1999) has pointed out, the conceptualisation of criminality has changed from being a problem explained by social facts, to a problem that is explained as an individualized self-expression. And in Sweden this change coincides with the changing welfare state. Criminal justice in Sweden today is highly influenced by international trends, programs and ideas are imported from Canada, USA and UK. Criminal policy has also shifted from having the offender in focus towards focusing the victim. Parallel to the public criminal justice system, a system for supporting victims has developed through a growing number of non-governmental organizations for victim support.

In this article I will give a description of social work in criminal justice in Sweden. I will take a starting point in discussing social workers position in their organizations, and specifically social workers position in criminal justice I will take the organization in to consideration as well as how the everyday work is understood by those who are performing it and also what it means to be a social worker in this context as well as what kind of work they do in the probation service and I will also discuss power and resistance.

The article is based on material from earlier studies and already published texts, but also on findings from a survey that were made with a representative sample of social workers in Sweden 2008. While some parts of the text derive from different parts of earlier publications, the facts about social work in Sweden given in this article relate to results from that survey, so far only published in Swedish (Svensson, 2009). This survey concerned how social workers understand and describe their professional role and their organizations. It was sent to 1039 randomized selected social workers and had an answering rate of 74 percent. The answering population has in relation to other similar studies shown to be representative for social workers in Sweden. The answering population are spread over all kinds of social work, in all kinds of organizations. This material can also say something about how social work in criminal justice is in relation to other forms of social work and therefore it has in some parts been reprocessed for this article.

Human service organizations and street level bureaucrats

Social work is performed in human service organizations. Hasenfeld (1983) has described human service organizations as organizations that strive to help people in society as well as to care for the well-being of the community and society. This could also be understood as they help clients to make the right choices (cf. Rose, 1999). A society where people make the right choices is a cohesive society and in order to make it cohesive, someone has to point in the direction wanted and tell what is right. This is the role of social workers. They give help pointed in certain directions. Social work is aimed at creating normality and therefore it is preceded by an assessment of the deviance that should be corrected. In this assessment, the social worker measures the individual and

compares her with "the normal", which arguably most often entails the ideals pertaining to the middle class (Foucault, 1977; Hasenfeld 1983; Margolin, 1997).

As human service organizations strive to care for the well-being of society, social work is performed in these organizations in order to help people in to normality. The way of doing it could be understood as caring power. 'Caring power' is a concept coined by two Dutch researchers, Annemieke van Drenth and Francisca de Haan (1999). It derives from Foucault's concept of pastoral power, and has essentially the same meaning, but the term "caring" more clearly points to actions. Caring power is exercised with kindness and in a spirit of doing what is supposed to be the best for the person helped. The helper defines what is best for the one who is to be helped and then offers him a better life if he follows the advice given by the helper. In this way, the helper dictates the conditions and the one who wants help has to accept the conditions (Svensson, 2003a).

Social workers are the actors of the human service organization; they are what Foucault has called "engineers of the human soul". They are also 'street level bureaucrats', as Lipsky (1980) has said. They act in as representatives of their organization, they have direct encounters with clients and they operated in spaces between the state, through its organizations and the citizens as well as between the public and the private (Rose 1999). In this space they have a discretion based on the organizational task, the professional expertise and the specific actors' experiences (Evans & Harris, 2004; Lipsky, 1980). The difference between HSOs and other organizations is that the material processed in HSOs is human and therefore interacts with the organizations' actors (Hasenfeld, 1992).

Being a social worker in Sweden

To be a social worker is to be depending on the organization where you work.Social work is a profession highly depending on its organizational context. Since human service organizations employ social workers and strive toward societal cohesion, social work is per definition normative. In Sweden social workers work in the public sector. The number of private, corporate and voluntary organizations is growing, but still more than 90 percent of the social workers work in the public sector. Two thirds of the social workers work under the local government, the municipalities, that organize the social services. Here social work concerns for example children, youth, unemployed, drug abusers, but also elderly and disabled. This is the wide area of social work where almost all kinds of social problems can be met and where financial aid as well as different kinds of support and treatment is provided. School social work is also organized under the local government. The regional government organizes health care where about 16 percent of the social workers work. Here social workers work with social issues for physically sick and disabled people, but also in psychiatry and in primary care. The state employs about 13 percent of the social workers. Here we find those who work in criminal justice, but also in other state governed organizations as financial aid for sick people, unemployment issues and migrants. Slightly more than 4 percent of the social workers work in criminal justice, which means about 1000 persons.

Social work education is a university education. The social work program of 210 ECTS credits takes 3,5 years and there are different possibilities to add continued

education to this. Within the frame of the university system it is possible to have a master's degree, either a one year master or a two years master. With a masters degree it is possible to gain access to postgraduate research studies. Another way to gain higher education is to go in to psychotherapeutic education, where there is a basic education, called "step one", after which social workers can gain access to the same education as trained psychologists for being a psychotherapist, which of course is another profession, working with other tasks, but anyhow a way for social workers to develop in to other areas. Some social workers have a masters degree, some have "step one", but the far most common further education is shorter courses paid by the organization where they work. Almost every social worker in Sweden has some kind of further education, unless they are newly employed.

Social worker is no protected title in Sweden. When positions for social workers are available they are announced as demanding social work education *or similar*. This means that in practice, about 80 percent of the employed social workers has a social work education, the rest has other university educations, most commonly a Bachelor's degree, in the areas of social sciences, behavioral sciences and/or law. This is caused by former lack of educated social workers, today the picture is the opposite, too many social workers are educated, and there are not enough positions for them. Therefore, we could expect a change that on the one hand makes it hard for persons without social work education to get in to this field, and on the other hand will force persons with social work education to look for other areas of practice.

In order to get a picture of a Swedish social worker, we could look at the dominating characteristics and describe her as a woman, 30–40 years old, employed by the municipality, working in the social services, most likely with children. She has been a social worker for 10–15 years and during this period she has had different positions. Her work is dominated by psychosocial issues, but the client's economical situation and health also plays an important part of the work. She meets clients in assessing their needs, writing social investigations, doing judgments, giving support and advice but are also doing different kinds of interventions and treatment. This is the core description of a social worker in Sweden, but there are more variation than similarities in social workers description of themselves, their work and role. What is common is that all have a university degree, and they work in public organizations with assessments of people in need as well as with different tools for changing people and their situations. This is where their caring power is performed in order to both help individuals and keep society cohesive.

The social worker in criminal justice is similar to the general descriptionin many ways. It is most probable a women, as in social work in general more than 80 percent of the social workers are women. Also in age, and the rather long time in the same organization it is similar. Her work is though more focused on investigation and assessment than in other forms of social work. 81 percent of the social workers in criminal justice say that this is one of their tasks, while the average for all social workers is 53 percent. Also supporting and advising is a more common task in criminal justice, 72 percent here, while 50 percent in the total population. While 40 percent of social workers in general work with some kind of treatment, it is 56 percent of those in criminal justice. What they do not do in criminal justice, but in some other kinds of social work is to make decisions about financial aid and distribution of resources. Being a social worker in

criminal justice in Sweden is, as we have seen above, more or less the same as being a social worker in any other organization. The difference is that it is more focused on assessing, treating, supporting and advising and less on making decisions.

Doing social work in criminal justice

The Swedish Prison and Probation Authority is a stately organization under the Ministry of Justice. Within this organization there are prisons, probation service and remand prison. Social workers mainly work in the probation service. Some could be employed in prisons, but the positions there are not specifically arranged as social work positions. Some of the social workers in probation do not have social work education. The most common educations are then either based on law or behavioral sciences.

Social workers in the probation service are called probation officers and their main tasks are to conduct pre-sentence reports, to handle the supervision of offenders on parole or probation and to manage intensive care with electronic monitoring and community service. Probation service is organized in geographically define unites. Probation officers have a responsibility for all sentenced persons in their area, which means that they are also responsible for plans made for prisoners that come from their area, even for plans during their time in prison. Thereby, probation officers work closely together with prison staff. In the prisons the prison officers act as contact persons for prisoners, and cooperate with the local probation service in doing plans for the implementation of the sentence that is to be served. Probation officers do also cooperate with and supervise laymen supervisors. About half of the persons under probation and parole have a lay supervisor, a volunteer that they have continuous contact with during their period of supervision. These volunteers have their appointment from the probation service and are not organized through any non-governmental organization.[1]

The probation service is an unknown practice. Few people in society know about it. When it is discussed it is mostly described in positive words, since it is an alternative to prison, and prison is known as having a lot of negative consequences. While a prison sentence is managed through external boundaries, probation and parole are supposed to create an internal dissociation from crime. This is done through a number of different measures and methods.

No matter if a person is sentence to probation or under supervision after release from prison, as a parolee, there is a period of supervision during normally one year. This is independent of the time of the prison sentence or the form of probation. All prisoners are conditionally released after having served two third of their prison sentence if they have a sentence of two months or more. For prison sentences longer than three years, the period of supervision could be longer than one year. A decision is taken whether the parolee should be under supervision after conditional release, this decision is based mainly on the extent of the sentence and the person's criminal record and social conditions also play some part. Probation means a one year period of supervision and can

---

[1] More information on the Swedish prison and probation system in English can be found at http://www.kriminalvarden.se/sv/English/. Information on probation and parole in Sweden could also be found in van Kalmthout and Durnescu (2008).

be combined with different measures. Among these we find community service (that also could come in combination with a conditional sentence), contract treatment and other orders given from the court. The probation service also manages intensive supervision with electronic monitoring, which in Sweden is a way of serving a prison sentence outside the prison.

In probation service the workload is divided either geographically (which is most common in rural areas) or by tasks. It could be that some probation officers work only with pre-sentence reports, some with prisoners, some with probationers, some with parolees, some with community service and some with electronic monitoring. It could also be that one person manage all kinds of sanctions and measures within a certain district, or it could be a combination where some probation officers are have responsibility for some specific tasks, while the general supervision of offenders is geographically divided. Apart from this, it could also be some of the probation officers that work with certain programmes. The Swedish Prison and Probation Service aim to have a wide variety of evidence-based programmes, both in prison and probation. Persons educated in the specific program run these programs, it could be a probation officer, but it could also be a prison officer. Some of the more frequent programs in larger units of the organization have special officers employed for the programs.

Even if there are a wide variety of specific tasks the basic work is to be in continuous contact with the offender while the sentence is served. In cases where there also is a lay supervisor involved, there are more contact between the lay supervisor and the offender, but the probation officer supervises the lay supervisor and has also some, but not so frequent contact with the offender. For the probationer this means that he, or she, has the continuous contact with a layman, a volunteer, that represents "ordinary people", while everthing that has to do with serving the sentence, making assessments and plans, it is the social worker, the probation officer, that governs the content of the supervision. In the continuous contact with the probation officer there is a continuous assessment and continuous planning, no matter if the contact is between the lay supervisor and the probation officer or the offender and the probation officer. The probation officer tries to build a relationship with the offender in order to get to know him and this knowledge is used for finding ways to support, advice and treat him. The offender should have some kind of contact with the probation officer or lay supervisor every week. The contact could be by personal visits, but also by phone calls and in some situation it could even be through short text messages on mobile phone or e-mail. No matter how the contact is accomplished, it is supposed to be regarded as a continuous conversation where the state, through the probation service and the probation officer, has knowledge about and influence on the offender. And at the same time, the offender is offered help and support to make changes in his life.

The age of probationers varies from 15 years to over 70, but the half of them is between 25 and 45 years. 90 percent are men and 87 percent are Swedish citizens. About a fourth have employment and about a forth have some kind of pension or are in placement through an employment agency. About one third are unemployed and the rest are either in substance treatment or education. Nearly half of the clients have a place of their own to live in, a forth has another kind of permanent solution for their housing, while slightly more than a forth are either homeless or in temporary accommodation. 28

percent of the probationers are assessed as drug abusers, 18 percent alcohol abusers and 18 percent have an abuse of both drugs and alcohol (Kriminalvården, 2006). Even if some of the probationers are assessed as living under well-arranged conditions, they are not automatically satisfied and well-being. A lot of probationers experience stress, depressions, obsessions or are having problems connected to dyslexia or brain damages (Thylefors och Persson, 2002).

Caring power – a combination of support and control

Even if it is social work in the community, probation and parole are ways to serve sentences, and this is explicit in all descriptions of the period of supervision. There is a positive connotation of being "not-prison", but we can here see ways to manage both institutionalized help and institutionalized control. Help and control are two aspects that often are described as diametrical opposites. We can hear discussions where social workers argue that they work either with control or with support. Although, when we try to observe what actions that are control and what actions that are support, we cannot separate them (Svensson, 2001, 2003). Support and control does not come in certain actions, support and control are different ways of understanding and explaining actions.

In different human service organizations different ways of understanding support and control develops. In a comparison between the social services, victim support and probation service it was found that it all social workers tried to express themselves as being good and supportive (Svensson, 2009). Depending on the organization and the context, they way of understanding control differed. Narratives toldby social workers showed how theyidentified themselves more in relation to the clients than in relation to their organization. Even if identity is shaped by every situation (Collins, 2004), it is the moments when social workers meet clients that seem to have the biggest impact on their professional identity. Narratives told in specific contexts construct and enhance the lived experience so that it becomes a part of the identity formation of the individuals involved (Collins, 2004). The three different modes of establishing a good character in this sense can be summarized as *ignoring*, *separating* and *rewriting* and they are connected to the level of visibility of control in the different settings.

In victim support, control is implicit, even if organizations and the state argue that victim support is important for providing the courts with witnesses, social workers in this organization do not acknowledge that there are any controlling aspects of their work. They ignore the controlling aspects. In the social services, they separate their understanding so that the individual person is regarded as being good, while the organization represents the controlling function. In the probation service, where control is explicit, social workers rewrite their controlling function so that they also act as good persons. They describe the control in terms of support, they argue that controlling offenders is a way of supporting them, and refer to offender's lack of self-control and what is best for them.

In these narratives there is no reflection on the normativity in the work. Control generally has negative connotations, and thus all strive to highlight the supportive aspects of their work. In victim support this is quite easy since no one expects there to be any controlling actions taken. This context offers the possibility of being regarded as good

and helping, and that is why control is a "non-issue" in victim support and the volunteers and social workers unite in saying as "It feels good to help". The social services do not have the same positive connotations. This organization generally represents both positive and negative aspects, and the proportion of these two elements varies depending on the specific situation. This is also seen in the narratives from the individuals involved, which do not simply specify situations, but focus on social workers as individuals. The professional social worker and the organization are sharply distinguished in these narratives: the organization comes to represent control and other negative aspects, while the social worker can represent the positive aspects. Through that distinction caring power provides plenty of space for manoeuvre as acting and being can be understood as two different things.

The probation service is a part of the criminal justice system and as such the organization is understood as representing the punishment of offenders. These negative connotations provide a starting point with very low expectations on kindness. With that background a wide range of actions can be considered as good. Probation is a punishment that is given instead of prison, and since prison is so bad, everything else easily becomes good. While the actions taken are controlling, they are motivated by ideas of being the best for the offender. Control is not regarded as important as such, it is seen as a tool for making life better for the offender. Control is thereby rewritten into supportive contexts and justifies the social workers' and volunteers' good intentions.

Since control is expected in the criminal justice, it is a form of social work where caring power can be easily studied. A caring power is exercised with kindness and in a spirit of doing what is said to be the best for the person helped. The helper defines what is best for the one who is to be helped and then promises him that he will have a better life if he follows the advice given by the helper. In this way, the helper dictates the conditions and the one who wants help has to accept them. This caring power carry both help and control in the same actions, and is obvious in a welfare state correctional service where the punitivity requires control and the ideology in society asks for help for the disadvantaged. The ways of ignoring, separating and re-writing control could be understood through Cohen's (1985) concept of 'controltalk'. He argues that controltalk is being used in human service organizations as a way of giving punishment, as well as treatment, its normative value. Thereby, controltalk is an essential part of the caring power.

Resistance

In prison, prisoners can resist through refusal and escape. How is it possible to resist good social workers when they practice caring power? When power is imprecise, the resistance is also imprecise. It is just as hard to escape probation as it is to escape prison. If the offender under supervision does not keep in contact, the probation service can contact the police with an order to search for the persons, just as the prison does. When found, the offender will be taken in to custody until he has met the probation officer and a decision is made. There can be a decision on a reminder of the rules, a warning or a decision on deprivation of liberty. The three alternatives could be seen as three levels of severity in the decision.

How do then the offenders escape from the social worker's normative wish "to do good"? In a study with interviews with offenders under supervision of the probation service stories were told about prolonging the time between the contacts (Svensson, 2001). One way is to build strategies for how to avoid contact without being object of any sanction. It could be, as one of the interviewed say, to phone just before the scheduled meeting, saying you missed the bus, but are able to come in the afternoon instead. Probably, the probation officer will be scheduled with other appointments in the afternoon, and thereby the meeting will be postponed to the next week. Other ways could be to just before the meeting say that there is a coinciding meeting at the dentists, doctor, employment agency or anything else. Another way is to make the conversation as short as possible, which could be for example by arguing that the mobile phone has low battery. The most effective way seems though to be to come to the meeting, but not saying anything.

Social work is a communicative practice, social workers work through talk. As social workers relate their professional identity to their relation with clients more than with their role in the organization, they rely on the relation to clients. The relationship with the client is based on their encounters and conversation. In this relationship both the client and the social worker work on their roles and identities. If the conversation planned by the social worker fail, the social worker cannot perform the planned work, the encounter becomes unbalanced when the social worker is not the person who governs the conversation and there is no building of relationship. The social worker then more evidently becomes a representative for his or her organization and has to claim rules and regulations instead of a good and nice person wanting to do the best for the client.

Probation officers do not have anything else to offer than conversation for assessment, planning, support, advice and treatment. Clients have no chance of a positive decision on distribution of resources in the encounter, supervision is only based on continuous contact and there are rules about the contact itself. There are thou no means to make the contact in to conversation and exchange. And since the contact is what is needed to avoid sanctions, there are many narratives from both offenders and probation officers about encounters where the offender just shortly answers questions and never initiates any conversation. Probation officers talk about this as the worst kind of clients, since they do not know how to deal with it. They tell stories about conversations where all topics of conversation is used up after a few minutes. Then the probation officer tries to find new things to talk about, and time moves very, very slowly. After maybe ten or fifteen minutes the probation officer gives up and let the client leave. Both parties are relieved over that the encounter is over, but the difference is that the client is proud over once again having been superior to the probation officer and the probation officer is frustrated over having lost his or her position as the one in power.

There is only one kind of narrative about how to handle this as a probation officer, without frustration. It is those who say that they know that it is impossible to make a relationship and having a relevant conversation; therefore they make an agreement with the client to come 15 minutes every week and sit in the room. While the client is sitting there, the probation officer takes the time to do paper work and after 15 minutes they say goodbye and decide next meeting. Narratives about this strategy are often accompanied with a followed description of how the client after a series of these meeting starts to asking questions and to relate to the probation officer. Thereby, the

social workers' silence, and acceptance of the clients' resistance, is a pawn in the power game between the two parties.

Conclusion

In this article I have described social work in Sweden and more specifically social work in the Swedish probation service. Through this description I have shown that control is an evident part of social work, even if it is re-written. Social work is, despite its position with an academic education and a direct connection to research, a vague profession in Sweden. One of the reasons is that social worker is not a protected title; you do not have to have an education in social work in order to be employed as a social worker. Another reason is that social workers are depending on their organizations, which in Sweden to a great extent mean that they are depending on public, politically governed organizations, and thereby they act as the extended state. In this field, social workers are spread over a wide variety of organizations and roles. It is only one social worker per 25 that have the role of being a probation officer. Probation officer is a thereby a peripheral social work role, even if the actors in this role have much in common with other social workers.

Since rules in the criminal justice system strive towards compliance and social workers strive to be regarded as good persons, probation officers are in a tension between the understanding of control and support, but also between the client and the organization. Doing social work in the probation service is much the same as doing it in any other organization, but there are some evident distinctions: In probation service you are supposed to keep in contact with the offender during one year, no matter if there is an issue to work with or not. In many other organizations, most contacts are held over a short period of time and concerns specific topic. The continuous contact during a year of supervision gives a base for developing a relationship with the offender and it is also a scene where power is exercised. The ideal image in social work as well as in the Prison and Probation Service and the state is that the social worker has the preferential right to tell what is best for the offender and lead him in the right direction through assessment, plans and treatment programs. In practices this happens sometimes, but there are also many examples of resistance and struggle for power between offenders wanting to lead their own life and social workers wanting to fulfill their intentions of being good and helping persons.

References

Bergmark, Å; Thorslund, M and Lindberg, E (2000) 'Beyond benevolence – solidarity and welfare state transition in Sweden'. *International Journal of Social Welfare*, 9, 238–249.

Collins, R. (2004) *Interaction Ritual Chains.* Princeton: Princeton University Press.

Cohen, S. (1985) *Visions of social control: crime, punishment and classification.* Cambridge: Polity Press.

Drenth A. van, Haan F. de (1999) *The rise of caring power: Elisabeth Fry and Josephine Butler in Britain and the Netherlands.* Amsterdam: Amsterdam University Press.

Evans, Tony and Harris, John (2004) Street-level bureaucracy, social work and the (exaggerated) death of discretion. *British Journal of Social Work*, 34, 871–895.

Foucault, M. (1977) *Discipline and punish: The birth of the prison*. London: Allen Lane.

Hasenfeld, Y. (1983) *Human service organizations*. Englewood Cliffs, N.J.: Prentice-Hall.

Hasenfeld, Y. (1992) The Nature of Human Service Organizations, i Hasenfeld, Y. (ed.) *Human Service As Complex Organizations*. Newbury Park: Sage.

van Kalmthout, A.M. and Durnescu, I. (2008, eds.) *Probation in Europe.* Nijmegen: Wolf Legal Publishers.

Kriminalvården (2006) *Kriminalvård och statistik 2005.* Norrköping: Kriminalvården. [Statistics on Criminal Justice]

Kumlin, S and Rothstein, B (2005) 'Making and breaking social capital. The impact of Welfare-State Institutions'. *Comparative Political Studies*, 38. 4, 339–365.

Lipsky, M. (1980) *Street-level bureaucracy, Dilemmas of the Individual in Public Services.* New York: Rusell Sage Foundation.

Margolin, L. (1997) *Under the Cover of Kindness. The Invention of Social Work.* Charlottesville/London: University Press of Virginia.

Rose, N. (1999). *Governing the Soul. The Shaping of the Private Self.* London/New York: Free Association Books.

Sunesson, S; Blomberg, S; Edebalk, P G; Harrysson, L; Magnusson, J; Meeuwisse, A; Petersson, J and Salonen, T (1998) 'The flight from universalism'. *European Journal of Social Work,* 1, 1, 19–29.

Svensson, K. (2001) *I stället för fängelse? En studie av vårdande makt, straff och socialt arbete i frivård.* [Alternatives to Imprisonment? A Study of Caring Power, Punishment and Social Work in Supervision of Offenders] Lund: Socialhögskolan [School of Social Work].

Svensson, K. (2003) Social Work in the Criminal Justice System. An ambiguous exercise of caring power. *Journal of Scandinavian Studies in Criminology and Crime Prevention* 4, 84–100.

Svensson, K. (2009) Identity Work through Support and Control. *Ethics and Social Welfare*, 1749–6543, 3, 3, 01 November 2009, 234–248.

Tham, H. (1995) 'From treatment to just desert in a changing welfare state'. Snare. A (ed) *Beware of Punishment*, Scandinavian Studies in Criminology, Oslo: Pax, 4, 89–112.

Thylefors, I. and Persson, O. (2002) *Motivations- och påverkansarbete inom frivården.* [Motivational and influential work in probation service] Norrköping: Kriminalvårdsstyrelsen

Walker C. and Walker A. (1998) Social Policy and Social Work in Adams, R., Dominelli, L. & Payne, M. (Eds.) *Social Work; Themes, Issues and Critical Debates*, Basingstoke: Macmillan Press Ltd.

Young, J (1999) *The Exclusive Society.* Thousand Oaks, Sage.

Current Developments of Probation and Social Work in Slovakia – Theoretical Enthusiasm and Practical Scepticism

MARTIN LULEI[*]

Social work in Slovakia – short overview and questions of future developments

The profession of social work was developed and established in Slovakia as an independent study subject after the political and societal changes from the 1989 (velvet or gentle revolution in Czechoslovakia). In this period, the founder of newfangled social work published the well known Introduction to study of social work (Striezenec, 1999) and the Dictionary of a social worker (Striezenec, 1996) and in the same decade, the Department of social work was established in Comenius University in 1991. Striezenec (1999, 184) defined social work in a wider context as a "professional activity which is providing social care to a person on a professional base by specialized methods". The "past" law Act number 195/1998 Coll. on social help was the first legislative base to define the area of social work activities and contemporarily, the "new" law Act number 448/2008 Coll. on social services came to force in 1st of November of 2009. Nowadays there are lot of subjects providing university education in the area of social work (state and private universities). In a document from the annual report called "Overview of study subjects" which is available online at the web site of Institute of information and prognosis of educational system of Slovakia[1], are published current numbers of daily and partly students of social work at universities in Slovakia – 20.145 (this number reflects all forms of study and all degrees – bachelor, master, PhD. in social work). Of course, the numbers of students of social work is influenced also by private universities (for example St. Elizabeth University of Health and Social Sciences etc.). On the other hand, there is a discussion about the quality and focused areas of education in the area of social work which might be not the same. All educational subjects should respect a tool called "corpus of social work" as a list of subjects and areas which should be included in the university educational system (teaching process) of social work. This transformed document (description of social work) is available online on the website of Slovakian Accreditation Committee for University Education[2]. Another key holder is the
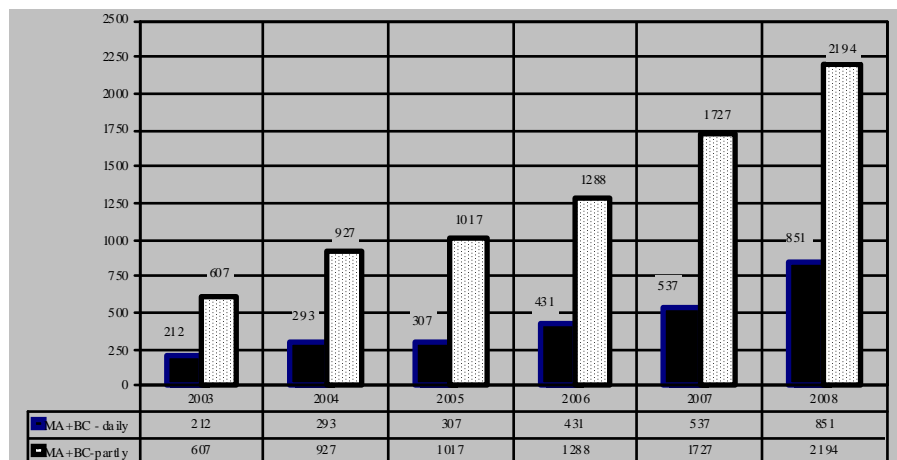
---

[*] Constantine the Philosopher University, Department of social work and social sciences of CPU Kraskova 1, 949 01, Nitra, Slovak Republic, tel.: +421-907-412-406, E-mail office: mlulei@ukf.sk, UCP web page: www.ukf.sk.
[1] available online: http://www.uips.sk/prehlady-skol/statisticka-rocenka---vysoke-skoly
[2] available online: http://www.akredkom.sk/index.pl?tmpl=odbory

Association of Educational Subjects in Social Work in Slovakia which is gathering the educational subjects and was established in 2002.

	2003	2004	2005	2006	2007	2008
■ MA+BC - daily	212	293	307	431	537	851
■ MA+BC-partly	607	927	1017	1288	1727	2194

Graph 1. Contemporary number of students of social work in Slovakia
(master and bachelor degree)

According to data from Graph 1, the number of students in social work is increasing. And what are the future prognoses of trend of education in social work in Slovakia? For example in Great Britain, a diploma of social work used to be one of the prerequisites to work as a probation worker (Smith, 2005). In the Czech Republic there was an Association for Development of Social Work in Criminal Justice founded in May 1994, but it was renamed after the change of its charter into the Association for Probation and Mediation in Justice. Is this aspect leading us to specify an independent subject of study and practice area of probation without such a close relation to social work?

Probation and social work in Slovakia and a concept of criminal justice social work

Slovakia had 5.421 937 inhabitants at the end of September 2009[3] and the prison population was 9.554[4]. Pilot projects of probation in Slovakia were carried out in 2002[5] and 2003 and preceded the implementation of the probation and mediation in criminal matters in the legislation. At selected district courts the department of Ministry of Justice in the Slovak Republic formed the position of probation and mediation officers whose

---

[3] Statistical Office of the Slovak Republic (2010).
Available online at: http://portal.statistics.sk/showdoc.do?docid=359
[4] According to statistical data (date: 10th of February 2010) from the Corps of Prison and Court Guard in Slovakia.
[5] The first pilot project of Probation and Mediation Offices was carried out in 2002 at three district courts – in Bratislava IV (Karlova Ves), Spisska Nova Ves and Nove Zamky. 55 mediation and 112 probation files were allocated to the probation and mediation officers during the realization of the pilot project of Probation and Mediation Offices in 2002 in the period from 1 April to 31 December 2002.

positive results definitely confirmed the intent to establish Probation and Mediation Offices throughout Slovakia. The basis of the institute of probation and mediation establishment in criminal matters was the approval of the legislative intent of the Penal Code and the Code of Criminal Procedure recodification by the Slovakian government in May 2000. Legislative regulation of probation and mediation in criminal matters that is carried out by the probation and mediation officers working at district courts emphasizes the knowledge qualification in the field of criminal norms. Its storey post is the Act No. 550/2003 Coll. on the probation and mediation officers and the Act No. 549/2003 Coll. on legal officers. The new penal law came into force on the 1st of January 2006 – Act No. 300/2005 Coll. – Criminal Code and Act No. 301/2005 Coll. – the Code of Criminal Procedure. Act No. 550/2003 Coll. on the probation and mediation officers legally regulates probation as:

1. „organising and supervising the accused, defendant or convicted,

2. supervising the execution of punishment not connected with imprisonment, including entailed commitment or restriction,

3. supervising behaviour of the accused during trial period by parole,

4. assist the accused to lead an ordered life and satisfy conditions that were imposed him by the decision of the prosecutor or the court in criminal proceeding"[6].

Probation and mediation officers provides background papers about the accused, his family, social and working environment:

a. forms conditions for decision about suspended arrest of criminal prosecution or compromise approval;

b. carries out activities for the purposes of agreement conclusion between the injured party and the accused about compensatory damages caused by a criminal act or for purposes of injury elimination caused by a criminal act;

c. supervises behaviour of the accused during trial period and monitors execution of a punishment not connected with imprisonment;

d. while carrying out probation and mediation realizes other activities in criminal proceedings"[7].

The organizational structure of probation in Slovakia is based on hierarchy through Ministry of Justice (Table 1). The internal organization of individual probation and mediation offices working at district courts emerges from the legislation. It is important to introduce the tasks and competences of the Department for Probation and Mediation of Ministry of Justice:

– fulfils the tasks relating with the probation and mediation service at district courts;

– within the range of the objective competence shares the creation of legal printed matters and forms for the probation and mediation officers;

– evaluates statistic of branch and reporting in the area of probation and mediation and on the basis of its analysis proposes related measures;

---

[6] § 2, Sec. 1, a) Act No. 550/2003 Coll. on probation and mediation officers.
[7] § 3, Sec. 1, chap. a) – e) Act No. 550/2003 Coll. on probation and mediation officers

– within the range of the objective competence monitors and evaluates working load of the probation and mediation officers and cooperates with the Department or trade human sources by the proposals for the determination of the number of places for the probation and mediation officers;

– develops proposals for practice unification in the area of probation and mediation within the range of the objective competence for the application within the central information system in cooperation with the Section of Judicial Informatics and Statistics elaborates the methods, provides consultations and trainings in the field of methods;

– in cooperation with the Judicial Academy prepares background papers for education of probation and mediation officers;

– elaborates conceptual and methodical materials in the field of probation and mediation;

– from the view point of the objective competence participates in development of generally binding legal rules (Lulei, Galbavy, 2008).

Table 1.

The organizational structure of Probation and Mediation Offices
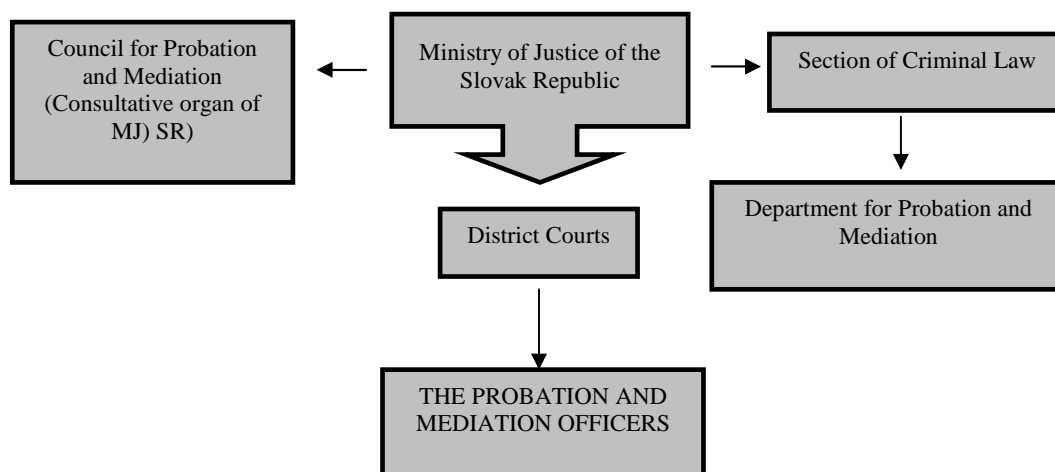

The number of probation and mediation officers is changing (for example in March 2005 it was 78, in August of 2006 it was 112 and the last current number of 79 is from February 2010). In relation to the number of convicted and accused – data from the Annual Report 2008 of Corps of Prison and Court Guard of Slovakia, the number of probation and mediation officers working in district courts is really very small (Graph 2). In review of these numbers with allocated cases – data from the Annual statistic reports 2006–2008 of the Department of probation and mediation of Ministry of Justice, there is enormous pressure put on the work of probation and mediation offices (Graph 3). In Graph 4, the number of chosen alternative sanctions (home detention and compulsory work) which is increasing and is also in competence of PMO is shown.
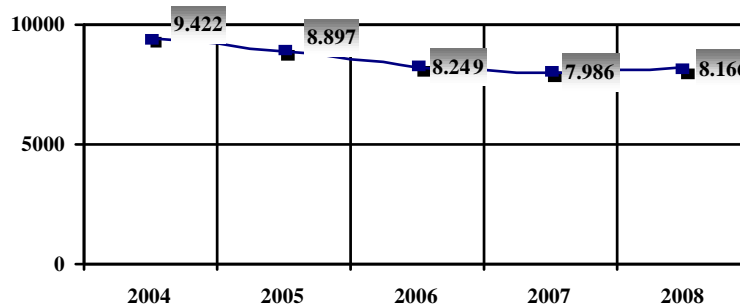
Graph 2. Development of number of convicted and accused (2004–2008)
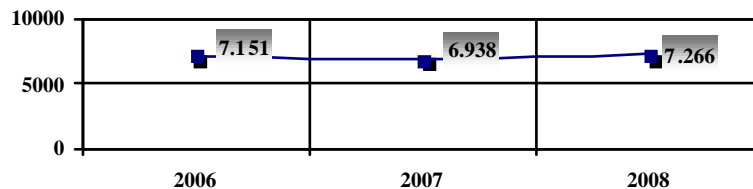
Graph 3. The number of probation (allocated cases 2006–2008)
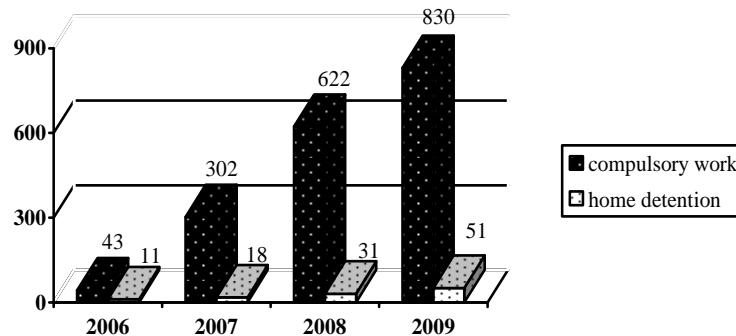
Graph 4. The number of chosen alternative sanctions (2006–2008) in Slovakia

Public attitudes towards probation are very difficult to describe, because most people do not know what probation is. Research done in 2008, using three quota criteria, (200 participants from 13 cities and 32 villages in Slovakia) reflected a lack of information in the public about probation. In response to the question „Have you ever met with the word probation?" 84.50% of respondents answered "no" (Lulei, 2010).

In Slovak or Czech publications, concerning probation and social work, we can find various definitions of work with offenders namely "criminal justice social work" (Matousek, 2003), "social work with offenders" (Justova, 2009), "probation social work" (Lulei, 2006), penitentiary and aftercare social work (Tokarova et al., 2003). In the American publication The Emergence and Current Developments in Forensic Social Work, the authors state that the areas included in education of forensic social work are for example restorative justice policies and practices, crisis assessment, crisis intervention, and trauma treatment protocols and strategies with victims of violent crimes,

multisystemic treatment for juvenile offenders and their families, assessment of dangerous and likelihood of recidivism among convicted sex offenders etc. (Roberts, Springer, 2007). In a policy statement of criminal justice social work done by the Association of directors of social work in Scotland (2003, 1–11) we can find these 7 areas: 1. the context of criminal justice social work services; 2. effective policy and practice; 3. employee development; 4. resources; 5. the core business of criminal justice social work; 6. victim issues; 7. values and principles.

"ADSW believes that the core business of Criminal Justice Social Work Services is to provide a range of credible services which conform to National Standards and which focus on reducing offending, promoting the social inclusion of offenders and their families and minimising the unnecessary use of custody" (ADSW, 2003, 1–11). Concept (suggestion) of hierarchy of criminal justice social work in conditions of Slovakia is shown in following Table 2:

Table 2.

Suggestion of concept of criminal justice social work in Slovakia
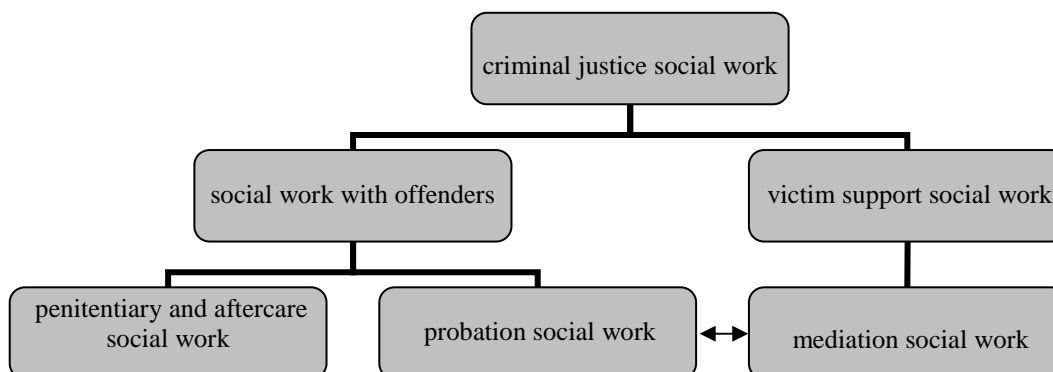

Probation social work is a continuing process of professional help and control during the probation period with individual approach to clients, including legal, psychosocial and economical aspects for the purpose of living life without crime. The Department of Social Work and Social Sciences of Constantine the Philosopher University in Nitra offers one semester courses in social work in criminal justice on a master´s level (applied social work), this subject include for example:

– penitentiary care (prison facilities) and a system of aftercare for offenders;

– task and competences of Office of Labour, Social Affairs and Family and Probation and Mediation Offices as well as nongovernmental organizations in the area of professional help towards offenders.

– knowledge based in mediation in criminal and civil matters and probation (theoretical backgrounds and practice skills);

– current worldwide trends in probation and mediation in relation to the paradigm of evidence based practice.

A complementary exploration pilot research study was realized in 2008 by a questionnaire administrated to 30 foreign experts working in the field of probation in 17

states (Moldavia, Scotland, Ukraine, Lithuania, Spain, Finland, Hungary, Germany, Bulgaria, France, Croatia, Sweden, Canada, Romania, Poland, Texas, Austria). In the following text we offer chosen findings of the pilot study (Lulei, 2010).

Question: "Arrange the following disciplines according to importance for knowledge of probation worker (1st – the most important, 10th – less important)"
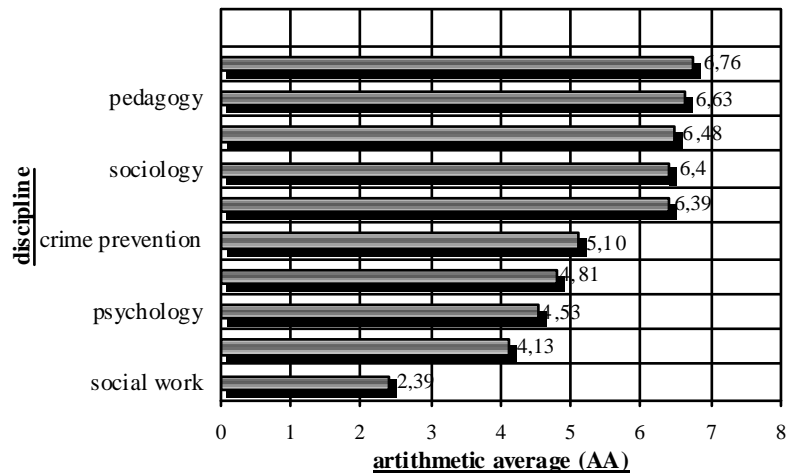
*Graph 5.* Scientific disciplines in probation

Table 3.

Scientific disciplines in probation according to sequential index of arithmetic average (AA)

discipline	SW	CRIM	PSYCH	CRIM.L.	CRIME PREV.	VICT.	SOC.	OTHERS	PED.	MAN.
AA	2,39	4,13	4,53	4,81	5,10	6,39	6,40	6,48	6,63	6,76

In the first three places according to sequential index of arithmetic average (AA) was situated social work (AA = 2,39), criminology (AA = 4,13) and psychology (AA = 4,53). Of course, discussion about the area of social work worldwide is needed, what might not be the same and we should respect the differences.

Question: "Probation and mediation in criminal procedure should be separated (in sense should not be placed to one work position of probation worker who is doing probation)"
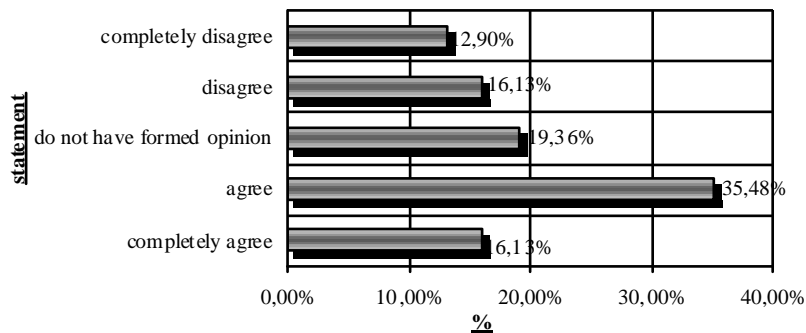
Graph 6. Differentiation of probation and mediation in criminal procedure

Probation in Slovakia is specific because of the activities of probation and mediation officers (not just the area of probation supervision, but also that the mediation in criminal procedure is in competence of officers).

Conclusion

The evidence based practice paradigm is scientifically used worldwide and in mainstream reaction on various aspects of the probation practice, especially on a number of prison populations and inaccurate rehabilitation programs in the states of the EU as well as in the USA in the past. Evidence based practice is based on reflection of research findings in practice and evaluation. In this paradigm, which is currently the most important worldwide trend in probation practice, we could also ask the question "what works" in probation practice in Slovakia and how probation is practiced in Slovakia as an effective tool of crime control supported by research. Development of probation in Slovakia started almost eight years ago but we can still talk about the beginning of probation because there are is a lot of aspects to solve. Another thing that is also an effective practice in the sense of the what works paradigm especially concerning clients in probation supervision. From our point of view probation practice is very close to the qualification of the degree of social work. It means our possibilities of study on university (master degree of social work) are based on a multidisciplinary approach applicable in probation practice. Unfortunately, we are still more pessimistic towards an application of evidence based approach in Slovakia as well as towards a system of aftercare of offenders which is not systematically coordinated but spread between state and nongovernmental organizations. The attention of criminal policy should be focused on the results of examples of evidence based practice approach as we illustrated on Table 4.

Table 4.

Illustration of main examples in criminal policy

How?	Reducing prison population	Reduce recidivism	What works	Evidence based practise	evaluation
Why?	Financial costs, negative influence of prison to personality of offender	High rate of re-offending offenders on total crime number			
What?	Alternative sanction and measures	Effective Probation programmes based on risk assessment tools			

During the 2011 we plan to establish nongovernmental organization Slovakian Institute of Probation and Criminal Justice Social Work and in document relate to plan of activities of this institute towards 2011–2013 we could find these priorities:

– creation, implementation and evaluation of ethic code and standards of practice of probation and mediation officers;

– SWOT analysis of contemporary state of probation practise in Slovakia;

– cooperation agreements with CEP (European Organization for Probation), APPA (American Probation and Parole Association), GSSW (Glasgow School of Social Work), IKSP (Institute of Criminology and Social Prevention – Czech Republic), CJSW (Criminal Justice Social Work – Development Centre for Scotland);

– arrange an international conference with panel discussions and workshops focused on the evidence based practise approach and what works in probation – trends, perspectives and the contemporary state of probation in Slovakia.

References

Act No 549/2003 Coll. on Legal officers

Act No. 195/1998 Coll. on Social help

Act No. 300/2005 Coll. – Criminal Code

Act No. 301/2005 Coll. – the Code of Criminal Procedure

Act No. 448/2008 Coll. on Social services

Act No. 550/2003 Coll. on Probation and mediation officers

Association of Directors of Social Work. (2003) ADSW policy statement on criminal justice social work. 11 p.

Justova, M. (2009) *The earth what has no heaven – social work with offenders.* Bratislava: SOFA.

Lulei, M. (2010) *Evidence based paradigm in criminal justice social work in Current stage and perspectives of probation and mediation in Slovakia.* Presov: University of Presov, 83–108.

Lulei, M. (2006) *Reflections of social work as a tool of crime prevention in probation activities in Quo Vadis Slovakian social work.* Trnava: University of Trnava, 63–72.

Lulei, M., Galbavy, L. (2008) Slovakia in van Kalmthout, A., Durnescu, I. (Eds) *Probation in Europe.* Nijmegen. WOLF Legal Publishers, 937–966

Matousek, O. (2003) Dictionary of social work. Praha : Portal.

Smith, D. (2005) *Probation and social work in The British Journal of Social Work*, 2005, 35, 621–637.

Roberts, A. R.; Springer, D. W. (2007) *Social Work in Juvenile and Criminal Justice Settings.* Springfield, Illinois: Charles C. Thomas

Striezenec, S. (1996) *Dictionary of social worker.* Trnava: AD.

Striezenec, S. (1999) *Introduction to social work.* Trnava: AD.

Tokarova, A. et al. (2003). *Social work. Prešov.* University of Presov.