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Editorial

There is no doubt that the ethical dimension is an integral part of social work's theoretical and practical activity. The world of values impacts the everyday, seemingly ethically-neutral actions of social workers. Values perform a number of functions related to the individual social worker and professional community.

The enumeration of functions that values fulfil in our personal and professional lives is not sufficient to understand the depth of the ethical component that penetrates our lives. Our view of the values concept and the content of their functions will be changed depending on different approaches and ethical theories.

The diversity of concepts and approaches of theoretical and professional ethics, which have been indicated, meets with the diversity of concepts and approaches within the theory of social work and subsequently undergoes verification and correction in the activities of social workers.

A challenging area of interest is the issue of education on the values of social work, i.e., the issue of training future social workers. Here is the challenge not only to teach students to look at the person in a holistic way, and the person in their situation, but also to be able to cross the horizon of particular situations and be able to answer the question on the very concept of social work: as activities focused on individual change (e.g., change of client's life situation, changes of self-concept of social worker, etc.) or activities initiating/promoting social, structural change (articulation of the unity/collective identity of the professional community as a tool for social change) to enhance wellbeing.

The articles offered in this issue cannot cover all the richness of social work ethics, yet offer valuable insights into the ethical issues that a social worker addresses in her/his daily work, an insight into the changes in social work discourse arising from today's social challenges.

Five of the articles submitted for this issue of the Journal specifically cover important areas in how we view and apply philosophical concepts and make applications of these to social work practice and social work education. In addition, several of the articles address key issues for social work practice relating to approaches and decision making and justifiability of mentions in different countries in Europe and more widely from an international aspect.

The wide range of countries represented from amongst the authors of the ten articles involved into this issue present opportunities in terms of our potential for learning from each other in a European and international context include Slovakia, Poland, Russia, Czech Republic, Nigeria, Kazakhstan, Ukraine, United Arab Emirates, Germany, Hungary, United Kingdom, and Portugal.

Our first article examines key issues of philosophical approaches across different faiths and countries. Sara Ashencaen Crabtree and Jonathan Parker examine social welfare ontologies in Britain in relation to political ideologies of neoliberalism and austerity, scrutinising the negative impact of those factors on the value driven role of professional social work, and present an alternative view of approaches drawing upon the Islamic principle of zakat, concerning social cohesion in times of rising social need.

In *Perspective of Social Work in the Axiological and Ethical Dimension,* Natalia Głódź and Aleksandra Półtorzycka present their findings from quantitative research with a sample of 145 social workers, emanating from concepts of the relationship between help giving and decision-making in social work from an axiological-ethical and practical perspective.

In their article on *The Relevance of the Code of Ethics of Social Work in the Professional Everyday Life in the Youth Services and Child Protection Systems in Hungary and Germany*, Alexandra Geisler et al. examine ethical issues for 122 professionals in the youth welfare and child protection systems in both Germany and Hungary by way of focusing on issues of codes of ethics, ethical decision making, abuse of power, law, and dilemmas arising from the application of ethical ideas in such settings.

Communication with the Hospitalized Patient and the Ethical Dilemmas in the Covid-19 Pandemic by Isabel Maria et al. analyses the constraints perceived within the communications domain as these relate to ethical dilemmas arising from their professional practice in a hospital Social Work department in Portugal in the context of the COVID-19 pandemic.

Jana Šolcová et al. discuss the philosophical concepts of state and democratic citizenship in social work with clients, based on reflections on the professional practice of social work students in Norway.

Barbora Faltová and Adéla Mojžíšová present the findings of their Evidence-Based systematic literature review, in order to identify from international evidence appropriate and effective interventions in school social work in Czech Schools for disadvantaged young people.

Supporting Family Capacity During the Economic Crisis, Fadi Sakka et al. propose a practical model of supporting family capacity during the financial crisis arising from the COVID-19 pandemic.

Jana Gabrielová et discuss their work about the *Characteristics of Long-Term Clients of Social Work in Municipalities in the Czech Republic*, examining if there are any correlations between the period of involvement of clients, and socio-demographic factors of age or gender.

Alkauthar Seun Enakele then addresses factors influencing the *Intimate Partner Violence (IPV) in Nigeria*, focusing on males as victims, with a particular focus on what this means for such victims within what the author identifies as a patriarchal cultural standpoint. The author recommends that social workers assess not only the presence and effects of physical violence, but all types of abuses that women may perpetrate in such relationships.

In the final article, Larissa Starovoitova et al. examine the beginning of social work training for public charity in Russia, examining how the values, approaches and methods of social work developed from a very different preceding perspective, by analysing significant historical documents concerning the development of the Psychoneurological Institute under the leadership of V. M. Bekhterev, the "first social institute".

We hope that the work of the authors in their production of ideas and knowledge in relation to social work values and ethics will contribute to the social work profession's understanding and application of the important and complex sets of issues involved in the application of philosophical and ethical considerations in social work reflections and practise.

Brian Littlechild, Jelena Petrucijová
editors of the issue

The Public and the Private, an Exploration of Zakāt and the Islamic Tradition for Contemporary Social Work Values and Practice

Sara Ashencaen Crabtree, Jonathan Parker

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Abstract
OBJECTIVES: The aims of the paper are to subject the ontologies of social welfare in Britain to critical scrutiny, in respect of examining political ideologies of neoliberalism and austerity; and the impact of these upon the value-driven role and remit of professional social work, which has developed as an essential arm of the post-War, British Welfare State. THEORETICAL BASE: Although the erosion of the Welfare State has been subject to a number of social policy critiques, here the authors offer an alternative understanding of social welfare, as inspired by the Islamic principle of *zakāt*. METHODS: This paper offers a conceptual, discursive analysis. OUTCOME: Operating as a socio-religio-political concept, *zakāt* provides a sharply contrasting alternative understanding to social weald, capitalism and the State, serving to reframe prevailing political rationalisations and policy measures as that which are fundamentally harmful to social cohesion in generating rising social need. SOCIAL WORK IMPLICATIONS: Growing social need,

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artificially inflated through political ideology, carries ruinous implications for social work provision in terms of State (un)accountability for social welfare and overtly politicised social work mandates.

Keywords
zakāt, Welfare State, austerity, values

INTRODUCTION

Social welfare, and its periodic cycles of reform, forms the mainstay of British social welfare history in which we can trace the early nascence of early social work models, including a rudimentary casework approach through almoner work and State provision (Burt, 2020; Parker, forthcoming). Despite remedial and sometimes pivotal changes, exemplified by Beverage's post-War Welfare State, a repetition of familiar discourses can be traced down the centuries in rehearsed and tired arguments that tends, with one eye on the balance sheet, to exploit the rhetoric of morality in arguing for fiscal generosity or against impecunious shaking of 'magic money trees' (Dearden, 2017). What, however, can be learned from alternative understandings of the social construction of welfare and the moral obligation, if any, towards social weald in the context of neoliberalism? In this discursive paper, employing both social work and social policy lenses, social welfare and the common good are considered from alternative value-based perspectives, far removed from pervasive givens of both neoliberalism and the neo-Keynesian emphases on economic growth and stability. Here, we turn to Islamic principles, which offer alternative and, consequently, refreshing ethical vistas. We do not offer a review of religious practice, but instead offer an exploration of the premises and principles mandating social wellbeing in this world religion, extending its revelations to a socio-political application. In so doing, we inquire into what lessons, if any, can be usefully derived for non-Islamic, Western societies like Britain, standing at the ideological crossroads of the Welfare and the Minimal State with due implications for a critical social work positioning.

RELIGION AND SOCIAL WELFARE: LEGACIES OF AMBIVALENCE, AMBIGUITY AND RE-COMMITMENT

The Welfare State in Britain occupies an ideological terrain of active contestation, where the monolith of health care in the form of the National Health Service (NHS) has been particularly focused on in the mind of the politicians and the public alike, during the COVID-19 pandemic, and perhaps not unsurprisingly so. In consequence, one of the only positives that has emerged from the pandemic in Britain has been the spotlight cast on the NHS as offering both a critical and irreplaceable resource in British civil life, where even the Conservative Prime Minister Boris Johnson, in clear contrast to previous Tory (Conservative Party) positions, praised the NHS for, in this case, saving his life (BBC, 2020). A year later, the NHS became the proud and worthy recipient of the highest civilian and military honour that can be bestowed in Britain in recognition of outstanding heroism and courage, the George Cross (BBC, 2021a).

Thus, the public popularity of the NHS has never been higher in recent memory, and the critical role it has played recently, may have preserved it for the time being from right-wing, neoliberal attempts to dismantle it, although adequate resourcing continues to threaten its survival into the future. However (*plus ça change, plus c'est la même chose*), the derisory figure offered initially by the Government to nurses in their appeal for a salary raise, indicated that the brief Party truce with the NHS was now over (Quinn, Allegretti, 2021), although this was perhaps presaged in revelations of the Prime Minister's alleged disbelief that the NHS was under significant strain (Elgot, 2021). The NHS, laudable though it is, also serves to obscure the role of other 'key' workers. For example, the fact that in addition to NHS and other critical staff, social workers also both worked beyond

the call of duty and died in its service both during and owing to the pandemic, was notably not recognised (Parker, Ashencaen Crabtree, 2021). Social workers, predictably, were no-one's 'angels', whilst nurses publicly portrayed as such (Morgan, 2021). Indubitably in these current Welfare State ideological 'culture wars', some workers provide more propaganda leverage than others, where social workers are too often subject to public hostility and immovable political indifference (Parker, 2020). Social work as a body and concept is quite another matter for political parties in Britain, and it is to social work, which we shall now turn.

Social work has long regarded itself as a value-based profession; occasionally indulging in the hubris of viewing itself as absolutely epitomising a profession indubitably grounded in the practice of ethics (Parker, Ashencaen Crabtree, 2018). While social work is not alone in this respect, as certainly medicine, would be viewed in a similar light (Banks, 2006), it is true that the allegiances, roles and tasks of social work, place it in highly contested terrain of competing tensions and vested interests to a far greater degree than found in most other 'helping' professions. As is well recognised, social workers are caught between the pull towards State-mandated control of subaltern service users and resources and clinging to professional, ethics mandates towards enablement and advocacy (Parker, Doel, 2013).

Unlike other 'helping professions', whose status is perceived as higher, social work and her practitioners are also subject to the besmirchment of stigma by association with the marginalised of society (Burke, Parker, 2007). Social work is subject to deep ambivalence, it is grudgingly seen as both essential to society but accordingly, is premised on the integral ills and inequities of society, an uncomfortable notion. Those it serves are equally subject to Manichean conceptualisations, the innocents who are failed (by social work), the feckless who are rewarded (by social work) (Parker, 2020). The social work practitioner wears simultaneously, Janus-like, two masks, the competent/good, the incompetent/bad. Yet in either case, they are vilified; unusually this is an emotive exercise in scapegoating that shared by societies on both the right and the left political divide (Midgely, 1997). For if good, why is such capability socially needed? If bad, why impose tainted and unwanted wares on society? The impossible paradoxes facing social work, along the lines of 'damned if you do, damned if you don't', has often been lampooned in professional circles. However, more to the point, social work as a profession exists as an implicit critique of social functioning and social policies implemented by political will that is designed to address such malfunctioning. It is hardly surprising therefore that social work takes on the role of the unloved child of the Welfare State and is thereby constantly and continually subject to political correction: the stigmatisation of social work serves as very useful purpose, being the favourite 'whipping boy' of politicians, the media and general public alike. Social work as a profession in Britain, has offered many an angry academic polemic against these reactionary, self-serving postures (Parker, Doel, 2013). Sadly, regardless of strong advocacy within the profession, the endless cycle of reforms and readjustment towards 'improvement', lead to damaging professional disorientation and loss of confidence. Approval seeking and blame avoidant adaptive rewriting of the profession leads to a dangerous conformity with shifting political opinion and policies of division. While what is needed: a coherent, confident, and consistent stand setting out what social work is, why it is needed, whom it will serve and how as mandated by the ethics of social justice, is unheard in the hubbub.

Taking a more expansive purview of social work, high above the functions and dysfunctions dictated within national boundaries, the much larger professional corpus, acknowledges its complex mosaic, which is characterised by unity, variety, and fragmentation across the globe (IFSW, 2014). In Britain particularly, social work's nascence emerged from a 'broad church' of faith-based origins but was later disavowed by moves towards socio-political rights-based discourses emerging from the soil of secularisation, State-mandate and professionalisation agendas (Payne, 2005). Yet, these two traditions: religiosity and political secularity in social work, have collided in places within the complex terrain of multicultural, multifaith Britain. Accordingly, arising from faith-based and secular ethic-driven discourses, a dialectic has emerged over the recent decades of the millennium,

where a renewed recognition has taken place within the profession regarding the importance of the spiritual domains in people's lives, influencing human services (Ashencaen Crabtree, In press). Social work in this respect has not been in the vanguard of acting upon such revelations, unlike psychology (Fernando et al., 1998). Nevertheless, social work can legitimately celebrate a renaissance in the surge of professional interest towards the spiritual and the religious in the lives of service users (Furness, Gilligan, 2010), as well as practitioners (Parker et al., 2018). Formerly rejected and overlooked as hugely underrated assets, faith particularly, can and does influence the moral integrity and decisions of individuals and communities; not merely as adherence to dead dogma and stultifying doctrine, but as engagement with a living religion which is directly embodied within the experiential, behavioural and aspirational ubiquity of human life (Aune, 2008). The proliferation of research into what social work can learn from religion and faith groups has therefore exponentially grown. Commensurately, Islamic concepts and precepts, which tentatively emerged from ethnological social work (Ashencaen Crabtree, Baba, 2001; Hodge, 2005; Ashencaen Crabtree et al., 2008; Al Krenawi, 2012; Ashencaen Crabtree et al., 2016), has over time, deservedly formed a rich research canon and social work resource in its own right (Schmid, Sheikhzadegan, In press).

ISLAM AND ISLAMIC VALUES

Islam notably offers a holistic way of being, in which faith is integrated entirely into everyday practices. In this respect, it is unlike Christianity, although forms part of the triumvirate of Abrahamic religions of which Judaism is the elder. Seyyed Hossein Nasr (1990) points out that unlike Islam and Judaism, Christianity lacks a divine law governing daily practices. In not conforming to a pious, daily discipline regulated and expected of prayers, dress, diet and, to an extent, demeanour, Christianity is thought by some to lack the exotericism valued by Muslims and Jews (Ashencaen Crabtree, Odstranit 2021a. Místo toho vložit: In press). While it may be so argued, it is debatable whether the stringency of a holistic, divine way of being, such as conformity with *shari'a* law, leads of necessity to greater citizen moral rectitude in the whole, and the amelioration of that which undermines social weald, and elides the many quotidian rule-based systems of earlier monastic elements in Christianity. Rather, a Foucauldian (1991) argument may be brought to bear, in which the self-regulation of the individual is closely monitored and supported by the structured envelopment of exacting normativities, such as *shari'a,* in terms of compliance to overt practice, irrespective of whether this also achieves an internal regulation of the mind towards absolute acceptance of sacralised precepts.

Accordingly, the obligation of the believer is to observe and submit to the ethical scaffolding of Islam, enacted within the divine Islamic law of *shari'a.* This religio-ethical structure is duly erected from the so-called five pillars of Islam, as follows:

Shahadah refers to testifying to the monotheism of Islam in which there is only God and Mohammed is His Prophet. Confirming conversion to Islam normally requires only the recitation of the *shahadah.*

Salat refers to the daily prayers, which are practised five times a day according to the sun's movements, facing the holy site of Mecca in the Kingdom of Saudi Arabia.

Zakāt is a tax of alms to relieve society's poor and needy.

Saum refers to the fasting that takes place particularly during the month of Ramadan.

The *hajj* is the sacred pilgrimage to the holy *Ka'aba* in Mecca that takes place at a certain time of the year; and which should be undertaken at least once in the life of the faithful (Ashencaen Crabtree et al., 2016).

For Badawia (In press), the holistic frame of Islam creates a practical, rather than a contained cerebral theology, through which Islamic principles and concepts connecting with social wellbeing are enacted:

For Islamic practical theology this would mean: the establishment of desired general welfare (*maṣlaḥa*), according to the principle of social justice.

Zakāt is a particularly interesting portmanteau principle conceived as for the benefit of the *ummah* (global collective of Muslim believers); and one that is aligned to the allied concepts of *waqf* and *maṣlaḥa* as well. Loosely interpreted as a strictly calculated form of the charitable giving assets, and one generally shared by most faiths across the world, *zakāt* is indeed this, but it is also much more. As Ashencaen Crabtree et al. (2008) explain, it requires that a designated proportion of individual wealth, consisting of primarily, gold, silver, cash, savings, and investments, above a specific threshold level, are contributed for the care of the poor and the needy in society, as well as other categories denoting hardship and marginalisation. So seriously is this duty taken that, for instance, the UK site of the worldwide charity, Islamic Relief offer a handy online *zakāt* calculator to work out exactly how much is owed in the due year, along with Q&A guidance of what, how, when, and for whom this should be paid.

Those who can benefit from a *zakāt* endowment as loosely translated in the term '*waqf*', are defined in the Holy Qu'ran (9:60). These ancient categories benefit from some contemporary interpretation to take into account modern circumstances. In so doing, we take the liberty of including many underprivileged, marginalised and oppressed groups in Britain that are viewed as embraced within the spirit of the principle but also largely overlap with those for whom British social work carries a remit or once held due responsibilities. Accordingly, encompassed in potential recipients of *zakāt* are the following:

The poor: (families living in low socio-economic brackets and their children; those working below the Minimum Wage; those unable to gain sufficient waged work; those excluded from gaining waged work).

Those in need: (including those with physical and mental health disabilities; those addicted to substance abuse, the homeless and impoverished elders).

Those who administer: (including impoverished social workers, social care workers and nurses, particularly when forced by low wages and straightened circumstances to access charitable Food Banks).

Those in bondage: (embracing here, offenders, those trapped in domestic violence, modern slavery, and sex trafficking or brutalised and fleeing civil conflict).

Those in debt: (of which there are many owing to low pay, inadequate or erratically paid Welfare Benefits and single parenthood, particularly women-headed households).

Those in the cause of God: (those who advocate, support and assist others in need but are themselves in difficult circumstances and/or on low wages).

Those who are wayfarers (refugees; the homeless; the impoverished pilgrim).

A religious imperative (Barise, 2005), *zakāt* is also a revolutionary social concept, markedly different from other forms of charity. Charitable giving as a religious duty has always been a well-established feature of Christian faith, and an act of paternalism as well as more laudably, atonement (Ashencaen Crabtree et al., 2008). Welfare therefore is by no means a new concept where prior to the sixteenth century 'Reformation' (inspired by the Protestant spiritual rebellions in Europe), welfare was primarily provided by the monastic/convent orders (Payne, 2005). Following the dissolution of the monasteries under Henry VIII, welfare fell to Poor Law provisions (Parker, forthcoming), which were in turn subject to many alternations in terms of welfare provisioning and philosophies of care between the sixteenth to the nineteenth century. Spanning the administrative changes, traditionally the better-off had always been encouraged to perform benevolent acts towards the needy as promoted in sermon, prayer, and song. For instance, the once popular ballad of 'Lazarus and Dives' is a sung morality tale, in which the wicked, wealthy Dives is condemned to hell for his cruelty and meanness to the beggar Lazarus who, as the meek and abused, is destined for heaven (Ashencaen Crabtree, In press).

Welfare reform for the great masses of the underprivileged during the Industrial Revolution went hand-in-hand with a stance of 'muscular Christianity': a moral theology-in-action; and the fruits

of this religiously inspired philanthropy was seen in the abolition of slavery, fiercely driven by pious, if somewhat marginal, Christian argument (Hempton, 2005). While the consciences of the bourgeoise would be gainfully pricked during the Victorian period, and seen in the rise of many of Britain's most venerable and longest serving charitable institutions (Prochaska, 2006). However, taken altogether, although furiously energetic at certain times, Christian charitable giving did not serve to alter the underlying social conditions, but rather provided only an erratically applied balm to social injustice alongside a moralising distinction between those who were 'deserving' of support and those who were not. The bloody example of the French Revolution generated class-based fears in England with pendulum swings towards either harsher crackdowns of the labouring classes or greater benevolence towards their suffering, as suited the temperament of the authoritarian times. Ironically, the later dying convulsions of the Edwardian, class-based status quo, and indeed entrenched denomination sectarianism, was the result, not of the appeal of Christianity, but rather a response to horrors shared in the trenches of the First World War (Roper, 2009).

To return to *zakāt*, however, this offers a different path to social welfare as does the notion of *waqf*, translated as 'endowment' (Badawi, In press). Neither is associated with the idea of duty combined with paternalism, but as fundamentally concerned with obligation to the wider social weald, encompassing all, regardless of status and wealth. The ethos is based on the belief that the better-off cannot prosper spiritually where another is deprived within the all-embracing community. This idea is not unfamiliar with other Abrahamic faiths, where we may recollect the Biblical proverb of the camel passing more easily through the eye of the needle than the rich man entering the kingdom of God (Matthew, chapter 19, verses 21–24). Although this has been a disconcerting proverb to many affluent Christians (but maybe not to social workers of faith), in Islam *zakāt* carries additional expectations of the ordinary person as enmeshed in the community body. Social justice is served by the tapping of unequal reservoirs of wealth, owned by certain groups over others, in order to ensure some equitable redistribution of resources (Dean, Khan, 1997). In this schema we learn that for Muslims the canker of wealth develops where it is thickly clotted in some parts of the body *ummah*, yet trickles too thinly elsewhere, thus causing a pervasive social malaise. Premised on the assumption that this is fundamentally unhealthy to the functioning of the whole organism, it therefore must be gently but piously purged annually for the good of all, via adherence to *zakāt*. It is therefore a position rejecting of, as well as an antidote to, the ideology of untrammelled capitalism. Rather than being placed in the position of the humble petitioner, the have-nots have the God-given right to demand equity of those who have, through *waqf*, which cannot be denied to the legitimate petitioner, without the other's relinquishment of an authentically recognised Muslim identity. To use the word in its proper sense rather than the populist one, this is a *radically* different understanding of community, citizen obligation and faith. It provides a contrasting alternative to the more familiar views of organised religion as too often the instrument of State hierarchical oppression, leading to secularised rejection, rather than organised religion as engaged in communitarian egalitarianism.

AUSTERITY AND WELFARE REFORM

These intriguing Islamic ethical prescriptions provide an alternative lens by which to scrutinise marginalisation and underprivilege, as well as social policy responses in the UK, particularly in terms of the of the most conspicuous areas of need facing public welfare: poverty; and the impact of privation that swells the social work caseload.

The UN Special Rapporteur Paul Alston's 2018 report on poverty and human rights in the UK offered a damning indictment of UK Coalition (2010–2015) and Conservative government (from 2015) welfare policy. The deployment of austerity measures, through welfare reform, was a political choice, sold to the public cynically as everyone being together in facing the common pain of the financial crisis, whilst exacting the highest human cost on people in poverty and those at risk of poverty.

Thus, in reference to the politics of austerity it is at this time that increased welfare conditionality, sanctions and individual blame for unemployment, poverty and social circumstances has risen, deflecting attention from the structural conditions perpetrated by Government (Machin, 2020; Veasey, Parker, 2021). These have a longer history than the current round of austerity measures, however, conditionality and benefit reductions have increased rather than alleviated poverty. Wright et al. (2020) interpret this moral, punitive approach as causing symbolic as well as material suffering. Rather than everyone working for the common good of reducing national debt together as a core social good, this represents State-perpetrated harm (Wright et al., 2020), or structural abuse (Parker, 2021; Veasey, Parker, 2021). Indeed, austerity measures affect those on the lowest incomes, women and children, those in social and private rented housing, with the biggest losses occurring in older industrial areas, less prosperous seaside towns and some of the London boroughs (Mendoza, 2015).

Employing Islamic sentiments, we might associate the British Welfare State as although seeming to encapsulate the collective whole, it abjectly fails to acknowledge, as Islamic schemas do, the question of wealth inequities in society and the damage caused to the healthier functioning of the social body. This, perhaps is unsurprising, given the Thatcher legacy and the damage done to the concept of community and society (Parker, Ashencaen Crabtree, 2018).

The system, however, allows for a remedial 'patching-up' political response, as we can note in a swift change in the architect of the current round of austerity and increased welfare conditionality, Iain Duncan-Smith. From someone who, on seeing the deprivation in Easterhouse in Scotland, vowed to address such poverty and conditions to becoming the Secretary of State for Work and Pensions who introduced some of the most punitive sanctions in British welfare history (Slater, 2012).

Unlike the fundamental notion of the corporate collective of the *ummah* and the *eu*-functional interdependence of Muslim communities, the moral discourse of welfare in Britain has been used to develop a politicised notion of 'fairness' in State financial support in which criticism has been levelled against a 'dependency culture' through political speeches and the consistent promotion of those discourses through visual, print and digital media into mainstream, everyday understandings (Morris, 2019). Dependency in the Muslim understanding is by contrast the condition of all people who not only on each other, but ultimately upon the goodness of God, without Whom nothing is possible. Dependency is not a personal failing in consequence, but a virtuous strength that acknowledges an ultimate truth regarding the human condition; a true rendition of social interdependence.

Political rhetoric and media responses set up destructive dichotomies by deeming that domestic benefit claimants on their own will be pilloried and should blame themselves through the internalisation of the discourses of blame. This thereby can be used symbolically in contrast to the Other', such as migrants, and domestic minority ethnic groups. A shift ensues in which the recently pilloried becomes the 'deserving poor' unfairly treated in contrast to the demonised 'Other'; claimants who 'take' their benefits (Dagilyte, Greenfields, 2015).

Islamic perspectives, by contrast, offer a new construction of the recipients of *waqf*. Along with *zakāt*, the concept is elevated above the artificial divisiveness of personal culpability and desert, serving to justify inequalities and the ability to withhold welfare on the grounds of personal inadequacy and the continual reconstructions of criteria of need designed to gatekeep and limit scarce social work resources.

The effects of austerity measures have exacted a heavy toll on people in many ways, from healthcare, mental health, disability, unemployment. Whilst Britain has largely protected its health care spending between 2008 and 2014, there has been a reduction in health care professional salaries (Torfs et al., 2021). These cuts, driven by austerity reductions in budgets, increased health inequalities. Those working in health and social care saw wages reduced in real terms while those experiencing health inequalities were more likely to be poor or economically unviable – not quite everyone suffering together for a common goal. The inclusion of such groups of helpers, as now

in turn requiring the sharing of resources, would otherwise be implicitly recognised in a *zakāt* framework.

The change from Disability Living Allowance to Personal Independence Payment, payments designed to cover additional costs of living arising directly from disability, introduced by the Welfare Reform Act 2012 ss. 77–95, placed disabled people on par with other benefit claimants (Harris, 2014). The numbers of disabled people claiming benefits were reduced whilst those still claiming were cast in the blameworthy category of 'underserving' (Slater, 2012). Harris (2014) argues that these changes breached the rights of disabled people to independence, affirmed by the 2016 United Nations report that found a systematic violation of rights and a disproportionate adverse effect of welfare reform on disabled people, although the assessment was rejected by the UK Government (2016). The introduction of Universal Credit, that merged Jobseekers Allowance and the Employment Support Allowance and removed the 'limited capacity for work' payment worth at the time £29.05 per week, was experienced by disabled people as especially difficult. Increased conditionality and fitness for work assessments were considered uncaring and insensitive exacerbating mental ill health of respondents. Similarly, poor mental health outcomes have been seen amongst lone mothers who are unemployed, whereas employment, which requires investment rather than austerity, is seen to alleviate mental ill health (Harkness, 2016).

Social security has been, historically, implicated in creating a poverty trap in which individuals are financially better off unemployed. Attempts to address this perception have permeated welfare reform from its identification in the Speenhamland system of outdoor relief, and the resultant harshness of 'less eligibility' in the Poor Law (Amendment) Act 1834, through the removal of Family Income Support in the 1970s, family credit in the 1980s and addressed through individual blame, and recently in punishment through sanction, and behavioural conditionality for benefit receipt in the Welfare Reform Act 2012 (Larkin, 2018). These measures have done little to reduce unemployment but have reduced public expenditure in the most deprived and impoverished places and exacerbated poor mental health (Beatty, Fothergill, 2018; Dwyer et al., 2020).

The results of these benefit reforms are also seen in the quotidian experiences of people in poverty. Trussell Trust Foodbank Network data shows austerity measures and welfare reform/cuts have led to an increase in the number of families with children using foodbanks (Lambie-Mumford, Green, 2017), representing a swing

from the concept of universal welfare support to a mainstream dependence on charitable support and a change from recognising the structural causes of poverty to reinforcing individual culpability. In the meantime, the level of need among families so far exceeds the capacity of social work in Britain to meet such challenges, that resultant readjustment of resourcing and expectations for social work support is generated through the ever tightening and refining of criteria of need (Harris, 2019). Also, changes in housing benefit and the housing market have introduced a market-oriented system that sits at odds with social housing creating discourses of 'less desirable' and 'blameworthy for those in need and workers in the sector (Jacobs, Manzi, 2013; Manzi, 2015; Manzi, Richardson, 2017; Daly, 2018; Harding et al., 2018).

Austerity measures represent a political choice (Alston, 2018). That choice is predicated on the lie that everyone is taking equal portions of suffering – the rich are, we may suggest, as in George Orwell's *Animal Farm*, 'more equal than others.' The argument of the common good hides the political direction towards 'less eligibility', moral culpability and individual blame and away from State responsibility. It is wrapped in the notion of the 'common good'.

The common good in its widest sense forms the earthly and material terrain where faith-based charitable bodies practice good deeds, as religion-in-action, as it were. While Prochaska (2006) charts the disinheritance of Christian charities in Britain from a rich legacy of community-based welfare, the rise of such faith-based care by Muslim British groups is considered by Jawad (2012). Brodard (In press) examines Muslim welfare initiatives across Britain, France and Switzerland Europe which include forms of 'social work' services. We consequently learn that there are three

main forms of Islamic philanthropy operating across in these three European nations. These being: 1) transnational social activism; 2) community-based services run via mosques/Islamic centres; 3) independent Islamic associations offering their own 'social work'/counselling services (Brodard, In press). Of course, this is not to suggest that Islamic welfare groups are in any sense unique in these countries, in offering religiously motivated, welfare services that are deemed to be especially congruent to identified and particular service-user groups in faith communities. There are many other such examples and such groups have been particularly busy during the COVID-19 pandemic which has caused profound personal and community suffering, as well as considerable social and economic disruption.

ZAKĀT AND THE STATE

Islam was birthed and refined in a context of competing Middle Eastern faiths and has always been aware of other religions around it (Stillman, 2000). This has particularly been the case regarding Judaism upon which the early Islam modelled much of its holistic, daily codes (Azumah, 2011). While Christianity has also provided some spiritual inspiration to Islam with a reverence for both Christ and the Virgin Mary, albeit with some fundamental differences as well (Ashencaen Crabtree, 2021). However, Islam's incredible success in the early Middle Ages, as a powerful civilisation that absorbed so many regions under its influence, took on the characteristic of a dominant, international faith with other minority religious communities in its shadow (Shenk, 2003). Islam in much of the Global North, however, negotiates the terrain of being a minority faith in a host nation with other traditions concerning religion, citizenship, and welfare (Ashencaen Crabtree et al., 2008). Political ideologies, legislation, social policy and sometimes, organised religion, shape the discourse, the context and the content of welfare. In Britain a rights-based, citizenship agenda served to nudge religion to one side, as we have seen, where, for example, in the twentieth century and the new NHS, medical and nursing care, moved away from its tenuously stretched, religious roots to assert a strong professionalism embedded in State-supported secularism (Prochaska, 2006), with similar developments taking place in social work (Burt, 2020). The new post-War 'cradle-to-grave' welfare state promise was seen as social necessity in moving decisively away from precisely the kind of grassroots care provided to neighbourhood that had always been associated with faith-based or faith-inspired, informal community support (Timmins, 2017). No longer was there a need to prove oneself a 'deserving', morally upright person to receive help, for under this new State model, all that was needed was to meet a new criterion of need, whether saint or sinner. The Welfare State has aged in Britain, and not very well, given all the political abuses it has been subject to over its chequered seventy years; it's 'age asks ease' to paraphrase the metaphysical poet, John Donne (1633). Prior to the COVID-19 pandemic, which ironically has both hugely overburdened the NHS, whilst underlining its critical national importance, successive Conservative governments, in particular, have deliberately sought to undermine the Welfare State as part of an ideological allegiance to the so-called Minimal State (Nozick, 2001). Here the State, as corporate welfare provider, is reduced, in favour of placing the burden on so-called citizen self-reliance as exercises in neoliberal politics.

In times of austerity, another form of political ideological thinking, a decided and divisive rolling back of the State and the promotion of 'civil society' is witnessed, which

in practice in the UK has meant reliance on food banks rather than civil society as understood throughout the rest of Europe. Reflecting on this it might be assumed that Islamic ethics in terms of *waqf* and *zakāt* would align well with such situations. It is within the scope, it would seem, of that which we might associate with small-scale, neighbour community-level responses. However, Islamic ethics does not preclude the role of State welfare, and accordingly we come to a theological social position in Islam from the starting point of the common good. Using these reference points, we may rhetorically question how the common weald is best served in social contexts of such

inequality. Illuminated by a deeper exploration of the Islamic religio-ethical framework, we may confidently respond that social work can only be liberated to achieve its highest aims most effectively, by the reduction of capitalist inequalities that cause such devastating social division among the spiritually equal. In Islam it is through these means that the *ummah's* covenant towards social cohesion is renewed and strengthened, which otherwise would see a withering away. The ineluctable deduction provided by Islam is that the few cannot thrive at the expense of the many; and societies that do not actively check growing divides of wealth and privilege are corrupt and deeply unhealthy, spiritually, morally, and materially.

CONCLUSION

Seen from a Western dualist position, *zakāt* might be thought to occupy an interestingly singular position within this rehearsal of fundamental Islamic principles. While less unambiguously devoted to sacred doctrine, *zakāt* can be read to straddle the secular domains of ethics and politics in the form of a diachronic welfare policy for all Muslims across time. This singularity, however, is based on a mistake of applying a secular-sacred divide, characteristic of most Western societies, with Islamic counterparts, actual or idealised. Islam notably refutes any such conceptual or pragmatic bifurcation of sacred law and secular practice. Beyond the enacted or imagined, Muslims seeks a harmonious spiritual entwinement of doctrine and daily life. The principle of *zakāt* requires a deliberate enaction into practice, particularly so where Muslims live as minorities in societies that carry other mainstream beliefs. It would therefore seem natural that *ad hoc* Muslim community activist groups in host societies informally organise themselves to gather and offer relief to fellow Muslims living locally; and indeed, this clearly does occur (Jawad, 2009), particularly where social services are not seen as responsive to the needs of Muslim service users (Ashencaen Crabtree et al., 2016).

Yet, *zakāt* was never conceived of as merely confined to small-scale neighbourhood distribution schemes, but rather it is based on the idea not of micro-activism, but macro, continuous social responsiveness to recognisable human need within a societal framework that regards gluts of wealth existing besides wastelands of want, as fundamentally against the laws of God and thus, inextricably, humankind. The deep impacts of austerity in Britain have caused enormous damage to health and life expectancy in Britain (Alston, 2018), and where the impact falls as heavily on underprivileged children as much as the adults, despite the landmark British legislation, the Children Act 2004, that provides guidelines for anti-poverty social work with children. Today, as write this paper and note gloomy statistics of growing need and privation in Britain, the media are reporting the antics of the transatlantic 'mega-rich' who compete in hubris and vast expenditure in the personal race to launch billionaires into Space (BBC, 2021b). We may equally reflect on the enormity of such cruel disparities in society; and what utility might emerge from the harnessing of the spirit of a 'zakāt' inspired social work for the much-needed social transformation of neoliberalism's bleak landscapes.

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Perspective of Social Work in the Axiological and Ethical Dimension

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Abstract
OBJECTIVE: To present contemporary aspects of the processes of providing help, establishing relationships and making decisions in social work, from the axiological-ethical and practical perspective. THEORETICAL BASE: The cognitive problem is presented from different perspectives. The study includes a theoretical section together with substantive reflection as well as the authors' insights, and a research section. METHOD: The research conducted is based on the quantitative method. The target group were 145 social workers. OUTCOMES: The analysis of theoretical and research content showed that ethical dilemmas are an integral and natural component of activities of a social worker aimed at helping the client. The analysis of the data shows that issues related to health, values, and fear of the consequences of decisions made can lead to dilemmas and significantly affect the conduct of employees. SOCIAL WORK IMPLICATIONS: The results presented can form a basis for development of alternative solutions for dealing with demanding situations and ethical dilemmas.

Keywords
social work, values, ethical dilemma, social worker

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INTRODUCTION

In its essence, the area of social work covers numerous ethical solutions. Speaking in general, for the purposes of the article, reflection on the place of ethics in social work are characterized by several issues, including the basic values for the general mission, aims and priorities of social work, ethical standards constituting the framework of the profession, as well as dilemmas encountered in practice (Łuczyńska, 2013:5). The point of focus of the related discussion is the social worker and his or her professional values, behaviours, and dilemmas.

The space in which ethical dilemmas emerge is the relationship between the client and the social worker (Łuczyńska, 2013). As stated by K. Otrębska (1997), a relationship is a specific interpersonal tie of a binding nature, defining the creation of coupled roles. According to Helen Harris Perlman (1978), in social work, both building and maintaining this process should be based on the awareness of the purpose and the necessity of taking specific actions in such a way that they bring the intended results. Thus, a cooperation between the client and the social worker is the key for occurrence of help activity. In fact, it could also not exist without reference to the knowledge, objectives, or values of universal nature (Bartlett, 2003). Moreover, both behaviour of a social worker and the help relationship itself must represent values founded in the roots of human existence. They include, among others, equality, social justice, freedom of lifestyle, proper access to social resources, and unlocking of inner strength of a person (Hunter, Saleeby, 1977). Other components determining the value of a help relationship in social work include a feeling of support, respect for personal dignity, tolerance, altruism, responsibility, justice, readiness for empathy, readiness to take individual action, and to provide help (Weissbrot-Koziarska, 2017). The practical expression of the realization of these values is the inclusion of the following principles in social work (Kadela, Kowalczyk, 2014:11):

1. Subjectivity of the person. The subjectivity of the individual one of the foundations of social work. It is also connected with other values and principles: the dignity of the person and his right to respect, the right to freedom and self-determination. In practice, the client is the subject and object of professional interaction of the worker. The client should not be perceived as a passive participant of assistance relationship because the person has free will and decision-making power.
2. Acceptance of the person. The social worker should accept each client and respect his/her decisions and choices.
3. Confidentiality. The information obtained by a social worker must be protected by professional secrecy.
4. Co-responsibility for the process of change. The participants in a helping relationship, including the social worker, are responsible for the decisions made.
5. Solidarity. This principle is synonymous with multidimensional professional help for individuals and families. In its essence it should be based on activities activating and building social support by using the potential and resources present in individuals and families.
6. Enhancement of competences and developmental abilities of an individual. Families or individuals are equipped by a social worker with social attributes that enable proper functioning.
7. Providing resources. The worker uses his/her knowledge and skills to seek various opportunities to meet the needs of individuals and families.
8. Neutrality. Assistance activities are not dependent on views represented by individuals or families.
9. Objectivity (non-assessment). Each situation of a client should be considered individually and factually. Social worker should avoid hasty judgment without thorough analysis of client's situation.

10. Welfare of the family and its individual members. The family is the basic cell of society. Consequently, any assistance to the family should also take into account the benefit of the individual members of the family.

Apart from the above-mentioned standards, a social worker is also guided by the principle of humanism. This means that the wellbeing of an individual in the help process should be put first, with complete respect for the decision-making ability of the client. Such behaviour puts a social worker in the role of a helper, rescuing the client from difficult, often harmful situations (Drozd, 2016). Client's problems can be solved with simultaneous respect for the principles of social work, by accessing resources, working on solutions to the problem, and through therapeutic work (Łuczyńska, 2013:11).

The profession of a social worker involves numerous disputes concerning perceived interests, visions, perspectives, and opinions on help activities provided. Social workers often take full responsibility towards the client for actions proposed to reinstate individuals into mainstream social life. As a result, each day, in the course of their professional activity, social workers encounter ethical dilemmas (Białożyt, Zielińska-Król, 2016).

As a result of the above, a significant issue is both the presentation and determination of the general importance of ethical dilemmas from the theoretical perspective. Margaret Rhodes (Rhodes, 1985) defines them as forced and pretentious choices or unavoidable tensions between incoherent objectives and the favourable, expected ones. Among general choices and decisions, the aforementioned author lists actions aimed at social transformation on one hand, and all help activities towards the client on the other. There are many typologies of dilemmas in social work. The most significant problems include dilemmas concerning direct services for individuals and families (Olech, 2013). They involve issues related to conflict between obligations of the client towards the employer and obligations towards the client, bending of rules, appropriateness of measures applied, and others concerning the intervention field.

One of the most common dilemmas in social work is the *right – right* choice, based on a conflict of values, responsibilities, and consistent/inconsistent objectives (Olech, 2013). It can be generally defined as a choice between one valued good and another, with simultaneous involvement of value factors. In the opinion of Keith Lucas (Olech, 2013), the *right – right* choice is not based on the Code of Ethics, since it does not serve as a guide for social action. Also, there is not one objective solution. The emergence of such a choice generates in individuals a procedure of ethical explanation and clarification of the situation and issues related to the moral right, taking into account all available benefits resulting from individual solutions.

ETHICAL AND AXIOLOGICAL VIEW ON SOCIAL WORK

A common point for the theory and practice of ethical actions is the Code of Ethics of a Social Worker. That document is not only a set of do's and don'ts that must be observed when practicing the profession of a social worker. It is also a precursor of specific values, behaviours, and actions for the social welfare, improvement of living conditions of individuals, families, groups, and involvement for social justice. In short, the Code of a social worker provides guidelines in the form of provisions referring to attitudes and behaviours of social workers, and their responsibility. When performing tasks in the area of social work, the helper should rely both on generally adopted human values and on values resulting strictly from their profession.

Unfortunately, in spite of ethical standards included in the Code, constituting the basis for the solution of a dilemma, it does not provide answers to many questions that emerge in professional practice. Controversial, "problematic" areas generate a number of ambiguities. The Global Social Work Statement of Ethical Principles, provided in a document by the International Federation of Social Workers (Olech, 2013), classifies individual ethical dilemmas into problematic issues.

A special element worth discussing further in the light of axiological issues is the conflict of interests between own interests of the social worker and those of the client. Referring to theoretical foundations of social work, the code of ethics, and the extensive literature on social topics, one can conclude that the client's needs are of utmost importance in the process of providing help. However, the question emerges: is it always so? Does the interest of the client (good) always have a superior value for the choice to be made, also in the case of an assumed threat (good)? According to its basic definition, a value is a characteristic or a set of characteristics specific to a given person or thing, determining their valuable aspects for people, which can simultaneously satisfy some of their needs; the importance, meaning of someone or something (Szymczak, 1989:606). A value is also a condition underlying the possibility to formulate an objective, intention, attitude, will, and taking of actions (Kopciuch, 2010:60). Every individual creates their own hierarchy of values as a result of the socialization process, their social environment, and based on individual personality traits, and experience (Weissbrot-Koziarska, 2017). Important is also the perception itself of the value in action, whether it forms its basis, that is, whether it gives it meaning and importance, or whether it accompanies decision-making as a result of its recognition. One should also refer to the literature and the definition of axiological subjectivism and objectivism (Żuk, 2016:23). In the first approach, values are inseparably related to the individual experiencing the given situation. Feelings, reason, and broadly understood intuition determine importance of the essence of the value. A person assigns individual meaning and dimension to values, and the assigned value gives meaning to behaviours. That is why difficult professional situations or dilemmas experienced by a social worker can generate different reactions, sometimes contradictory or not understandable for the environment, since they depend on individual feeling. On the other hand, axiological objectivism assumes existence of values independent of human perception (Żuk, 2016:23). Therefore, it is not important whether a person sees the value and acknowledges it, since it exists on its own, permanently. An example is the statement that human life has the highest value, and it does not depend on one's personal opinion, since such a value is not subject to evaluation. As stated in literature, there is also the establishment of the "hierarchy of values" (Kopciuch, 2010). Every individual chooses which values dominate over others and puts them in a specific order of priority (Żuk, 2016). Decisions are then determined by values with the highest position in the hierarchy system, with the superior value providing a solution to the given dilemma. In a conflict concerning values, or in the case of another dilemma, it is important to, in the first place, understand the ethical and axiological problem itself as a natural problem in professional practice, considering the client and the employee as independent subjects, having private values and morality, as well as individual perception of the given situation. In conclusion, a social worker, when making a *right-right* decision, must not only be aware of the existence of a problem, but also refer to the general sum of factors, situations, the private hierarchy of values, as well as internal and external professional priorities. Of the many examples of ethical dilemmas, there are some that raise the most questions:

- Removing children from addicted, dysfunctional parents, despite a strong child-parent relationship
- Breaking the social contract - no continuation of help

In a situation when one is not able to handle the experienced dilemma, literature suggests a number of ethical guidelines, applicable when a dilemma emerges. Those are not value indications, but suitable models of working on an ethical decision, providing a social worker with answers to the given question. One of the possible proposals to use in social work is the model by Frideric G. Reamer (2000:355–366). It distinguishes individual actions that should help a social worker in making the right decision (Łuczyńska, 2013:9). Those are:

- identification of ethical principles (What are the ethical principles of work?)
- establishment of priorities among the principles (Which of the ethical principles, values, are most important to me?)

- assessment of the risk and consequences of taking specific steps (What might happen if I make that decision?)
- identification of significant conditions which could prevent the application of ethical principles (What might impact my ethical decision?)
- listing of regulations and measures necessary to choose a specific course of action
- evaluation of the decision made in the context of ethical and professional responsibility

The need to ask those questions is the key to taking the right action. A deepened reflection and the practical dimension of ethical summaries create a reaction strategy of a social worker, which has a positive impact on the general model of behaviour in a situation of a dilemma.

METHODOLOGICAL FOUNDATIONS OF RESEARCH

The aim of the empirical research conducted was to learn about the ethical and practical area of the profession of social worker

The conducted research was based on the quantitative perspective. The research method applied was a diagnostic poll. The material was collected using the tool of a survey questionnaire. The target group, selected at random, was composed of 145 social workers residing in Podlaskie region. The main research problem was formulated in the following way: How is an ethical dilemma in social work perceived? The research hypothesis assumes that: social workers perceive an ethical dilemma as a difficult situation causing a series of tensions, anxieties, and uncertainties. In order to determine detailed research problems, the model of ethical decisions by Frideric G. Reamer (2000) was used. The main point of focus were the following issues:

1. How does a social worker understand and perceive ethical behaviour?
2. To what extent does a social worker use the Code of Professional Ethics in their work?
3. What are the most important ethical principles for a social worker in social work?
4. What values are perceived by a social worker as the most important in their profession?
5. What values and priorities held in social work can help solve an ethical dilemma?
6. Have the values considered primary been modified based on professional experience?

The research topic was supplemented by the following detailed hypotheses:

1. A social worker understands and perceives ethical behaviour as auxiliary activities performed in accordance with the adopted ethical canon
2. When pursuing their profession, a social worker always applies the principles stated in the Code of Professional Ethics
3. The social worker sees the welfare of the client and the protection of their dignity as paramount
4. Key values for a social worker include: tolerance, honesty, empathy, and responsibility
5. When solving an ethical dilemma, helpful to a social worker are priorities concerning the client's welfare, protection of personal dignity
6. Values considered primary have been modified in the course of gaining professional experience

Characteristics of the Sample

The majority among the respondents were women (90%), with men constituting 10%. The most numerous group were persons in the age range of 28–54 (85%). Persons aged 55–60 constituted only 15% of the surveyed group. The length of service of social workers ranged from 2 to 20 years. The respondents resided mainly in Białystok (70%).

RESEARCH ANALYSIS

The research material was additionally analysed, taking into account constituent parts of the **model of ethical decision-making** by Frideric G. Reamer (2000:355–366). The conducted research showed that as many as 90% of social workers experience ethical dilemmas in their professional work. The frequency of dilemmas can be determined as sporadic (73.6%). Only 17.9% of the respondents indicated that they experience dilemmas on a daily basis. The phenomenon of a dilemma is defined as: *as a situation of uncertainty* which is usually accompanied by feelings such as: *confusion, uncertainty, discomfort, anxiety.* As a result of a dilemma, a social worker experiences disintegration of the support process, as indicated by 60% of the respondents.

According to the theory, a social worker, regardless of the definition of a dilemma, should consider the principles of Professional Ethics when making decisions. The research material collected proves that a social worker **identifies ethical behaviour as**: *actions compliant with ethical standards of social work* (70%), *actions compliant with the catalogue of own values* (23%). Other answers include: *combination of those two statements, loyalty towards the manager,* and *compliance with moral values taught by the parents*. In practice, it means that ethical behaviour is not perceived in a uniform way and is the resultant of private and professional considerations.

Just like in the case of ethical behaviour, the nature of support provided is a result of adoption of a specific perspective or specific principles. **Through the research, an attempt was made** to verify the primary **ethical principles of social work.** Replying to the questions: *Which ethical principles are most important to you in social work?,* practically every person participating in the research (98%) indicated: *client's welfare and protection of the client's dignity*. That choice (of primary principles) also affects the values perceived by social workers as important in social work. They can also be crucial for and determine the choice of the right decision in a dilemma. Key values perceived by respondents in their social work (professional activities) are: *empathy (indicated most often), honesty, dignity, client's welfare and own safety, respect, truthfulness, subjectivity, responsibility, sincerity, liability, diligence, reliability, professionalism, objectivism,* and *patience.*

Identification of factors interfering with application of ethical principles and the **assessment of risks and consequences of an ethical decision** involve multiple elements. During the research analysis, a negative impact of strong experiences and practices on values held by social workers was observed. One in three respondents (35%) does not consider the same values to be the primary ones as in the beginning of their professional career. Most often, this is related to professional burnout and significant negative experiences in professional work. As a result, the proper primary system of work values is being degraded, and support activities are being perceived improperly. Other **disturbances in making ethical decisions** can be the individual perception of the given situation, its consequences, anxiety, and fear of losing a certain good. In the research, the questions asked allowed the respondents to reflect on a dilemma (right-right), being the value of health and life of the social worker/their family versus helping the client. In the reply to the question: *Would you consciously provide support if it could result in a threat to your person? (e.g., being attacked by the client, threats, harassment, being infected with a disease)*, almost 38% of the respondents answered that they would definitely not help the client if a threat to their own life and health was possible. Only 48% of persons would take such action despite possible consequences and fear. The rest of the respondents indicated circumstances which could affect their decision: a harmed child, helping only with the police present, etc. In a situation of a possible threat to the family (harassment, intimidation, threats of the client, or a family member contracting a disease), barely 16% would provide help. A certain dependency can be observed among the respondents, with social workers more eager to risk their own life and health than the health of their family when acting for the benefit of the client. This means that the welfare of their family is valued higher (placed higher in the hierarchy of values) than their own welfare. In the case of a dilemma (right-right), the welfare and safety of one's family will definitely be a priority for the social worker in making an ethical

decision. This also shows that in certain circumstances, individual values dominate over work principles and values.
Regardless of the specifics and nature of the dilemma, it is necessary to **learn the regulations and measures required to make the right choice.** A social worker should, therefore, consider all knowledge, skills, experience, and values underlying the social work, as well as the legal basis of their profession when making ethical decisions. In addition, results of the decision made should also be analysed in terms of **practical application and professional liability.** More than half of the surveyed social workers (61%) indicated that they regularly evaluate their decisions (draw conclusions, analyse). This is a very important process in gaining experience in dealing with dilemmas at work and it also helps to identify good practices which can be adopted in other ethical dilemmas and to plan further actions based on the diagnosed problems in making an ethical decision.

CONCLUSION

The essence of social work is concern for other people, their welfare, support, and assistance in solving life problems. Such activity doesn't exclude the appearance of difficulties or ethical dilemmas. They are created mainly during the process of helping the client. The article presents a holistic view of the ethical-practical area in the social work profession. The research hypothesis was verified by means of conducted research. Detailed research problems coincided with complementary hypotheses. In relation to the research problem, we can say that the ethical dilemma is understood by social workers as a difficult situation, generating a sense of anxiety, uncertainty, and fear.
In the field of social work, the phenomenon of ethical dilemmas takes on an interdisciplinary character. Based on research, we can say that ethical dilemmas are common and constitute a natural and integral part of social work. They are also perceived as problematic situations which require analysis and responsible decision. They also have a real impact on the assistance process (disorganization). It is important that most social workers identify ethical behaviour as: acting in accordance with ethical standards of social work. This means social workers are guided by the code of social work, but also by the foundations of the profession. At the time of decision-making in a dilemma, the Code of Ethics can be an aid for social workers in resolving dilemmas. According to the results obtained, it is not always the final condition for the decisions in the dilemma. Other factors may also influence the final decision: personal and professional values, morale, and standards. An interesting issue raised in the research is the employee's use of ethical principles, the principle of client's welfare and protection of client's dignity. Although social workers state that they follow the principle of the client's welfare (value) in their work, it is not always the case. If a dilemma emerges concerning the welfare of the social worker/their family and the welfare of the client, the own good/good of the family is still ranked higher on the hierarchy ladder of a social worker. This decision may also be based on the natural need to protect oneself and one's loved ones as well as the fear of possible consequences. This also shows that there are a number of different important factors that can strongly influence the choice of an ethical decision. Such elements may include perceived values in social work. The impact of experiences, burnout, difficult situations, or dilemmas can result in feelings of lack of fulfilment and deprivation of social work values (modifications of the primary perceived values themselves in social work). This also affects the assistance services provided. In this aspect, it is worth pointing out the need to protect the worker and their work values. Such actions can include supervision. It prevents not only the phenomenon of professional burnout, but also gives an opportunity to analyse the dilemma situation with an expert and protect the values in social work through the support provided.
In the perspective of the whole article, and especially of the research, the key element was the application of the part of the model of work on ethical decisions. The division shown in the

research allows for a detailed analysis of areas that generate difficulties in ethical decisions. The practice dimension of the research summaries can be used to create an individual model of working with a dilemma and also to reflect on ethics in the work of a social worker.

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The Relevance of the Code of Ethics of Social Work in Professional Everyday Life in Youth Services and Child Protection Systems in Hungary and Germany

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Abstract
OBJECTIVES: The authors focused on professional ethics in social work, exploring key issues (codes of ethics, dilemmas, ethical decision-making, abuse of power and regulation of conduct) in the child and youth welfare practice and child protection systems in Hungary and Germany. THEORETICAL BASE: The international code of ethics from the International Federation of Social Workers (IFSW) provides the theoretical framework as well as the child protection laws in both countries. METHODS: Standardized online survey carried out among professionals in the system of child and youth service in Hungary and Germany. The completed data set of the questionnaire amount to 122 in total (Germany N=89, Hungary N=33 from Hungary). OUTCOMES: The ethical framework of the profession is mostly known, but conditions in the field must be improved such that acting in accordance with professional ethics is possible. The results of the study show that in everyday practice violations of professional morality occur. Especially the results regarding violence and abuse towards clients are particularly worrying. SOCIAL WORK IMPLICATIONS: Professional action in social work requires both: awareness of moral norms, standards and values on the one hand, and the ability to ethical reflection on the other.

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ethics, social work, codes of ethics, ethical dilemmas, abuse of power, child protection, child/youth welfare system

INTRODUCTORY THOUGHTS

Ethics in social work

"Social work is a practice-oriented profession and a scientific discipline whose goal is to promote social change, social development and social cohesion, and to empower and liberate people. The principles of social justice, human rights, shared responsibility, and respect for diversity form the foundations of social work. Drawing on social work theories, social sciences, humanities, and indigenous knowledge, social work involves people and structures to address existential challenges and improve well-being." (DBSH, 2016:2)

In 2016, the German Society for Social Work published a core curriculum for social work. The document divides the knowledge necessary for social work into seven areas, the third of which is "normative foundations" and primarily includes law and ethics. According to this model, ethics is understood as a central part of social work theory. The International Federation of Social Workers and the International Association of Schools of Social Work have also issued similar guidelines, emphasizing ethics as an indispensable part of education and practice. As early as 1994, the UN, with the collaboration of representatives from the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW), conceived of the handbook "Social Work and Human Rights" and, in their recommendation for social work education, place reflection on professional value bases and an understanding of human rights and social justice issues as central (United Nations, 1994). Following this discussion, Silvia Staub-Bernasconi has referred to the profession of social work as a human rights profession (Staub-Bernasconi, 1998) and a normative science of action (Staub-Bernasconi, 2009). All of these accounts suggest that ethical issues are at the core of the profession.

Ethical awareness and ethics as a form of reflection on normative aspects of professional action is a fundamental part of social workers' professional practice. Their ability and commitment to act ethically is an essential aspect of the quality of work offered to those who seek social work support. In many decision-making situations in the context of professional social work practice, the professional's options for action are not adequately covered by legal requirements, usually leaving multiple options for action. The international professional code of ethics of the social work profession provides a framework and resource for ethical considerations.

In addition, the different mandates of social work, the dual mandate of the state and the addressees of social work (Böhnisch, Lösch, 1973) as well as the mandate of social work as a human rights profession (Staub-Bernasconi, 2007), raise ethical problems and conflicts for themselves and a balance among these mandates or interests has to be found in practice in many ways, which is not always easy to achieve.

Some ethical challenges and issues faced by social work professionals are specific to individual countries, regions, fields of action, and constituencies, while others are general aspects of social work practice. Professional ethics and ethical considerations are necessary in order to orient professional action towards them, they support the finding of justifiable solutions for dilemmas in the respective context and justify the handling or equipping of one's own power to act.

Youth services and child protection

"Residential Care" in Europe presents itself in a great variety; the span ranges from institutional custody through individualized care to family-therapeutic intensive care. Between these poles

exists an abundance of other forms of residential care: from supervised youth living (...) to outside living groups (...) and professional foster families (...) to children's villages (...)." (Trede, 1999:317)
For pedagogical processes, a power differential in favour of the educator is often constitutive. Structurally, equality between adults and young people does not exist either in the family or in pedagogical institutions. It is always a question in these processes that one, the adults, have ideas and intentions for a transmission of qualifications and competences, of knowledge, attitudes, and behaviours to the young people. Conversely, children and also young people are more dependent on adults in the educational process than adults are on them - and the younger, the stronger. Moreover, the dimensions and strength of dependency vary in the pedagogical relationship depending on the situation and institution; nevertheless, structurally there remains a kind of "power overhang" of the educators. In many pedagogical relationships and learning spaces, moreover, it is a matter of establishing and maintaining a power differential in order to promote the development, education, and socialization of young people. However, the goals as well as the choice of means must be justified and require ethical legitimacy. Educators must ask themselves and allow themselves to be asked what consequences what they do entails, how it limits the possibilities of adolescents to experience themselves, others, and the world. Every pedagogical practice is at its core a powerful practice and therefore always confronted with the problem of the abuse of power and the powerful encroachment between the differently positioned participants (Thole et al., 2012:17f.). Also, in child and youth services as well as in child protection, addressees of social work are partly characterized by a high vulnerability and can be affected by different dependency and power relations.

Aim of the research

Therefore the research focuses on professionals of youth services in Germany and Hungary.
The central thesis of this research can be formulated as follows: The professional staff in child and youth welfare in Germany and Hungary possess knowledge of the ethical codes and guidelines of social work - as adopted at the General Assemblies of the IFSW and the IASSW in October 2004. In the practice of child and youth welfare, however, discrepancies between claim and implementation will show up and thus also concrete practices of unethical behaviour.
The survey was conducted in the form of a questionnaire. The subject of the quantitative questionnaire survey were the statements of employees of social services in the field of child and youth welfare. The data analysis was carried out with the help of descriptive statistics, by calculating statistical measures according to the measurement level of the data, condensation of data, tabulation as well as graphical representation of the data and summarizing description (Kuss, Eisend, 2010:181ff.).
The analysis of responses to open-ended questions took the form of the inductive approach of grounded theory (Strauss, Corbin, 1990). After triage, the process involved breaking down, comparing, and categorizing the data. The data were grouped with the goal of organization and systematization. By looking at the categories in the totality of all questionnaires, different patterns and expressions could be uncovered.

CHILD AND YOUTH SERVICE AS WELL AS CHILD PROTECTION IN HUNGARY AND GERMANY

A European discussion and research area on youth services and child protection is rudimentary, for example, with studies on individual aspects of child of child protection, such as risk perceptions of professionals in Sweden and Croatia (Brunnberg, Pećnik, 2007) and the shaping of relationships with clients in the Netherlands and England (Nijnatten, 2000) as well as aspects of case management in child protection in Sweden and Canada (Khoo, 2004). The respective national professional discourses could be enriched by looking at other systems. However, especially Eastern and Southeastern countries, with few exceptions, are largely invisible in these discourses.
For this reason, the systems of child and youth service in Hungary and Germany will be briefly introduced in this chapter.

The Hungarian system of child and youth protection

Brief overview

The Convention on the Rights of the Child (United Nations General Assembly, 1989) was proclaimed by the Republic of Hungary on 20 November 1991 by Act LXIV of 1991 (Act No. LXIV, 1991). The rights contained in the Convention and those guaranteed in the Constitution were incorporated and expanded by the legislature in Act XXXI of 1997 on the Protection of Children and the Administration of Guardianship (Act No. XXXI, 1997). On this basis, the provisions of the Convention were incorporated into the Hungarian legal system and became the basis for the regulation of the Hungarian child protection system.

The system has a dual purpose. The primary aim is to help children to be brought up in their families and to prevent and eliminate the risk of vulnerability. The second aim is to provide services for children who, for whatever reason, cannot be brought up in their own families. In order to achieve these objectives, the child protection system is divided into two subsystems: basic child welfare and specialised child protection. Basic care is dedicated to providing financial and material support, to prevent and eliminate risks and to solve problems in the family. Specialised child protection services provide family replacement for children who have been removed from their families.

An important principle of the child protection system is that it separates service provision (means the different types of services available to families and children in need) from authority and says that authority intervention can take place when voluntary recourse to basic services has not led to results. Official intervention refers to official decisions concerning the fate of the child and the family, e.g., removal and placement; appointment of a guardian, decision on adoption, made by the guardianship authority (notary, guardianship office)

Two important changes to the Child Protection Act

The Child Protection Act was amended on 1 January 2013, bringing significant changes, especially with regard to the measures taken by the guardianship authority. Since the existence of the Act (1997) the first instance guardianship tasks were performed by the notary of the municipality, but under the current Act the guardianship authority acts. The municipal notary no longer has any role in child protection. The guardianship authority has become a department of the district office as of 1 January 2013. The district offices are responsible for several municipalities. Child protection guardians were appointed to act as the children's legal representatives. They act in all cases, even if the child is in foster care, for example. There is an underlying danger of guardians using their position of power against the foster parents or the institution.

The other change was the restructuring of the child protection system from 1 January 2016. Child welfare services and child welfare centres have been set up; the child protection system has been split. The services are actually providing basic care through family support workers.

Case managers work in the centres. The official procedures are covered here; for example: the procedure for taking a child into protection (after proposal of family worker), all inspections, official decisions, all children in state care. The separation in 2016 requires a good professional cooperation between case management and family workers in the best interest of the child, and where this is lacking it could lead to a dilemma.

According to the Hungarian Central Statistical Office, the number of children in residential care fell by 6% from 2014 to 2019, but this is still far from the goal of ensuring that all children who need it are placed in a family. In 2019, there were 22,642 children in state care, 100 fewer than in the previous year (Horváth, 2021).

The ambition is clearly to get rid of large institutions, which is why residential homes with a maximum capacity of 12 children have been created, and to strengthen foster care networks. There are still very few foster parents in the system.

Child protection system

Child protection is an activity aimed at promoting the upbringing of children in the family, preventing and removing children from being placed at risk, and providing substitute protection for children leaving parental care or other care (Act No. XXXI, 1997:§14(1)). These are provided by means of basic child welfare services and specialised child protection services in cash, material and personal care, as well as by official measures as defined in this Act (Act No. XXXI, 1997:§14(2)). The child protection system is run by the State and local authorities (Act No. XXXI, 1997:§14(3)). The system of child protection services and measures (Act No. XXXI, 1997:§15) include cash benefits, basic child welfare benefits under personal care, specialised child protection services, and measures taken by public authorities in the context of child protection. The system of child protection includes the institutional care of juveniles who have been ordered to a correctional institution by a court or placed in pre-trial detention. It also includes, in a broader sense, an alarm system.

The German system of child and youth protection

Historical background

The system of child and youth welfare in Germany is laid down in the Eighth Social Law (SGB VIII). The basis for today's SGB VIII is the Reich's Law for Youth Welfare (RJWG), which was passed in 1922 and came into force in 1924 (Act Reichsgesetz für Jugendwohlfahrt, 1922:633). The RJWG was revised in 1961 in West Germany as the Law for Youth Welfare (JWG) (Act. Gesetz für Jugendwohlfahrt, 1961:1205). In the GDR, the Youth Welfare Ordinance (JHVO) was introduced in 1965 (Arbeitsgemeinschaft Kinder- und Jugendhilfe, 2012:13). The two laws in East and West Germany differed mainly in their mandate: The focus of the JHVO was a control function of the state, placement in children's homes and the use of mainly voluntary or low-skilled personnel. In contrast, the West-German JWG differentiated between in-house assistance (e.g., in homes) and out-of-house assistance (within the family), relied on professionally trained personnel and defined the mission of help and control (so-called double mandate). The JWG defined the right of the (German) children to "education for physical, mental and social fitness" (§1). The aim of the East-German JHVO was a "timely corrective influence on signs of social maldevelopment" and clearly politically motivated (education to a socialist personality) (Bohler, Franzheld, 2010).
With the 1990 Act on the Reorganization of Child and Youth Welfare Law (KJHG), the JVHO and the JWG were replaced by the SGB VIII – Child and Youth Welfare, which is still valid today. When referred to, both SGB VIII and KJHG are used as a term for the law. Since the introduction of the SGB VIII, there have been several changes and additions. The most important changes with regard to the protection of the best interests of the child were made in 2005 and 2011:

- 2005: i.a. introduction of § 8a – protection mandate in the event of a risk to the welfare of the child (Act Gesetz zur Weiterentwicklung der Kinder – und Jugendhilfe, 2005:2729)
- 2011: i.e. revision of §8a and introduction of §8b: assessment of child welfare risk by a "specialist with in-depth experience" (Act Gesetz zur Stärkung eines aktiven Schutzes von Kindern und Jugendlichen, 2011:2975)

Until now, there are different laws and therefore responsibilities for children with and without physical, mental, and emotional disabilities. A reform to integrate those different systems under the responsibility of a unified youth welfare system was in discussion since the 1990s (cf. Meinhold, 2020). For a different political reason, the discussion led to no results until 2016, when a first draft was issued by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. After strong criticism by professional associations and some changes the reform finally came into force on 10 June 2021. Besides the gradual integration of the responsibilities for children with and without disabilities into the SGB VIII by 2028, there are three areas where child protection will be improved according to the German Institute for Youth Welfare and Family Law (DIJUF): cooperation at interfaces, regulations on the operating licence of institutions and foreign measures (Beckmann, Lohse, 2021).

Organization of child and youth welfare

Districts and independent cities (public bodies) are responsible for the implementation of child and youth welfare. The public bodies are obliged to set up youth welfare offices under section 69 of the SGB VIII. The youth welfare offices perform the tasks of the SGB VIII and are accordingly responsible for the provision of child and youth welfare. In addition, there are the independent bodies of child and youth welfare. These are charities, churches, and youth associations. The largest independent bodies in Germany are the two charities of the Catholic and Protestant churches, Caritas and the Diakonie. The third largest independent body is the "Paritätische Wohlfahrtverband" which is intentionally not associated with any religious organisation. If independent bodies perform tasks of SGB VIII, they must be given preference by the public bodies (principle of subsidiarity). Only if there are no suitable services offered from independent bodies can (and must) the public bodies take them over themselves, but this is rarely the case.

Basics of child and youth protection

The central legal foundations of the German child and youth protection system are §§8a, 8b, 27ff and 42 SGB VIII, which are briefly explained below (Act Sozialgesetzbuch VIII, 2021).

§8a – Protection mandate in the event of a risk to the welfare of children

As soon as a youth welfare office becomes aware of a risk to the welfare of a child, it is obliged to react and take remedial action. In doing so, the risk must be assessed by several professionals. Likewise, the child concerned and his or her legal guardians must be involved if this does not conflict with the protection of the child. If the Youth Welfare Office considers it necessary to initiate assistance to avert the danger, it must offer this to the legal guardians. If the legal guardians refuse or are not willing or able to cooperate, the youth welfare office can turn to the family court, which may decide instead of the legal guardians. If a decision by the court cannot be awaited, the youth welfare office must take the child into immediate care (see §42 SGB VIII).

The Youth Welfare Office also must ensure that the specialists of the independent bodies make an appropriate assessment when they become aware of indications of a risk.

§8b SGB VIII – Expert advice and support for the protection of children and adolescents

Professionals working with children and young people are entitled to advice from a professional trained in this type of counselling when assessing a risk to the welfare of a child. The youth welfare organisations are entitled to advice on the development and application of guidelines for action on child protection and participation of children and young people.

§27 – §35 SGB VIII – Aid for bringing up children

Assistance in bringing up children is a range of measures to which children or their guardians are entitled. The assistance depends on the educational needs and can be combined with each other. Possible forms of this assistance are: educational counselling, social group work, educational assistance, social-pedagogical family support, day group, full-time care (placement in another family instead of in a home), children's homes and other forms of assisted living, intensive individual social-pedagogical support.

§42 SGB VIII – Taking children and young people into immediate care

Taking children and young people into immediate care (Ger: Inobhutnahme) is a temporary placement of children and young people in emergency situations by the youth welfare office. A child is taken into care (1) if a child requests it, (2) if a danger to the child's well-being requires the placement, or (3) if foreign children enter Germany and there are no legal guardians in Germany. Taking a child into immediate care entitles the Youth Welfare Office both to place the child in a suitable care and to take the child away from other persons for this purpose.

If the child is taken into immediate care, the youth welfare office is obliged to inform the child immediately about the measure and to clarify with the child the situation that has led their taking into care and to point out possibilities of help. If the child asks to be taken into immediate care, the guardians must be informed by the youth welfare office. If they do not agree to the taking into

care, the Youth Welfare Office must hand the child back to the legal guardians if there is no danger to the child's well-being. Otherwise, the family court must be involved.
The immediate care ends with the handing over of the child to the legal guardians or with the initiation of further assistance measures, e.g., placement in a children's home or social-pedagogical family support.

METHODICAL STRUCTURE AND RESEARCH PARTICIPANTS

With reference to the Code of Ethics of Social Work and the Guidelines for Professional Practice of Social Work of the IFSW/IASSW, a questionnaire has been developed. This questionnaire serves as an inventory among professionals of child and youth welfare in Germany and Hungary.
The questionnaire was developed on the basis of the assumptions and findings obtained from the professional literature. It contains dichotomous variables, variables with rating scales and questions with open answer or completion options.
An introductory text promotes intuitive response behaviour, and a selection of balanced response options was used in an attempt to reduce the risk of "social desirability" (Raab-Steiner, Benesch, 2008:55).
The questionnaire design is characterized by using items at the beginning that introduce the topic, arouse the respondents' interest, and do not discourage them. In addition, the questionnaire follows a red thread that is oriented on the stringency of the content of the code of ethics.
The questionnaire as a survey instrument is divided into 6 main parts, in addition to an introductory text and the query of personal and professional information:
a) code of ethics and contents
b) honest dealings, authority/power, punishments, help/control
c) violence and measures involving deprivation of liberty
d) institutional protection concepts as well as complaint management
e) further training, supervision as well as stress and self-care
f) data protection

In designing the items, we were guided on the one hand by existing measurement instruments and on the other hand developed items independently. We followed the recommendations of Bortz and Döring (2002:255ff.) and used, among other things, no stigmatizing formulations, oriented the linguistic design to the addressees, and focused on only one issue per item.
The questionnaire was prepared in German and Hungarian and initially tested in a pre-test with regard to its practicability, comprehensibility and quality in both countries. Relevant aspects here were the clarity of terms and questions (also under country-specific circumstances), the coherence and assignability of the answer categories, the length of the questionnaire and the duration of answering, the wording of the questions with regard to evaluations and the coherence of questions and intended findings (Raab-Steiner, Benesch, 2008:59). Based on the findings from the pre-tests, the questionnaire was revised.
The questionnaire was designed as an online questionnaire and released within SoSci Survey. The field phase of the online survey ran in both countries from April 2020 until the end of the year.
The questionnaire distribution in the two countries included, among others, professional organizations of child and youth welfare at the federal, state as well as district level, and institutions of child protection, each with the request to forward the questionnaire to projects and institutions.
The evaluation of the questionnaires was carried out with the help of the Sosci Survey program (www.soscisurvey.de) and Excel tables were created on the basis of the codebook and the counted questionnaires. The answers to the open questions were completely typed and translated. Part of the results obtained on the basis of the data will be presented in a commented form in the next chapter.

During the survey period, our online questionnaire received 1,197 clicks and a total of 447 questionnaires were started, of which 187 in Germany and 260 in Hungary. Among them, the completed data sets, and thus also valid cases, amount to 122 questionnaires in total, 89 of them from Germany and 33 from Hungary. These 122 questionnaires are the basis for the evaluation of the results.

On the one hand, the different systems and terminology of child and youth welfare in Hungary and Germany posed a research-relevant problem. Through pre-tests and revisions, however, incomprehensibilities could be revised. On the other hand, the significant number of incomplete questionnaires, which is certainly due to the complex and time-consuming design of the questionnaire instrument, can be described as scientific problem. After error checking and cleaning up, questionnaires that were not completely processed were excluded for this analysis. For further research it is necessary to think about a reduction of the questionnaire.

Participants in the questionnaire survey were evenly distributed across the different age groups in both countries, ranging from under 25 years to over 60 years.

In Germany, 64% of 89 participants stated that they were female, 35% male, and 1% did not specify. No other gender categories were selected. In Hungary, 91% of 33 participants stated that they were female, 9% male.

In regard to the question how long they have been in the social work profession, in Germany, 3% of 89 participants stated less than 1 year, 25% 1 to 5 years, 18% 6 to 10 years, 12% 11 to 15 years, 9% 16 to 20 years and 33% more than 20 years. In Hungary, 19% of 33 participants replied 1 to 5 years, 30% 6 to 10 years, 24% 11 to 15 years, 15% 16 to 20 years, and 12% more than 20 years.

Regarding the question for what type of organization they are working, 7% of 89 participants in Germany answered public youth welfare and 93% private youth welfare organizations. In Hungary, 76% of 33 participants replied public youth welfare and 24% private youth welfare organizations.

EVALUATION OF RESULTS

Even if the study cannot or does not want to be representative, and the approaches and questions show some differences, a number of findings emerge that require attention due to their accumulation alone. Some key findings regarding the data collected are described below.

The results from the respective countries always refer to the basic unit of 89 questionnaires from Germany (n=89) and 33 questionnaires from Hungary (n=33). All presented results refer to this number of completed questionnaires in each case.

Code of Ethics and unethical activities

The first part of the questionnaire deals with various aspects of the Code of Ethics of the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) and the general guidelines on professional conduct contained therein (IFSW, IASSW, 2004). Interview participants were asked in the questionnaire if they are aware of the existence of a Code of Ethics for social work. In Hungary (N=33), 100% answered yes and in Germany (N=89), 70% responded yes and 30% no. When asked if they are familiar with the contents of the Code of Ethics, participants in Hungary replied in 97% yes, while 3% are not familiar with the content. In Germany, 48% are familiar with it, and 52% are not.

"Social workers should not allow their skills to be used for inhumane purposes, (…). Social workers should act with integrity. This includes not abusing the relationship of trust with the people using their services, recognizing the boundaries between personal and professional life, and not abusing their position for personal benefit or gain (…). (IFSW, 2014:2–3)

There is a need for professionalization in social work when it comes to acting within the tension between "help and control", as these are two opposites that can never be fully resolved in social work casework. Social work must make sure that the autonomy of the addressees is not lost or (re)

established. However, what is perceived as helpful is subjective and is decided by the client. Social work is characterized by this tension between "help and control", which is why this topic should be dealt with again and again.

When participants where asked if their facility engages them in regular discussions of the tensions between "help and control", 78% of the interview partners in Germany (N=89) answered with yes and 22% with no. In Hungary (N=33), 64% have regular discussions on the topic in their facility and 36% not.

Power relations are also very much in existence in social work. On the one hand, social workers work to a large extent in organizations and institutions in which structural power is given from the outset. On the other hand, social workers have the power of definition and decision-making in relation to their clients in many areas. Social work is therefore always confronted with questions of authority, punishment, superior power, power distribution and power control.

When the participants where asked if there is a regular critical discussion on the topic of "authority and power" in their institution 67% of the interview partners in Germany answered yes (33% no), while 52% in Hungary have regular discussions on the topic (48% not).

Regarding a regular critical discussion of the topic of punishment in social work in their institution 61% of participants in Germany answered yes (39% replied no) while only 33% in Hungary are engaged in a regular discussion on that topic in their workplace (67% are not).

Afterwards, the interview partners where asked if they have already experienced inhumane/ unethical activities in their direct field of action themselves. In Hungary 33% answered yes (67% saying no) and in Germany 53% of participants said yes (47% answering no). The persons involved in the questionnaire where also asked to give one or two examples in an open question if they answered yes. The most recurring claims in both countries were physical, psychological, and sexual violence. In this article we can only show a few examples of the open answers:

- "Every day we are confronted with statements of the General Social Service (ASD), which partly already refuse to carry out emergency interventions with minors or to offer them an assistance or even accommodation."
- "Data protection guidelines, for example, are repeatedly disregarded by employees of public and independent institutions."
- "Exploitation of authoritarian position of power, use of "coercion" or "threats" (family court)."
- "Discrimination of clients (from the Arabic language area / Roma families) and our professionals because of their migration background or their religious beliefs by pedagogical staff at schools and social workers in youth welfare offices."
- "Derogatory remarks, inappropriate punishments."
- "Isolation of adolescents."
- "Having to eat up."
- "Entering rooms without permission."
- "Facing the wall."
- "The "fixation" of clients in case of outbursts of rage, in case of danger to oneself or others."
- "Sexual assault of a child by a staff member; repressive educational methods of individual staff members, lack of participation; termination of help against the will of the young person."
- "I would like to mention two of the many cases that come to my mind suddenly, and I have not recovered since: when the professional manager of the Family and Child Welfare Centre was called by a family support colleague to report child abuse ("there is abuse"), the answer was "I have lunch time" and the professional manager hung up the phone. The other case was about this Centre case manager who went out to visit a family, sat down on a chair, put her feet up on the table and waved to the parents to open the fridge to check if there was food at home."

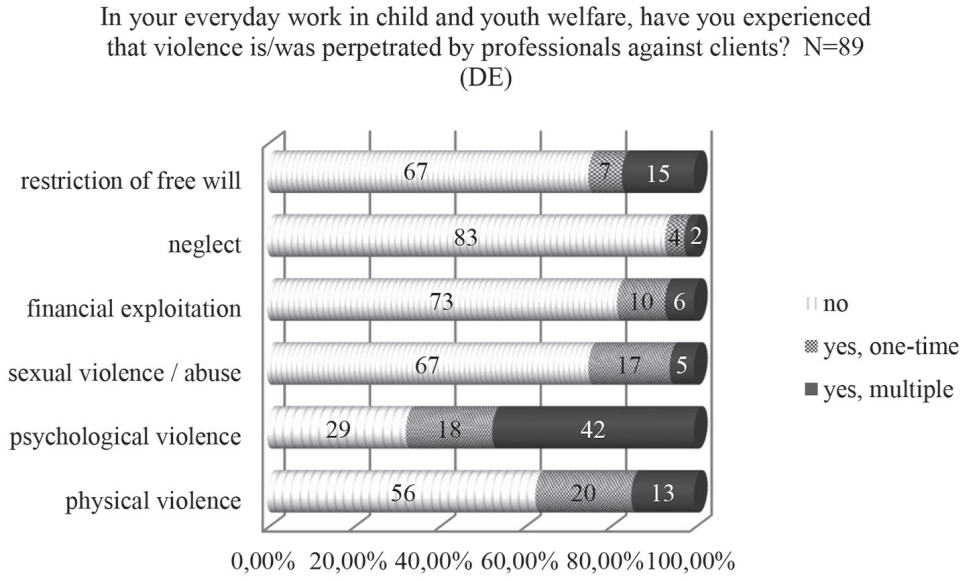
Violence

Violence has many facets, which cannot be listed in detail here. In accordance with the World Health Organization (WHO, 2002), we differentiate in this research according to the following forms of potential violence in the child welfare system:

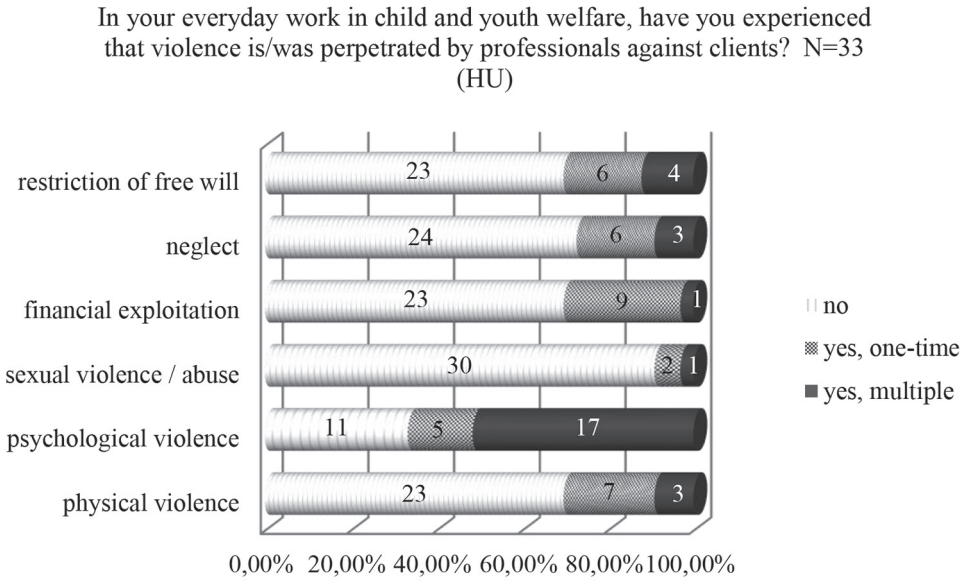
- physical violence (e.g., rough touching, hitting or kicking)
- psychological violence (e.g., threats, insults, ignoring, shouting at, name-calling)
- sexual violence / sexual abuse (e.g., sexual acts with minors or adults who are particularly vulnerable)
- financial exploitation (e.g., theft, misappropriation of property)
- neglect (e.g., inadequate provision of food and drink; failure to change linens when incontinent; failure to care for injuries appropriately)
- restriction of free will (e.g., unnecessary custodial measures).

Participants in the research have been asked if they experienced that violence is/was perpetrated by professionals against clients in their everyday work in child and youth welfare according to the above-mentioned categories. The results by country are portrayed in the following graphics.

Graph 1: Experienced violence by professionals against clients in Germany



Graph 2: Experienced violence by professionals against clients in Hungary



Institutions that work with children and young people face the challenge of offering these young people protected spaces. Schools, daycare centres, inpatient youth welfare facilities and other institutions should create conditions that reduce the risk of becoming the scene of violence. In addition, girls and boys should find help from competent contact persons in the institution if they are subjected to violence there or elsewhere, for example, in their family environment.

When asked if they are aware of instructions/directives for dealing with violence in their own institution, 76% of the respondents from Germany (N=89) answered yes, 16% no, and 8% didn't know about instructions or directives. 85% of interview partners form Hungary answered yes, 12% replied no, and 3% didn't know and were not aware of instructions or directives.

Abuse is not an accident and especially sexual abuse is even a planned act. To ensure that it is not left to chance whether girls and boys are protected, prevention in facilities and institutions also needs a plan: a protection concept. Institutions and facilities in the education, health and social sectors that work with children and young people face the challenge of becoming a safe place.

Participants were also asked if their own facility has a protection concept for the prevention of sexualized violence. 36% of respondents from Hungary replied yes (49% responded no, and 15% didn't know) and 64% in Germany (18% answered no, and 18% didn't know).

Protection concepts for prevention and intervention are an interplay of analysis, structural changes, agreements and arrangements, and the attitude and culture of an organization.

The basis of a protection concept is a risk analysis, which reveals where the "vulnerable" points of an institution are, whether in dealing with proximity and distance, in the structural area, or in the hiring process. The results of this analysis show which conceptual and structural improvements are necessary in terms of child protection. Especially in the context of risk analysis, girls and boys should be given opportunities to participate. Their experiences, assessments, and ideas are indispensable, because protection concepts are ultimately only really suitable for everyday use if they are discussed with those to whom they are addressed.

Interview partners were also asked if their institution provides education for clients on the topic of violence in the care context and options for help. 61% of respondents from Hungary answered that

they do provide this (39% not), and 71% of participants from Germany replied that it is provided for (29% do not have it).
The UN Convention on the Rights of the Child stipulates in Article 12 the consideration of the child's will (United Nations General Assembly, 1989). Children and adolescents are guaranteed the right to express themselves freely in all matters that affect them and to have their opinions taken into account in a manner appropriate to their age and development. The child and youth welfare services are obliged to involve children and young people. Participation is thus a right and not a concession for special good conduct. Participation is also a basic pedagogical attitude, which corresponds to the mission of child and youth welfare, to support young people in their development into responsible and socially competent personalities. The development of participation is a learning process. This applies both to the professionals in and services as well as for young people and parents. Continuously successful participation requires a framework that enables and requires participation conceptually and structurally. It therefore needs to be structurally anchored in the pedagogical concepts and in the development of participation procedures. The participation concept for the realization of the rights of children and young people and protection against violence also includes the implementation of complaints in personal matters. As a corrective in the power imbalance between the young people and the staff it counteracts violations of boundaries in the relationship.
When asked if their institution has a complaints management system that is also accessible to clients and relatives, 76% of participants in Hungary answered yes (21% no, and 3% didn't know) and 82% in Germany replied yes (11% no, and 7% didn't know).

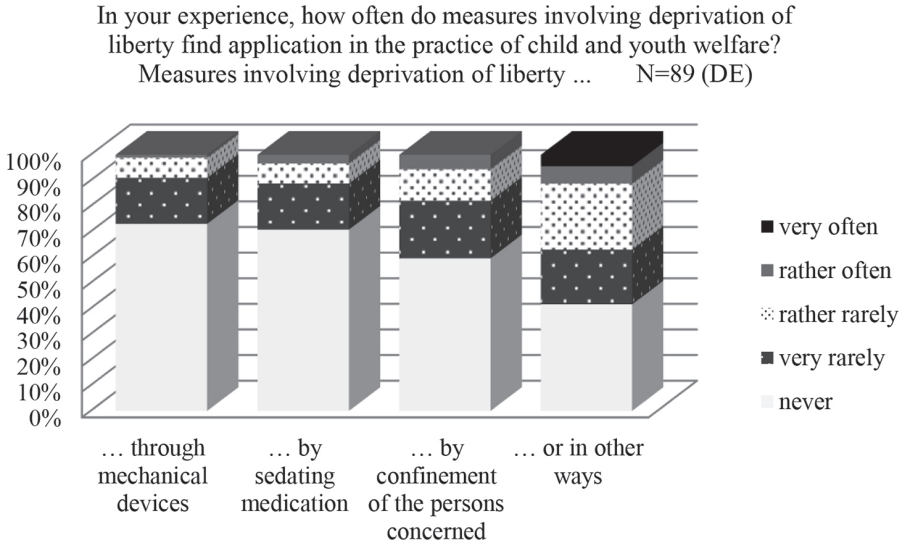
Measures depriving of liberty
The practice of custodial placement in child and youth welfare is not a new phenomenon. There have always been children and adolescents who were deprived of their liberty. However, this form of placement was taboo in the professional discussion for a long time, and it was not until the late 1990s that it became the subject of differentiated professional debates. The growing willingness to address the issue since then is due to a number of developments, debates, and controversies with different motivations. One example is the discussion of placement in institutions in the 1950s and 1960s and the massive violations of children's rights, particularly in custodial care at that time, and the discussion of custodial measures in the light of the UN Convention on the Rights of the Child (United Nations General Assembly, 1989).
Deprivation of liberty includes anything that prevents a person from moving forward. In other words, if someone or something comprehensively deprives a person of exercising their personal freedoms.
In Germany none of these measures may be applied without a court order, even if the legal guardians have already agreed. Such a deprivation of liberty may only be used in extreme emergencies (Ultima Ratio) and only if there is really no other possibility. It may only last as long as absolutely necessary. These measures intervene absolutely in the fundamental right to freedom. Section 239 of the German Criminal Code states that persons who carry out such measures on another person without the approval of a family court can be punished with a prison sentence of up to 5 years or a fine (Act Strafgesetzbuch, 2021).
In Hungary, the restriction of the personal freedom of a child growing up in an institution may only be ordered exceptionally (Act No. XXXI, 1997:§81.A.(2)). When a child endangers his or her own health or life or that of others and this can only be prevented by immediate monitoring in closed rooms or by safe isolation, the head of the special children's home may restrict the child's personal freedom for a period of 24 or 48 hours (Act No. XXXI, 1997:§81.A.(5)). If the restriction of personal freedom is expected to be necessary for more than 48 hours, an order for the child's supervision by the guardianship authority shall be initiated (Act No. XXXI, 1997:§81.B.(1)). The duration of supervision may not exceed two months (Act No. XXXI, 1997:§81.B.(3)). In all other cases, the child's parent or guardian decides.

There are near-body and far-body measures. Anything that directly prevents someone from moving is a near-body measure. Examples include raised bed rails and restraint belts. Measures away from the body involve anything that indirectly prevents someone from getting away, such as locked doors or windows, taking away clothing, or blocking pathways.
Sedating drugs (drugs that calm someone down and make them sleepy) and threats are also custodial measures.
Confinement: If someone is prevented from moving freely because he or she must stay in the room, for example, and someone actively prevents the person from leaving, and this confinement lasts longer or is carried out on a regular basis.
Time-out room: In some facilities, people are locked in a low-stimulus room to calm down. This room is often called a time-out room. However, it can also be called something else. The goal is for that person to regain calm through the low-stimulus environment. It is about social and communicative exclusion. This person is hardly ever spoken to. It is not communicated as "locking away," but is actually just that. The time-out room is also often misused as an educational measure.
Fixation: This means "tying down" a person to a bed, chair, or similar. Common is a so-called "five-point fixation by means of straps" to the bed. Special straps are used to fix the person to the arms, legs, and body. In addition, it is possible to attach a belt to the head to prevent the head from hitting the bed. The person is thus prevented from moving and cannot even scratch himself. The freedom of movement is completely eliminated.
Sedation: Sedation is also called "chemical restraint". The person is sedated by the administration of sedating medication.
Participants of the survey were asked how often, according to their experience, measures involving deprivation of liberty find application in the practice of child and youth welfare.
The measures involving deprivation of liberty were divided by us into the following:

- by mechanical devices (bed rails, hand/foot/body restraints, abdominal belts, fixation blankets, etc.)
- by sedating drugs (sleeping pills, neuroleptics, and other psychotropic drugs, if they are given to prevent residents from moving around in the facility or leaving it or to establish calm in the home)
- by locking up the persons concerned (closed living area, locking residents in their room, locking them in the "rest room" or isolation room, secured elevators, locked entrance doors, e.g., with number combinations, etc.)
- or in other ways (restraint by staff, exertion of psychological pressure through prohibitions, coercion or threats, removal of clothing and shoes, etc.)

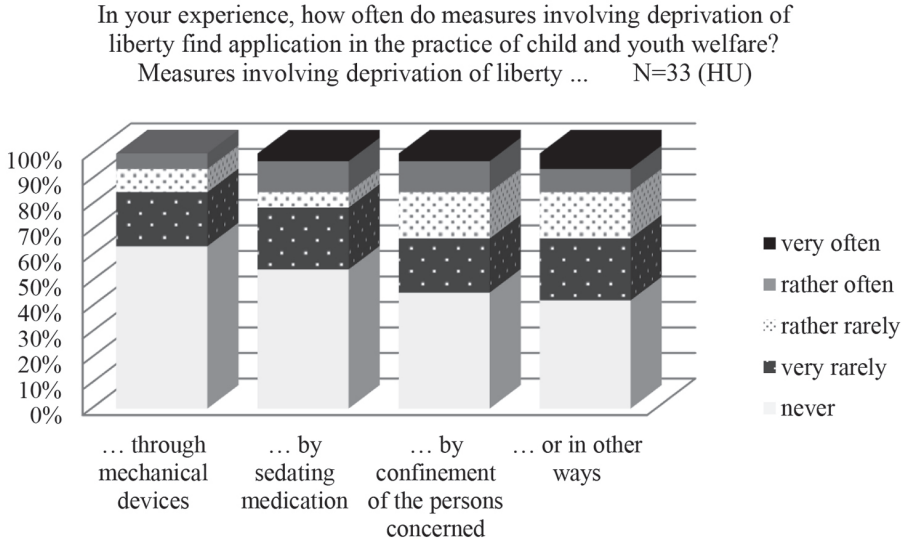
Participants were also asked how often, in their experience, measures involving deprivation of liberty find application in the practice of child and youth welfare. This question referred to measures through mechanical devices, by sedating medication, by confinement of the persons concerned and in other ways.

Graph 3: Application frequency of measures for deprivation of liberty in Germany



The most frequently described measures in Germany where measures in other ways (restraint by staff, exertion of psychological pressure through prohibitions, coercion or threats, removal of clothing and shoes, etc.): 4% of respondents say this happens very often, 7% rather often, 26% rather rarely, 21% very rarely, and 42% never. The next selected measures are by confinement of the persons concerned (6% rather often, 12% rather rarely, 22% very rarely, and 60% never) as well as by sedating medications (3% rather often, 8% rather rarely, 18% very rarely, and 71% never). Measures through mechanical devices was selected last by the participants (1% rather often, 8% rather rarely, 18% very rarely, 73% never).

Graph 4: Application frequency of measures for deprivation of liberty in Hungary



The most frequently described measures in Hungary where measures in other ways (restraint by staff, exertion of psychological pressure through prohibitions, coercion or threats, removal of clothing and shoes, etc.): 6% of respondents say this happens very often, 9% rather often, 19% rather rarely, 24% very rarely, and 42% never. The next selected measures are by confinement of the persons concerned (3% very often, 12% rather often, 18% rather rarely, 22% very rarely and 45% never) as well as by sedating medications (3% very often, 12% rather often, 6% rather rarely, 24% very rarely and 55% never). Measures through mechanical devices was selected last by the participants (6% rather often, 9% rather rarely, 21% very rarely, 64% never).
Furthermore, the participants were asked for their opinion, what would be the grounds for the justified use of measures for the deprivation of liberties.
In order to justify custodial interventions by professionals towards clients, "protection against danger to self" is the most frequent reason given by respondents in Germany (91%). Followed by "danger to others should be avoided" (81%). The "danger of running away" (8%), "restless residents should be able to relax" (3%), "for the purpose of supervised education in individual cases" (2%), "because professional staff sometimes feel overworked" (2%), "fear of complaint from relatives (e.g., due to child welfare endangerment)" (2%), "other residents should not be disturbed" (1%), "because the client leaves the professional no other choice" (1%) and "fear of legal consequences (e.g., running away)" (1%) are also selected by respondents. The options "residents cannot be looked after permanently", "for the purpose of supervised education as a cross-case facility-specific concept", "because it is sometimes the simplest solution", "to ensure a smooth workflow", "fear of criticism from superiors (e.g., running away)", "common practice in the facility" and "order by superiors" where not selected at all.
In order to justify custodial interventions by professionals towards clients, "danger to others should be avoided" is the most frequent reason given by respondents in Hungary (73%). Followed by "nominated protection against danger to self" (36%) and "danger of running away" (36%). "Restless residents should be able to relax" (15%), "for the purpose of supervised education in individual cases" (15%), "because professional staff sometimes feel overworked" (15%), "fear of legal consequences (e.g., running away)" (15%), "other residents should not be disturbed" (12%), "because it is sometimes the simplest solution" (12%), "fear of criticism from superiors (e.g., running away)" (12%), "because the client leaves the professional no other choice" (12%), "common practice in the facility" (9%) and "order by superiors" (9%) are also selected quite often by respondents. "For the purpose of supervised education as a cross-case facility-specific concept" (3%), "to ensure a smooth workflow" (3%) and "fear of complaint from relatives (e.g., due to child welfare endangerment)" (3%) are also chosen. The option "residents cannot be looked after permanently" was not selected at all.

Behaviour towards clients

"Social workers should treat the people who use their services with compassion, empathy, and mindfulness." (IFSW, IASSW, 2004:5)
Regarding this Statement of Principles from the Professional Conduct for Social Work participants where asked in an open question how clients know that they are being or have been treated according to this policy at their facility. Afterwards they were asked if they have already observed violations of this guideline in their field of work. In Hungary, 39% answered yes (61% saying no) and in Germany, 56% of participants said yes (44% answering no). The persons involved in the questionnaire were also asked to give one or two examples in an open question if they answered yes. Just a few examples can be mentioned here, which are exemplary for all the open-ended answers:

- "Client complaints were not forwarded. Measures were terminated without client hearing."
- "Degrading attitude towards clients by individual employees."
- "Adolescents have to wait outside in the Help Plan Meeting while the adults are discussing. Solutions are worked out in professional discussions without the participation of the parents or children/adolescents."

- "Private Chanel use or WhatsApp, Facebook.... Private contact with clients after discharge from the facility."
- "Stigmatization, prejudice, and latent racism."
- "A professional caretaker having an intimate relationship with a youth client. / Inappropriate name-calling of youth in the office."
- "Professionals take client's behaviour personally. / Professionals lose their temper / Professionals devalue clients / They do not check their (negative, devaluing) hypotheses, but are biased. / They have prejudices and do not reflect this."
- "Exercise of power, threat of taking young person into custody."
- "Clients are pressured to do things they don't want to do. Client suggestions are ridiculed and not taken seriously."
- "Within team meetings, clients are talked about in a derogatory way."
- "The clients were not taken seriously in discussions, and their stated wishes were not respected or even the cooperation with them was very deficit-oriented."
- "Does not listen to the client or tries to downplay the client's problem ("oh come on, that's nothing, it's much worse for me...!")."
- "The case managers in our service do not visit their families, the clients are ridiculed or mocked. For us it is not about helping. Some of the clients do not even know that their child is in protection because of the lack of information."
- "Treating the client as a subordinate and being verbally or physically abusive."

The implementation of the guideline is reflected on the one hand in the attitude of the social workers, which is characterized by appreciation, respect, respect for the self-determination of the counterpart, interest, and attention, and on the other hand in the concrete conduct of the conversation and in the professional, reliable, authentic and friendly behaviour. In addition, suitable framework conditions and sufficient time resources are essential. 39 percent of the Hungarian respondents (n=33) and 56 percent of the German respondents (n=89) stated that they had already observed clients not being treated in accordance with these guidelines in the course of their professional activities. The examples of quotes from the questionnaires described above give an illustrative insight into certain realities in the practical field.

Implications for the social work profession

At the end, the research participants were asked in two open questions what reasons they might have for not acting in accordance with the ethical guideline and what they would need to do so.

What are the reasons for not being able to fully realize what you consider to be good socio-pedagogical / social work activities?

The answers can be grouped into seven categories: structural, organizational, and funding reasons; individual issues; (lack of) appropriate qualifications; lack of cooperation; bureaucracy; recognition of the profession and giving help.

Among the main reasons, structural, organisational, and inadequate workplace climate ranked first. Most responses mention lack of time, workload, lack of staff, lack of support and resources at work, lack of supervision, and prolonged stress. These are coupled with lack of skills, or even poorly trained, incompetence, lack of cultural sensitivity. Professionalism takes a back seat, lack of knowledge of rights has serious consequences in this area.

The dual mandate of the social profession is also mentioned, a key issue for this profession. The level of social recognition of the profession and the esteem in which it is held is rated low by professionals.

The lack of cooperation between colleagues and organisations also makes the work difficult.

The presence of bureaucracy in the profession is very strong. Documentation and administrative

activities reduce the efficiency of work and take time and energy away from important areas. And finally, as regards individual causes, the individual situation of both clients and their relatives, as well as the individual feelings, experiences, and values of the professional, play a decisive role. It is precisely because of these factors that professional assistance is hampered.

What would you need in order to be able to fully realize what you consider to be good socio-educational/ social work?

The answers are grouped into six categories (each is listed below with a short summary of the answers).

- Immediate work environment (colleagues/team)
- An intact team that is able to communicate with each other and is supportive and professional
- Employment framework (responsibility of the employer)
- Better training on and in the job. More staff, good payment, and more financial resources for the institution. Better working conditions (equipment and space). Support from management and better suited management. Communication and networking with other professions, more focused training, and flexibility in the actual work with the clientele.
- Working conditions in general
- Different child protection system (see the social framework category) with more resources (monetary, staff, room for decisions) and professional knowledge
- Social framework
- A different (political) system where people act differently and understand the needs of the clientele better; a better recognition of social work and its work in society (prestige and payment)
- Time
- More time for everything (work with the clientele training, teamwork); this was a very common answer which would need change on different if not all three social levels.
- Clientele and their environment
- The few answers in this category stand out somewhat because they basically call for a different (easier) clientele. One reason for this might be a lack of working methods in dealing with the clientele.

The changes called for in the participants' responses can all be located on the micro, meso or macro-level, but on a closer look most are not exclusive to one level; most of the needs are interrelated. For example: A professional team needs a good training, a supportive management, and enough resources (e.g., higher salary, lower caseload).

CONCLUSION

Professional action in social work requires both awareness of moral norms, standards, and values on the one hand, and the ability to ethical reflection on the other. It is precisely the latter that distinguishes professional from merely occupational action in social work as well. In order for ethical reflection to actually become a component of every social professional practice, it requires the practice of certain ethical processes and competencies as well as the establishment of institutionalized opportunity structures, in which the ethical reflection skills can be developed and stabilized.

The results of the study show that in everyday practice violations of professional morality occur or can occur in social work. Due to the essential importance of the ethical framework, conditions of social work must be such that acting in accordance with professional morals is possible and desired in accordance with professional ethics. The open answers under the section "implications for the

social work profession" give an idea about various structural features that could support social work in accordance with its ethics.

Especially the results regarding violence and abuse towards clients are particularly worrying, above all very alarming if we consider that institutions of child protection should be spaces of knowledge and protection for underage clients. For example, interview partners in both countries mentioned that they experienced verbal, physical, psychological, and sexual abuse towards youth clients in their field of work from professionals. But when they were asked if protection concepts for the prevention of sexualized violence exist at their own facility, only 36 percent in Hungary and 64 percent in Germany replied yes.

Structures that could help to prevent and deal with violence and abuse towards clients appear to be in particular need of improvement in some facilities. At quite a number of institutions the topics and certain ethical dilemmas are not an explicit part of the regular discussion, and complaint systems are missing or unknown. The implementation of a complaint instrument as well as the expansion of opportunities for participation for clients and relatives would make a positive contribution. Appropriate policies and structures can help prevent violence and address incidents of violence that have occurred in a way that reduces their frequency in the future. Furthermore, in order to reduce violence and unethical behaviour, a good error-culture is particularly important. There is clearly room for improvement to develop a more comprehensive number of institutions into safe spaces for clients and places where ethical principles of the profession can be lived out.

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Communication with the Hospitalized Patient and Ethical Dilemmas in the Covid-19 Pandemic

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Abstract
OBJECTIVES: This article aims to identify and analyse the constraints felt on the communicational dimension and ethical dilemmas aroused from the professional practice in the context of the COVID-19 pandemic by the Social Work department of Hospital do Litoral Alentejano, from March 2020 to February 2021. THEORETICAL BASE: This a research of empirical basis, based on the biopsychosocial model for intervention in health, applied to the provision of psychosocial care to the patient, family and/or carer. METHODS: This reflection is a case study on the constraints felt on the communicational dimension with the patient, the patient's carers, and health professionals, stemming from the impact the disease had on clinical and social care services, the organisation and functioning of healthcare service providers. OUTCOMES: Development of communication competences adjusted to a context of a pandemic crisis (or other) and the reinforcement of an ethically driven reflexive practice. SOCIAL WORK IMPLICATIONS: Adoption of a creative professional practice, in response to the identified constraints and ethical dilemmas, to safely assure continuity of care.

Keywords
COVID-19, pandemic, hospital social work, social worker, communication, ethical dilemmas

INTRODUCTION

The decision to present this article arose from Social Work supervision sessions held between Social Workers and the Service Director, as well as the joint reflection, developed on a weekly basis. This article results from the daily professional practice in the context of the COVID-19 pandemic by the Social Work department[7] of Hospital do Litoral Alentejano, Unidade Local de Saúde do Litoral Alentejano, from March 2020 to February 2021, throughout which the team kept working on-site. In terms of methodology, we started from an empiric basis, that is, the daily practice of Social Workers, which, given the identified difficulties and constraints, emerged as an opportunity to raise issues related to our role, our academic training and, in a broader perspective, with the positioning of Social Work in contexts of crisis and imposed measures of Public Health. This reflection is based on the constraints felt on the communicational dimension with the patient, the patient's family and/or carers, as well as our peers, stemming from the impact the disease had on clinical and social care services and the organisation and functioning of healthcare service providers.
On February 20, 2020, the SARS-CoV-2 virus was identified in Portugal.[8] On March 11, 2020, the World Health Organisation (WHO) declared the COVID-19 pandemic state of emergency[9] based on the "alarming levels of propagation and inaction" (WHO, 2020)[10]. In Portugal, for the first time since the revolution of April 25th 1974, the state of national emergency was decreed, justified by the existence of a situation of public calamity[11]. Globally, countries and their respective

[7] The Social Work Department of Hospital do Litoral Alentejano is composed of four Social Workers and the Service Director.

[8] https: //rr.sapo.pt/2020/09/28/pais/covid-19-tera-chegado-a-portugal-a-20-de-fevereiro-com-origem-em-italia/noticia/208822

[9] "A pandemic is the worldwide spread of a new disease." (WHO, 2020:np)

[10] https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020 Accessed on March 10, 2021

[11] Presidential Decree No 14-A/March 18, 2020. https: //data.dre.pt/eli/decpresrep/14-A/2020/03/18/p/dre. Accessed on March 10, 2021.

healthcare systems were forced to adapt to this new reality, dynamic and demanding on resources, aiming for a concerted response that could "change the course of this pandemic", in accordance with the statement of the Director General of WHO, who appealed to "detect, test, treat, isolate, trace, and mobilize their people in the response"[12] (WHO, 2020).

This pandemic caused social changes worldwide and emphasized existing asymmetries, bringing countries to verify that, in parallel with the medical response, a social response was absolutely essential, based on the results obtained in the fight against Ebola, HIV and SARS (Truell, 2020:6). Social changes resulting from this pandemic context forced Social Work to reinvent itself in its professional practice due to identified regional specificities such as social, economic, educational, demographic, and environmental domains. As stated by the International Federation of Social Workers (IFSW), Social Work "will strongly advocate that governments must prioritise investment in people, social health, and education services and sustainability" (Truell, 2020:4).

From a theoretical perspective, Social Work uses the biopsychosocial model and interdisciplinary approach, integrating biological, psychological, social, and environmental influences on sickness and health (Lehman, in Chigangaidze, 2021:99). As a profession focused on people and their well-being, a biopsychosocial approach recognises that sickness results from the state of the individual as a whole, in which biological, psychological, and social factors combine (Lehman, in Chigangaidze, 2021:99). The biopsychosocial model can thus help explain why people with the same clinical diagnosis respond differently to the same treatment (Lehman, in Chigangaidze, 2021:99).

In this article, we assume that all behaviour in interpersonal relationships is communication, thus placing ourselves in the meta-communicational axiom of pragmatics in human communication, as proposed by Watzlawick, "you cannot *not* communicate (...) a communication not only conveys information, but at the same time imposes a behaviour" (Watzlawick et al., 1967:47). Therefore, in this perspective, we consider all behaviour to be communication, whether verbal or non-verbal.

The ethical dilemmas that are object of reflection in this work, sharing the opinion of Banks et al., are understood as "situations that give you cause for professional concern, or when it is difficult to decide what is the right action to take" (Banks et al., 2020:571).

COMMUNICATION WITH THE ADMITTED PATIENT DURING THE COVID-19 PANDEMIC

Hospital admissions in the context of the COVID-19 pandemic are considered a moment of extreme anxiety for the patient, the patient's family and/or carer[13]. Therefore, Social Work is required to address social problem-solving in a creative manner, adapting the social response to each situation and respecting the privacy and involvement of the different actors in the decision-making process, which is decisive for the prosecution of adequate clinical and social care, namely in the moment of hospital discharge.

The need to communicate with an admitted patient with acute disease due to SARS-CoV-2, or another pathology that entails uncertainty in respect of the results of the performed treatment and medical prognosis, does not vary in essence. The patient needs to be transmitted objective medical information about their clinical state, according to their own expressed will, which according to Gomes-Pedro et al. (2004:83), should encompass diagnosis, proposed treatment, and prognosis of the disease. Simultaneous to the need of information regarding the patient's clinical status, there

[12] https: //www.sns.gov.pt/noticias/2020/03/11/covid-19-pandemia/. Accessed on March 12th, 2021.

[13] "The spread of coronavirus in many parts of the world [macrocosms] has led to increased levels of anxiety [microcosms] as people become highly concerned about their lives and livelihoods (Roy et al., in Chigangaidze, 2021:105). Social isolation protocols [macrocosms] induce anxiety [microcosms] in many citizens during the pandemic (Brooks et al., in Chigangaidze, 2021:105). Anxiety is a kind of physiological stress that presents with a series of physiological events, and it can cause a decline in immunity (Liu et al., in Chigangaidze, 2021:105)".

is also the need of objective information concerning the various perspectives of resolution of the social problem the patient faces due to the disease and the implications for the patient's recovery and rehabilitation.

One of the main questions posed when communicating with the admitted patient refers to the importance of establishing an empathic and comprehensive relationship, which within circumstances of communication constraints, forces the establishment of a "non-oral linguistic convened code" (resorting to non-oral communication) with communicative meaning, between professional and patient.

Based on this prior common understanding, it is possible to acknowledge the insight that the person has of their social situation, as well as their level of engagement and participation in the decision making process with the needed consent to the proposed social interventions. Thus, it is possible to perceive the existence of an empathic relationship, giving the patient back the initiative to help us understand them and understand their social situation (Gomes-Pedro, Barbosa, 2004:74).

Communication barriers and its impact on the relationship with the admitted patient

According to Correia (2020:31), "any sickness has associated meanings, in which fears and expectations are included"; these meanings are exacerbated by this new reality, namely the fear due to a higher risk of contracting infection (by SARS-CoV-2). The new organisational requirements of the hospital space make this environment more hostile. The applied measures encompass physical distancing between the healthcare professional and the patient, obligatory use of surgical mask[14] or personal protective equipment (PPE), those being aspects with a significant impact on verbal and non-verbal communication. The perception of the existence of an empathetic, reliable, and reassuring relationship in the provision of health and social care can become significantly altered as a result.

In the opinion of Seale, covering part of the face as a result of wearing a mask, causes "the perception that the use of PPE may lead to decreased quality in the therapeutic relationship between patients and HCWs has been shown to be a significant factor influencing compliance" (Seale et al., 2014:5). The use of surgical mask hinders lip reading, which eliminates a support for communication and an aid for understanding. The utilisation of these protection measures increases difficulty for patients with visual, hearing, or cognitive impairment in the identification of the healthcare professional, and thus in the differentiation between the roles of each participant in caregiving, generating "disorientation" and "feelings of loneliness and isolation" (Alsawy et al., in Marler et al., 2021:2). In addition to the aspects mentioned previously in regard to the use of surgical mask and PPE, there is an additional constraint worth mentioning that is felt in the professional relationship between patient and healthcare professional, caused by the existence of linguistic and cultural barriers[15]. These communication barriers not only intensify difficulties in the comprehension of the disease situation they are in, but also in their participation in the identification of needs, and the definition of the discharge plan for continuity of care.

In order to minimize the constraints at the communicational level, the adoption of individualised communicative strategies need to be sought to facilitate interaction with the patient. This, in turn, would ensure the patient is made aware of relevant information about their health condition, the social needs after discharge, their involvement in making an informed decision, and consent to intervene. Among the implemented strategies to support patients, we highlight the following: at the level of verbal communication, and whenever it was difficult or even impossible for the patient

[14] "Healthcare professionals involved in the direct attendance of suspected or confirmed COVID-19 cases must wear PPE for contact and droplet" (DGS, Guideline No 007/2020, March 29:4).

[15] To Ramos (2012), thinking about communication in a time of globalisation and cultural diversity in the context of health is fundamental to the acquisition of competences in the intercultural domain of health and communication between individuals, groups, and cultures.

to express themselves orally because of the disease, closed questioning that allow for a non-verbal response from the patient were used (for example, yes/no, with a nod or head shake). This required the allocation of more time with each patient to mitigate the increased anxiety derived from communicating in a context of social distancing resorting to PPE. This way, a better understanding of the transmitted information was devised. The increase of voice volume of the Social Worker with patients with hearing impairments (due to the impossibility of physical proximity) was also important to enable the patient to understand or comprehend what the Social Worker was saying, whenever the physical setting allowed it, as a way to prevent the risk of loss of confidentiality; in severe cases of hearing impairment, the use of non-verbal communication strategies were used such as using text messages, writing questions and information, and the use of indicative gestures of confirmation or negation with head gestures (Silva et al., 2017:884; Marler et al., 2021:5–6).
To overcome linguistic barriers, and consequently, the cultural issues of the disease and of death, official services of simultaneous translation[16] were used to learn the expectations and wishes of the patient, ensuring the personalisation of health and social care. These aspects seem essential to hospital integration, involvement in treatment, and effectiveness in the process of social rehabilitation and integration. An effective, adequate response to the healthcare needs of these patients, with or without COVID-19, greatly surpasses interpretation and/or translation, but demands from the staff competencies that "require knowledge on the contexts of origin and cultural references which will be worked with", which makes it a job of a high level of requirement (Matias, in Carmo et al., 2020:69–70).
These communication issues limit the patient's expression of their perspective on the illness they are going through, their perspective on the resulting social issue, which consequently affects their participation in the decision-making process relative to the discharge plan for continuity of care (DPCC) which presupposes the participation of the patient, the multidisciplinary team (doctors, nurses, social workers, therapists, psychologists and nutritionists) as well as the patient's support system, namely family and/or formal carers.

WHAT CHANGED IN THE COMMUNICATION WITH THE FAMILIES?

As stated in the Code of Ethics for Social Workers in Portugal (CESWP), communication lies within the scope of specific competencies of the Social Work, namely: "technical operational and reflexive competencies – knowing how to communicate, mediate, diagnose, plan, execute, and evaluate, on the basis of a scientific, multidisciplinary, and interdisciplinary framework" (CESWP, 2018:6). According to Carvalho (2012), *"social service intervention always has communication as a reference, as a fundamental structure, based on a relationship of trust supported by communicational attitudes in listening, dialogue, understanding, and professional secrecy. This trust in the established professional relationship, being decisive for the intervention, confers stability and consists as a reference to the effectiveness of communication itself"* (Carvalho, 2012:160–162).
The communication with families during the pandemic crisis was also affected. Social Work interviews were carried out remotely (via telephone), often dominated by emotions and feelings resulting from the strong impact of the family member's disease and atmosphere of pandemic emergency on the families' lives. In this health reality, emotional reactions are expected to be amplified by the social representations of the disease by COVID-19 (Sá et al., 2008:np), thus, the individual and social connotation ascribed to the disease. The needs of the families focused on gathering and updating clinical information due to the severity of the disease COVID-19 and its association with poor medical prognoses and/or death. These factors, in conjunction with the restriction and suspension of hospital visits and follow-up of the admitted patients, in

[16] Telephone translation service of the High Commission of Migration of the Ministry of Internal Administration.

the fulfilment of guidelines of the Portuguese Health Authority, caused high levels of anxiety associated with the perception of the lack of a constant update on the clinical status of their sick family members. These circumstances led to an increase of signs of distress, fear, doubt, and uncertainty, as well as a constant search for updated medical information. Given this reality, social workers have, in the communication with the family and/or carers, faced the need to strengthen the investment in emotional support, which resulted in an increase in the time length of remote social consultations and their frequency. Congruently, it aimed to ease the expression of emotions and feelings which called for a higher sensibility and concentration on the part of the professional. Notwithstanding the predominance of Social Work interviews and remote monitoring, there was always the concern of keeping good practices, specifically those aiming at creating an empathetic environment, making it possible to establish a relationship of trust with the family and/or carer. In Table 1, as follows, we summarise the open questions that, in general, were used in the first Social Work interview with the patient's family and/or carers, performed for the DPCC.

Table 1: Adaptation of their daily professional practice

Questions raised to the patient's related person	Objectives
Are you available to talk now or should I call later?	Allow the family member and/or carer to decide the opportunity, or not, for the contact with the Social Worker.
What do you know about the diagnosis and clinical condition of your family member?	Get to know the information that the family member and/or carer has on the patient's clinical situation.
Have you considered the support needs of your family member after discharge?	Orientate to the need to reflect on the needs of family (re) organisation (or social response) and incite decision-making.
Can I help you look for …?	Show availability to mediate the resort to social responses or others deemed necessary by the family members.
When do you expect to be able to carry out the diligence?	Establishing contract[17] and partnership for the resolution of the patient's problem-situation.
May I contact you again on ...?	Monitor the realisation of the established contract between the parties, Social Worker and family and/or carer, to obtain an adequate family and/or social response.

According to Twycross (2003:37), "the family (…) needs time to adjust to the implications of the diagnosis", which led to a constant attempt to balance the social needs and difficulties of the family and/or carer, service requirements and hospital care, and institutional guidelines in the situation of a public health emergency. The Social Worker, keeping in mind that the *family's time* to assimilate the clinical diagnosis does not match the *institutional time* for the demand of a discharge plan, took on, in a timely manner, a significant role in the communication of bad news[18] regarding the loss. In these situations, the intervention focused on the deconstruction and clarification of this reality, as it created new personal needs, with an impact on the functional reorganisation of the family and the acquisition of new roles for its members.

During the COVID-19 pandemic, suspension of visits to the admitted patient, paired with health illiteracy among some of the patients, hindered the understanding, on the part of the family and/or carer, of the real healthcare provision needs of the patient after hospital discharge. For this reason, we found that in some situations, resistance and refusal to benefit from an adequate social response were observed in the carer, as often, those people kept as reference the functional situational of

[17] Verbal agreement between the Social Worker and the family member and/or caregiver, concerning the diligences to be carried out by both parties for the resolution of the patient's problem-situation.

[18] To Carvalho, it means to "transmit information that seriously and adversely affects the vision the patient might have of the future" (Carvalho, 2012:119).

the patient at the time of hospital admission. This circumstance, reinforces the importance of the active engagement of the family and/or carer, during hospitalization, in the provision of daily life care, for the preparation of clinical discharge and continuity of care at home.

COMMUNICATION BETWEEN PEERS AND OTHER HEALTHCARE PROFESSIONALS

In times of public health emergency, local operational planning takes on special relevance in the conciliation of an integrated, multidisciplinary intervention between the different levels of healthcare. For the intervention of Social Work in a situation of pandemic crisis, the streamlining of work processes with the definition of procedures, creation of information flowcharts, and identification of communication circuits have a significant impact on the facilitation of communication between peers and other healthcare professionals, improving speed of the social response, and qualifying social intervention (Xenakis, 2021:2–3).

At the level of hospital care, the portfolio of services of Social Work, in addition to other actions, integrates the DPCC. The development of this process demands for regular communication with peers and other healthcare professionals, at the internal and external level, to share clinical and social information about the patient and family. Attending to the need of streamlining communication between care providers, we highlight the importance of normalisation of procedures in gathering objective, non-medical information. As an example, we point out the difficulties encountered in the development of a proactive social intervention due to the lack of identification of the patient's reference person[19] (and substitute[20]), at the time of admission to the hospital, as well as of the main informal carer[21] (MIC), which are essential factors for the beginning of the DPCC in the multidisciplinary aspect. Taking into account the experience obtained during this time, it seems to us that due to the change of the reference person and carer in consequence of becoming ill from infection by SARS-CoV-2, the need of prophylactic isolation, the overload due to providing healthcare to other sick family members, or the great lack of personal competencies for the situation, there is the need for further reflection on future pandemics or similar social crises (Quenot et al., 2020:193).

As for hospital Social Work in the context of acute disease, the social evaluation of the patient and family is based on the interview technique, substantiated in the Social Work interview[22], conducive to the preparation of a social diagnosis and the establishment of a Personal Continuity Plan (PCP). In the analysed period, the use of this tool was impacted by remote Social Work interviews. Therefore, the observational component of the interview, sustained by in person Social Work interview, was lost. Such circumstances, in our understanding, lead to the impoverishment of knowledge and deepening of the social assessment of the patient and family context, with an impact on the content of social information transmitted to peers, other healthcare professionals, and social partners, in the established articulation at the inter-institutional and intra-institutional levels. Considering this constraint, we find it necessary to endow Social Work with the technological

[19] "The items that were classed by the respondents as being the most important attributes for a reference person were the following: knowledge of the patient's wishes and values, emotional attachment to the patient, adequate understanding of the clinical history (…)" (Quenot et al., 2020:193).

[20] In case of unavailability of the reference person there would a substitute.

[21] Ordinance No 2 of January 10, 2020.

[22] The Social Interview, from the Social Work point of view, "(…) can be defined as a process of social interaction in which the interviewer aims to obtain information from the respondent. As a technique of information acquisition, it is an attentive conversation oriented by the interviewer for research purposes, by which it is sought to get a better understanding on the behaviour and awareness of the inquired subjects, as much as possible in its given, objective state. Thus, the interview is a means to procure information relative to a specific object" (Colognes, Mélo, 1998:143).

resources that allow effective remote social work interviews, always ensuring conditions for confidentiality in the contacts established in this way.

Another feature identified in environments that required streamlining of social processes for the provision of urgent social responses in a timely manner, considering the pressure faced by hospital services for having to free up hospital beds, is the lack of work tools standardised for social diagnosis and the transmission of information for the continuity of social care. This means that resorting to standardised social information in the different typologies of care (primary healthcare, hospital care, and continued care), in periods of pandemic crisis could reduce information sharing deficits and the probability of errors in the identification of the social diagnosis and social needs for the continuity of care.

The clarification and understanding of social issues of patients and their families could result in the qualification of social treatment and appropriateness of the obtained social response.

We also consider as an unfavourable factor in the daily professional practice the lack of existence of standardised communication channels between peers, such as computer tools, which improve the flow of transmission of social information. This circumstance, from our perspective, hinders the effectiveness of integrated social care provision, could form an obstacle to good communication and impede knowledge, in due time, of the patient's social history and development of ongoing social processes. In sum, it reduces the efficiency and effectiveness in the performance of Social Workers and increases time and effort spent by the professionals involved, with consequences to the quality of social response to the patient, family, and carer.

Therefore, following these findings, we argue that it is important to develop models, instruments, and tools for a more responsive and comprehensive assessment allow for a prompt articulation and existence of a standard model of social information, fundamental and common to the different levels of care.

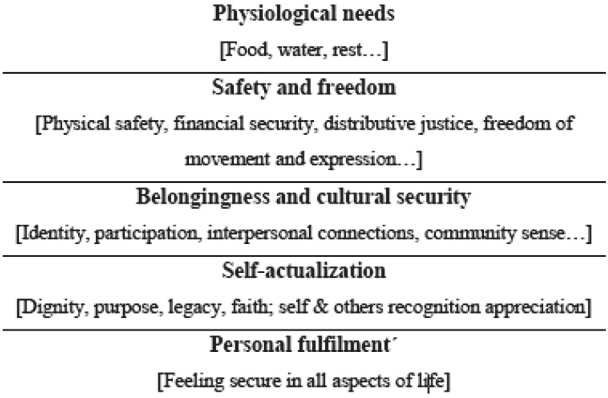
ETHICAL DILEMMAS IN THE INTERVENTION OF THE HOSPITAL SOCIAL WORKER IN THE PANDEMIC BY COVID-19 – THE PATIENT'S RIGHTS

The development of the professional practice in a social and institutional environment of great demand in terms of swiftness in assessing and developing social intervention due to the influx of patients, the need to free up beds and allow treatment of situations of acute disease, and the persistence of families in demand for information while showing high levels of anxiety, pose ethical dilemmas to the practice of the Social Worker. The majority of these ethical dilemmas are related to the obligation to guarantee the rights of the patient. We consider that a global question is raised in face of a pandemic crisis: to what extent are those rights affected, from a medical and social point of view?

According to the CESWP, one of the principles of the profession is related to the promotion of human rights and social justice. In scenarios of social crisis, although these presuppositions obviously remain, the action of professionals requires an adjustment in order to address the fundamental needs[23] of the patient, family and/or carer, which are presented in the following paragraph (Figure 1).

[23] In the analysis of the fundamental needs of the human being, and in the context of the present article, it is important to consider that "(…) human beings are of a social nature, and as such, it is believed that one status on the fulfilment of needs will consequently, in a direct or indirect, non-hierarchically imposed manner, impact how socialization and overall participation in society happens" (Macieira de Sousa, 2018:7). This theory represents the interconnection between physiological needs, safety, freedom, network of belonging, social security, self-knowledge, and personal fulfilment, without a consequential link between the different types of needs. Therefore, motivations to attain them are directly related, in contrary to Maslow's idea of fixed levels of needs that are not interdependent (Wordsworth, 2017:np).

Figure 1: Working Human Needs Framework



In short, the primary objective of the work developed by Social Workers is directed toward the satisfaction of fundamental needs, thereby making it relevant to question what needs we ought to refer to, and/or prioritise, when facing multiple demands for social response, which contrast serious difficulties deriving from the scarcity of physical, material, financial, and human resources. Acknowledging that "health issues are not purely biological, but also conditioned by the social, economic, political, and cultural structure" (Carvalho, 2012:45), and that a pandemic affects and worsens vulnerable social situations, it has been clearly found that social cases in the hospital context have increased in dimension and complexity.

Thus, with a greater influx of patients suffering from aggravated social problems emerges the ethical dilemma of prioritisation of needs of patients that take distinct forms in the context of a pandemic, a context in which, as mentioned previously, material, financial, and social resources usually become scarce. The reduction of resources, among others, had the underlying conditions of the norms and measures imposed by the government, forcing the reorganisation of health and social-based responses, thereby limiting the response capability to the patients' problem-situations. An example of the above is the suspension of social response of the day care centre[24], leading to an overload of the social response of Home Support Service (HSS), which does not respond equitably to the needs of people. As a consequence of these constraints, in some of the identified social problems, despite always guaranteeing the resolution of the situation and satisfaction of the patient's needs for a safe hospital discharge. Therefore, there arose the need to resort to the available social response to best meet the patient's needs, not always corresponding to the most technically adequate response.

Due to the complexity of this situation and environment which includes scarce resources, and the need to prioritise acute patients in the hospital system, this did not always meet with the expectations of the person or their family and carers. The described circumstances almost always originate a perception mismatch between received and perceived technical support. According to Gabardo-Martins et al. (2017:1886): *"perceived social support is the awareness that support is*

[24] Article 9 of the Decree-law 10-A/March 13, 2020 determines the suspension of curricular, non-curricular, and training activities, stating in item 2 that "activities of social support developed in Occupational Activity Centres, Day Care Centres, and After-School Activity Centres are also suspended". By the Resolution of the Council of Ministers 19/2021, it has been determined that, from April 5, 2021, onwards, according to a "(…) strategy of lifting containment measures, in the scope of the fight against the Covid-19 pandemic", for example, social facilities could reopen.

available if the individual needs it, while received support occurs when the individual actually receives some form of support (Cramer, Henerson, Scott, 1997). The authors Zimet, Dahlem and Farley (1988) consider perceived social support as encompassing three dimensions, those being, family support, support from friends and support from significant others, shaped by the patient's perception of the support received. The different perceptions referring to the Social Work support given can lead to additional constraints in the relationship with the patient, family, and/or carer, a relationship intended to be of trust, that is absolutely necessary for a successful social intervention and to obtain previously defined results.

Going through the Charter of Rights of the Admitted Patient (Carta dos Direitos do Doente Internado; DGS, 2005), we find that constant rights are within the scope of several legal texts published on human rights. In Table 2 below, a summary of the patient's rights related to the defence of human rights is displayed: the right to benefit from continuity of care; to be informed of the existing levels of care; and to the preservation of the right to confidentiality of all of their personal health information, data protection, and privacy (DGS, 2005:np).

When talking of Human Rights, a question is raised: can we claim, in a pandemic emergency, that the rights of the patient remain fully assured? It is our conviction that indeed, concretely, they must be guaranteed beside social, health, and housing rights, which become particularly relevant in the prevention, containment, and treatment of populations.

Table 2: The ethical dilemma for Social Work in the fulfilment of the rights of the admitted patient

Rights of the Admitted Patient	***Ethical dilemma for Social Workers***
Charter of rights of the admitted patient (DGS, 2005:2–11) *"1. The patient has the right to be treated in respect to human dignity."*	"Human dignity promotes the person in processes of capacitation, leading to a free, responsible way to act, expressing through attitudes, words, and actions." CESWP (2018:8) Even though the practice has been developed with the patient's best interests in mind, the imposed social distancing measures have frequently conditioned this relationship, enabling the knowledge of the patient's social situation through a third party, such as the family and/or carer.
"4. The patient has the right to the provision of continued care."	The intervention carried out by Social Work has never disregarded the guarantee of continuity care to the patient, despite having limitations on the level of typology of social responses.
"5. The patient has the right to be informed about the available healthcare structures, their competences and care levels."	Whenever direct contact with the patient was not possible, social care information was transmitted to the reference person identified by the patient, to the one presenting themselves as the reference person, or based on registration in the clinical process.
"9. The patient has the right to confidentiality regarding clinical information and any elements of identification related to them."	On-site social consultations in the context of admission suffered changes especially due to taking place in a ward where other patients were present as well. This practice may have compromised confidentiality and the building of trust in the relationship with the patient for not allowing the sharing of their situation in a safeguarded environment. As for remote social consultations, these may have not cautiously respected confidentiality regarding the patient's social situation, given that they occur in an external setting and beyond the Social Work's control.
"11. The patient has the right to privacy in the provision of each and every medical act."	Even when direct contact with the patient was not possible, the only information transmitted and shared was that which was necessary to guarantee continuity of care, maintaining privacy and professional confidentiality and "exceptionally safekeeping life and security, as well as physical, psychological, and social integrity." (CDAS, 2018:13)

Reinforcing the information described in Table 2, the admitted patient in a hospital unit is, above anything, a citizen with rights and duties, and cannot be evaluated only in the scope of their pathology, disability, or age, but instead as a whole in a vision of human dignity. Any carer must, therefore, protect the "rights of humans and citizens, which are universally recognized, and the following principles: non-discrimination and respect for the person, their individual freedom, private life, and autonomy" (DGS, 2005:2).

Attitudes for the Social Worker to adopt in face of the ethical dilemmas

"Social Work is a unique profession and ethics are essential in its practice. What distinguishes this profession from the rest is its goal: the subject and human relations" (Carvalho, 2016:41). The intervention aims to respond to the human needs which result from the person's interactions with their surroundings, as well as the investment in the resulting potential, either of the person's development of a response to a situation of crisis or the empowerment of the individual. We share the same conviction as APSS of Social Workers of having "the goal to promote the wellbeing and self-realisation of its users, the development and disciplined use of knowledge about human and social behaviour, as well as the development of resources to meet individual needs and aspirations in a perspective of greater social justice" (APSS, 2003).

The principles and ethical values inherent to the practice of Social Work are based on the procedures to adopt in the face of problem-situations, as well as the professional relationship with the patient, family and/or carer, peers, and other social actors.

When talking of ethics in Social Work, we highlight not a static, normative vision, but a dynamic one with the intent to reflect and rebuild (Carvalho, 2016:48). Ethical consciousness is crucial to the professional practice (CESWP, 2018:10), being one of the essential aspects in the quality of service provided to patients and their families, causing ethical dilemmas in periods of social crisis that force the professional to reflect upon their action and benefit from additional support (technical supervision) to aid in making ethical decisions.

To begin the presentation of ethical dilemmas of greater relevance in the professional activity of Social Work in a situation of social crisis, we point out the difficulty to maintain privacy in the contact with the admitted patient, the family and/or carer. Another identified aspect relates to the loss of privacy and confidentiality in the remote Social Work interviews (due to the presence of people in the proximity of the interlocutor). When it comes to the patient's functionality and clinical prognosis, specifically deficits acquired resulting from the disease, situations of mistrust arise in clinical and social information provided to the reference person; involvement of the family and/or carer in the provision of care during hospital stay (adding complexity to the DPCC process). The inability on the patient's behalf to consent for social intervention, originated the transference of such responsibility and the decision-making to other interlocutors, such as family and/or carer, for the need of urgent resolution of the problem-situation for safe hospital discharge. The workflow increased significantly during the period of analysis, thus requiring a greater effort of Social Workers to streamline processes integrated in a multidisciplinary team, in order to coordinate efforts and guarantee simultaneous medical and social discharge, thus preventing delays in Hospital discharge due to lack of social resolution. Adopting a strongly reflective professional practice was determinant to prevent, during the intervention process, the risk of superseding family responsibilities in favour of an urgent resolution of social situations, by imposition of the average length of stay in admission that is expected for the pathology at hand. From an ethical standpoint, a pertinent question arises in this context: how should the professional act when the family and/or carer, who possess personal skills to be partners in the planning of hospital discharge, do not comply with the timing expected at the institutional level?

The social stigma identified in regard to patients infected with SARS-CoV-2 or in prophylactic isolation, owing to the means of contagion, led to the difficulty and even refusal to provide basic services in the patients' households, such as food and personal hygiene, by the community's social

responses. This lack of social support and concurrent lack of family support, in order to comply with the isolation protocol, led to the permanence of the patient in a hospital environment with no clinical criteria. In these situations, the professional is faced with the right of the patient in medical discharge to leave the hospital and benefit from the social and health support necessary for the continuity of care. This stigmatization originated an inadequate continuity of hospital admission, causing psychological suffering in the patient and the expression of negative feelings such as outrage. Are we facing institutional illiteracy or inequality of access to social responses? We consider that this question justifies a broader debate in the local communities for the safeguard of the rights of patients. In face of an increase of patients with social criteria to benefit from the same social response [Residential Structure for Elderly People, Home Support Service, Day Care Centre, National Network for Integrated Continued Care, Residential Structure for Elderly People directly managed by the Portuguese Social Security], who takes a priority? Among situations of similar social needs, which one requires the most urgent social intervention? What attitudes should be adopted when the patient is discharged from the hospital and does not have access to an adequate social response, considering the impact of this situation on themselves and the institution? It is frequently asked of families to become involved in the process of direct care and monitoring of the patient when in shortage of social responses, and when they find themselves in isolation or substandard conditions which do not allow them to respond to this demand. This ethical dilemma brings us to question the existing policies of effective and timely support for the carer and how important it is for social professionals to bring this discussion to the social agenda.

DISCUSSION

This article brings us to consider the need for a wider debate of questions regarding the patient: until when is it important for the patient's decision, in regard to the definition of their life plan for the continuity of care, to be supported by a previous declaration written by themselves, in circumstances of functional incapacity, from a physical and psychological standpoint? As previously mentioned, there was often the need for the reference person of the patient to assume the decision making process regarding the hospital discharge, on the patient's behalf (without legal basis or power of attorney). This situation does not guarantee the patient's right to express their will.

Has the COVID-19 pandemic favoured the discussion between social professionals about the *declaration of intent* in the social sphere, with ethical value, and the identification of the reference person for the concretisation of diligences inherent to the plan of continued care? Could this procedure contribute to a change in paradigm when it comes to respect for the patient's individuality (in the case of functional status changes) and to the guarantee of implementation of their life plan, with the consistent collaboration of the family and/or reference person?

As for the family, in contexts of separation due to conflict or other reasons, is it ethical to demand of these elements to become carers of a sick patient with whom they not have a significant relationship? Faced with the insufficiency of social response to all the social needs identified amongst the patients, one of the decisions was to establish a Protocol between ULSLA and a local social institution, that guaranteed the transitory admission of a limited number of patients who were given clinical discharge. This allowed for an extension of time to gather the social resources needed to provide adequate and secure care for the patient adequate, at home or in another social equipment, based on the previously established DPCC.

In addition to this solution, the prioritization of admission of patients in social and health responses (such as Residential Structure for Elderly People, Home Support Service, Day Care Centre, National Network for Integrated Continued Care) was based on the internal management of ward beds by each Service Director.

Attending to the training needs of hospital Social Workers, as stated previously, and defending that Social Work in health should be established as an academic specialisation in Portugal, could

crisis intervention (due to a health emergency or to natural disasters) be established as a sub-specialization in Healthcare Social Work?

CONCLUSION

The alarming propagation of the COVID-19 pandemic and consequent measures imposed by the WHO, the Portuguese Directorate-General for Health, and the Portuguese Government, demanded of Social Work professionals in the hospital context to quickly adapt and define strategies aiming for the maintenance of response capability and monitoring of patients revealing social and family problems. The preparation of this article revealed itself as a unique opportunity to analyse in a reflective manner the social intervention developed during this period, in regard to the communication with the patient and family and/or carer, and the ethical dilemmas resulting from a situation of pandemic.

The professional reality undergone in this period, despite the difficulties and constraints, constituted, from the point of view of the professional practice, an opportunity to reflect on the construction of a creative intervention that responded to the social situations of patients and/or families.

These new professional circumstances have revealed flaws in the training of Social Workers who perform their duties at the hospital, namely at the level of adequate procedures for the intervention in the case of an exacerbated global crisis. They have also revealed that the need to develop and manage capabilities in order to deal with the unexpected events that have taken place throughout time, has created an environment of generalized overload of daily changes, both at the institutional level and in civil society. Specifically, this includes, permanent changes in the teams due to situations of prophylactic isolation, the development of professional activity remotely, by legal determination, both by health professionals and other institutions, and the reduction of professionals per team due to the establishment of "mirror teams". The constant norms issued and updates by the Portuguese Health Authority, obliged to an immediate reformulation in the *modus operandi* to comply accordingly.

The predominant social scenario was the fear of sickness and death where Social Workers had to maintain a professional relationship with patients, families and/or carers who were showing psychological suffering due to the fear and uncertainties associated with the disease by SARS-CoV-2. The patient and family, in some situations, revealed symptomatology at the communication level related to loss and grief, due to the death of loved ones to COVID-19, the impossibility to maintain death rituals for sanitary reasons, and also relative functional losses associated with severe sequels of the disease by COVID-19. Communication from the Social Work had to adapt to this patient and family profile, promoting the reduction of obstacles, namely doubts in regard to medical information and the lack of encouragement and hope when facing the rehabilitation prognosis and social integration.

Resulting from the lack of training in the remote communication with admitted patients, which, at first and for a while was the only means available, we conclude that a reinforcement of communicational competences, namely alternative and less common media in the professional setting, is necessary for the intervention in crucial situations in the life of the patient and their family, including treatment, cure, and recover. Our proposal is to consider the conduction of training related to communication strategies, multi-professional inter-team coordination, response in critical moments, and professional resilience.

During this time, we also identified the need of a larger investment in the definition and implementation of communication channels between peers in order to guarantee a prompt social resolution.

We also concluded that it is absolutely essential to collectively discuss and plan the architecture of a system for the sharing of Social Work information at local, regional, and national levels, which is fundamental to the development of Social Work in Portugal.

Dealing frequently with ethical dilemmas has proved the importance of a *reflexive practice* in which supervision is considered to be an adequate tool to ponder on the developed practice, hence promoting professional development, self-criticism, and personal support (for example, professional resilience). These advantages lead us to defend that the regular exercise of professional supervision must be taken as a need of Social Work hospital teams, and defines an integral part of the professional workload.

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Philosophical Concept of Citizenship in Social Work Education: Model of Norway

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Abstract
OBJECTIVES: The aim of the article is to present the philosophical concept of state and democratic citizenship in working with social service clients based on a reflection of the professional practice of social work students in Norway. THEORETICAL BASE: The theoretical basis of the concept of citizenship in social work supports the concept of active citizenship, the principle of social justice and the theory of recognition. METHODS: In the process of analysing reports and reflections of social work students, we used content analysis and open coding, through which we identified individual topics and categories. OUTCOMES: Two main categories have been identified: 1. description of the course of applying the concept of citizenship in working with social service clients, 2. benefits and importance of applying the concept of citizenship. The key findings appeal in particular to the creation of a relationship with clients, the promotion of clients' own resources and the active participation of the client in social care. SOCIAL WORK

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IMPLICATIONS: The text forms a coherent set of findings about the philosophical concept of citizenship in the theory of social work. The method of education within the specialised training of Norwegian students can serve as an example and inspiration for the application of the concept of citizenship in the practice of social work.

Keywords
concept of citizenship, social work, theory of recognition, social service clients

INTRODUCTION

The philosophical concept of state and democratic citizenship has not yet been analysed in the Central European area in the context of social work. We therefore decided to philosophically grasp the concept of citizenship and present it with the example of its application in the practical training of Norwegian students of social work.

The perception of the recipients of social work is influenced by the values of people's general view of society, ethical principles, and theories applied in social work. Social experts are receptive to this and design theories and approaches that change the position of the client of social work. (Dominelli, 2004; IFSW, IASSW, 2005; Ewijk, 2009; Payne, 2016). This makes leeway the personal decisions of social workers in ethical dilemmas essential (Banks, 2006; Ewijk, 2009; Jusko, 2013). In the context of defining citizenship as a concept, we agree with Payne (2016) that a concept represents a certain way of thinking and looking at social problems, it arises when a theory is developed, and a plan for it exists, and represents a certain number of appropriate interventions. Policies, theories, interventions, and descriptions of the processes are also constructed and developed upon, according to given concepts (Payne, 2016).

There is a difference between state citizenship and democratic citizenship that provides a number of legal and formal rights. In practice, a particular person can only exercise these rights to varying degrees (Sépulchre, 2020). A person may, for example, be a Norwegian citizen and hold all formal rights that come with Norwegian nationality, but still have difficulty in actually functioning as a full member or citizen of Norwegian society. There are many possible causes for such a situation to occur, but the most common causes are poverty, serious or chronic illness and disability, or language problems (Thorsen, 2020).

THEORETICAL FRAMING FOR CITIZENSHIP

Citizenship has traditionally been a fundamental topic of philosophy and politics, but, from a social work point of view, we are interested in those institutions in society that embody or give expression to the formal rights and obligations of individuals as members of a political community (Turner, 2007; Payne, 2017). Historically, the distinctive core of citizenship has been the possession of the formal status of membership of a political and legal entity and having particular sorts of rights and obligations within it. Marshall first defined citizenship as 'full membership of a community' in 1950 (Marshall, 1963:72). Marshall developed a theory of post-war societies through an analysis of the relationships between social class, welfare, and citizenship; his approach to the citizenship debate proved to be seminal (Andrews, 1991; Miller, 1995; Dahl, 1998; Turner, 2007; Sépulchre, 2020). The values of citizenship were merged with those of civilisation and Weber, in 1981, was to argue that citizenship as a uniquely basic institution had its origin in the peculiar structures of a city and its policy (Grint, 2005; Turner, 2007). However, for Weber, the basis of the concept of citizenship connects with one of purely military in character (Sépulchre, 2020). A new configuration of citizenship was politico-moral philosophy, the origin of Karl Marx's (Turner,

2007; Duffy, 2017). Citizenship and civic virtues are once more seen to be essential ingredients of a civilised and pluralistic democracy. This concern for the political threat to civic culture in a market society has been associated with a reappraisal of Mill's liberalism (Turkel, 1988) and the importance of pluralism (Grint, 2005).

Citizenship has the potential to provide the essential keys to understanding. It should be clear after we understand citizenship in contemporary times which, we have seen, has roots in the word 'citizen.' Broadly, there are two conceptions of citizenship: (i) state citizenship – where the emergence of the modern state has been accompanied by the elaboration of formal legal status of an individual (Turner, 1990; Vitikainen, 2021); (ii) democratic citizenship – which refers to shared membership of a political community (Ewijk, 2009; Fourcade, 2021). Democracy envisages the individual not as a 'subject', but a 'citizen' (Sépulchre, 2020; Healy, Clarke, 2020). Rights become a crucial factor in this transformation. They express a 'claim' to civilised life, which entails 'a claim to be admitted to a share in the social heritage, which in turn means a claim to be accepted as full members of society as citizens (Marshall, 1963:76).

The 20th century has been one of implementation of earlier grand political theories, however, the results have been mixed. Both liberal democracy and revolutionary socialism have proven to be viable, though not as originally imagined. From 1870 to 1950, the first European states and finally, the United States, adapted to the societal pressures created by economic inequality and exploitation by expanding state services and creating welfare states (Womack, 2012). With the onset of the 21st century came the theme of modern citizenship. Womack (2012) described how we could say that democracy, as understood in its broadest meaning as the power of the people, is not a specific system of government but rather a base-level reality of modern society. Citizenship as an institution is thus constitutive of the societal community (Turner, 1990). Since the turn of the century, citizenship policies have been revitalised across Europe (Brochmann, Midtbøen, 2020). Established citizenship policies within Scandinavia have indicated deeply entrenched ideological attitudes, enhancement of an immigrant integration driver (Brochmann, Seland, 2010; Midtbøen, 2014), and the opportunity to take account of cognition when promoting access rights for disabled people (Brochmann, Midtbøen, 2020).

Since the early 2000, the Scandinavian nation-states have therefore developed distinctly different approaches to citizenship acquisition (Brochmann, Seland, 2010; Midtbøen, 2014). According to Foreign Nations in Norway (FN sambandet, 2020) citizenship has two dimensions: 1) inclusion and equal rights for all citizens, and 2) citizens' active participation in society. Widespread concerns of inadequate integration of immigrants underlie this development (Brochmann, Midtbøen, 2020) and Citizenship is about everyone in the population being treated as equal members of society. That is, you as a citizen have access to the same rights as other citizens, for example by having equal access to welfare services or equal opportunity to vote in political elections. The UN Convention on the Rights of Persons with Disabilities (the Convention) was signed by Norway in 2007 and ratified in 2013. The same UN Convention on the Rights of Persons with Disabilities (the Convention) was signed by Slovakia in 2007 and ratified in 2010.

The concept of citizenship in social work / citizenship based social work

We have identified 3 ways to understand the concept of citizenship in social work: **(i)** citizenship in connection with social work as a shift from a (welfare) activation state has been highlighted in the concept of active citizenship (Dominelli, 2004; Vis, 2007; Ewijk, 2009; Payne, 2016); **(ii)** in social justice from redistribution to recognition (Duffy, 2017; Honneth, Bankovsky, 2021); **(iii)** from the recipient to the citizen (Ewijk, 2009; Cangár, Krupa, 2015; Payne, 2017; Trætteberg, 2017; Sépulchre, 2020). The shift to a (welfare) activation state has been highlighted in the concept of active citizenship (Marshall, 1963; Ewijk 2009). In this strategy, citizenship as a concept has often been understood in terms of the duties, rights, obligations, and functions a person has as a member of society (MacIntyre, Cogan et al., 2019). Active citizenship is based on three principles:

self-responsibility; human and social rights; social responsibility (Ewijk, 2009). The overarching principles of social work are respect for the inherent worth and dignity of human beings, doing no harm, respect for diversity, and upholding human rights and social justice. Social work as a science and the social profession should start from the assumption that citizens can cope with their own lives and collective life, but sometimes individuals, groups, or communities need additional support. Therefore, they are two classic conceptions of citizenship in political theory: to view citizenship in terms of political participation (in the civic-republican conception of citizenship) or as a set of individual liberties and rights (in the liberal conception of citizenship) (Sépulchre, 2020).

At present, the prevailing effort in political philosophy is to address inequality through different redistribution systems. These are both financially and administratively demanding, not to mention the eternally controversial issue of justice. That the citizenship concept is an essential foundational goal for a just society; without an ongoing commitment to including everyone as a citizen, a community lacks legitimacy and minority groups are at risk, which makes us conclude that we need the recognition of the rights of everyone. Hegel's philosophy highlights the importance of the peoples' subjective identity, of their values, even characterising a struggle for freedom and justice to be constantly expanding. It is a struggle for the right to be free and recognised as equal (fully human) so that the construction of reciprocal recognition generates moral and substantially political progress: it forms a new totality, a power that has the capacity to unify different human beings through the force of universal values (Pols, 2016; Duffy, 2017). Hegel's concept of recognition is applied to contemporary social problems by Honneth (Pols, 2016; Honneth, Bankovsky, 2021). Honneth and Bankovsky (2021) uses Hegel's writings to oppose the paradigm present in modern political philosophy (in Machiavelli and Hobbes). Recognition is originally Hegel's philosophical concept and avoids a simple definition or a definition at all. In the concept lies the idea of "looking again or seeing something again." Furthermore, the term can mean: recognise, discern, fortify, acknowledge or strengthen. Recognition is a relational phenomenon; it implies that one person meets the other's life expression. This is the essence of dialogue. According to Hegel, recognition involves an ability to take the other's perspective, to understand the other's subjective world (Schibbye, 2012). Through experiencing recognition, self-esteem is developed, a condition that includes both the experience of self-worth and self-respect. Self-esteem is therefore intersubjectively grounded. On the other hand, a lack of perceived recognition, both within ourselves and from others, can contribute to having problems recognising others (Karlsson, 2012). In order to establish a solid and long-lasting relationship, mutual recognition must be present in the relationship (Schibbye, 2012). Transferred to a social work context, recognised communication means that one interacts with people in such a way that they feel valued despite facing the negative experiences, illness, or life in social care facilities. By recognising citizens as experts in their own health and by providing support to develop understanding and confidence, self-management leads to improved health outcomes, improved patient experience, reductions in unplanned hospital admissions, and improved adherence to treatment and medication (Boje, 2017).

In 2005, the United Kingdom Government commissioned research from three universities into the impact of individual budgets in England. This research was published in the Evaluation of the Individual Budgets Pilot Programme: Final Report (Glendinning et al., 2008). On the first page of the report the authors noted that the central criticism of existing social service systems by people with disabilities was that it stopped them "from enjoying full citizenship rights". We have proposed that the idea of citizenship is valuable not only as a general idea and should be taken as a goal of social policy. Social policy determines social practices and professionals in social services, the observance of rights and obligations towards recipients of social services. The key to quality social services is the reception and subsequent satisfaction of the rights and needs of vulnerable target groups. Scandinavia is changing the view of a social problem and with it also involving people in their care. Care and treatment mean supporting people to manage their own health and wellbeing (Salmon, Young, 2017). Although hailed as a universal and solidary welfare regime,

the Scandinavian welfare states are remarkably individualistic in the sense that different welfare instruments are consistently based on individual autonomy. Currently, citizen involvement in forming welfare services is becoming a critical issue in international scholarly debates (Trætteberg, 2017). Through the concept of citizenship, they continue to develop philosophical ideas (Independent Living, Personal assistance, Empowerment; Askheim, 2003). Within social services, the basic paradigm has changed, in which it is the active participation of the citizen in social services. This paradigm perceives the client as a citizen (not the recipient of social care services).
In Slovakia, the Act of the National Council of the Slovak Republic no. 448/2008 Coll. on Social Services (The Act on Social Services) defines that the recipient of social services (§3) is a citizen of the Slovak Republic, a foreigner – an EU citizen with registered residence in the territory of the Slovak Republic; a foreigner, but the said legislation introduced the term recipient of social services. The professional and theoretical starting points in Slovakia for determining the status *recipient of social services* are human-centred approaches. This understanding is associated with the approach and attitude to social work through the "Service model." In such a model, social services are about provision and reception (Cangár, Krupa, 2015). In Scandinavia, consider the social professionals' concept of citizenship: it means people in the role of a citizen. The point is that a citizen with any serious health restrictions, which often bring social problems, should still be accepted and recognised as a valuable citizen and have the opportunity not to become a passive recipient of help. To illustrate that we will use a citation from Norwegian Dementia Plan 2020 where a concrete citizen with dementia said, *"In the swimming pool I do not have dementia. There I am like others."* (Ministry of Health and Care Services of Norway, 2020:3) Regardless of whether the citizen lives with their illness at home or in a social care facility, it is important to "be a citizen." Citizens as experts in their own lives, having acquired the skills and knowledge to cope as best they can with their long-term condition. Pols (2016:2) argues that relationship citizenship is about "living successfully with others". Relational Citizenship means that people, documents, technologies, routines, and emotions become part of the interaction. Citizenship entailing duties and responsibilities of both the citizen and society (Marshall, 1963; Boje, 2017), will change when citizens are expected to change their participation and roles in health care. Payne (2017) described citizenship as a continuous process. People are constantly in the process of developing their citizenship and may at all times lose or regain aspects of it (Payne, 2017). Citizenship in professional care is relational and involves communication of dignity by acknowledging and expressing the importance of the opinions and wishes of service recipients in their everyday life. It includes the right to contribute and actively influence one's own life and social services care (Fjetland, Gjermestad, 2018). Therefore, citizenship has to do with empowerment and participation in healthcare and social services (Askheim, 2017).

Professional internship process in Norway

The education in social work study in Norway comprises a total of 30 weeks of supervised practical training, in the 4th semester there are 9 weeks with a focus on practical studies in health and social care facilities. The supervised practical training is intended to help students to develop their assessment, action, and decision-making competence by integrating theoretical and practical knowledge. All the practical training is citizen-oriented in authentic work social situations. Practical training is compulsory. Compulsory attendance makes up an average of 30 hours a week. Students have to engage in independent activity in addition to the time spent at the practice placement. The university facilitates practical training at different public and private enterprises at different levels of public administration (VID Programme Description, 2020).

The main aim of this study is to investigate the following: *How students of social work in Norway reflect on the application of the concept of citizenship in working with social service clients during professional practice in social facilities services?*

We have formulated two research questions (RQ):

- RQ1: *How do students describe the application of the concept of citizenship when working with social service clients based on their own experience from professional practice?*
- RQ2: *What benefits do students perceive from the application of the concept of citizenship when working with social service clients?*

Citizens with chronic conditions, who are dependent on health and welfare social services, have the right to sufficient access to health care services to ensure social citizenship. Citizenship in democratic welfare is expected to value both autonomy and self-determination as well as vulnerability and care. Research studies in central European countries focused on citizenship in social work are extremely rare. We have therefore tried to build a theoretical background of this concept. Moreover, we have investigated how citizenship is used in the social work practice of Norwegian students. We were searching for implicit descriptions of principles and values in different situations in social practice with a focus on citizenship as inclusion and participation by creating individual plans.

METHODS AND MATERIALS

We have used archival educational materials. All the materials were previously anonymised with regard to students. This was an exploratory study conducted through **document analysis** of student internship reports using qualitative content analysis.
The required content of the report is broadly defined, which gives space for students' personal expression and further analysis. Document analysis is a technique that can use various documents, both printed and electronic materials (Bowen, 2009). It is important to note that document analysis is a process that involves skimming (superficial examination), reading (thorough examination), and interpretation of content to provide answers to research questions (Neuendorf, 2017). It is one of the widely used procedures for analysing and reducing diverse textual material (Graneheim, Lindgren, Lundman, 2017) applying categories. In our analysis, we endeavoured to search for the similarities and recurring topics of categories.

Material and analysis

A strategic selection of internship reports was made for a Bachelor's degree in social work education in Norway between November 2019 and May 2020. All students of social work (N=86) were asked through personal and electronic invitations to participate in the study of the health internship period by allowing us to analyse their written internship reports. A total of 63 social work students (73%) signed an informed declaration of consent and gave the researchers access to their internship reports. The inclusion criterion was that the internship reports should be approved before the analysis. An internship was not approved or not submitted, and the data material therefore consists of 59 internship reports (68%). There were 46 (77%) internship reports submitted by women and 13 (23%) by men. All included assignments were anonymised before reading and analysis.

Data analysis

We conducted qualitative content analysis as described by (Graneheim, Lundman, 2004). This method is a flexible qualitative method that consists of the following six steps: 1) naive reading of the entire data material (all included the practice assignments, n=59), 2) identification of meaningful units that dealt with the focus of the problem and the purpose of the study. The selected meaning-bearing units were then 3) condensed and 4) coded individually by all three authors. In a joint analysis seminar with all the authors, the codes were discussed and collected, and systematically organised with regard to similarities and differences. In step 5, they were placed in categories

which describe "what" the social work students write about and which represent the manifest content of the assignments. Revision of codes and names of the categories were conducted several times throughout the analysis process. In step 6 and the last part of the analysis, latent content, i.e., the underlying meaning of the text, was interpreted and presented in an overarching theme. This is the "meaningful essence" that is seen throughout the data material (Graneheim, Lindgren, Lundman, 2017). Categories and themes are presented in Table 1 and Table 2. The abstraction was done in collaboration between all the authors to ensure credibility and to promote the most probable understanding and interpretation of the data material.

Ethics approval

The study followed the guidelines for research ethics and was approved by the Norwegian Centre for Research Data NSD (ref no. 476920). All participants gave informed, written consent, and anonymisation was ensured by transcribing the interviews to safeguard privacy.

RESULTS

The purpose of study related to *how students of social work in Norway reflect on the use / application of the concept of citizenship in working with social service clients during professional practice in social services facilities.*

From the qualitative statements of the students, we identified 2 main topics:

1. **Description of the course of applying the concept of citizenship when working with social service client**. Within this topic we have identified 3 categories (Table 1).
2. **Benefits and importance of applying the concept of citizenship,** within which we identified 2 categories (Table 2).

The concept of citizenship when working with social service clients

Table 1 summarises the categories with exemplary quotes from the participants to RQ1. In several case reports, we have identified several ways in which they have applied the concept of citizenship when working with social service clients from the perspective of social work students. Students described: ways to build a relationship with the client, promotion of the client's own resources and active participation of the client in social care.

Table 1: Illustrative quotes from student internship reports about the concept of citizenship RQ1

RQ1: *How do students describe the application of the concept of citizenship when working with social service clients based on their own experience from professional practice?*	**Creating a relationship with clients**	***In the beginning, I tried to build a good relationship between us, and spend as much time as possible with the client so that we got to know each other well. (Participant 53)***
	Promotion of clients' own resources	***Harnessing the power of the voice of those people using services. (Participant 22)***
	Active participation of the client in social care	***We involve the client in the implementation of care. Through their active participation in the whole process. (Participant 8)***
		By letting the client decide for himself whether he wants to eat in his room or eat with others, or to suggest what he needs ... (Participant 43)

Within the category of **creating a relationship with a client**, we identified the importance of getting to know the client, but also getting to know each other. After the initial **getting to know each other**, other components of building a relationship with the client and finally **building trust** begin, which supports the establishment of a **partnership**.

At the beginning, I tried to build a good relationship between us, and spend as much time as possible with the client so that we got to know each other well. Both of us. I feel that when working with clients it is important to create a good relationship. Thanks to that, I not only gained his trust, but especially changed the client's mindset of how to solve his problem. (Participant 53)

Through the step in which I focus on building the relationship, the client not only participates in creating an individual plan but develops a partnership and our approach to the partnership. (Participant 12)

It is important to create a partnership, to involve both parties in the preparation of goals and measures in the daily life of the client. However, this is not possible without creating a relationship. (Participant 17)

Another strategy identified was the **promotion of the client's own resources**. The students stated that by applying the concept of citizenship, they allowed the clients themselves to talk about their needs, but also about their own resources:

Harnessing the power of the voice of those people using services. (Participant 22)

By asking the question "What is important to you?", we trigger the client's ideas and focus on their own needs and sources of satisfied use of services. The client's participation in individual planning is a prerequisite for recognising and using the client's ability to determine what is most important to him from his point of view. (Participant 31)
This helped the client to add a sense of importance and dignity and importance to her needs, in terms of how she perceives it. (Participant 6)

Every citizen has the right to have their human rights respected, by giving recognition to the client, their ideas, their desire to solve it, as they see it themselves, I have applied the concept of citizenship in working with them. (Participant 42)

Within the active participation of the client in social care, we identified ways of active participation of social service clients in social care by means of:

1. Active participation of the client:
The client himself began to actively train. (Participant 1)

In addition to the care from the health workers, the client created activities for normal functioning during the day. (Participant 61)

2. Types of identified activities – activities aimed at developing the client's mobility:
His wishes could be fulfilled in gradual steps, which he himself defined. He wants to use all his own strength and the resources at his disposal and wants to train to maintain his fitness and mobility, despite sitting in a wheelchair. I adapt the room to him… (Participant 36)

The client said which household aids would make her daily life easier: a hospital bed and a walker, as well as various other things, e.g., kitchen chair on wheels… etc. The client states that she wants to stay mobile as long as possible. (Participant 4)

3. Types of identified activities - activities focused on leisure and hobby activities aimed at improving skills (motor, mental, social):
When we go out into the garden, the client begins to take care of the blooming flowers. Other times he looks after the vegetables. I think that by doing so he can experience the feeling of coping, because he uses his own resources (body), he decides whether he wants to or not. He decides how his free time will look and thereby his activation. (Participant 42)

The client wants to stay self-sufficient as long as possible with his diagnosis - multiple sclerosis. (Participant 36)

When I had a chat with the client, she told me that she would like to be in the hallway and common room more often than in her room. (Participant 9)

Benefits of applying the concept of citizenship when working with social service clients from the point of view of social work students
From the point of view of students, we present the identified benefits of applying the concept of citizenship when working with social service clients in Table 2 and in more detail in the form of analysed qualitative statements.
Within the benefits of applying the concept of citizenship in working with social service clients from the perspective of students, we have identified 2 categories of perception of benefits. The first category is the **benefits and importance on the part of the social service client** and the second the **benefits and importance on the part of students as future professionals - social workers**.

Table 2: Summarises the categories with exemplary quotes from the participants to Research Question 2

RQ2: *What benefits do students perceive from the application of the concept of citizenship when working with social service clients*?	***Benefits of the concept of citizenship for social service clients***	***Behind the term disability, the client perceived barriers within his surroundings that do not allow him to do what others do. (Participant 35)***
		… experiences a sense of self-management and dignity. (Participant 31)
	Benefits of the concept of citizenship for future professionals	***We have actually acknowledged the needs of the client, as well as the fact that he knows best what will help him. We also increased his sense of self-acceptance, personality, opinions, attitudes, and values. (Participant 29)***
		This becomes our starting point for an individual plan. The client has determined for herself what she wants to solve first, and I perceive her as the best expert for her own life. (Participant 46)
		When creating the client care plan, I realised that a disabled person produces the environment itself. (Participant 4)
		I feel that my future profession is not only about providing services, but also about working with people and giving me the opportunity to make them happy as citizens of our country, even in the most difficult situations. (Participant 18)

Perception of the benefits of applying the concept of citizenship for social service clients from the perspective of students

Benefits of applying the concept of citizenship for clients of social services from the perspective of students; we have identified the following areas: 1. handicaps and barriers, 2. development of subjective components of quality of life and 3. other opportunities to recognise the client's right to make decisions about their own life.

1. Handicaps and barriers:

Despite the severe congenital disease (of the whole body), the staff often asks the client for his opinion on the measures to be taken. In this way, they maintain his cognitive abilities, motivation and recognise him as a "normal" person and not as a severely disabled patient. Behind the term disability, the client perceived barriers within his surroundings that do not allow him to do what others do. (Participant 35)

The client thanked me that this time she perceives her surroundings as a barrier. It's not her and her health. (Participant 19)

2. Development of subjective components of quality of life:

They are connected with mental well-being and satisfaction and with their life through self-acceptance, the client's satisfaction with services, development of the feeling of managing one's own life, dignity, services responding to the client's needs.

This helps the client to achieve a sense of satisfaction... (Participant 50)

We have actually acknowledged the needs of the client, as well as the fact that he knows best what will help him. We also increased his sense of self-acceptance, personality, opinions, attitudes and values. (Participant 29)

I think that he can experience the feeling of coping, because he uses his own resources (body), he decides whether he wants to or not. (Participant 42)

By doing so, I let the client decide for himself whether he wanted to eat in the room or to eat with others, or to design what he needed to increase his satisfaction with the services. (Participant 43)

He then described to me that by being able to set this goal, as part of an individual plan, he experienced a sense of control of his own life and dignity. This ensures that the client feels dignified. At the same time, he is taken care of with how he needs it. (Participant 31)

3. Other opportunities to recognise the client's right to make decisions about their own life by means of: observance of the client's autonomy, the principle of self-determination, observance of the right to decide even in specific health situations.

The client had the right to make decisions about his own life, including deciding if he wanted someone to enter his apartment unit or not. It is a matter of respecting his autonomy and fundamental human rights, which in practice meant respecting the concept of citizenship when working with a citizen. (Participant 11)

I observed not only the principle of self-determination, but also recognition, at the same time I delegated the power of decision-making to him, meaning the client had secured his rights to decide for himself. (Participant 43)

The client has an assigned primary worker who informs me that if we want to work with the client to create an individual plan within a recognition and civic approach, we must wait for "lucid moments"

when the client is oriented, safe, and able to work with us. In "lucid moments", the client participates in decision-making, e.g., decides to eat in his apartment unit and not in the common dining room, etc. (Participant 5)

The benefits of applying the concept of citizenship of social workers, which are perceived by students, reflected the change in attitudes towards clients, in relation to external determinants and towards their future profession:

- recognition of the client as an expert on their own life is perceived by the students in the process of setting goals in individual planning, in the process of approving the created social care plan, adjusting the client's daily routine

This becomes our starting point for an individual plan. The client has determined for herself what she wants to solve first, and I perceive her as the best expert for her life. (Participant 46)
In addition, the first person to approve and agree with the palliative plan is the client. (Participant 2)

I noticed that it was the client's opinion that was emphasised in the provision of services in the next week of working with the client and all measures were adapted to him. In this way, we retained the client's right to participate in planning, which was based on respecting his opinion on how the day should go. (Participant 26)

The client says that "If I feel I can't do it - the exercises and walks - I will also decide the possibility because I won't return home." (Participant 50)

- perception of external determinants determining the emergence of handicaps

When creating the client care plan, I realised that a disabled person produces the environment itself. I began to perceive barriers on the part of surroundings. I realised that external conditions and resources needed to be helped to adjust. Together with the client, we defined these barriers and I saw how the client's freedom of life grew. (Participant 4)

- perception of the positive impact of your future profession

I feel that my future profession is not just about providing services, but also about working with people and giving me the opportunity to make them happy as citizens of our country, even in the most difficult situations. (Participant 18)

After the working experience, I perceive that thanks to the concept of citizenship, I can see that social work in cooperation with the client has not only benefits, significance, but also a real positive impact on his life. (Participant 23)

DISCUSSION

The purpose of this study was to synthesise and describe how social work students clarify citizenship-concept selected goals and measures, as well as the evaluation of these in the internship reports belonging to social practice. From the included internship reports we identified two topics: 1) a description of the course of applying the concept of citizenship when working with a social service client; and 2) the benefits and importance of applying the concept of citizenship.
In connection with the identified Topic 1, we first paid attention to how the social worker and their client build their relationship. According to Fjetland, Gjermestad (2018), citizenship in professional social care is relational. It involves communication to acknowledge and enable service clients to actively influence their healthcare services. Citizenship is therefore executed in society and in relationships between people; one cannot be a citizen alone (Lid, 2015). Here we see a strong connection in the presented results identified in the professional practice of Norwegian students,

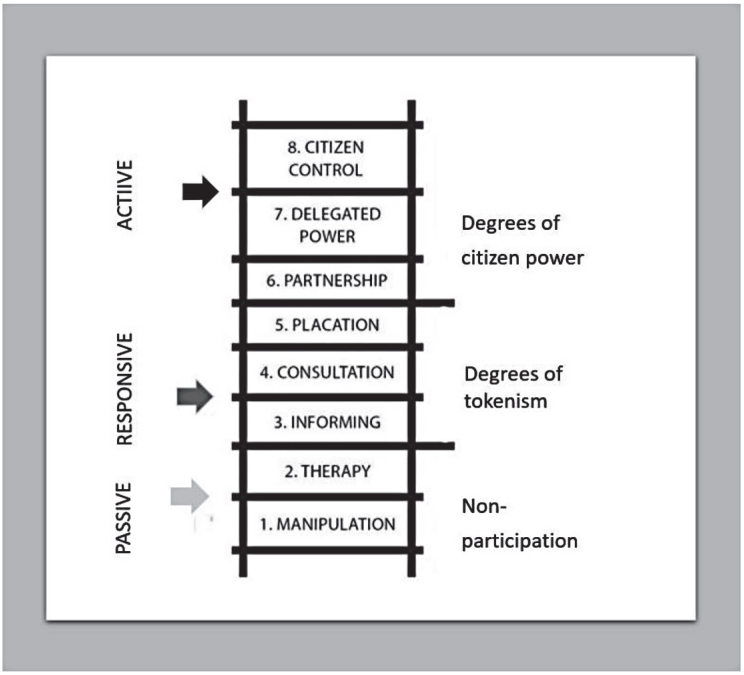
a partnership between a social worker and a client, which is created by building a relationship, offering activities supporting the client's own resources and supporting the client's active participation in social care. The individual ways of applying the concept of citizenship to working with social service clients fulfil the essence of the theory of recognition according to Honneth. As stated by Leeuwent (2007), the formal conception of the good life that Honneth articulates should include the insight that this sense of belonging is as much a necessary condition for the good life as is personal autonomy. Our findings are that, through the mutual building of partnership and getting to know each other at the human level, the application of the concept of citizenship in the context of social practice begins to be confirmed by the representative Honneth himself. What is elementary for the good life in Honneth's social philosophy is the possibility of individual self-realisation, that is, the "process of realising, without coercion, one's self-chosen life-goals" (Honneth, 1995:174).

Leeuwent (2007:182) further points out that Honneth divides the concept of 'recognition' into three categories: love, which refers to an emotional concern for the well-being and needs of an actual person; respect, which stands for the recognition of the equal moral accountability of the legal person and is expressed in the moral and legal right to personal autonomy; and esteem, which is the evaluation of particular traits and abilities, against the background of generally implicit standards of evaluation.

Another important category in Topic 1 was the activity itself and the active participation of the client of social services in self-care. In the context of this finding, we identified several types of activities in addition to the ways in which this client participation took place. We identified that it was not just one type of activity for several clients, and we agree with Payne (2017), who described citizenship as a continuous process, where people are constantly developing their citizenship; people may at all times lose or regain aspects of their citizenship. Citizenship in professional care is rational and involves a communication of dignity by acknowledging and expressing the importance of the opinions and wishes of service clients in their everyday life. Empowerment is a fundamental part of citizenship. Client Empowerment is a growing concept covering situations where citizens are encouraged to take an active role in the management of their own health.

The features of the Nordic approach in the field of work and care appear as *good practice* in an inclusive citizenship perspective in social care. Therefore, we would supplement our findings and the statement of Payne (2017) with the view of the author Arnstein (2019), who, based on long-term research, broadened the view of participation. Arnstein (2019) described eight rungs on a ladder of citizen participation. For illustrative purposes the eight types are arranged in a ladder pattern with each rung corresponding to the extent of citizens' power in determining the end-product, in our case social services (See Figure 1).

Figure 1: Ladder of citizen participation



Source: Lauria, Schively (2020)

Arnstein (2019) explains that the bottom rungs of the ladder are (1) *Manipulation* and (2) *Therapy.* These two rungs describe levels of "non-participation" that have been contrived by some as a substitute for genuine participation. Their real objective is not to enable people to participate in planning or conducting programmes, but to enable powerholders to "educate" or "cure" the participants. In our study we did not identify with these rungs of the ladder. Based on the study of internship reports, we perceive that in several situations they could be necessary, e.g., therapy. However, the students did not take part in these early stages of activating the client as a citizen. Despite everything, our opinion is that it would be possible to embrace this citizenship participation in several social care facilities in Central and Eastern Europe. These are mainly large-capacity facilities, where the number of employees (social workers) is inadequate for the number of social service clients. Rungs 3 and 4 progress to levels of "tokenism" that allow the have-nots to hear and to have a voice: (3) *Informing* and (4) *Consultation.* When they are proffered by powerholders as the total extent of participation, citizens may indeed hear and be heard. But under these conditions they lack the power to ensure that their views will be *heeded* by the powerful. When participation is restricted to these levels, there is no follow-through, no 'muscle', hence no assurance of changing the status quo. Information and consultation form the basis of social counselling in social services. In practice, the information is mediated by laws over which the citizen has no direct influence, so that his civil rights are partially fulfilled, but the citizen does not have the power and opportunity to influence decision-making. The main goal of our study was to investigate the application of the concept of citizenship in working with social services clients; students described several times that the goal in creating an individual plan was not just to provide information, but to work actively

with it. They also described that it was not a consultation in which the students dominated as experts. Our results show especially how to 'activate' degrees of citizen power (Arnstein, 2019). Rung (5) *Placation,* is simply a higher level of tokenism because the ground rules allow the have-nots to advise but retain the continued right to decide for the powerholders. Further up the ladder are levels of citizen power with increasing degrees of decision-making clout. The fifth level of the ranking points to the line between "responsive" and "active" citizenship. Citizens can enter into a (6) *Partnership* that enables them to negotiate and engage in trade-offs with traditional powerholders. At the topmost rungs, (7) *Delegated Power* and (8) *Citizen Control,* the have-not citizens obtain the majority of the decision-making seats, or full managerial power. In the context of our research results, the last part of the gradation of the participation of citizens in social services is clear. The eight-rung ladder is a simplification, but it helps to illustrate the point that so many have missed, namely that there are significant gradations of citizen participation. Knowing these gradations makes it possible to cut through the hyperbole and to understand the increasingly strident demands for participation from the have-nots as well as the gamut of confusing responses from the powerholders.

It should be noted that this typology uses examples from political social *programmes* from the USA, whereas the citizenship concept used in Scandinavia is implemented in social work *practice.* Power and powerlessness are basic attributes in social work ethical principles. Depending on social workers' experience and skills, and their motives, they can utilise a client's own resources and support active participation in social care. The basic starting point is the establishment of a relationship. Such a relationship brings benefits to both sides: to clients and to social workers.

The second topic, in which we identified the benefits of applying the concept of citizenship for clients of social services from the perspective of students, yielded the following results 1. handicaps and barriers, 2. the development of subjective components of quality of life, and 3. other opportunities to recognise the client's right to make decisions about their own life. Based on the identified findings, we perceive a strong impact after citizenship application, because the findings demonstrate attitude change. We agree with the authors Tokovska, Lie, Klepsvik (2020) that the students encourage health promotion through recognition of each individual client. Social work students show through their descriptions that they are concerned with a relational perspective in their interaction with clients. Furthermore, the students are concerned with the client's opportunities and resources, which helps to promote recognition. This is central to ensuring well-being and quality of life, which are prerequisites for health promotion.

Recognition of the client and their needs is based on the results, an important determinant for the future professional himself, as shown by the results within the second category, Topic 2. The students named the client's perception, the perception of external determinants and the perception of their profession. Again, this is a change of attitude. There are several studies that prove the importance of the concept of citizenship to the students and those with similar roles (Veugelers, de Groot, 2019). Our present study is part of a European Union project which aims to help students develop knowledge, skills, attitudes, and values to actively participate in democratic life, mainly by learning and exercising their rights and responsibilities as citizens, both at school and in their communities. The study explored the knowledge, skills, attitudes, and values developed by students through the project which are considered to be necessary for active citizenship.

In summary, the findings indicate that the concept of citizenship by using the theory of recognition may apply even when different ways of working with social service clients are used. Based on the results we identified, which describe the application and benefits of the concept of citizenship in working with social service clients in Norway, we perceive new opportunities for profiling social work in the social services system. The results point to the importance of social work theories aimed at building a relationship with the client, recognizing the client as an expert on their own life and active citizenship.

Strengths and limitations

This study has several strengths and limitations. Its strengths include the fact that it considered worldwide literature on linked citizenship, focusing in particular on social practice. Additionally, the search was conducted in different languages (mostly English and Scandinavian), enabling it to capture more of the available and relevant literature. Importantly, this study is a source of inspiration for social practice in Central Europe, for educators in social work or social education, and for social and healthcare facilities.

Nevertheless, two main limitations exist. The first limitation of this study is the sample drawn from a university context. All the studies reviewed, like this one, selected their sample randomly or incidentally from an educational group. This decision configures samples that are excessively homogeneous by age and educational level. The second limitation is that the cultural contexts of different countries can lead to errors and make implementations difficult.

Recommendations

The method of preparation, and subsequent training, in the application of the concept of citizenship in the education of future social workers in the specialised training of Norwegian students can serve as an example and inspiration for the application of the concept of citizenship in the practice of social work in other countries. Citizenship can provide a fruitful concept for the further development of social work education and primary health care.

We suggest that this concept should be explored in more detail in future research in social work. Future research should examine how best to apply citizenship concepts in social work with different target groups: children, young people, adults and elderly, or citizens with immigrant status. Furthermore, future studies should examine the perceptions of these stakeholders on the value of the concept of citizenship on the health of clients in social care facilities.

CONCLUSION

The results of this study illuminate the philosophy of the concept of citizenship that may contribute to a higher quality of social work practice. Social work students work to promote health through recognising each individual client, particularly by focusing on facilitation and participation. In interaction with their clients, they are concerned with the relational perspective as well as the client's own resources. These aspects may promote recognition, which is essential to support well-being and quality of life, prerequisites for social work and health promotion. However, it is important to present clearer guidelines regarding the roles social workers play in social care facilities. This should be encouraged as a central focus in the education of social work, especially in bachelor's study programmes. This could contribute to establishing a stronger professionalism and more defined roles for social workers in social care practice.

This study is part of a larger research projects VEGA 1/0409/21 "*Non-formal learning as part of a modern educational paradigm in the undergraduate training of future professionals in the helping professions"* and KEGA 039UMB-4/2021 "*Alternative practice forms effectivity verification aimed at helping professional's professional competences development*."

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Appropriate Interventions for School Social Work in Czech Schools According to Foreign Practice

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Abstract
OBJECTIVES: The aim of this systematic literature review is to identify appropriate interventions in school social work practice. THEORETICAL BASE: The relevant theoretical concepts for making choices in the review is the Evidence-Based process in the context of the currently described effective interventions of school social work in international practice, primarily in the United States of America for its wide choice of experience. METHODS: For purposes of this study, the findings from professional theory and school social work practice in the current period from 2011 to 2021 were located and synthesized. The best available evidence relating to a specific research question was identified based on critical appraisal in order to provide informative and evidence-based insights into school social work practice. The search criteria in professional publication databases were based on keywords entered in a Czech-English combination: School Social Work, Intervention, Systematic Review, Meta-analysis. OUTCOMES: The results of the systematic literature review provide inspiring evidence-based interventions for the implementation of school social work in the Czech schools. SOCIAL WORK IMPLICATIONS: The analysed international professional sources together with research studies in the Czech Republic aim to unequivocally support the implementation of school social work and its interventions in the educational process with the justified, proven effectiveness of eliminating socially pathological phenomena, otherwise hindering education and reducing student achievements and school success.

Keywords
intervention, evidence-based practice, school social work

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INTRODUCTION

According to Allen-Meares (2014), significant progress has been made globally in the 21st century having a positive influence on the capability of school social workers in practice policy and research to satisfy the needs of global youth. But on the other hand, the author specifies that the children continue to suffer from environments affected by poverty, lack of the essentials of living, and poor or no health care, and lack of access to good education.

In the United States, for over a hundred years, school social workers have been providing a critical link between school, home, and community, and have their own professional association - School Social Work Association of America. School Social Work Association of America (SSWAA, 2017) presents its current goal as follows: "Helping schools to fulfilling their mission, which is to create an environment for teaching, learning, and to gain competence and trust, especially in those areas where the key success is based on cooperation between family, school and community." National Association of Social Workers (NASW, 2012) developed Standards for School Social Work services and proclaims that School social work is a complex and specialized field of practice that is affected by changes in education policy, research, and practice models that continue to evolve. NASW periodically revises the NASW Standards for School Social Work Services to reflect the values of the social work profession with current practice trends, and to meet the changing needs of school social workers, the clients they serve, and local education agencies.

According to Stone (2017), the social work profession seeks to develop well-being, or the individual, family, community, and societal well-being through a wide range of intervention strategies. These strategies are based on an environmentally oriented perspective based on personal strengths in the community context. Allen-Meares (2013) examines how social workers work for schools around the world to a varying degree, providing services such as individual, group and family counselling, crisis interventions, family visits, supporting students' parents, and students themselves, as well as the entire education system.

Constable (2013) describes the experience in relatively harmonious cooperation in school social work in the U.S. where school social work is a branch of social work with a long tradition, and there is more or less agreement between social workers, teachers, and educators in social work on the definition of professional activities of a school social worker. Powers (2011) expects educational professionals to implement interventions that are efficient for students within evidence-based practice in the context of the review of the magnitude of effects of more than fifty school programs officially approved as evidence-based. According to the author, however, the analysis of the magnitude of effects showed that the programs were not highly evidence-based on average while problems have been experienced in gathering of information on the magnitude of efficiency and new possibilities are offered in evidence-based programs to implement them efficiently in schools.

Brake et al. (2019) says in his qualitative study that in public schools across the United States, school social workers are passed for experts/professionals in the teaching staff whose explicit goal is to enhance students' social, emotional and mental health in the educational process and because schools are under pressure to achieve high standards of learning performance of their students, supporting the emotional and mental health of students may not always be the highest priority of many schools. In this respect, Brake et al. (ibid.) points out that a school social worker should, in their school social work, be able to simultaneously advocate for the strengthening of students' social, emotional, and mental health, and at the same time, intertwine this in their position of authority as a priority with the context of the school's educational mission.

According to Allen-Meares (2014), empirical studies in recent years emphasize the progress, needs and challenges associated with school social work, and psychological and behavioural health of students. In this context, Ekstrand (2015) gives a specific example of social pathology connected with school in the form of truancy, and she stated that the social trust and confidence in the school environment favour educational quality and play an important role in reducing truancy.

SCHOOL SOCIAL WORK IN THE CZECH REPUBLIC

Havlíková (2019) says that the topic of school social work has not yet been developed in the Czech Republic, not in practice, or in the training of social workers at universities, or in the framework of scientific research activities. The author proves that school social work is so far of peripheral importance, but on the other hand, there are no major systemic barriers to the involvement of a social worker in elementary schools in the Czech environment. Havlíková (ibid.) considers sociocultural and economic diversity of contemporary Czech society together with current politics of inclusive education to be a challenge for Czech schools, not only in the area of setting curricula, but also in the area of ensuring equal access and equal opportunities to education. For instance, Stone (2017) outlines in her manuscript the beginning contours of a racial justice and equity framework for school social work. Specifically, it suggests attention to school institutional and organizational structure and school social work practice routines to centre equity issues in relation to the school social work profession. Given that prior school social work scholarship would focus on wider economic inequities and prior education research considers the political, policy, and legal context of also race-based educational inequities. According to Havlíková (2019) there is a significant open space for the profession of a school social worker who works with students from different family and socio-economic environments, and she also believes that it is appropriate to be inspired by foreign examples of school social work practice in the Czech Republic, however, it is not possible to take up any of well-known foreign models automatically, even if the model has a long tradition in a particular country. Tokárová and Matulayová (2013) describe four basic models of school social work that might be applicable to Czech schools and the differences in the aims that a school social worker should follow:

- *Clinical model* supporting students through the case work to eliminate/mitigate their social or emotional problems that hinder them from learning
- *School transformation model* solving pupils' social problems by changing the school environment.
- *Community school model* supporting students' academic success through school programs and community outreach programs
- *Social interaction model* supporting pupils' school success through affecting the interactions of all relevant subjects and their quality

It seemed that in 2012, according to Havlíková (2019) the professional public in the field of social work and education leaned towards the clinical model of school social work. Whereas the Ministry of Labour and Social Affairs of the Czech Republic was inclined to think that a combination of a clinical model and a school transformation model was more beneficial for the role of a social worker in primary and secondary schools as follows:

At the level of primary and secondary schools, the social worker influences the educational process in such a way that the pupil's abilities and resources are used to the maximum, and at the same time he/she works towards social change in the context of education. He can act both as a lawyer for the pupil's legitimate interests and as an intermediary between pupil, family, and school.

The skills of a school social work expert are described by Pešatová (2013) who considers a school social worker as an expert in the social environment, not only providing services to students and their families, but also having functions related to the school institution as an important integration role in social prevention and intervention leading to a positive change for the benefit of students, their families and community.

According to Matulayová et al. (2013), the scope of school social work usually includes counselling/advocating for students and parents, case-work, and working with a group that is socio-pedagogically oriented for networking, and community orientation. Also, the support of students' leisure activities and involvement in the innovative development of schools are mentioned.

RESEARCH QUESTION FORMULATION

For the development of this research article, the research question was formulated as follows: What interventions are suitable for school social work in schools on the basis of international practice?
There are already conceptual considerations for school social work in the Czech Republic, and the aim was to provide practical ideas on how to implement these concepts.
According to Havlíková (2019), the readiness of schools for change, namely accepting another member to the educators´ team, has so far been uncertain in our Czech environment based on previous studies, and the preparation of schools for this change can be supported by adopting legal standards that allow social workers to join educational institutions as a professional whom the teaching staff will trust. It is essential that teachers accept the profession of school social worker with trust in their competences which can strengthen the social, emotional, and mental health of students in the educational process and in the context of the whole community.
The formulation of the research question was determined in accordance with the identified topic of school social work and the need to support this topic within a possible acceptance into the Czech environment.
The research question aims to identify appropriate interventions that have proven evidence according to the practice of school social work abroad, primarily in the United States for its long tradition and wide choice of experience. The formulation of the research question was based on the professional terminology of social work in schools and in accordance with the current state and needs of school social work in the Czech Republic.
Developing a review question was also supported by research findings from Havlíková (2019). These findings show that despite the fact that social work experts are associated with the institutionalization of school social work connected with a number of positive effects, especially in supporting schools in their educational mission in a changing society, most of the primary school principals are not convinced of the benefits of school social work. The subsequent institutionalization of school social work in the Czech environment should take place in close dialogue with the needs of primary schools, the existing organizational and institutional context of counselling. The efficiency of the application of appropriate interventions for good clinical practice is monitored by Margison (2000) in support of different measurement perspectives. They include the recognition of the applied interventions and the reasons why they were selected, and the ability to apply various formulation methods that are in line with the selected method of practice, and the identification of threats and methods/actions to remedy various complex situations.

METHODOLOGY

Systematic review focused on multiple interventions and aimed to identify which could be the most suitable for end-users, where decision making involves selection from a number of intervention options. The scope of a review was defined by the multiple groups of participants (students from different environments), multiple groups of interventions (school social work interventions) and the types of outcomes that were of interest, with the additional specification of types of studies that were included (meta-analysis, systematic review, qualitative and quantitative research studies).
The research intention to conduct a systematic literature review to learn about the evidence-based interventions in school social work all over the world was based on scientific literature and the recommendations therein for systematic literature research by author Boland et al. (2017), who introduce a concept of systematically reviewing literature as the best way to synthesize the findings of several studies investigating the same question. Whether the evidence come from healthcare, education, or another discipline, they follow transparent steps with these requirements: definition of the question, identification and critical appraisal of the available evidence, synthesis of the findings, and the drawing of relevant conclusion. According to the mentioned author, systematic reviews can contribute to the specific theories and the establishment of a new evidence base, make recommendations for future research, and evaluate the current state of knowledge about a particular topic of interests.

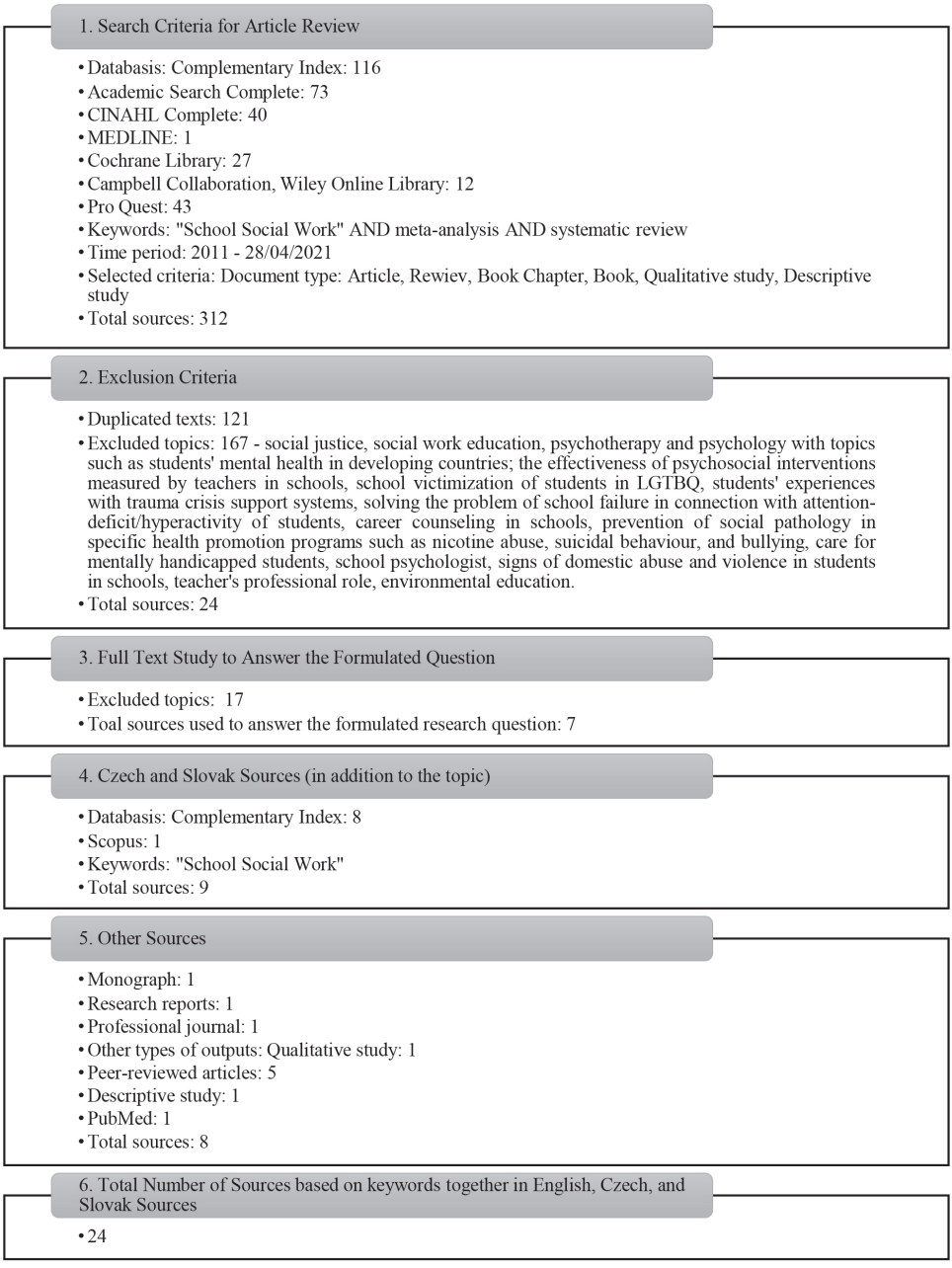
Developing a protocol for a systematic review recommends Higgins et al. (2019) for its benefits beyond reducing bias, designing the whole process in a more manageable way, and helping to inform key priorities for the review.

In this review, the evidence-based practice (EBP) process was used to explain what evidence was taken in for the review from professional literature. Raines (2008) characterizes Evidence-Based Practice (EBP) as a common concept in supporting professions that is defined in the form of a decision-making process for the selection of best practices to address educational barriers in the school and education process. While this process encourages professionals to engage in lifelong learning, it emphasizes the importance of asking specific reality-based questions. Also, Reines (ibid.) accentuates the search for the currently best and most evidence-based programs and practical procedures that solve problems and challenges where the relevant interventions are based on evidence.

Sabatino et al. (2013) considers EBP to be a process, not a choice of a single research result or treatment manual to solve a problem, because the aetiology and correct response to school problems (e.g., bullying, school climate, traumatic losses) vary from community to community and from school to school. By the same token, EBP appeals to school social workers to make good use of research and apply critical thinking skills to determine whether there is a match between a problem, population, and empirical evidence. For instance, Davis et al. (2013) investigated the use of EBP among social work students. Study findings indicated that students were not actively engaging in evidence-based research and as a result, a significant gap exists between social work theory, training, and practice.

The emphasis on the transportability of EBP into social work is suggested by Gray et al. (2010), and as they show, there is also a need for micro studies of methodological and policy formation, particularly around the challenging issues of implementation in social work. Such studies would bring an understanding how processes of improvisation, purification, and channelling are translated into local and national contexts, giving insights into the embedding of evidence-based methodology in day-to-day social work practice.

Figure 1: Review protocol with six steps of the searching process



In accordance with the formulated research question, several scientific databases with professional sources of literature were used to collect suitable evidence for the implementation of interventions in school social work. Figure 1 contains a protocol with a list of databases and the number of identified professional resources. Keywords: School Social Work, Meta-analysis, Systematic review were used to search using Boolean operations in this form: "School Social Work" AND meta-analysis AND systematic review. The EBSCO Discovery Service was used to search for keywords. The selection criteria were entered in the document type: article, review, book Chapter, Book. The selection criteria were limited by the time period for the publication of professional sources in the years 2011 to 2021. The extended conditions of the selected criteria also consisted of searching full texts of articles and the use of equivalent subjects. The restrictive conditions were full text and peer-reviewed sources. The total sources found are 312, of which 121 were excluded for duplication, and 167 sources were excluded due to a topic that was indirectly related to school social work, especially in the field of psychology, psychotherapy, and social pathology. The total number of sources remained 24. We studied 17 full-text sources, of which 7 were used to answer the formulated research question. In addition to the topic, Czech and Slovak sources were only found if keyword entries were changed, again using the Boolean operators of "School Social Work" AND interventions. Of the sources found, 8 were located in the Complementary Index database, and Scopus contained 1 source. Other sources included: research reports: 1, qualitative studies: 1, peer-reviewed articles: 4, descriptive studies: 1, PubMed: 1 professional article. Monograph: 1, and professional journal: 1. The final number of professional sources in English, Czech, and Slovak was 24, of which 7 were used to answer the formulated question. The remaining sources were grouped to form and systematize the theoretical basis of this paper.

CRITICAL EVALUATION OF SOURCES

In the first place, the studies that have been reviewed are presented here. The studies named the evidence-based practices that were found in them and are presented later in a following section.

The Allen-Meares (2013) systematic (research literature) review was conducted by a computer search with inclusion and exclusion criteria using several databases (CINHAL, ERIC, MEDLINE, PsycINFO). Eighteen studies with representative samples of respondents were included in the final sample. The magnitude of the intervention effect was calculated for all results. The results showed that most studies were conducted in the United States (n=14), with half (n=9) of the included interventions being at the level of school preventive interventions with positive effects. Interventions were focused on prevention topics such as identity, sexual health, aggression, self-esteem, school attendance, and depression. The measurement was valid for the reviewed studies. The purpose of the literature analysis was to identify school interventions that involve social workers and to examine the efficiency of interventions for school-age young people by calculating an estimated magnitude of effects. For interpretation of results, the limitations were considered where the review only includes published articles, and it can be possible that unpublished studies and dissertations offer a view that is contradictory to the findings in this review. Also, studies that did not literally identify the involvement of a social worker in the implementation of an intervention may have not been included. More than half of the reviewed studies were based on quasi-experimental tests and pre-tests or post-tests with uncertain reliability, i.e., whether similar results would be obtained from repeated measurements.

The meta-analysis (Sklad, 2012) comparing studies of the effects of educational programs for social, emotional, and behavioural development of students in the USA. Studies of effects, especially from Europe, was limited as a result of data provided by synthesized studies. Studies with a wide range of different interventions focusing on social and emotional skills were analysed, with each intervention having a unique composition and using unique measurement of its effects. For example, programs aimed at changing the school culture and climate did not have the same conditions for implementation directly at school. However, the finding that the overall magnitude of effects of the two groups of studies in the US and Europe is similar is considered highly relevant. There are representative samples of respondents. In this respect, any conclusion on the causal relationships between the moderators used in the meta-analysis and the efficiency of programs should be treated very carefully. Although

the meta-analysis may show a positive correlation between a moderator and the reported magnitude of effects, the correlation does not mean the moderator is the reason for increased effects. Therefore, meta-analytic findings should be supported by future experimental research to isolate hypothetical factors determining the efficiency of interventions.

The Sabatino's exploratory study (2018) presents the effort to develop a reliable and valid tool that measures the level of counselling in school social work to accurately interpret the practical tasks of school social workers. The results were in line with the defined hypothesis that there are several counselling models with sets of practical tasks. This tool indicates that program and organisational counselling models are, according to the literature, significantly different in their diverse, basic theoretical frameworks, methods and objectives. This tool is a first step to improving data collection and laying the foundations for the dissemination of evidence-based literature concerning the school social work process.

In his descriptive study of a group of 52 school social workers, Forenza et al. (2020) studied, among other things, how these respondents evaluate their professional skills, in which they referred to, among other things, experience enhancing their skills, previous teaching experience of a class teacher, and formative field experience of their practical training during master's studies which helped them build the capacity for their current school social work practice. Limitations of the study include the small sample size.

In her research study Cabiati (2017) investigate the continuing education requests of 300 child protection social workers engaged in fieldwork in Italy. Starting with their perceptions about the competences and abilities required for practice, social workers were invited to express their opinions about educational needs. Using an online survey constructed ad hoc, the social workers' continuing education needs were investigated first with multiple choice questions and subsequently using a priority scale. The interviewees expressed educational needs in 22 different areas confirming the image of a multidisciplinary and demanding profession. In this research, the survey that was constructed allowed for the acquisition of the opinions of a large number of child protection social workers. Nevertheless, it is important to consider that, without a qualitative study, the results remain subject to interpretation. It could be very useful to explore in depth the issues of social workers to determine the meaning underlying their expressed wishes.

Berzin et al. (2011) carried out the study with a sample of 2956 respondents recruited through state and national school social work associations. The purpose of the study was to identify subtypes of school social workers within the context of collaborative practice, and to identify individual and contextual factors associated with these classifications as well as overall levels of collaboration with teachers. Because a significant portion of survey responses was incomplete, bivariate analysis was completed to compare full responders with partial responders. No significant differences were identified. Multiple imputation was not feasible due to the limited nature of the available data for partial responders. Therefore, respondents who did not complete the survey were removed from the analysis, yielding a final sample of 1639. The survey was constructed using the following steps: literature review and conceptual definition of school social work practice, pre-test using 11 school social workers, pilot test, revision, and expert panel review (23 leaders nationally in school social work practice). Internal consistency reliability was examined for questions related to different levels of practice, i.e., child (α = .6), family (α = .5), teacher (α = .7), and school (α = .7). While additional measures of reliability and validity were not examined for the instrument, the survey instrument was a modified version of the previously administered Illinois State School Social Work Survey 22, and field tested by 11 school social work practitioners. Initial data analysis included descriptive statistics and frequencies to summarize how school social workers collaborate with teachers. A limitation of this study is that it did not seek to capture the teacher's perspective, and therefore provides a one-sided view of this collaborative relationship. Additionally, as the survey was cross-sectional and relied on self-report, the study has limited ability to study the transactional or longitudinal nature of collaborative relationships. Another limitation is that items representing the aspects of collaboration were extracted from a survey that was not designed specifically to measure collaboration. A methodological limitation relates to the sampling frame and missing data from the study. As no central list of school social workers was mentioned, the available and accessible groups of school social work professionals may not represent the full body of

school social workers. Finally, the results are not generalizable to other school-based mental health providers, although comparison data would be interesting.

In their qualitative research study "Exploring the Perceived Benefits and Limitations of a School-Based Social-Emotional Learning Program: A Concept Map Evaluation" Haymovitz et al. (2018) used a concept mapping evaluation approach to explore the participants' perceptions of the values and influences of Social Harmony. Concept mapping was a mixed-methods research technique in which key stakeholders generated ideas anonymously on the internet in response to a one-sentence prompt and sort them into themes with a virtual card sort task. Participants also rated each idea on a Likert scale on one or more dimensions of interest (for example, importance and degree of impact). Finally, rigorous multivariate statistical methods, including multidimensional scaling and hierarchical cluster analysis were then applied to yield a pictorial map representing interrelationships among the ideas. It facilitated a rich understanding of disparate, nascent, or otherwise difficult-to-express concepts through numbers, graphics, and narrative. In addition, participants were involved in data analysis and interpretation. Limitations of the study included the small sample size, undetermined number of disciplinary transactions before and after the intervention, and the idiosyncratic Waldorf school environment in which it was implemented. Given the methodology, additional research is necessary to ensure that the findings are generalizable beyond the present school of interest.

SELECTION OF APPROPRIATE EBPs INTERVENTION

The evidence-based interventions according to Allen-Meares (2013) were identified in the systematic (research literature) reviews for the selection and application of a specific suitable intervention. They describe the school social intervention monitoring using a three-level perspective, which has also received considerable attention in the USA in the last decade. The findings show that Level 1 (universal) and Level 2 (selective) interventions are available to approximately 95% to 99% of school-age young people. Level 1 intervention is offered to the whole school population, typically in the classroom, by a teacher, a school social worker or another professional, and approximately 85% of students do not need any support above this level. The purpose of these interventions is to prevent the development of problematic behaviour, for example through development of specific forms of social behaviour in the classroom, thus a subsequent positive reinforcement of the whole school. Schools implementing Level 1 interventions reported fewer disciplinary actions and classroom problematic behaviour as well as a positive school climate. Level 2 interventions are considered more intensive and are often provided in a small group environment; it is estimated that 5% to 10% of all school-age students need Level 2 interventions to be successful in school. An example of a level 2 intervention would be a small therapeutic group intended to intervene for a specific problem. Such intervention can be performed by a school social worker, school psychologist, school counsellor or other behavioural professionals. It is estimated that only 1% to 5% of young people need level 3 interventions offering intensive and individualized support.

Another evidence-based intervention is based on meta-analysis (Sklad, 2012) comparing studies of the effects of school educational programs on the social, emotional, and behavioural development of students in the USA and Europe. Its findings suggest children with diverse national and cultural backgrounds around the world can benefit from these programs. The benefit of these interventions is a significant improvement in the social and emotional development of students as well as the overall development of young people.

Although the number of school social workers has been growing worldwide in recent years, Allen-Meares (2013) believes that further research is needed to identify what types of interventions are provided in schools and how evidence-based they are. She highlights the need to expand the practical research experience of social work in education where school social work as a profession has recognized the ethical need to offer educational professionals ways to critically assess research evidence, and based on that, have the ability to offer young people the most efficient evidence-based services to satisfy their needs.

Respondents of descriptive study by Forenza (2020) largely mentioned the method how school social work interventions are implemented in cooperation with the entire school community for starting school students' clubs.

With regard to child protection interventions, Cabiati et al. (2017) focuses on the social workers solving the social aspects of each situation, instead of clinical matters. In the context of her study a tendency to consider the troubles of families from a psychological perspective seems to persist, focusing more on past events and relative causes rather than future hopes and actions. This outcome was not surprising considering that several social work approaches have their roots in therapeutic models. The commonness of this request confirmed the presence of this perspective in child protection services and the lack of a strength-based perspective. This preference could be linked to the social workers' difficulties in working with families that express their troubles and suffering with feelings of shame, blame, hopelessness, or anger. Faced with high levels of suffering in families, a common feeling among practitioners could be that the help programs for parents are weak, the assessment of risk and dangerous is uncertain, and there are difficulties in proving the outcomes of help interventions. Families need child protection for a positive change, and for social workers, it is not easy to accompany them in possible improvement. From the study the message 'We wish to learn how to work with the families of children' emerged, which opened further discussions. The most evident result concerned the child protection social workers' desire to learn innovative strategies to work with the families of children. The collected data open perspectives to new child protection work and encourage the people responsible for education to support democratic and participatory approaches.

According to Berzin et al. (2011) the perspective intervention of school social workers is based on their collaboration with teachers. While school social workers varied in collaborative practices, opportunities exist to enhance their role in educating and supporting teachers to serve as primary providers to students with social, mental health, and behavioural needs. Understanding collaboration also includes encouraging teachers and school administrators to consider the wide range of ways for meaningful engagement with school social work staff. School social workers should continue establishing individual relationships and supporting teachers through professional development and consultation to help them serve students.

CONCLUSION

Despite the above-mentioned limits obvious from the analysis of selected professional sources, the studied reviews could be a valuable source of evidence for educational policy at the international macro level for the review of school social work interventions. The reviewed studies are presented to deepen the knowledge of practices within school social work, and its improvements in relation to school social workers' competent work. Further research is needed to determine what changes should be made to align promising or proven interventions with educational, social, cultural, and as appropriate, political needs. In this respect, foreign cooperation can be considered an effective way of expanding experience with new interventions. Establishing partnerships with foreign colleagues who have long-term experience in school social work practice could be a valuable source of additional information and sharing the necessary experience. The findings also show that the culture of any school is a decisive factor in school improvement. The practices in school culture have an influential impact on the outcome of school social workers' improvement efforts and were also determined to play a significant role in the amount of stability and reform in school improvement attempts. Understanding the complexity of school culture is an essential skill of school social workers to alleviate possible barriers to the implementation of evidence-based strategies and concepts of school social work. The field of school culture in the Czech Republic has a fundamental importance for looking for approaches to encourage schools in the direction when their autonomy has been increased and they are being given a plenitude of authority over their administration and development. Based on this systematic literature review, school programs on the social, emotional, and behavioural development of students can be considered appropriate interventions of school social work. Considering, e.g., group and individual consultations of school social workers responding to the needs of students, teachers, students' parents, and the whole community, and active involvement in students' leisure activities related to the school environment such as setting up a school club; the intended effect of these interventions is to eliminate the development of problem behaviour in individuals as well as in entire classes with a consequent positive reinforcement of the whole school.

If the client is a student or their family, interventions precisely support their personal levels, developing their social, mental, and emotional backgrounds. If the client is a school and the school environment, the efficiency of school social work interventions can be seen in the elimination of socially pathological phenomena, otherwise hindering education and reducing student achievements and school success. The analysed literature appealed for further research with a larger sample of respondents, replication studies, and longer and more rigorous follow-ups to as best as possible determine the effectiveness of school social interventions.

Intensive mutual communication between the involved experts in the social work practice and education is needed for planning the implementation of school social work interventions in Czech schools. Also, support from public authorities is needed primarily in the field of education and, as previously mentioned, more evidence-based studies are undoubtedly needed to examine the possibilities of social work together with the school environment and its needs in relation to students, teachers, and the whole community.

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Supporting Family Capacity during the Economic Crisis

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Abstract
OBJECTIVES: The purpose of the study is to propose a practical model of supporting family capacity by social services during the financial crisis caused by the COVID-19. THEORETICAL

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BASE: The conceptual framework of the study includes the household capacity assessment and monitoring social work activity in the context of changes brought by the COVID-19 crisis. METHODS: The model describes the course of action taken by the social worker when interacting with the family and provides the tools used by the social protection services to help the family. The result is differentiation of social support forms according to the SWOT-analysis matrix. OUTCOMES: The matrix includes the system of critical indicators for evaluating the family capacity divided into four groups: strengths and opportunities and barriers and challenges. This model will allow one to identify and monitor family social and economic problems with subsequent improvement of family capacity in social and family entrepreneurship given that the family has a business. It will also help to evaluate the effectiveness of social services provided by the social protection system. SOCIAL WORK IMPLICATIONS: The results can be used for the development of social protection programs focusing on the introduction of permanent interaction mechanisms between social services and families, not only in crisis situations.

Key words
digitalization, family, income, reciprocal relationships, support

INTRODUCTION

The COVID-19 pandemic, which has begun in late 2019 and continues to the present, has disrupted global labour markets and prompted people to learn how to balance work and family life with little financial support. The same effects of the COVID-19 crisis were observed around the world including closed schools, kindergartens, and economic recession (Lund et al., 2021). This situation is characterized by both positive and negative aspects in human life. The positive aspects include parents and children spending time together, for example during regular daily meals and bedtime. The negative aspects include all family members staying in one space around the clock, which requires a steady income to meet their needs (Brik, 2021). Meanwhile, in some families, adult members lost their jobs, others became adjusted to working remotely from home after offices had been closed, and some people who worked in the social support system moved away from their families to reduce the risk of contracting the virus. Thus, during the pandemic, the house became the center of learning, work, and leisure activities for all its members, resulting in a social and financial shock. Kalil et al. (2020) claim that the COVID-19 crisis affects all families, but to a different degree. Coronavirus disease particularly affects lower-income families with school- and preschool-aged children, leaving them to cope with distress on their own and be susceptible to developmental factors. Researchers have found that the combination of job and income loss destabilizes the family and disrupts child development. According to experts from the United Nations Children's Fund (Unicef, 2020), in addition to reducing family income, the coronavirus disease exacerbates poverty in every aspect of human life, including health, education, food, shelter, water, and sanitation. Social distancing is generally recognized by governments around the world as a way of combating the pandemic in order to break the chain of transmission (Friedline et al., 2020). Social distancing refers to the practice of keeping a personal distance of 2 meters from others and of not visiting crowded places (Centers for Disease Control and Prevention, 2020). This definition is applied as a recommended or government-sanctioned means of pandemic containment. Behar-Zusman et al. (2020) explain that social distancing requires all family members to be together for extended periods of time and in most cases with limited personal space. Insufficient housing availability with limited personal space is observed in the countries of post-Soviet Eurasia, such as Kazakhstan, Russia, and Ukraine. It can be explained by the legacy of the Soviet system, under which non-market principles of housing distribution were

applied, which led to the traditional shortage of living space during the Soviet era. The situation of housing affordability remains a hot political issue even now (Gerber, 2016). Based on previous research that social distance is the main mitigation strategy for reducing transmission, Hart et al. (2020) and Nordman (2016) argue that digital communication and the mobilization of internal family resources in the context of social integration to entrepreneurship are key elements of family support and can facilitate daily and structured communication that will bring economic benefits to families. Fisher et al. (2020) claim that social services' activities in the COVID-19 crisis go beyond the traditional approaches of family support and involve innovative methods in this relationship, such as virtual communication via social networks and applications (WhatsApp, Skype). Thus, social workers believe that digital technology is a viable option for the effective service provision to families in need of support. Nurlaily et al. (2018) note that social support can come from the working (external factors) and non-working environment (internal factors). In the latter case, the family provides internal social support, which comes from the non-working environment. Internal social support is drawn from the family's capacities and can take the form of:

- social capital (family characteristic)
- financial capital (family budget)
- human capital (skills, experience, knowledge)
- physical capital (living conditions, technology)
- emotional capital (family cohesion)

Kamaryati and Malathum (2020) consider social support in terms of the working environment, which is provided by the external party – the government or social protection services. It focuses on supporting family relationships, overcoming stressful life events and limited opportunities, with the subsequent achievement of positive dynamics in family functioning, adaptation to challenges, and improving quality of life. Fisher et al. (2020) and Vaško (2020) regard family capacity during the financial crisis caused by COVID-19 in terms of finding the balance between the working and non-working environment. Vaško (2020) presents the concept of supporting family capacity during difficult times. The researcher argues that family capacity can be supported in three main areas: working in the natural family environment; development of family strengths; and introduction of various forms of family therapy. Vaško claims that in the current situation it is necessary to actively mobilize the social support system that meets society's interests. In this context, social protection services and social workers act as intermediaries between the interests of the state and vulnerable groups (Hyslop, 2018). Social services seek to expand the boundaries of the social franchise, advocating families' re-inclusion into society through social and family entrepreneurship, which contributes to reducing unemployment and poverty by providing jobs for entire families. Social service clients are mainly individuals and families who are socially excluded, but who have the inner family potential. With the help of modern support tools, the social worker corrects the individual consequences of structural injustice with intentional planning, engaging family members in various activities, particularly entrepreneurship. Traditionally, people come to social entrepreneurship through overcoming a personal problem (Cardella et al., 2020), so the work of social services cannot be reduced only to a set of quantitative assessments of technical procedures but must consider the cognitive process.

It is clear from the above that providing family support during a pandemic is a global priority and requires communication between family and social service. Therefore, it is important to adapt family-oriented tools that social services use to bypass the limitations of physical presence, but still foster the positive aspects of family relationships. We present a framework for family-oriented assistance in the COVID-19 crisis and propose a course of action for the social worker when interacting with the family and a toolkit for providing family support during difficult times.

The purpose of the study is to put forward a practical model of family-oriented support by social services during the financial crisis caused by the COVID-19 pandemic.

The research objectives are:

1. to provide a theoretical foundation for the concept of family capacity in family support
2. to identify a set of critical family capacity indicators
3. to develop a practical model of family capacity support by the social services during socio-economic crisis

MATERIALS AND METHODS

The study includes a practical model of family support by social protection services, which is based on the results of the SWOT analysis matrix and critical indicators of family capacity. It investigates the social work practices (Hyslop, 2018; Centers for Disease Control and Prevention, 2020; UNICEF, 2020; Vaško, 2020) dealing with social justice and human rights and analyses scientific studies on family social support (Nurlaily et al., 2018; Friedline et al., 2020; Hart et al., 2020; Kamaryati, Malathum, 2020).

The theoretical underpinning for the concept of family capacity and its parts was based on the review of contemporary concepts for the period between 2016 and 2020 (Nascimento et al., 2016; Markov, 2018; Hämäläinen et al., 2020; Vaško, 2020; Brik, 2021) and on monitoring social work activity during the COVID-19 crisis, using the methods of analysis and synthesis. Both the literature review and the monitoring allowed the authors to identify a set of critical family capacity indicators that can be conditionally divided into four groups: strengths, opportunities, barriers, and challenges. While the first two encompass factors facilitating life-quality improvement (income, housing conditions, availability of savings and appliances in the home, education, skills to meet labor market needs, health), the others combine determinants inhibiting it (disabled person in the family, unemployed adult in the family, unstable income, house mortgage or rent, lack of internet access, unsafe living conditions, poor digital education infrastructure and support for social entrepreneurship). The factors mentioned are fundamental in assessing the family risks and providing effective assistance that meets the needs of society. The result of their high-quality consideration is a theoretical foundation for the family capacity concept in the context of family support.

Based on the study's findings, a practical model of family capacity support by social services in the economic crisis was developed and visualized using Visio software. The model includes a course of action for the social worker during their interaction with the family and a toolkit for family capacity building. The toolkit is targeted at identifying the family's risk exposure, assessment, and assistance according to the following course of action:

The first step is to identify the strengths, opportunities, and barriers in the face of external challenges.

The second step involves a SWOT analysis to determine the family's strengths and opportunities, as well as barriers and challenges that hinder family's development and growth potential.

The third stage is intensive intervention, which includes three forms of support: basic support (proactive measures focused on each family); targeted support (preventive measures, such as cash payments and additional assistance in the form of teaching family members to overcome difficulties in their life cycle); and specialized support (designed for families with additional needs).

The object of the study is the process of family capacity building with the social services assistance in the COVID-19 crisis.

The subject of research is the mechanism, the algorithm, and collaboration tools between social services and families to support family capacity.

RESULTS

To provide effective family-oriented social assistance, it is necessary to cover the entire spectrum of family life. The foundation of any family is its inner potential. In this context, the theoretical study of family capacity with the subsequent specification of indicators for its measurement to identify the family's exposure to risk seems relevant. Current conceptual developments regarding family capacity are analysed and presented in Table 1. They are a starting point for understanding how family dynamics should be reflected in social policy and practice.

Table 1: Current concepts of family capacity

Author	Definition
Brik (2021)	Family capacity is viewed in terms of health, living conditions, and resources.
Vaško (2020)	Family capacity implies that the family is capable of growth and change through existing capabilities, skills, and strengths.
Markov (2018)	Family capacity is the individual's internal resource that he or she uses in response to the challenges and demands of society. This resource includes motivation and abilities set by the functional demands of society. The proper correspondence of motivation and abilities in realization of society's functional requirements against external challenges determines the family's development and growth.
Hämäläinen et al. (2020)	The family's potential is viewed through the interests of society and individual. At the society's level, the family is regarded within the framework of legislation, family policy, as well as protection and regulation practices that control society's intervention in private family life. At the family level, the family is seen in the context of promoting happiness, quality of life (affluence), security, and well-being. In this regard, family capacity is shaped by changes in social structures, such as changes in employment, educational requirements, and the digitalization of lifestyles. A set of these social characteristics provides opportunities for the family to grow, and their absence hinders society's prosperity.
Nascimento et al. (2016)	The family is a social force that influences the development of a person's behaviour and personality. The relationships established between family members influence each other and the whole system. Family capacity and maturity are built in the exchange processes between family members. The quality-of-life indicators defined by the WHO are parameters for health and social care interventions, services, and practices.

The analysis of the concepts described in Table 1 allows one to identify family capacity indicators. Brik (2021) gives preference to such indicators as the presence or absence of disabled members in the family, the presence of stable income, housing conditions (home ownership or rent), the number of living persons per total area, and the availability of savings. This approach is used by the United Nations Department of Economic and Social Affairs of the Family. Vaško (2020) proposes to consider health indicators, the presence or absence of work, skills, and the level of adult family members' education. He argues that the set of these indicators contributes to the growth or change of family capacity. Markov proposes an identical set of indicators (2018). Hämäläinen et al. (2020) argue that family and child well-being is an economic category that is determined by an established standard in the society with objective indicators, such as income, health, education, housing, leisure time, availability of durable goods, and digitalization skills, and a subjective assessment of quality of life and security. Nascimento et al. (2016) confirm the thesis of Hämäläinen et al. that family potential cannot be separated from the quality of life that satisfies the family. Both researchers agree that family capacity is related to the economic and financial indicators that shape family development. Nascimento et al. propose the following indicators: income, savings, health related to nutrition (malnutrition, hunger, or limited access to health care),

the level of education of adult members, and the physical environment (number of residents in the home, infrastructure, neighbourhood security). Thus, current concepts allow one to define family capacity as the fundamental basis of the family, with shared values, capabilities, and acceptance of vulnerabilities of all members of the group, influenced by the society's needs and the external challenges.

Family capacity indicators can help to identify family problems and gaps that need to be bridged or eliminated. Taking into account these parameters, a monitoring of external challenges in the social services' work amidst the financial crisis caused by COVID-19 was carried out (Nordman, 2016; Centers for Disease Control and Prevention, 2020; Fisher et al., 2020; Hart et al., 2020). It was found that in the pandemic situation, the social protection system introduces changes in typical practices. There is a reorientation from giving individual support to providing and securing family well-being in terms of social integration to entrepreneurship.

Table 2: New rules for social work in the context of family support during the financial COVID-19 crisis

Innovations in the work of social support services	New rules for social work practice
Professional obligation of the social worker	Coping with the COVID-19 crisis: preventing social upheaval in the community and its dire consequences on the lives of families or individual members
Professional environment	The ethical obligation to protect family well-being in terms of uncovering entrepreneurial abilities and developing digitalization skills
Communication between the social worker and the beneficiary	Digital communication in the format of counselling, educational programs, and training courses
Violation of human dignity	Economic deprivation of families due to loss of employment, barriers in accessing health care and education

Developed by the authors based on (Nordman, 2016; Cardella et al., 2020; Centers for Disease Control and Prevention, 2020; Fisher et al., 2020; Hart et al., 2020)

The data in Table 2 show that amid the financial COVID-19 crisis, the new practices of social support services have expanded the competencies of the social worker in providing assistance. The social worker serves as a consultant, educator, and a training coach. In particular, the social worker, using digital counselling, educational programs, and training courses, should aim at the establishment of cooperation between all family members. Such established connections can help to reduce the social and financial shock and ensure the family's well-being through the development of entrepreneurial abilities and digitalization skills. This societal demand requires all family members to develop digital literacy and have the necessary technology in the home.

Based on the analysis of current concepts (see Table 1) and the monitoring of social protection services activity during the COVID-19 crisis (see Table 2), the authors propose a set of critical indicators that allows one to measure family capacity in the context of family support. The set consists of four indicator groups (see Table 3).

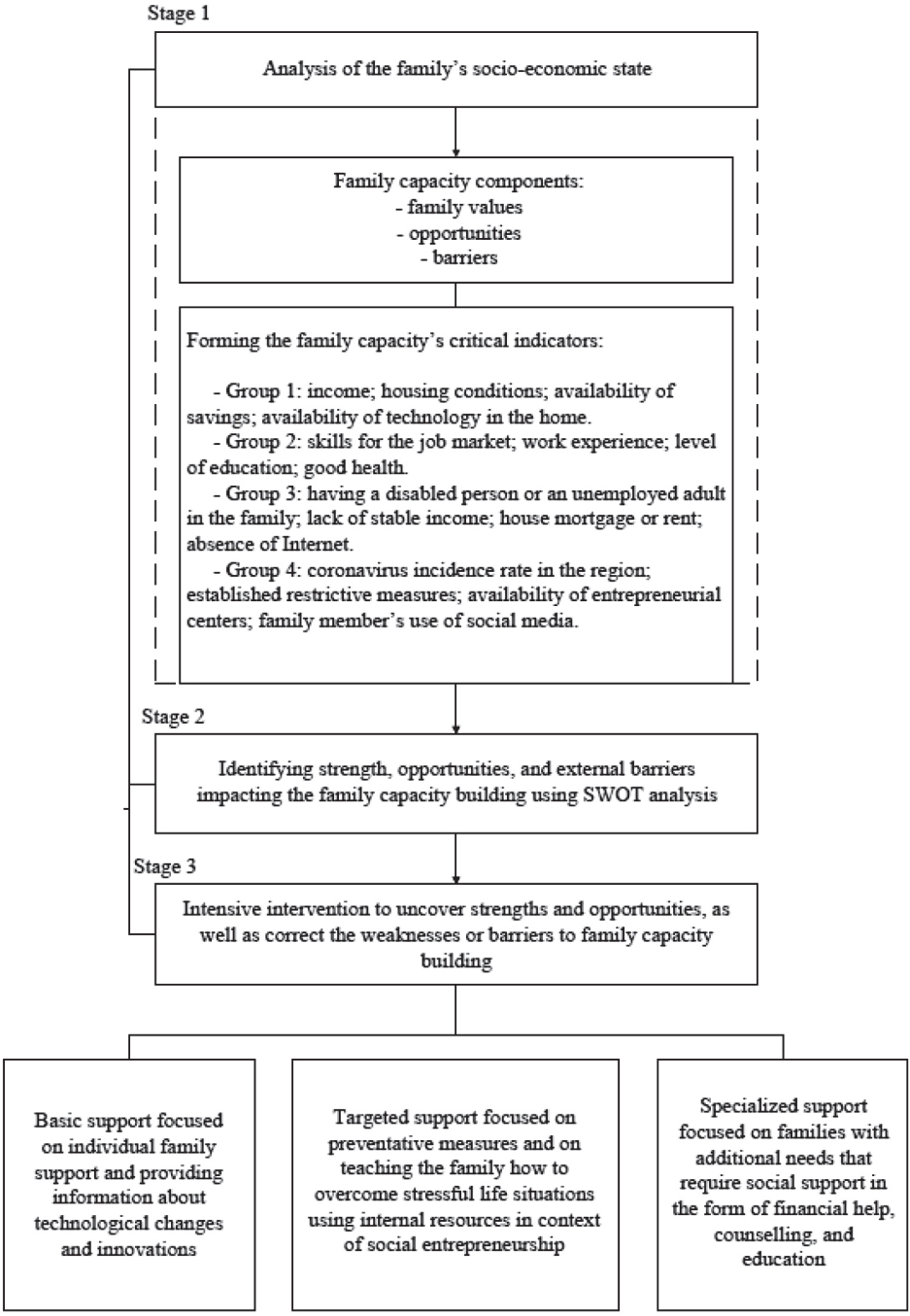
Table 3: A set of family capacity critical indicators

Family capacity components		Indicators
Group 1	Family values:	- income - housing conditions - availability of savings - availability of equipment
Group 2	Opportunities:	- skills that are competitive in the job market (communications management, language skills, handmade, etc.) - work experience - level of education - having good health
Group 3	Barriers:	- disability - unemployed adult - lack of stable income - house mortgage or rent - absence of Internet
Group 4	Challenges: (for a country or a region)	- coronavirus incidence rate - established restrictive measures - availability of entrepreneurial training centres - family members' use of social networks

Developed by the authors based on (Nascimento et al., 2016; Markov, 2018; Hämäläinen et al., 2020; Vaško, 2020; Brik, 2021)

Based on the results of the analysis, the authors built a practical model of family capacity support by social protection services. The model will help to support the family's economic security during crisis and contribute to the creation of a new stratum of entrepreneurs who will support the positive dynamics in the society. Within the proposed model aimed at overcoming the family crisis, the criterion for intervention is the SWOT-analysis matrix, which takes into account the family's strengths and opportunities as well as barriers and challenges to the development of family potential (see Figure 1).

Figure 1: Practical model of family capacity support by social protection services.



Source: Developed by the authors based on (Centers for Disease Control and Prevention, 2020; Fore, Ghebreyesus, 2020; Hart et al., 2020)

Support of family capacity by social services is carried out according to the course of action shown in Figure 1.

The first stage involves analysis of the family's socio-economic state regarding the set of critical indicators:

Group 1 – strengths – the actual socio-economic state of the family. The indicators of family strengths include income, housing conditions, availability of savings, and availability of technology in the house.

Group 2 – opportunities. These qualities, knowledge and skills benefit the family and shape its value system. The indicators of family opportunities include availability of skills that meet the competitiveness of the labour market, work experience, level of education, and having good health.

Group 3 – barriers. These are the weaknesses that hinder family development. Indicators of weaknesses include having a disabled person in the family, having an unemployed adult, lack of stable income, house mortgage or rent, and absence of Internet.

Group 4 – challenges – external threats and society's needs. Currently, the external challenges include coronavirus incidence rate, restrictive measures established in the region, availability of training entrepreneurial centres, and the family members' use of social networks.

At the second stage of the proposed course of action, the family capacity is assessed using the SWOT-analysis matrix (Table 4).

Table 4: SWOT-analysis matrix

Group 1 and 2 promote family capacity development			
Group 1: strengths	Assessment	Group 2: opportunities	Assessment
- income - housing conditions - availability of savings - availability of technology in the home		- skills for the job market - work experience - level of education - having good health	
Group 3 and 4 hinder family capacity development			
Group 3: barriers	Assessment	Group 4: challenges (for a country or a region)	Assessment
- a disabled person in the family - an unemployed adult - lack of stable income - house mortgage or rent - absence of Internet		- coronavirus incidence rate - established restrictive measures - availability of entrepreneurial centers - family member's use of social media	

The matrix consists of four factors. Strengths and opportunities promote family capacity growth, while barriers and challenges hinder it. The resulting assessment serves as a normative tool for choosing the form of family intervention.

The third stage involves intensive intervention to ensure and preserve the family's well-being based on the threshold values obtained from the SWOT-analysis matrix according to four groups: strengths, opportunities, barriers, and challenges. The numerical indicators are compared with the legally established norms in the country or region. Family support includes three forms of intervention:

Basic support seeks to reduce the likelihood of a problem and is targeted to each individual family, regardless of the presence or absence of barriers or the family's financial capacity. Basic support focuses on providing information and advice concerning the external challenges.

Targeted support is aimed at reducing the destructive impact of barriers and external threats to be able to take preventive measures and learn how to cope with disruptions, using the family's potential (strengths and opportunities). This type of support involves monetary payments and additional

assistance. The social worker acts as a consultant, educator, and coach. This type of support requires continuous assessment to determine whether targeted support can be discontinued or whether it is necessary to move to a more specialized form of assistance.

Specialized support is designed for families with additional needs, such as having a disabled family member or an unemployed adult, lack of stable income, house mortgage or rent, or lack of internet access. These families need both additional services and assistance from the state because of the lack of opportunity to cover their basic needs on their own (this particularly applies to the issues of housing and monetary payments).

It is important to note that every family may have a need for family support, so support must be tailored to family capacities. The tools used by the social worker are aimed at evaluating the family's risk exposure, assessment, and assistance according to the course of action defined by the practical model of family capacity support.

DISCUSSION

This study explored family capacity support in times of economic crisis. A theoretical basis for the family capacity concept followed by a set of critical indicators was proposed. The analysis of current concepts allowed the authors to define family capacity as the household's foundation that involves shared values, capabilities, and acceptance of vulnerabilities of all members of the group and is influenced by the society's needs and external challenges. It is implied that unfavourable economic conditions worsen the family capacity indicators and significantly reduce the quality of family life, which requires support from social protection services. The theoretical rationale for family capacity within the framework of social support in our study is consistent with the study of McVeigh (2020). The researcher evaluated social work in the context of family support, which consists of three elements: family conversation, assessment, and evaluation. The study sought to explore the benefits of family restoration from the perspective of all its members. Adams (2020) argues that in an ideal world, family capacity is the stabilizing pillar through which family needs are met via employment, skills, communication, and community support. However, the coronavirus pandemic has taken its toll on the components of family capacity, leaving families struggling economically and unable to meet their basic needs. Friedline et al. (2020) focused their study on the financial stress and well-being of families in a pandemic. The researchers concluded that the economic hardship caused by the pandemic relates to the inability of families to meet their basic needs, which is closely related to poverty beyond traditional dimensions. Various aspects of well-being are brought into play during the pandemic, including nutrition, housing, health, education, and loss of earned income. All of them reflect the decline in a family's capacity to meet its needs. In particular, the factor of affordable housing is critical in shaping family capacity (Hill, Webber, 2021) since it is the most durable of the three basic needs (food, clothing, home) and in fact provides a safe place in our unstable world. Ubaidi (2017) argues that all families experience family dysfunction from time to time because no family can be perfect all the time. However, when there are many complicating factors in the family system (having a disabled or addicted person in the family, one or two parents unemployed, no own housing or living in conditions unfit for habitation) without any appropriate action by adults will eventually result in significant damage to all family members. Therefore, understanding family problems requires assessing family interactions in the context of their family system and focusing on family potential rather than looking for an answer as to why it is happening. Amadasun (2020) argues that efficiency in solving social and economic problems comes from public social policy, which is the essence of the social work profession. The report by International Labor Organization (Ryder, 2019) describes public expenditures on social protection of families as a percentage of GDP in the countries of post-Soviet Eurasia, excluding health care based on the data for the last available year. The results of this report showed that the largest government spending on social protection of families is in Ukraine (about 20.6%). The report states that among the countries that have reduced

the share of such expenditures in GDP due to fiscal consolidation measures, government spending on social protection in Russia and Kazakhstan amounted to 10.7% and 3.9%, respectively. Many post-Soviet Eurasian countries do not have the resources to stimulate the economy and provide family social support to the same extent as industrialized countries. However, many of them have made significant efforts to mitigate the effects, adapting the new practices of social work, such as the differentiated intervention approach, transition to digital communication with beneficiaries to meet the community's needs and effectively provide family support services. Regarding the changes in the work of social support services during the financial COVID-19 crisis presented in this study, there has been a reorientation from supporting the individual person to supporting the well-being of the family, with an expansion of the social worker's competencies. The social worker serves as a consultant, educator, and a coach to unlock the family's entrepreneurial potential and activate communication through social media and applications. The new rules of social work practice require all family members to be digitally literate and have necessary technology in the home. This finding shows the importance of the new societal demands that pay more attention to the economic security of all family members through social integration to entrepreneurship and the development of digitalization skills. Family risk exposure evaluation, assessment and assistance are attributes of the social worker's toolkit for building family capacity. With its help, the social worker identifies the family's strengths, opportunities, and barriers, in the face of external challenges that promote or hinder the development and realization of family capacity. Such an analytical method uses a matrix with a set of indicators characterizing the family capacity by its components and external challenges. Based on the results of the SWOT-analysis matrix, an assessment is compiled, which serves as a guideline for selecting a form of intervention. Having analysed the family in this way, the social worker provides assistance. Nordman (2016); Šándorová and Myslivec (2020) argue that identification at the early stage of the hardship situation is of key importance in the context of social policy, because providing assistance at this stage strengthens the individual family's capacity and helps to enter the labour market through entrepreneurship. Shlykova and Levanda (2020) found that through differentiated intervention social support allows beneficiaries to improve family capacity indicators as well as create conditions for social integration and achieve positive dynamics in the context of society's needs. The practical model of family capacity support during an economic crisis, based on the system of critical family capacity indicators, adapts the standard social work practices to societal demands to provide more effective assistance, improving indicators of family capacity, thereby improving the quality of family life through the new stratum – entrepreneurship.

CONCLUSION

Based on the study's outcomes, four components of family capacity were identified: family values, opportunities, barriers, and challenges, which explain the relationship between family and social support. In this context, the family capacity analysis is a criterion for intensive intervention and serves as a normative tool for selecting the form of support and implementing social policy.

To summarize, the proposed practical model of family capacity support adapts standard practices to societal needs by involving all family members in various activities, in particular entrepreneurship and develops intangible resources – communication through social networks. This interaction takes into account the new rules of social work and can lead to social progress rather than regression, as the standard of interaction, focuses on the development of family capacity in entrepreneurship and contributes to the creation of a new stratum in society.

The results' practical application can serve as the basis for the development of comprehensive family social support programs in response to social and economic threats. Further work will be aimed at considering the differences in living standards of families involved in social and family entrepreneurship and non-entrepreneurial families in the context of social support.

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Characteristics of Long-Term Clients of Social Work in Municipalities in the Vysočina Region[1]

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Abstract
OBJECTIVES: The paper aims to map socio-demographic indicators of long-term clients of social work in municipalities in the Vysočina Region and, in connection with this, verify whether there is a dependence between the record time length and selected socio-demographic indicators (age, sex, target group according to the prevailing social problem) for long-term clients of social work in municipalities. THEORETICAL BASE: Social work in municipalities is a vital tool to help vulnerable and disadvantaged citizens and people in an adverse social situation. Since 2014, the number of social work clients in municipalities has declined, but the work intensity with long-term clients has increased. METHODS: A quantitative analysis of 1,554 Standardised Records created by social workers of all authorised municipal offices of the Vysočina Region was performed. OUTCOMES: Based on the analysis of the obtained data, the basic socio-demographic characteristics of long-term clients are described. The research results show no statistically significant relationship between the record time length and sex. However, a statistically significant relationship between the record time length and age and between record time length and the target group was demonstrated. SOCIAL WORK IMPLICATIONS: The paper provides valuable and unique information about long-term social work clients in municipalities in the Czech Republic.

Keywords
long-term client, municipality, social work, Vysočina Region, correspondence analysis

INTRODUCTION

Social work in municipalities is essential in helping vulnerable and disadvantaged citizens and people in an adverse social situation that they cannot solve independently. The purpose of social work under the auspices of municipalities is to improve the standard of living of people in need, prevent social exclusion, solve social problems, support the reintegration of already excluded persons, and improve their social functioning. An important part is counselling, support and mediation of services so that people with limited self-sufficiency due to age or disability can stay in their natural environment for as long as possible.

Since 2014, the number of clients of social workers in municipalities has constantly been decreasing. This development is a long-term and nationwide trend associated with economic growth in the Czech Republic (Jelínek, 2021), also influenced by the transfer of benefit systems from municipalities to the Czech Labour Office. Since January 2012, benefit agendas have been unified, and all non-insurance benefits have been provided by the regional branches of the Czech Labour Office of the Czech Republic. Thus, the Czech Labour Office took over from the municipalities the payment of material need benefits, care allowance, and benefits to persons with disabilities (Beck, 2012).

On the other hand, the intensity of work with clients who remain in the system is growing. The overall increase of social workers' interventions by 36% and repeated interventions by 43% is evident from the number of interventions registered in the annual reports (V 26) on social work in 2015–2019 (compared to 2015 and 2017) (Jelínek, 2021).

The paper aims to map socio-demographic indicators of long-term clients of social work in municipalities in the Vysočina Region and, in connection with this, verify whether there is a dependence between the record time length and selected socio-demographic indicators (age, sex, target group according to the prevailing social problem) of long-term social work clients in municipalities.

CHARACTERISTICS OF THE VYSOČINA REGION

The Vysočina Region occupies a central position within the Czech Republic. The territory of the Vysočina Region is administratively divided into five districts, 15 administrative districts of municipalities with extended powers (MEP) and 26 districts of authorised municipal offices (AMO) (Czech Statistical Office, 2020a). Our paper focuses on the performance of social work in municipalities with an authorised municipal office.

The region's settlement is characterised by a highly fragmented settlement structure, featured by a large number of small municipalities. In the demographic structure, women have a slightly higher proportion (50.1%). The average life expectancy in the Vysočina Region for men born in 2017 is 77 years, and for women born in 2017, it is almost 82.7 years (fifteen years ago, it was four years lower for both sexes). Based on an interregional comparison, Vysočina is one of the regions with the highest life expectancy. The birth rate in the region was higher than the mortality rate in 2017. The share of the working-age population is constantly declining, falling from 70% in 2007 to 65.0% in 2017. In contrast, the share of the post-working-age population is steadily growing, increasing by 4.9% between 2007 and 2017 to 19.7%. In 2007, the number of persons aged 65 and over exceeded the children's share (by 459) for the first time; in 2017, this difference was already 22,370 persons. The population's ageing is evidenced by the age index, which expresses the number of people aged 65 and over per 100 children aged 0-14. At the end of 2017, there were more than 129 people aged 65 and over per 100 children (122 in the whole of the Czech Republic). The average gross monthly wage in the Vysočina Region in the first quarter of 2017 was CZK 26,201 (natural persons); in absolute terms, it is CZK 2,560 below the national average. The share of unemployed persons aged 15-64 reached 3.80% at the end of 2017 and was the fifth-highest in the Czech Republic. The region's positives include low crime and low suicide relative to the population size (Czech Statistical Office, 2020a; 2020b).

DEFINITION OF THE TERM "LONG-TERM CLIENT"

Based on our analysis of foreign research literature, the term "long-term client" (or long-term social work) appears from 1977 to 2006 and only in a few research papers (e.g., Goldberg et al., 1977; Goldberg et al., 1978; Krumer-Nevo, Slonim-Nevo, Segev, 2006).

Corby (1982) states that he focussed on long-term clients in his research for two reasons. First, long-term social work clients in the Department of Social Services occupy 75% of social workers' time (Goldberg et al., 1978). Second, it is a topic that does not attract much attention from researchers (Corby, 1982). The absence of research papers on this topic leads us to believe that this statement is still true today.

In their research, Goldberg et al. (1978) defined a long-term case as one in which some action was taken during the successive 12 months. The analysis of 1,424 cases (1 February 1975 – 31 January 1976) showed that 2/3 of the cases remained open, while 1/3 were closed by the end of the research (i.e., within one year). In conclusion, the authors stated that "in over half of these long term situations, no change was expected, and nearly three-quarters of the cases were to remain open indefinitely" (Goldberg et al., 1978:283).

The year before, Goldberg et al. (1977) conducted research with the following findings: 89% of 2,057 analysed cases were closed within six months, and only 11% remained open until the end of the year. In most cases, the latter group were people with disabilities, very fragile seniors, and children at risk to be admitted to long-term care.

Krumer-Nevo, Slonim-Nevo, Segev (2006) conducted research at the Department of Social Services in a small town in southern Israel. The employees of this department described "chronic" clients (the employees themselves used this term) as long-term clients who were in care for six years or more and showed difficulties in several areas at the same time – economic matters, relationships,

vulnerable children, unemployment, and substance abuse. Despite extensive counselling, no improvement occurred in the clients.

In our research, a long-term client is characterised by a record time length exceeding six months. This time limit is not set by any legal norm for the performance of social work in municipalities in the Czech Republic; its determination reflects the practice of the Department of Social Protection and Prevention, Regional Authority of the Vysočina Region based on Act No. 111/2006 Coll. on assistance in material need, which partially regulates the performance of social work at the authorised municipal office. This regulation determines a time frame of six successive months as a period after which the social worker usually revises the case procedures, or the conditions for financial support change because the recipient of benefits remains in the system "for a long time" (for example, benefits are reduced, paid in vouchers, activation tools are sought, the recipient of the benefit must dispose of his immovable property). The following selected provisions are some of those that apply the record time length of six months: Section 11 states the possibility to assess sale or other use of the movable property to increase income by their efforts, unless otherwise specified, only after six months; in the past before its repeal, Section 19 imposed an obligation on the office to draw up an activation plan for the recipient's benefits after six months to increase the person's ability to deal with the situation of material deprivation; a similar time limit is also set when assessing the unjustifiable burden for the system of assistance in material need according to Section 16, paragraph 2 letter g; the time limit also applies to determining the subsistence amount according to Section 24; evaluation of the use of property according to Section 26; evaluation of asserting claims and receivables possibilities according to Section 27; benefits payment in vouchers according to Section 43 (Act No. 111/2006 Coll., on assistance in material need).

SOCIAL WORK IN MUNICIPALITIES

The obligation to implement social work activities and coordinate the provision of social services at the municipal level is imposed on social workers by Sections 92 and 93a of the Social Services Act, and Sections 7, 63, 64 and 65 of Act No. 111/2006 Coll., on assistance in material need, as amended by later regulations, and Decree No. 332/2013 Coll., on the model of the Social Worker's Standardised Record.

Concerning the provision of social services, which are irreplaceable in the system of social assistance in the Czech Republic for the solution of most adverse social situations, the competence of the municipality is defined by Section 94 of Act No. 108/2006 Coll. on social services, as amended. Based on the provisions of this Act, the municipality, primarily through its social workers, identifies the needs of the population in its territory, ensures the availability of information on possibilities and methods of assistance, cooperates with other municipalities, regions and social service providers to assist its inhabitants, mediates contact with suitable social services, participates in the preparation and implementation of the medium-term plan for the development of social services in the region and co-creates the conditions for meeting the needs of disadvantaged and vulnerable inhabitants.

The Ministry of Labour and Social Affairs (MPSV) also specifies the municipal office's competence concerning the performance of social work activities and coordination of social services provision in the MPSV Recommended Procedure (2018:12) as follows: *"The primary goal of social work activities (application of social work methods and techniques) implemented by municipal offices is to ensure or support the "social functioning" of the client (individual, group or community) in the municipality's life. The primary role of social workers is to maintain a balance in the relationship between the client and his environment (municipality). The social worker's intervention in the event of an imbalance can lead to both a change in the client and a change in the community's life (for example, a change in the social environment)."* At the same time, the document describes certain life events which contribute to the emergence of adverse social situations. Social workers of municipal offices assist citizens

in dealing with such situations (disability, mental health problems, care for a dependent person, limitation of legal capacity, belonging to a minority or local community, the loneliness of a person, termination of stay in an institution, return from imprisonment, loss of housing risk or loss of housing, inadequate housing, unemployment risk, unemployment, risky way of life, human trafficking, domestic violence, aggression, abuse, neglect, low income, debt, and immigration) (MPSV, 2018).

METHODS

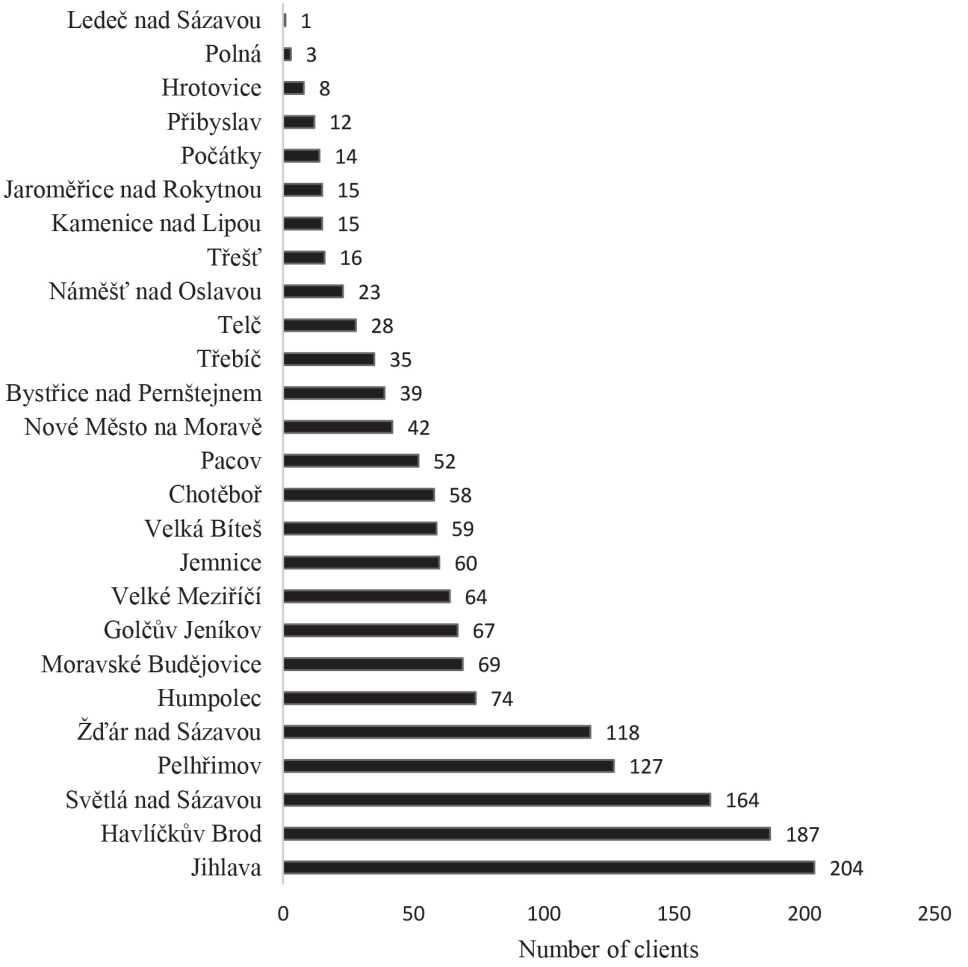
The research was conducted in the Vysočina Region on the basis of intentional selection. The reason for this type of selection is our long-term cooperation with the Vysočina Region, which allowed us to access data to a unique extent.

The presented data were obtained from Social Worker's Standardised Records in municipalities with an authorised municipal office in the Vysočina Region as part of the research contract mentioned above. Due to personal data protection, the Vysočina Region provided anonymized data for the research in the form of an excel spreadsheet, which did not affect the research ethics. We did not work with any personal or sensitive client data.

The data are current as of 31 December 2017 since the employees of the Regional Authority of the Vysočina Region were manually sorting and processing data from the Social Worker's Standardised Record for two years. Based on the record time length data, clients with a record time length of up to 6 months were included in the short-term category and those with a record time length of 6 months or more in the long-term category. The rationale for the time is given in the Introduction to the paper.

As of 31 December 2017, the municipalities' social workers cooperated with 2,630 clients, of which 1,554 were long-term. Graph 1 shows the numbers of clients by the municipality with an authorised municipal office (AMO).

Graph 1: Long-term clients by the municipality



Characteristics of the research sample

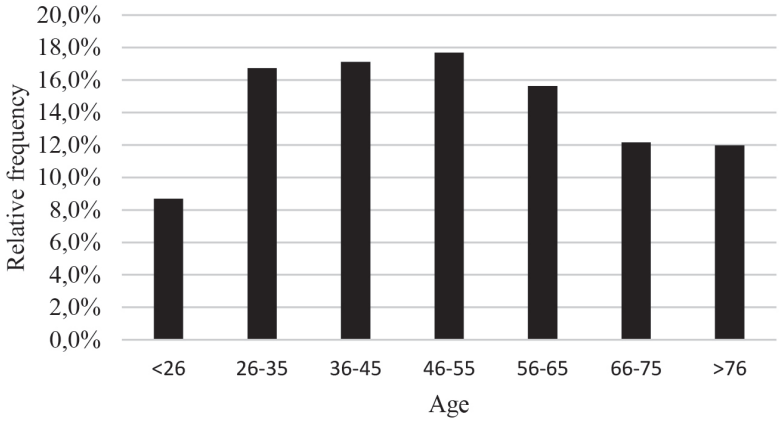
The basic group for our research were social work clients in municipalities with an authorised municipal office in the Vysočina Region. As of 31 December 2017, this group consisted of 2,630 clients. Of these, 1,076 were short-term clients, and 1,554 were long-term clients. Following the paper's aim, only data related to long-term clients (persons who had been registered for six months or more) were used in the research[8].

The research sample consists of 1,554 long-term clients, of which 55% are men and 45% are women.

Graph 2 shows that long-term clients aged 46-55 are the most numerous category (17.7%), while clients under 26 belong to the least numerous category (8.7%).

[8] The categorization of clients into long-term and short-term clients is based on the methodological procedures for social work in municipalities of the Regional Authority.

Graph 2: Long-term clients by age



The most strongly represented group in the research sample are clients whose record time length does not exceed 16 months (38.8%). This group is followed by clients with a record time length in the range of 16-25 months (21.8%) and clients in the 26-35 months category (16.8%). Graph 3 reveals that the number of registered clients decreases with the record time length, except for the 46-55 months category (9.1%), where a slight increase is evident compared to the 36-45 months category (7.1%).

Graph 3: Long-term clients by record time length

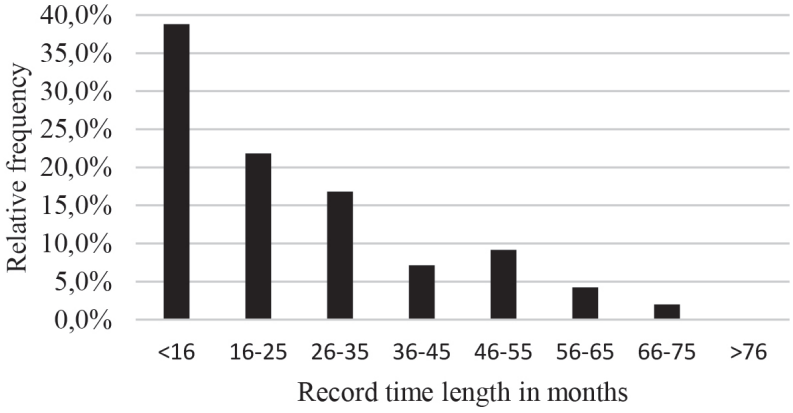


Table 1 shows that the most significant target group (24%) are "people with a risky lifestyle". The target group "people with disabilities or mental health problems" is represented by 19%, the group "homeless people" approximately by 14%, the group "people at risk of social exclusion" by almost 13%, and the group "unemployed people and people at risk of poverty" makes up more than 12%. The remaining categories (target groups) are relatively marginal in terms of number ("families with children", "people caring for persons dependent on the care of another person", "people with various degrees of limited legal capacity", "victims of aggression, crime and domestic violence" and "immigrants").

Table 1: Long-term clients by target group

Target group	Abbreviation[9]	Relative frequency
people with a risky lifestyle[10]	lifestyle	23.5%
people with disabilities or mental health problems	disability	19.4%
homeless people	homeless	13.8%
people at risk of social exclusion[11]	exclusion	12.9%
unemployed people and people at risk of poverty	unemployed	12.2%
other groups of people	other	8.2%
families with children	families	3.7%
people caring for persons dependent on the care of another person	caring	3.5%
people with various degrees of limited legal capacity	capacity	1.9%
victims of aggression, crime and domestic violence	victims	0.7%
immigrants	immigrants	0.1%
Total sum		**100.0%**

The paper aims to map socio-demographic indicators of long-term clients of social work in municipalities in the Vysočina Region and, in connection with this, verify whether there is a dependence between the record time length and selected socio-demographic indicators (age, sex, target group according to the prevailing social problem) of long-term social work clients in municipalities. The following hypotheses were designed:

H1: There is a dependence between the record time length and sex.

H2: There is a dependence between the record time length and age.

H3: There is a dependence between the record time length and the target group.

The primary data had to be adjusted to meet all input requirements of the dependency analysis. The data classification used to present socio-demographic indicators of long-term clients was different from the classification used to verify the designed hypotheses. For the needs of the description of long-term clients' characteristics, it was beneficial to use more categories with the following variables: age, record time length. However, for the subsequent data analysis to verify the hypotheses, it was necessary to reclassify the data due to the low amount of data in each category). The age categories (15–24 years, 25–39 years, 40–54 years, 55–64 years and 65+) were used for the age variable. These categories are used by the Ministry of Labour and Social Affairs

[9] The designation of target groups used in practice is unsuitable for graphical representation of results, therefore abbreviations were created.

[10] Social problems resulting from the disorganized way of life of children and youth; from the provision of paid sexual services; from alcohol abuse; from gambling; from belonging to a risky subculture; from drug and psychotropic substance abuse; from committing a crime (Decree No. 332/2013 on the model of the Standardized Record of a Social Worker).

[11] Social exclusion due to old age; social exclusion resulting from belonging to a national minority or local community; social exclusion as a result of an individual's loneliness; social exclusion due to disability; social exclusion resulting from the return of a person from an institutional setting; social exclusion due to the loss of housing; social exclusion due to job loss; social exclusion resulting from the loss of social background or other social event (Decree No. 332/2013 on the model of the Standardized Record of a Social Worker).

to analyse employment and unemployment developments (MPSV, 2021a). We proceed on the Social Inclusion Strategy 2021–2030, which considers access to and maintaining employment as key issues in tackling poverty and social exclusion. One of the necessary measures in this respect is the strengthening of social work in municipalities (MPSV, 2021b). When categorising the record time length, a limit of 12 months was set because, in the conditions of the Czech Republic, persons who have been in the records of the labour office for more than one year are considered long-term unemployed (Czech Statistical Office, 2018). One immigrant was excluded from the target group because leaving it in a separate category would make it impossible to test hypotheses statistically.

Data analysis

The analysed data were categorical or suitable for categorisation. Analysis of contingency tables, including Pearson's chi-squared test, was used for data processing (Agresti, 2002; Anděl, 2005). The obtained dependencies were presented in graphical form using correspondence analysis.

Correspondence analysis is a popular graphical technique used to analyse relationships between categories of one or more variables in contingency tables. Using correspondence analysis tools, we can describe associations of nominal or ordinal variables and obtain a graphical representation of connections in multidimensional space (Ramos, Carvalho, 2010). Beh (2010) sees the most significant advantage of this method in its ability to represent the interconnectedness of individual categories graphically. Hebák et al. (2007) add that correspondence analysis shows the correspondences of categories of individual variables and provides a picture of row and column categories in the same dimensions. Unlike most other multidimensional methods, correspondence analysis allows the processing of categorised non-metric data and nonlinear relationships (Rencher, 2002). The calculations were performed with the help of the STATISTICA software.

RESULTS

The result part is structured according to the three designed hypotheses.

H1: There is a dependence between the record time length and sex.

Hypothesis H1 was not confirmed. Table 2 shows that no statistically significant relationship between sex and record time length was demonstrated (p-value = 0.3815). In all three monitored categories of record time length, women and men are represented almost equally.

Table 2: Record time length depending on sex (p-value = 0.3815)

Column relative frequency	**Sex**		**Total sum**
Number of months of record time	Men	Women	
under 12	27.5%	25.4%	**26.6%**
12-24	31.2%	34.4%	**32.6%**
25 and more	41.3%	40.2%	**40.8%**
Total sum	**100.0%**	**100.0%**	**100.0%**

Based on further analysis of the data, which showed the dependence between sex and the target group, we also addressed the relationship between these variables. Table 3 shows that a statistically significant relationship between sex and target groups was demonstrated (p-value <0.001). Men dominate in the target group "people with a risky lifestyle", women predominate in the target groups of "people with disabilities or mental health problems", "unemployed people and people at risk of poverty", "families with children", "people caring for persons dependent on the

care of another person". In the other groups, the proportion of men and women does not differ significantly.

Table 3: Target groups depending on sex (p-value < 0.001)

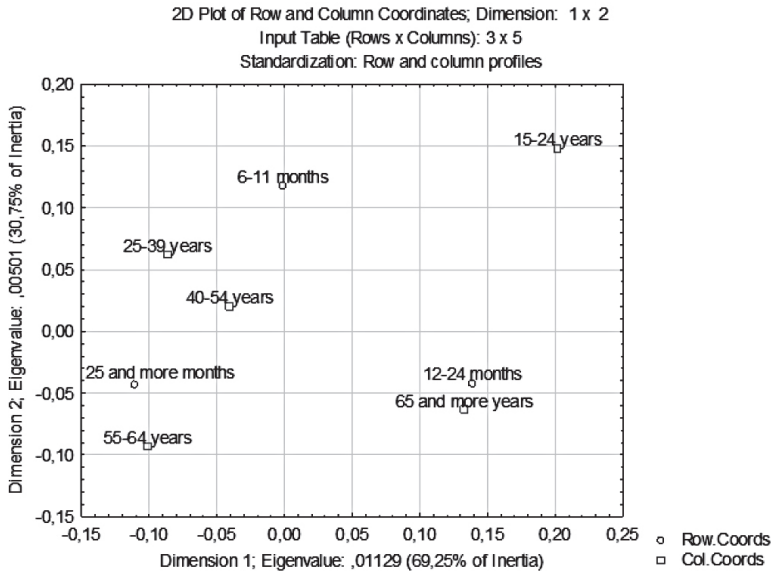
Column relative frequency	**Sex**		**Total sum**
Target group	Men	Women	
people with a risky lifestyle	37.8%	5.6%	**23.5%**
people with disabilities or mental health problems	14.6%	25.3%	**19.4%**
homeless people	14.4%	13.2%	**13.8%**
people at risk of social exclusion	13.0%	12.9%	**12.9%**
unemployed people and people at risk of poverty	8.5%	16.9%	**12.2%**
other groups of people	6.5%	10.4%	**8.2%**
families with children	1.4%	6.7%	**3.7%**
people caring for persons dependent on the care of another person	1.5%	5.9%	**3.5%**
people with various degrees of limited legal capacity	2.1%	1.7%	**1.9%**
victims of aggression, crime and domestic violence	0.2%	1.3%	**0.7%**
Total sum	**100.0%**	**100.0%**	**100.0%**

H2: There is a dependence between the record time length and age.
Hypothesis H2 was confirmed. It is clear from Table 4 that a statistically significant relationship was demonstrated between the clients' record time length and their age (p-value = 0.001). It is also evident from Table 4 and the correspondence map (see Graph 4) that clients aged under 24 are the most represented in the category of record time length 6-11 months. Clients aged 65+ are most often represented in the record time length category of 12-24 months. The category of 25-month record time length most often includes clients aged 55-64. This age category also has a significant long-term share in the total number of unemployed persons registered at the Labour Office of the Czech Republic; in 2020, this share was 22.4%. (MPSV, 2021a). The relationship between the record time length and employment is the subject of our subsequent qualitative research.

Table 4: Record time length depending on age (p-value = 0.001)

Column relative frequency	**Age of clients**					**Total sum**
Number of months of record time	15-24	25-39	40-54	55-64	65+	
6-11	33%	29%	27%	22%	24%	**27%**
12-24	38%	28%	31%	30%	40%	**33%**
25 and more	29%	43%	42%	47%	37%	**41%**
Total sum	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Graph 4: Correspondence map of the dependence between the record time length and age



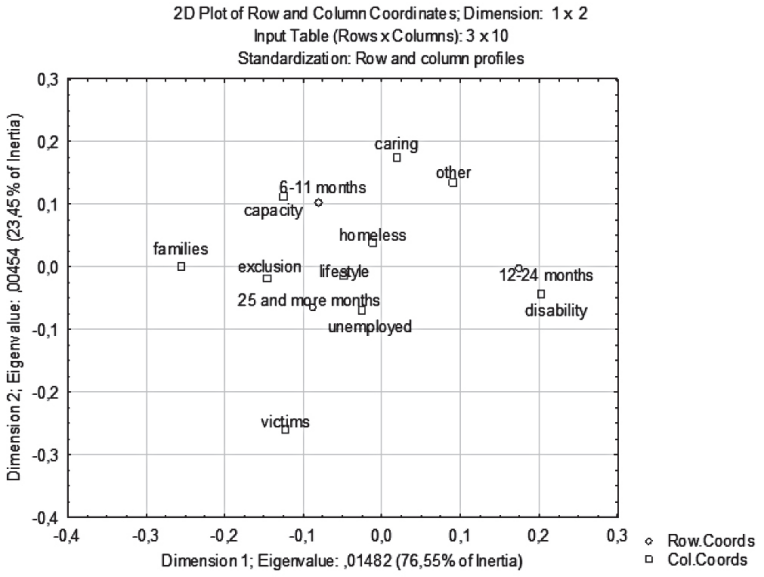
From the above correspondence map (Graph 4), the strongest relationship is clearly shown by the age category of 55-64 years and the record time length category of 25 months and more. A similarly strong relationship is evident between the age category 65+ and 12-24 months record time length.

H3: There is a dependence between the record time length and the target group.
Hypothesis H3 was confirmed. Based on the determined p-value (p-value = 0.0368), a statistically significant relationship between the record time length and the target group was demonstrated. From Table 5 and the correspondence map (see Graph 5), it is clear that in the category of record time length 12-24 months, clients belonging to the target group "people with disabilities or mental health problems" are most represented. In the category of the record time length of 25 months and more, the most often represented clients are those from the target groups "people with a risk lifestyle", "people at risk of social exclusion", and "unemployed people and people at risk of poverty".

Table 5: Record time length depending on the target group (p-value = 0.0368)

Column relative frequency	**Record time length**			**Total sum**
Target group	6-11	12-24	25 and more	
people with a risky lifestyle	23.7%	21.9%	24.6%	**23.5%**
people with disabilities or mental health problems	15.5%	25.0%	17.4%	**19.4%**
homeless people	14.8%	13.6%	13.4%	**13.8%**
people at risk of social exclusion	13.8%	10.3%	14.5%	**12.9%**
unemployed people and people at risk of poverty	11.1%	11.8%	13.3%	**12.2%**
other groups of people	9.4%	9.3%	6.6%	**8.2%**
families with children	4.4%	2.4%	4.4%	**3.7%**
people caring for persons dependent on the care of another person	4.4%	3.6%	2.8%	**3.5%**
people with various degrees of limited legal capacity	2.4%	1.6%	1.9%	**1.9%**
victims of aggression, crime and domestic violence	0.5%	0.6%	0.9%	**0.7%**
Total sum	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Graph 5: Correspondence map of the dependence between the record time length and the target group



The correspondence map (Graph 5) shows a significant relationship between the target group "people with various degrees of limited legal capacity" and the shortest record time length (6-11 months). This target group requires specific social work activities, including the significant role of a guardian. According to the Practical Guide for Officials on Public Guardianship (MV, 2019), the performance of social work for this target group involves a wide range of activities. The specificity is the accumulation of activities of the public guardian and municipality social worker.

It is difficult for employees to separate agendas because many clients are also in an adverse social situation and require support from social workers.

Research limits

The research limits need to be reflected. We see the limit in a somewhat subjective classification of clients into individual categories within target groups. There is no more detailed methodology for classification available, and it depends on the assessment of individual social workers. Based on an interview with the methodologist of the Regional Authority, social workers of municipalities assign clients to a category according to key problems or risks, but some categories are very similar or even overlap. Social workers may find it challenging to place a client in the appropriate category if he has problems in more than one area. For example, people with disabilities and mental health problems and unemployed people or victims of aggression, crime, and domestic violence may also be at risk of social exclusion. Some categories are formulated more generally ("people with a risky lifestyle", "people at risk of social exclusion", "other groups of people") than others, which contain an obvious defining factor (for example, "people with disabilities or mental health problems", "families with children", "people caring for persons dependent on the care of another person").

Another limit could be that even though the client's situation is evolving and may change significantly, there is no corresponding adjustment of the target group in the Standardised Record. As a rule, the client remains in the target group, to which he is assigned during the first personal interview with the social worker based on prevailing social problems and needs. The target group is changed in a client with multidimensional needs, usually only if a partial need is met and the social worker sets a new target group.

DISCUSSION

The paper deals with long-term social work clients in municipalities and presents their basic socio-demographic characteristics and basic information about how large the share of long-term clients is out of the total number of social work clients in municipalities. Analyses of Czech and foreign research literature confirms Corby's (1982) statement that not much attention has been paid to this topic. Research carried out in the Czech Republic focused on the performance of social work in municipalities (for example, Kuchařová, 2001; Musil, Bareš, Havlíková, 2011; Musil et al., 2016) or the application of case management in social work in municipal offices (Hubíková, 2018). However, none of the research specifically addressed long-term clients.

Long-term clients are characterised by a range of socio-demographic indicators. The presented research deals with only four selected variables (sex, age, target group, record time length), which are standardly recorded by social workers in municipalities in the Unified Information System and can be statistically processed.

Although the hypothesis of dependence between sex and record time length has not been confirmed, further data analysis showed that there was a statistically significant dependence between target groups and sex. Men dominate the target group of "people with a risky lifestyle". Women predominate in the target groups of "people with disabilities or mental health problems", "unemployed people and people at risk of poverty", "families with children", "people caring for persons dependent on the care of another person".

Our research findings are in accordance with the results of Musil, Bareš, Havlíková (2011) and show the diversity of the age distribution of clients, so all age categories are represented. On the other hand, there is a difference in the area of target groups. Musil, Bareš, Havlíková (2011) describe a broad representation, while our research is dominated by target groups "people with a risky lifestyle", "people with disabilities or mental health problems", "homeless people", "people at risk of social exclusion", "unemployed people and people at risk of poverty". Other target groups are significantly less represented.

In the interest of the analysis, evaluation and development of social work performance in municipalities (not only for long-term clients), it would be advisable to determine a more accurate and detailed categorisation of target groups and introduce a methodology that would allow social workers to classify clients into target groups under uniform criteria. We want to suggest the following target groups classification according to Musil, Bareš, Havlíková (2011:522) as a suitable example for discussion:

- *"children and young people in institutional care replacing the family*
- *children and juveniles with criminal tendencies*
- *children, young people in non-institutional substitute family care or their families*
- *adult criminal offenders*
- *poor people and people with debt problems*
- *immigrants and residents of asylum facilities for foreigners*
- *homeless people*
- *people at risk due to belonging to an ethnic minority*
- *people at risk of addiction*
- *people with combined disabilities*
- *people with long-term or acute mental health problems*
- *people with long-term or acute somatic problems*
- *people with mental disabilities*
- *people in need of permanent social or nursing care or in need of assistance while meeting regular daily needs*
- *people with problems in interpersonal relationships*
- *people with disabilities*
- *people with sensory disabilities*
- *young adults leaving institutional care*
- *unemployed people or people at risk of unemployment*
- *victims of crime*
- *victims of domestic violence*
- *vulnerable families or children living in vulnerable families*
- *persons at risk of prostitution*
- *persons living in socially excluded localities*
- *families with dependent children*
- *seniors*
- *dying people or survivors*
- *pupils or students with difficulties concerning the school*
- *another target group"*

The record time length is most often in the range of 6–16 months, and the number of clients decreases as the record time length increases. Based on this, it is possible to conclude that social workers in municipalities succeed in fulfilling the goal of cooperation and completing the contract even in long-term clients. However, we are aware of external factors that are outside the scope of cooperation between the social worker and the client, and that can significantly affect the length and fulfilment of the contract. For this reason, follow-up qualitative research was carried out, enabling a deeper analysis of significant contexts.

The record time length in long-term clients is affected by age and the type of prevailing problems or the target group. A statistically significant relationship was demonstrated between the record time length and age. As the correspondence map (Graph 4) shows, there is a strong relationship between the age category of 65+ and the record time length of 12–24 months. We assume that the record time length in this category is lower compared to the age category of 55–64 because the goal can be achieved and the contract terminated, for example, by placing the client in a residential social services facility (for example, home for seniors, nursing home) or reaching the age required for the payment of a regular or early retirement pension.

Musil, Bareš and Havlíková (2011) conducted a questionnaire survey in which the heads of departments of municipal offices were asked to indicate one to three age categories that social workers encounter most often within their agenda. Overall, the most frequent category was seniors over 60 years of age, mentioned in more than 70% of cases. However, this research (Musil, Bareš, Havlíková, 2011) was focused on the entire clientele of social workers in municipalities (short-term and long-term clients) and was carried out before the transfer of benefit systems to labour offices. In the presented research, which is based on data from Social Worker's Standardised Records, clients aged 60 and over make up as much as 36% of the basic sample, of which 41% are short-term and 34% long-term clients. These data show that this age group of seniors is still an important part of the clientele of social workers in municipalities. The difference between the results of both pieces of research can be explained by the transition of benefit systems from municipalities to labour offices, which meant significant changes in social work in terms of the nature of clients' needs (problems they need to solve) and in terms of social workers' competencies and their daily work.

CONCLUSION

The paper aimed to describe a long-term client of social work in the municipality, which could contribute to the reflection on who is a long-term client in terms of basic socio-demographic indicators. Knowledge in this sense is necessary to apply appropriate methods and techniques of social work with this target group. Social work in municipalities plays an important role; it detects and significantly contributes to the prevention and solution of social problems of the population. The paper can be an inspiration for a systematic analysis of the clientele, and its conclusions should be reflected in the necessary methodological support and further education of social workers in municipalities. We start from the assumption that understanding long-term clients' characteristics and life situations will give social workers a valuable instrument to provide relevant support and solve the individual client's problem.

The increase of quantitative data validity and interpretations accuracy can be achieved by data triangulation. Therefore, we responded to the above mentioned results with qualitative research. It allowed us to verify and, in more depth, through interviews with social workers in municipalities with an authorized municipal office, examine the factors influencing the length and success of cooperation with clients. We also dealt with the issue of long-term clients (it is not possible to fulfil the contract).

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Women's Use of Intimate Partner Violence against Men in Ondo State, Nigeria: The Need for Social Work Intervention

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Abstract
OBJECTIVES: This study aims to address relevant factors influencing the Intimate Partner Violence (IPV) occurrences against men in Ondo State of Nigeria. Drawing the baseline from the patriarchal cultural standpoint in which social workers have a vital role in addressing these factors and profound interventions for the male victims. THEORETICAL BASE: The theoretical approach uses the multidimensional theory of IPV, which is conversant with Integrative Structural model of violence, which is more contextual and covers more causes of IPV than one-dimensional approaches. METHODS: A Phenomenological approach identifies the factors triggering intimate partner violence (IPV) against men through a qualitative case study method. Data was gathered by conducting semi-structured interviews with ten (10) men who have experienced violence from their female partners through purposive sampling, and data were analysed using Interpretative Phenomenological Analysis (IPA). OUTCOMES: The findings led to the discoveries of factors that facilitate women's aggression against men: Financial inconsistency in a relationship, Power imbalance in a relationship, and conflicts over infidelity in a relationship. SOCIAL WORK IMPLICATIONS: The study recommends that social workers not assess physical violence only but all types of abuses that women perpetrate and the factors that trigger their partners' aggression.

Keywords
intimate partner violence, women aggression, men's victims, social work intervention, structural integrative model of violence

INTRODUCTION

Intimate partner violence (IPV) is a global social problem. It is a type of domestic violence defined by the World Health Organization as "any behaviour within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship" (Krug et al., 2002). According to

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Finney (2004), Intimate partner violence (IPV) cases involve "the same violent behaviour between two partners in a relationship but exclude violence between family members". Such actions include acts of physical violence (e.g., kicking, slapping, pushing), emotional or psychological abuse (e.g., humiliation, intimidation) and any sexual coercion. IPV against men describes all acts of violence committed against men by their intimate partner (Adebayo, 2014). Therefore, the researcher used this term to refer to women's intimate partner violence against men as violence committed against a man by his wife or intimate partner. IPV against men is a phenomenon across the world's nations that happened in a different dimension. According to McCloskey et al. (2016), intimate partner violence (IPV) in sub-Saharan Africa affects 36% of its population. Nigeria is listed as one of the countries that experience a high IPV incidence in sub-Saharan Africa from its study (McCloskey et al., 2016). Studies also revealed that at least 12% of men are victims of physical aggression from their female partners and 4% resulted in severe violence in the United States of America (USA) (Straus, 2014). According to the British Crime Survey, (BCS), 45% of women and 26% of men have experienced at least one IPV incidence in their lifetimes (Brunton-Smith, Sturgis, 2011). The study conducted by Carmo et al. (2011) in Portugal discovered that men are victims of IPV and represented a significant proportion (11.5%), and women were perpetrators of the violence in all the studied cases, where physical and psychological violence was about (81.6%). The most common mechanism of assault was minor acts of physical violence, which resulted in mild injuries. The study on domestic violence shows that at least 10% of men in the Czech Republic have experienced violence perpetrated by their female partners (Buriánek et al., 2014).
The purpose of the research is to understand better the factors that triggered IPV and how these factors influenced IPV occurrence against men in Ondo State, part of Nigeria, in the Integrative Model of violence.

LITERATURE REVIEW AND INTIMATE PARTNER VIOLENCE IN NIGERIA

Nigeria is the most populous nation in Africa. It is a vast country with a total area of 923,768 sq. km. The National Population Commission (NPC, 2019) reported that Nigeria's population is about 190 million. Nigeria is located in West Africa, bounded by Niger and Chad to the North, Cameroon to the East, by the Atlantic Ocean to the South, Benin Republic to the west (Nwachukwu, Uzoigwe, 2004). Nigeria is equally multicultural, with over 350 cultures and languages and a religiously volatile population along an ethnoreligious divide (World Bank, 2006). Nigeria accounts for 47% of West Africa's population and 41% of the region's Gross Domestic Product (GDP) (Ucha, 2010). However, a recent estimate of GDP was 455.5 billion dollars (Ugiagbe, 2015). Nigeria has 36 states and one Federal Capital Territory (see Figure 1).

Figure 1: Map of Nigeria showing 36 states and Federal Capital Territory (FCT), Abuja.

Source: Gayawan, Arogundade, Adebayo, 2014:37

The incidence of IPV is high in Nigeria. It ranges between 46% (Ilika et al., 2002) and 81% (Odujinrin, 1993). IPV is widespread across the nation. Aihie (2009), Abayomi (2014) and Oluremi (2015) have reported a high level of domestic violence of against males and females despite having several laws and legislations against domestic violence in Nigeria. Flood (2011) said that between a third and two-thirds of women living in Nigeria believed that they are subject to physical, sexual, and psychological violence carried out primarily by husbands, and men assaulted by their wives and partners are often ignored by police societies. Nnadi (2012) also states that domestic violence against women has been on the increase in Nigeria. The statistics presented by 'This day' newspaper reported that "men had battered about 50% of women, and disgracefully, more educated women (65%) are in this terrible situation as compared with their low-income counterparts (55%) of women" (Alokan, 2013). The CLEEN Foundation National Crime Victimization Survey, 2013, reported that one in every three women self-proclaimed to being a victim of domestic violence. The survey also found a nationwide increase in domestic violence in the last three years, from 21% in 2011 to 30% in 2013 (Okenyodo, 2013).

Reports from the Nigerian national population commission estimated women's lifetime exposure to IPV from their current husband or partner at 19% for emotional, 14% for physical, and 5% for sexual (NPC, 2014). Previous studies from Nigeria have shown that IPV prevalence ranges from 31 to 61% for psychological/emotional violence, 20 to 31% for sexual violence, and 7 to 31% for physical violence (Mapayi et al., 2013). Furthermore, studies conducted in different regions in

Nigeria have reported prevalence of IPV ranging from 29% in the South West (Okenwa et al., 2009), 41% in the South-South (Itimi et al., 2014), 42% in the North (Tanimu et al., 2016), to 78.8% South East (NdugasaOkemgboI, 2017).

In a study carried out by Obi and Ozumba (2007) on the factors associated with domestic violence, in the South East, Nigeria, 70% of respondents reported abuse in their family, with 92% of the victims being female partners, the remaining 8% being male. The common forms of abuse written were shouting at a partner (93%), slapping or pushing (77%), and punching and kicking (40%). However, it is disturbing to note that many women do not know if they had been abused or not (AfrolNews, 2007). A study of women's perception of wife-beating in Nigeria found that 64.4% of women who were or had been married, and 50.4% of unmarried women expressed consent for wife-beating (Oyediran, Isiugo-Abanihe, 2005). Reports in the print and electronic media reveal vicious attacks on women by intimate partners in different forms such as 'acid bath', rape, and beatings, some of which sometimes result in the victim's death. Many victims do not report for fear of reprisal from abusers or believe that the police and the judicial system cannot help. The police are also reported to frequently dismiss domestic violence complaints as a 'private matter' that needs resolution between partners. Unfortunately, for various socio-cultural reasons and weak faith in the judiciary system to bring perpetrators to justice, these cases hardly get reported to the police, who often regard IPV as social problems that should be dealt with among couples (Ilika et al., 2002).

MULTIDIMENSIONAL THEORY OF IPV

Many scholars have argued the necessity for more complex IPV theories (Sellers et al., 2005; Whitaker et al., 2006; Barocas et al., 2016). They have suggested, for example, that the IPV theories should take into consideration the perspective of both victims and perpetrators. But they have also proclaimed the need for the new approaches to integrating the standpoints from various academic disciplines such as psychology, sociology, criminal justice, and even social work. Furthermore, some authors argue that IPV theories should be more inductive, considering the significant nature of the IPV (Bogat et al., 2005) and addressing the social, cultural, and economic contexts, and trigger events associated with IPV (Winstok, 2007). Winstok (2007) has developed an Integrative Structural Model of Violence (ISMV) that might help understand interpersonal violence in general, but IPV in particular. He conceptualized IPV through a set system of criteria and relationships between them. Winstok defines interpersonal violence as "a non-legitimate, forceful tactic intentionally employed by one party to cause physical and psychological harm to the other in the attempt to control a situation" (Winstok, 2007:352). ISMV consists of four levels of dimensions or contexts by which to use the models, which are: (1) violent behaviour (motive, the action itself, consequences); (2) the situation in which the violence occurs; (3) the relationships between the parties; and (4) socio-cultural context of the relationships. These dimensions are helpful to utilize in understanding specific IPV cases and a broad discussion about IPV factors. For instance, the ISMV provides a comprehensive framework for formulating the standpoint definition of IPV perpetrated by people against their intimate partners as follows (Winstok, 2007:357; Gulina et al., 2018:137; – modified by authors):

Violence is a non-legitimate, forceful (belligerent) tactic a person uses anytime anywhere against a partner with whom he/she has or had an intimate relationship. This tactic is part of the perpetrator's perception of a given situation and his attempt to control it. The tactic is motivated by the perpetrator's need to prevent, balance, or gain something in his or other persons' interpersonal or social realities, as he/she perceives them. This tactic consists of at least one action of a physical, aural, or visual orientation employed by the man to (intentionally) harm the woman. Using this tactic can cause the woman at least one form of harm of a physical, social, or economic nature, including harming her self-esteem or self-, social-, or public-image in the short or long term.

The definition gives a broad interpretation of IPV that are relevant to address the issues of IPV. The notions appear to be a useful framework for conceptualizing the complexity of IPV that the researcher utilized to derive the factors that influence the occurrences of IPV against men in Ondo State, Nigeria.

METHODOLOGY

This research was carried out by qualitative research to understand and examine the factors that trigger IPV and how these factors influence IPV occurrence against men in Ondo State, Nigeria through a phenomenological process of the participants' lived experiences. The researcher did case studies of men who have experienced IPV. The study chooses case study research to better understand the complexity of IPV in a real-time situation. According to Patton (1990), a case study is useful to probe an area of interest of a researcher. One needs to understand some particular problems or situations in great depth and identify cases rich in information. Case study method enables a researcher to closely examine the data within a specific context. However, a case study method selects a small geographical area or a minimal number of individuals as study subjects (Yin, 1994; Zainal, 2007). The sampling was purposive to determine the participants, and data were gathered by conducting semi-structured interviews with ten (10) men who have experienced violence from their female partners. Data were analysed using Interpretative Phenomenological Analysis (IPA) (Smith, Shinebourne, 2012), which primarily focuses on examining how factors trigger IPV in people that make sense of their significant life experiences.

Study area: Ondo State is a state in Nigeria established on February 3, 1976, which has a landmass of approx. 14,788.723 square kilometres (km2) and it geographically lies entirely in the tropical belt, with a population of 3,441,024 comprising 1,761,263 males and 1,679,761 females.

RESEARCH FINDINGS

These studies aim to understand the factors that trigger IPV and how they influence IPV occurrences against men in Ondo State, Nigeria. The findings of the case study are as follows:

Financial inconsistency in a relationship

Financial inconsistency due to unemployment is one of the major factors that trigger IPV against men in Ondo State. The stress from financial burdens that come with a lower socioeconomic status has made women abusive towards their husbands. When some responsibilities of men are not met as expected by the women, especially when the number of dependants in the household is high, this is considered a factor that triggers aggression against men. According to Naved and Persson (2005), women's active status acted as a protective factor but made them more vulnerable in others (Vyas, Watts, 2009). Women are saddle when keeping the household together, resulting in aggression against their partners when the burden becomes too hard to bear.

> *"I was sacked from my job due to an economic meltdown. I began to search for a new job, but all efforts to get one proved abortive. My wife started showing me different attitudes immediately; she realized my source of income had dwindled."*

The finding suggested that women who use violence against men in Ondo State are a result of men out of a job or unable to provide for their families adequately often fall victims of IPV. Furthermore, men's inability to support or provide for their family members and fulfil their conjugal obligations at home often puts many pressures on their wives. Such forces could lead to women battering their husbands whenever conflicts arise, and any misunderstanding could result in physical combat.

Power imbalance in a relationship

Due to power imbalances in diverse relationships, some women harbour bitterness in their minds. If the man is not trustworthy in his attitude and ways of life, it could lead to different home problems. IPV against men resulted from power imbalances. 'power' is control. If the house (wife) empowers or occupies a position, she disrespects the husband. There would always be chaos in the family that lead to a woman's aggressiveness toward a man. For instance, in a situation whereby a man is lagging in his responsibilities and the woman at the top of her career, making necessary provisions for his family is detrimental to society's status. The woman uses coercive control over the husband in such a way that will trigger anger amidst the spouse. Power imbalance alludes to the inconsistent dissemination of position, power, and control between the partners that lead to decision-making dominance and relationship control of couples (Neilands et al., 2019). When a woman is well read and well placed in the role of authority in society, such a woman tends to be violent or abusive when being spurred into anger. The women's position always triggers violence whenever there is a family problem to exhibit her ego over the husband. The power imbalances between men and women produced the intersection of functions occupied, and psychological factors, such as self-esteem (Dévieux et al., 2015), demonstrate dominance over their partners.

"It all started when my wife got a promotion as the Superintendent of Police in Nigeria police force. We both celebrated her promotion, but little did I know that it was the beginning of my trauma. My wife new status changed her character towards me, and she started misbehaving towards me. Anytime I asked her question, she would pick offence at me."

The researcher in his findings discovers that a majority of women in today's society disrespect and exert ego over their partners whenever their status, in terms of academics and financial position, supersedes that of their spouses, they tend to become abusive in a relationship, and that could cause a higher level of IPV.

Conflict over infidelity in a relationship

Conflict and infidelity is other significant factor that leads to women being aggressive against men in IPV. The high rate of verbal abuse results from unsettled disputes and an expression of frustration or anger. According to Stafford and Canary (1991), perception is one's partner's behaviour reflects an individual's experiences with interactions. Therefore, wives' perceptions of their husbands' marital irresponsibility will likely reflect in their aggressive behaviour resulting in their spouse's abuse. Perceived infidelity is a primary reason women perpetrate IPV in relationships when she discovers that her spouses are in extra-marital affairs. This shows that men who are suspected of disloyalty by their spouses often become potential victims of IPV.

> *"Members of my church were coming to pay me a courtesy visit, among who was a young lady of about 21 years of age, the young lady who was in dire need of a job had submitted her Curriculum vitae at my workplace. She made use of that opportunity to make enquires about her letter of application, which was forwarded to my office. Immediately the lady left, I discovered that the countenance of my wife changed. As I was trying to ask her why she became moody, she held my tie and asked who the lady was, and I jokingly replied that one of my sisters in-the-Lord and we both laughed over it, not knowing that she was not pleased with my response. I discovered she was quiet and all efforts to start a conversation with her proved abortive."*

In the findings, the researcher concluded that conflicts over infidelity are a matter of lack of trust between partners. Women's nursing suspicions concerning their husbands are at the detriment of IPV. Women become aggressive the moment they discover that their spouses are into extra-marital affairs.

DISCUSSION AND CONCLUSION

The incidence of IPV is not new in Ondo State, but it increases. Some of the reasons for intimate partner violence may be due to either the husband or the wife. Physical violence is the significant type of IPV that men in Ondo State experience from their female partners, such as using physical force to cause fear or injury, like hitting, shoving, biting, strangling, kicking, or using a weapon. Understanding the factors that facilitate women's aggression of IPV against men is crucial and difficult because IPV is entirely the product of a specific social and cultural context. This research has revealed some vital factors that facilitate women's aggressiveness toward their partners. However, Integrative Structural Model of Violence (ISMV) refers to violence as a situation that involves the culture and society in which the relationship takes place and dictates the parties' perceptions and behaviours (Winstok, 2007). Nigeria is a patriarchal cultural nation where men are expected to be the head of their wives and women to submit to their husbands. The patriarchal artistic view of society supports the notion that men are the aggressors and women are the victims in any violent relationship. After all, men are physically stronger than women, and thus the societal notions that women are helpless against violence perpetrated by an intimate partner. George (2002:125) stated that men named 'victims', especially in IPV, had been openly disgraced and chastised. Violence perpetrated by women is frequently observed as less dangerous than that perpetrated by men (Simon et al., 2001), and it is considered self-defence in IPV. However, the feminist advocate stated that women violence towards men is commonly less harmful (Dobash, Dobash, 2004) because of the body structure and greater size and strength of men. Women had been found to cause severe injuries to men (Ananthakrishnan et al., 2006) in acts of violence, besides self-defence that is being reported (Weizmann et al., 2003). Nigerian men believe that compassion is always bestowed on women when they happen to be perpetrators, but nobody empathizes with men when they are the victims.

More so, Carlson and Worden (2005) found that society tends to judge men's violent behaviour as representing IPV regardless of the circumstances. Nigerian women are given more support and listening ears than men in IPV, while Nigerian men are less believed, and their claims are disregarded in IPV. Studies have reviewed that IPV against men is associated with various emotional health problems, such as stress, depression, psychosomatic symptoms, and psychological distress (Hines, Malley-Morrison 2001; Enakele, 2019). Some Nigerian men experienced emotional and physical maltreatment from their spouses, resulting in depression and psychological distress, which dramatically impacted their quality of lives. Follingstad et al. (1991) report that IPV experience outcomes could include emotional instability, shame, fear, and anger. This is also the situation in the Ondo State of Nigeria as most of the men who experienced IPV have been seen exhibiting the traits mentioned above. These men are vulnerable due to the feeling of absolute shame and worthlessness.

THE NEED FOR SOCIAL WORK INTERVENTION WITH MALE VICTIMS

Social work intervention on IPV depends on the nature of the abuse identified by the social workers in the field of study and their reflective understanding of the current social work approaches that explain the phenomenon from social work theory (Enakele, 2019). According to Sheldon and Macdonald (2010), a theory is described as a way of defining a phenomenon. Therefore, social workers recognize the linkage between theory and practice. As Walsh (2014) stated, a theory is the abstract ideas that include notions about which social work intervention strategies may be useful with clients. IPV had been recognized as a social problem for decades, and social workers have addressed this issue differently. However, men's intervention when they become IPV victims is quite different from that of women. Therefore, social work professionals, working in IPV, need to understand what transpires between both parties (men and women) before their intervention.

As male victims of IPV, women's services might be different from that of men who are victims. Considering the factors presented in the study and its validity depends on the context of cases examined by the researcher on the subject matter's sensitivity in the Ondo State of Nigeria. However, based upon descriptions by men who have experienced such situations, it was revealed that violent women could also become victims of violence from their male partners in the process of exchanging abusive words. More so, some circumstances take place in the relationship that triggers women's aggressions towards their male partners. In these studies, men are more likely than women to sustain injuries during the IPV incidence and suffer more severe injuries during the violence by women. However, women may be perpetrating more physical violence to their partners. Still, their partners may be committing other types of abuses that trigger the aggression, which is not always assessed by social workers, such as coercive control, financial incapability or infidelity. ISMV suggested that assault at the behavioural level shows that women consider that psychological harm of physical aggression is more severe than the physical one (Winstok, 2007). Therefore, women perceived all actions as psychological abuse, causing physical damage to their partners. However, social workers should assess the physical violence and all types of abuses that women do perpetrate. This way of assessment will reveal the intervention needed for the behavioural modification of the male victims. For instance, if a woman physically abuses a man in response to her spouse's attempt of misconduct, in such a scenario, social work intervention promotes behavioural change in both partners, giving room for peace to reign in their homes.

Nobody is born to be aggressive; something always triggers the aggressiveness in human beings. Therefore, social work professionals who focus on IPV should tailor their intervention to the needs of men who are victims of IPV by creating an atmosphere of behavioural modification towards them. Women's violence usually occurs in the context of violence from their male partners. Physical abuse is the most common type of IPV experienced by men in Ondo State, where many men were stabbed with knives, doused with hot water, and hit with objects amongst other life-threatening attacks. Social worker involvement can help reduce the burdensome of being an IPV victim by adequately educating the couples, not inflicting injuries on their spouses whenever there is chaos at home, which can sometimes lead to an untimely death. Social workers have a crucial role in addressing IPV incidence in Ondo State, Nigeria. Thus, social work intervention is needed to help male victims. Therefore, the study recommends to social workers not just to assess physical violence but also the types of abuses that women perpetrate and the factors that trigger the aggression towards their spouses and those that their partners perform against them. Social work practitioners should aim to change the way individuals behave or think in societies and help improve the understanding of women regarding their role as wives. The aim is to increase their influence in household decisions and enhance their abilities to resolve marital conflicts amicably. Furthermore, to help reduce the occurrence of IPV, the roles of social workers include the following:

1. Social workers should liaise with the government to develop laws and policies that promote gender equality and criminalize acts of violations of the policies and implement protection orders for victims of IPV.
2. Unemployment is a significant factor, therefore Social workers should advocate on behalf of the citizens to the government and non-government organization (NGOs) to create job opportunities in the communities. This will help ease the burden of unemployment among adults that will curb their financial problems resulting in IPV.
3. Perceived infidelity is a factor that women need to understand the gravity. Hence, the social worker needs to be responsive to women's emotional state. Women need to be counseled on the effect of IPV and learn to be patient when they are suspicious of infidelity among their partners and develop a quick resolution. The social workers have to educate the male victims to understand that they still need to relate with their spouse and resolve all issues among themselves with dignity.

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Contribution of the Psychoneurological Institute under the Leadership of V. M. Bekhterev to the Development of the Education of Social Workers in Russia

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Abstract
OBJECTIVES: The objectives of the study were to find new facts about the beginning of social work training in Russia, to analyse historical documents concerning the development of the Psychoneurological Institute under the leadership of V. M. Bekhterev. THEORETICAL BASE: formational approach, world-history theory. METHODS: General scientific methods: analysis, synthesis, methodological principles of historicism, objectivity, and consistency. OUTCOMES: The article summarizes the experience of the Psychoneurological Institute as the "first social

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institute" in Russia, reveals the content, main directions, forms, and methods of the system of training specialists in public charity in Russia at the turn of the 19th-20th centuries. New, previously unpublished, archival sources were introduced into the scientific field. The results of the study were a deeper understanding of the history of social work and inclusion of historical research into the training programs of social workers. SOCIAL WORK IMPLICATIONS: The article can be used in the course "History of social work" and can be included into manuals for universities of a social profile. The historical findings will help to enrich the history of social work and increase the prestige of the social work as a profession.

Keywords
history of social work, public charity, private charity, the institutions, societies, figures for public and private charity, vocational training, social education, socio-practical, socio-pedagogical, socio-medical components of social assistance, social university

INTRODUCTION

Turning to the history of one's country is a characteristic feature of any era, as it helps to identify areas without which future social progress is impossible. One of these areas, of course, is education as an organic part of the overall process of social reform and an indispensable condition for its successful implementation. The relevance of the study of this topic is due to the growing interest in the history of the formation of social work as a profession. The development of social education is a new topic in the Russian historical space. Its appearance is dictated by the urgent need for a comprehensive systematic study of the experience of training specialists in social work in all its historical socio-educational modifications, the need for a certain use of historical experience in the modernization of social institutions in modern Russia.

To a large extent, the study of public charity and the training of specialists for its needs contributed to the humanistic ideas of the countries of Western Europe and their dissemination in Russia. In the 19th century, Russian universities were constantly searching for new, more advanced forms and methods of training specialists, which was reflected, among other things, in the repeated change of the system of teaching theoretical disciplines. So, at the beginning of the 19th century (until 1820) in universities there was a subject system of education, which in the middle of the 19th century was replaced by a subject-course, and then an actual course, which allowed to implement the principles of consistency in the educational process, as well as to give students the right to choose the order of study of scientific disciplines.

The subject of the study that is presented in the article is the creation and development of the Psychoneurological Institute under the leadership of V. M. Bekhterev. It became a qualitatively new step in the formation of the foundations for the professional training of charity and charity workers. The objectives of the study were to find the historical documents, and new facts concerning the beginning of social work training. The main sources are the works of Russian authors on the history of Russia (Stog, 1818; Guerrier, 1894; Maksimov, 1894: Georgievsky, 1897; Speransky, Runkevich, 1914; Solovyov, 1963; Klychevsky, 1987). The research was also based on the study of various aspects of the training of specialists in the social sphere (Witte, 1908; Gogel, 1913; Pavlenok, 1997; Grigoriev, 1999; Nikitin, 1999; Zhukov, 2001). In the process of research the archival materials of a number of funds were studied: Russian National Library, Russian state historical archive (RSHA), and Central State Historical Archive of St. Petersburg (CSHA). It allowed us not only to study already known published sources, but also to discover unpublished ones. The study of these sources allowed us to recreate the activity of Psychoneurological Institute under the leadership of V. M. Bekhterev between years 1907 and 1921.

METHODS

The coverage of the problem posed in the article is based on formation approach, on the methodological principles of historicism, objectivity, and consistency, which involve the study of the historical process in the whole set of facts and sources in their logical and chronological sequence. The principle of historicism, as a basic one, helps to establish the relationship between the process of formation and development of the vocational education system and the needs of the state and society for social stability, social development, and social protection, taking into account specific historical conditions. Such an approach does not imply a simple fixation of any changes in the process of the genesis of phenomena, but rather the formation of new qualitative signs of the training of public charity workers as a prototype of modern social education. In relation to the history of the Psychoneurological Institute, the principle of historicism provides for the study of the subject, taking into account numerous pedagogical, political, ideological and other factors that influenced the emergence of a new form of training for public charity workers and social assistance to those in need.

The analysis of the proposed topic is based on solving the following research tasks: to identify the historical patterns of the emergence of institutions that train specialists for the social sphere, to determine the main purpose of the system of professional education of charity workers as an important condition for social development and social functioning, both for an individual and for society as a whole; to show the main directions, forms and methods of socially-oriented training of specialists; to justify the need to use the historical experience and the most significant moments of the social practice of pre-revolutionary society in the system of modern social education; and to introduce new archival materials into scientific circulation, to recreate on their basis a generalized and holistic picture of the formation and development of social education in Russia.

The solution of research problems determined the choice of historical methods of scientific search, both traditional and innovative, which have recently taken shape in Russian science. Among the traditional ones, in particular, the historical method for analysing the specific historical process of the formation of a Psychoneurological Institute in its development and sequence; the logical method — for determining the system of initial theoretical positions and methods of selecting, analysing, and generalizing empirical material, which made it possible to build a study on the problem-chronological principle; structural-system method for a systematic analysis of trends and views representing various areas of social science and practice, to present a complete historical picture of the formation and development of socio-educational trends, to bring together events, facts, forms of various manifestations of social education, to trace the influence of various aspects of the interaction of state institutions, public charity bodies and public education in pre-revolutionary Russia, in order to identify their identity or opposition; the method of personification is used to reveal the essence and significance of social education in all the variety of its manifestations on the part of the moral and spiritual potential of society and personalities in the structure of the socio-historical values of the Russian state.

The main trend in the development of the education system in Russia in the 19th-early 20th century was the movement from contemplation and absorption to activity, and not impersonal, but with an orientation towards individuality. During this period, special attention is paid to the issues of professional training of specialists for the needs of the social sphere. Especially among the researchers, we should highlight the works of those authors who tried to justify the ways of organizing the preparation and development of the system of professional social education (Pobedonostsev, 1898; Witte, 1908; Gogel, 1913)

So, Gogel, analysing the history of charitable activities in Europe and America, came to the conclusion that the basis for the effective activity of the charitable system in Russia should be work to streamline the professional training of figures of this system, through the creation of special courses. His work "Preparation for charitable activities", according to the authors, is a kind

of methodological manual, which analyses the historical and technological aspects of social education in Russia (Gogel, 1913).
The return to the study of the problems of training specialists for the needs of solving social problems in society took place only in the 1990s, when the humanization of education was given a dominant role in the structure of social priorities of the state educational policy.
The historical experience of the formation of the system of professional social education in all its historical modifications, was extremely in demand. Among many areas, special attention was paid to the foundation of a large scientific, educational and medical association, the Psycho-Neurological Institute by V. M. Bekhterev in 1907 in St. Petersburg (Psycho-Neurological Institute (Akimenko, Shereshevsky, 1999; Bekhterev, 2010; Egorova, 2010). After the legislative approval of the specialties of social education, the history of social assistance in Russia, as well as the system of training specialists in the social sphere, and first of all, social workers and social teachers, their methodological, scientific and organizational support, became the subject of interest of Russian scientists. The stated problems were enriched by a number of theoretical, methodological, and applied works, the presentation of the experience and practice of specific social activities that have been formed in different countries of the world. Educational institutions of the corresponding profile, a number of research centres and institutions, structural divisions of social protection bodies of the population, and non-state social funds were involved in this work. Different directions of scientific historical thought were determined, among which the history of the formation of professional education, including the system of training specialists in social work, came to the fore (Firsov, 1996; Pokotilova, 1997; Platonova, 1999; Zhukov, 2001; Knyazev, 2007; etc.). This trend has continued to the present day.
Thus, the methodological basis and the works of domestic researchers made it possible to carry out a concrete historical analysis of the development of the Psychoneurological Institute as a branch of humanitarian knowledge and practice of assistance, and to realize the important task of research, the increment of historical knowledge in achieving reliable scientific results.

RESULTS

Analyses of the archival materials provided information about the activities of the Psychoneurological Institute and some personalities associated with the creation of the Institute. The process of formation and development of professional social education in Russia and the role of Bekhterev and Gogel was revealed.
In addition to the result of the study was a deeper understanding of the history of social work and inclusion of historical research in the training programs of social workers.
New, previously unpublished, archival sources, materials of the periodical press of social and educational orientation, as well as materials of research carried out by employees of the Psychoneurological Institute have been introduced into scientific circulation. The process of formation of the system of training of charity specialists as a prototype of future specialists of social work was shown.
The analysis of historical modifications of social education and the process of awareness of the need for professional training of specialists in providing various types of social assistance in the charity structures shows the continuity of this experience in the training of specialists in social work and the social protection system.
The article summarizes the experience of the Psychoneurological Institute as the "first social institute" in Russia, reveals the content, main directions, forms, and methods of the system of training specialists in public charity in Russia at the turn of the 19th-20th centuries**.** As a result, a concrete historical analysis of the development of the educational institution as a branch of humanitarian knowledge and practice of assistance was carried out, and an important task of the study was realized, the increment of historical knowledge in achieving reliable scientific results.

DISCUSSION

The foundation of the Psychoneurological Institute

The foundation of the Psychoneurological Institute under the leadership of V. M. Bekhterev, whose charter was approved on June 9, 1907, became a qualitatively new step in the formation of the foundations for the professional training of charity and charity workers. On the draft charter of the institute, next to the name there is a note: "New University: Academy of Social and Medical Sciences". In our opinion, this is symbolic, since it was the Psychoneurological Institute that played a significant role in the establishment and development of social sciences in higher education and, in fact, it is the prototype of the modern university of the system of social professional education. The importance of the Psychoneurological Institute in the public life of Russia can be confirmed by the text of a letter to the Department of Public Education dated January 16, 1915: "Do you want to transform the university program?! It's already done! Take a look at the Neuropsychiatric Institute. This is a new program and a free higher education institution" (RSHA, fund no. 733, inventory 226, storage unit 173, sheet 32).

On June 9, 1907, Emperor Nicholas II approved the Charter of the university, entrusting it to the Ministry of Public Education. At the head of the Institute was the council, which included the professors who headed the courses. The Council elected a president from among its members, who was approved by the Minister of Public Education. The Institute was supported by private funds, which determined its non-state character. Financing of the university's activities was carried out at the expense of interest from the donated capital, from the payment for the treatment of patients, by charging funds from students, etc.

In section I of the charter of the university, it was written: "The Institute is a scientific and higher educational institution that aims to develop and disseminate knowledge in the field of psychology and neurology, as well as adjacent sciences." Fifteen basic courses were taught at the institute, including historical, philosophical, psychological, anatomical, biological-physiological, chemical, pathological, anthropological, hygienic, and pedagogical disciplines, etc.

For students of all specialties, a three-year study period was established. The subjects included in the program of the Psychoneurological Institute were divided into basic and special (the list of the latter was chosen by the students themselves).

A large list of courses required the involvement of highly qualified specialists. In different years, well-known scientists and teachers F. D. Batyushkov, V. M. Bekhterev, V. A. Wagner, N. E. Vvedensky, S. A. Vengerov, P. F. Lesgaft, N. O. Lossky, D. N. Ovsyaniko-Kulikovsky, E. L. Radlov, E. V. Tarle, M. P. Chubinsky, S. K. Gogel gave lectures at the Psychoneurological Institute. These people turned the university into the first humanitarian Institution. Foreign specialists began to come to St. Petersburg to get acquainted with the results of scientific research.

Peculiarities of University Activities

Major scientists sought to cooperate with a new type of university, as there was a real opportunity to combine the educational process with scientific research. In 1912, the Psychoneurological Institute opened a medical faculty, where psychoneurologists were trained for six years. One of the advantages of the new faculty was that it used in its work the research base of a number of medical institutions, in particular, the Surgical and Neurological-Surgical Clinic named after N. I. Pirogov. The educational, pedagogical, and research work of the Psychoneurological Institute brought real benefits to the state, which predetermined the positive attitude of many government officials to the university. However, the Minister of Public Education, L. A. Casso, considered the Psychoneurological Institute a too independent educational institution, which turned into one of the centres of student unrest. On June 25, 1914, L. A. Casso proposed to the Council of Ministers to close the institute, but this idea was not supported by the Government (up to 8,000 students studied at the university, and the annual graduation of specialists was about 900 people).

In 1915, the new Minister of Public Education P. N. Ignatiev formed a special commission for a comprehensive inspection of the Psychoneurological Institute. The Commission gave a positive assessment of the university's activities and recommended its reorganization. In 1916, the Psychoneurological Institute received a new, more developed in legal terms, Charter. Article I of the Charter stated the purpose of its activities: "The development and dissemination of the humanities, natural history, and medical sciences with a detailed study of psychology and neurology." (RSHA, fund no. 733, inventory unit 145, storage unit 97, sheet 190)

Formally, only since 1916, the Psychoneurological Institute has received the status of a higher educational institution. The educational part of the Institute became known as the "Private Petrograd University". The university was attended by male and female students with secondary and higher education. After completing the curriculum of one of the faculties (law, verbal-historical, natural history), as well as departments (pedagogical and chemical-pharmaceutical), students took final exams in the state commissions of Petrograd University. The Medical Faculty, which operated relatively independently, had its own graduation committee. The committee was officially given the right to take state exams.

The main task of the Psychoneurological Institute was to provide a broad socio-psychological education. Therefore, at the institute, special attention was paid to the study of the psyche in general, as well as to the consideration of various manifestations of the human mind and creativity, diseases associated with the violation of human mental activity. No higher education institution in the country has set such tasks.

In order to decide how best to use this period for education, a Pedagogical faculty was organized with two departments: natural history, verbal history. In government higher education institutions, when training lawyers, there was no study of criminal anthropology, the psychology of crime, the psychology of the criminal, or more rational measures to combat crime. In order to fill this gap, the Faculty of Law was established. The training lasted three years. The teaching at these faculties was based on the curriculum of the corresponding faculties of Russian universities, supplemented by both psychology, neurology, and adjacent disciplines. Such a construction of the curriculum was intended to give students who graduated from the Institute the opportunity to apply their education in practice (RNL, St. Petersburg, 1910, fund no. 733).

The scientific research in the Psychoneurological Institute

The scientific research conducted in this educational institution was in some cases so important that it was funded by government agencies. So, in 1911, the Ministry of Finance released 100 thousand roubles to the Psychoneurological Institute for the construction of an experimental clinical institute for the study of alcoholism. The Ministry of Public Education - for the construction of a Pedagogical institute - 28 thousand roubles; the Ministry of Internal Affairs, for the construction of a clinic for epileptics, 35 thousand roubles. (RNL, St. Petersburg, 1913, fund no. 733, 34–35)

Combating alcoholism and drug addiction

No institution in Russia has dealt with the issues of combating alcoholism and drug addiction. In order to fill this gap, in 1912 the Psychoneurological Institute opened an experimental clinical institute for the study of alcoholism in a specially constructed building. The construction of this building and the equipment of the institute itself cost 400 thousand rubbles. (RNL, St. Petersburg, 1914, fund no. 733, 32–59)

The Experimental and Clinical Institute for the Study of Alcoholism consisted of a number of special laboratories, clinics, and outpatient clinics for people suffering from alcoholism. In the outpatient clinic, treatment of such patients was carried out free of charge. (RSN, 1912, 152–153). For the first time in the institute on a scientific basis a method of combating alcoholism was developed. The methods of treatment of this disease proposed by V. M. Bekhterev are still in use today.

Pedological Institute activities

The research institution at the Psychoneurological Institute was the Pedological Institute. Many years of work in the field of neuropathology and psychiatry convinced V. M. Bekhterev that there is not only an indirect, but also a direct connection between a person's health, on the one hand, and the nature of his upbringing and training, on the other. According to V. M. Bekhterev, improper upbringing and training was the cause of nervous and mental diseases (Prosetsky, 1957). Therefore, the Pedological Institute aimed to study the personality of the child from birth to adulthood, both from the side of physical development and from the neuropsychiatric side, in order to establish general scientific principles for the education of children. In addition, the Institute carried out the education of children placed in it according to the received scientific data (RNL, St. Petersburg, 1911, fund no. 733, 37).

Only healthy children of healthy parents, if possible, no later than 7 days from their birth for a period of at least 10 years, were accepted to the Pedological Institute. The Institute studied the general and individual psychology of children from the first days of their lives, the physiology of the developing organism in connection with its hygiene. These principles were the basis for the research conducted at the institute, which allowed them to develop new rational methods of infant education. (Prosetsky, 1957) Pedological Institute laid the foundation not only for the scientific development of issues of pedology in Russia, but also for the creation of a pedological direction in pedagogy (CSHA, fund no. 2265, inventory unit 1, storage unit 892, sheet 53).

The study of children who have deviations

Another area of scientific activity of the Psychoneurological Institute was the study of children who have deviations from the norm in their behaviour. For this purpose, an auxiliary school was organized for children with low academic performance, the nervous, and the underdeveloped. This school developed a special method of teaching "backward" children. The teaching covered subjects within the first 3 grades of secondary school, as well as drawing (modelling), music. In addition, manual labour was widely used. Classes were combined with games and excursions. The order of classes was established for each child separately after a survey of parents of medical-pedagogical and psychological research. The main task of the school was to teach the children in a form that was accessible to their mental development, to encourage them to work, to strengthen them physically and mentally, and, if possible, to return them later to a normal school. (RNL, St. Petersburg, 1913, fund no. 733, 34–35)

In 1912, the first clinic for nervous and mental diseases in the country was opened at the Psychoneurological Institute. In this clinic, methods of treating various neuroses were developed. Hypnosis was widely used in the treatment process. Here, for the first time, the study of the neuropsychiatric hygiene of workers began (RNL, St. Petersburg, 1914, fund no. 733, 32–59.

Independent scientific work of students

Students of the Institute could actively participate in scientific research conducted in these institutions. V. M. Bekhterev opened the doors of clinics and laboratories to everyone who wanted to study. If he saw in the audience the desire and perseverance in carrying out scientific work, he constantly supervised it (Mozhaisky, 1925). The results of scientific research were presented by teachers and professors of the Institute at scientific congresses and other congresses. So, only in 1909, representatives of the institute took an active part in the International Congress of Physicians in Budapest, at the Psychological Congress in Geneva (RNL, St. Petersburg, 1910, fund no. 733). Another form of scientific work that was widely spread in the Psychoneurological Institute was independent scientific work of students in scientific circles. The system of scientific circles was very diverse, and there were several philosophical circles: for the study of religion and morality, for the study of monism, philosophy, Schopenhauer, philosophical and economics (RNL, St. Petersburg, 1910, fund no. 733). For example, the pedagogical circle introduced students working

in it to various socio-pedagogical theories, and studied the formulation of school affairs in Russia and abroad (Russian State Library, 1912, 120–121).
All of the above-mentioned facts indicate a broad scientific activity of the Psychoneurological Institute, which was conducted in completely new areas that were not previously studied in the country beforehand: social psychology, psychiatry, and pedology.

Psychoneurological Institute participation in the practical work of social institutions
In addition to research and educational tasks, the Psychoneurological Institute, represented by its teachers, participated in the practical work of social institutions and the development of the methodological foundations of the charity system. On a scientific level there were discussions of issues of juvenile crime and research based on current situation in Russia, studies of correct formulation of preschool education, care of the mentally ill in Russia — as a public charity. Many studies were devoted to the education and training of retarded children, and so on (CSHA, fund no. 2265, inventory unit 1, storage unit 892, sheet 53).
One of the most prominent specialists of the Institute was Professor S. K. Gogel (Gogel, 1913). The topic of his dissertation was the study of "The Role of society in the fight against crime", after which he got a Master's Degree in Criminal Law. At the Psychoneurological Institute, S. K. Gogel was the Head of the Department of Criminal Sociology and introduced the discipline "Public Opinion" into the curriculum of the Faculty of Law in 1909. This was the first training course that covered the problems of charity as an integral part of the state's social policy.
As a public figure, S. K. Gogel made many efforts towards the establishment of the system of charity in Russia and the unification of all social forces that operated in this system. He wrote: "...in the field of charity, it is not enough just to have a good attitude to your work, to your duties. Selflessness is needed here, because in the end it is either a matter of resurrecting the soul of the lost, fallen, calloused, or of warming the soul of the sick and hungry from cold or illness. The main role here belongs to the all-encompassing and purposeful policy of the state, as well as to the professional approach to the work obtained as a result of careful training of personnel" (Gogel, 1913). Gogel's fundamental work "Preparation for Charity and Activity" was published in 1913. In it, the author revealed the system of professional training of charity workers on theoretical grounds corresponding to the level of scientific knowledge of the beginning of the 20th century, showed the historical background and trends of such education in other countries and justified the trends of its development in Russia. He also expressed a number of ideas concerning the main qualities of charity workers as a professional. And it should be noted that much of the proposed work has not lost its relevance today.
Currently, modern authors covering the problem of charity point to the integration of traditions and innovations (Egorychev et al., 2014) One of the reasons for justifying the need of a professional approach to the training of charity workers was appearance of numerous works that covered this problem.

Charitable societies' activities
Together with the Psychoneurological Institute, a number of charitable societies began to organize various educational courses, usually short-term. Special attention was paid to training specialists to work with street children and young offenders, as in that historical period this category of people in need was especially large due to the war, the deterioration of the socio-economic situation of the country, the devastation, etc., also contributed to this. In 1916, a meeting was held in Moscow at the Moscow Provincial Council, which continued the search for ways to develop public charity, "especially necessary in the circumstances of wartime", as was stated by A. E. Gruzinsky, the chairman of the Moscow Provincial Council (12).
The congresses of public charity and private charity workers were of great importance for the theoretical justification and systematic study of various forms of assistance to the needy, as well as for the development of promising areas of activity in the charity system. One of these areas, as

noted by L. I. Starovoitova (Starovoitova, 2003), was the professional training of charity workers. Thanks to the congresses, the question of the correlation of all branches of charity and their role in the formation of social protection of the needy was clarified, the role of the public charity system as a necessary part of the social development of the state, contributing to the reduction of social aggressiveness in society, was determined.

The First World War forced us to once again turn to the case of charity in Russia, revealing all the mistakes in its organization, firstly the inefficiency of working with young criminals, as well as in organizing agricultural shelters for the children of fallen and maimed soldiers. (12) One of the main reasons for this was the lack of qualified personnel and the lack of a unified professional system for training charity workers. It was not a special system of professional education, as an educational and practical area of activity. The formation and development of the social education system as a qualitatively new and independent direction in the national educational policy was due to the formation of a modern system of social protection of the population and is one of the most relevant topics in the domestic historical and educational space. Its appearance was dictated by the urgent need for a comprehensive, systematic study of the system of training social workers in Russia, the need for a certain use of historical experience in the modernization of social institutions. In her Study of social education in Russia, Demidova T. E. concludes that it has deep historical roots associated with the traditions of charity, social assistance, and mutual assistance. (Demidova, 2009). Social education has made a long historical journey: from the practice of voluntary assistance based on common sense, life experience, and intuition, to the system of professional training of specialists in the professional sphere and understanding it as a tool for achieving social harmony.

CONCLUSION

The relevance of the reference to the history of the formation and development of social education in Russia is dictated by the fact that the historical experience of social educational practice can provide answers to many questions that arise before the modern education system in general, and social in particular. The development of a modern concept of social education is possible only on the basis of the use of the rich experience accumulated by our predecessors in this field, which should contribute to the adjustment of the content and system of training of specialists in the social sphere. The study showed that the object of social education in the broad sense is an integral system of educational influence on the social development of the individual and society, in the narrow sense specially organized professional actions aimed at the formation (or restoration) of adaptation to social functioning. The results of the study of the origins and prerequisites of the formation of social education reveal a general trend in different historical periods, increasing the social security of the individual, social group, society as a fundamental basis for scientific understanding of the importance of the individual's life, and the creation of a more effective system of social assistance and protection. This was facilitated by the introduction of new, previously unpublished, archival sources, materials of the periodical press of a social and educational orientation, as well as documents of employees of the Psychoneurological Institute.

The system of professional training of social work specialists in Russia has deep historical roots associated with the traditions of charity, social assistance, and mutual assistance. This scientific and practical branch has a rich potential of socio-pedagogical provisions and practice-oriented developments in the field of social activity, which are reflected in the variety of social movements, programs through which the state and the public implemented the system of social development of society and social measures of support and assistance to the population in need. The experience of the Psychoneurological Institute as the "first social institute" in Russia, revealed the content, main directions, forms, and methods of the system of training specialists of public charity in Russia at the turn of the 19th-20th century.

The structure of the Psychoneurological Institute, which united 13 different research, scientific, medical, and educational institutions, was aimed at the development of individual scientific areas and at the same time their unification in the conduct of scientific research. This structure of the institute can be used today. It allows you to effectively conduct research and development and provide practical assistance to clients of all age groups. It should be noted that the level of training at University, at the Psychoneurological Institute was so high that many scientific disciplines, first introduced in the course of training of doctors, teachers, and lawyers, were subsequently borrowed by other higher educational institutions in Russia.

V. M. Bekhterev's organization of a unique scientific-educational-therapeutic Psychoneurological Institute, the structure of which contributed not only to the intensive development of individual disciplines (such as psychology, psychiatry, public health, neurology, pedology, etc.), but also at the beginning of the 20th century created conditions for the integration of these disciplines in order to "know the person" as a whole. V. M. Bekhterev's use of a systematic approach in the process of combining the theory and practice of professional training contributed to the development in the second half of the 20th century, to the concept of psychosocial rehabilitation of patients and the disabled, and the study of the quality of life of patients, and allowed us to propose the concept of a biopsychosocial model of a person and his diseases, including social ones in the 21st century. This contributed to the understanding of the historical modifications of social education and the development of the modern process of professional training of specialists in social work and the social protection system.

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