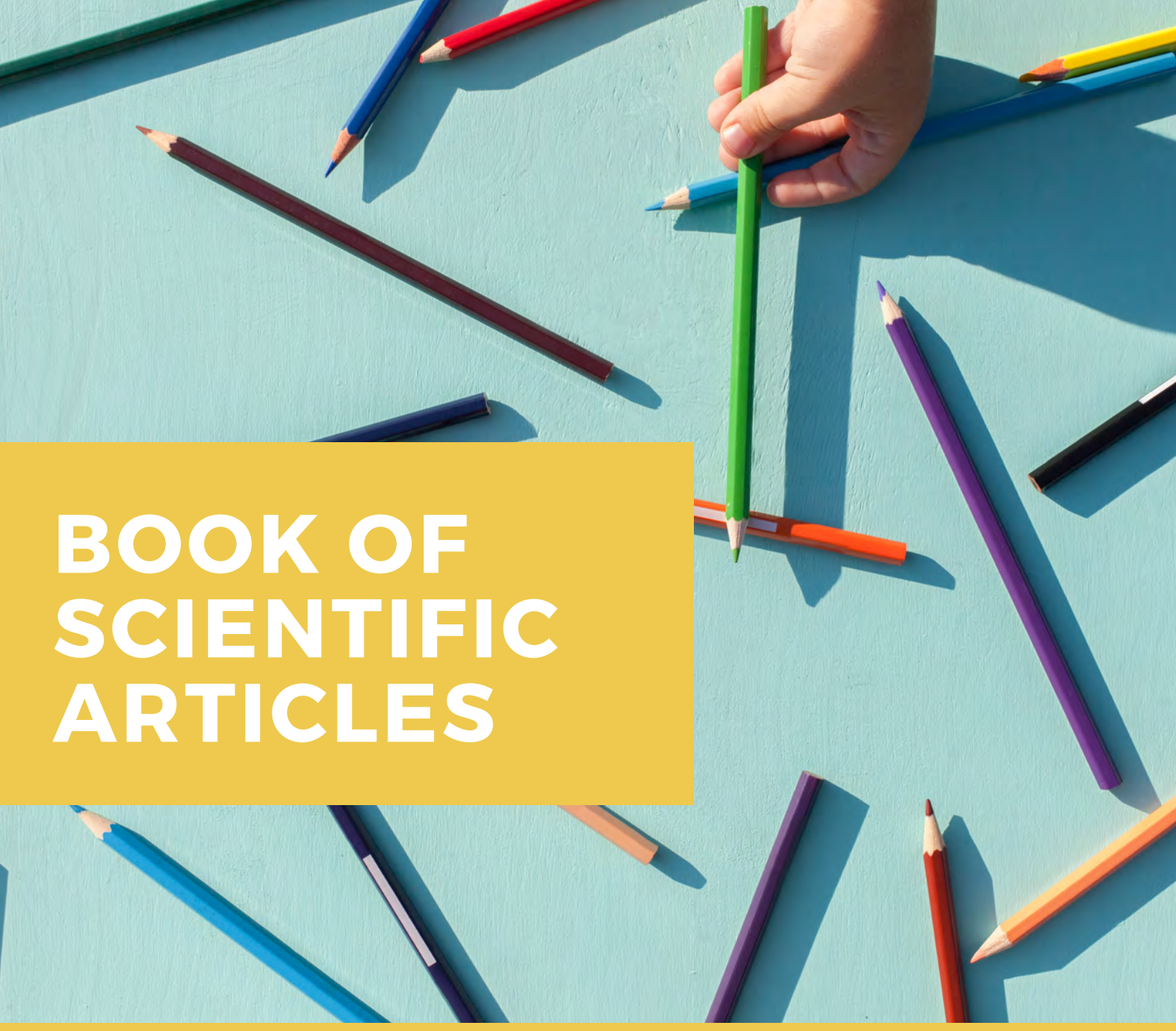

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CHILDREN IN SOCIAL WORK – SELECTED PROBLEMS OF SOCIAL WORK WITH CHILDREN ACROSS THE EUROPE

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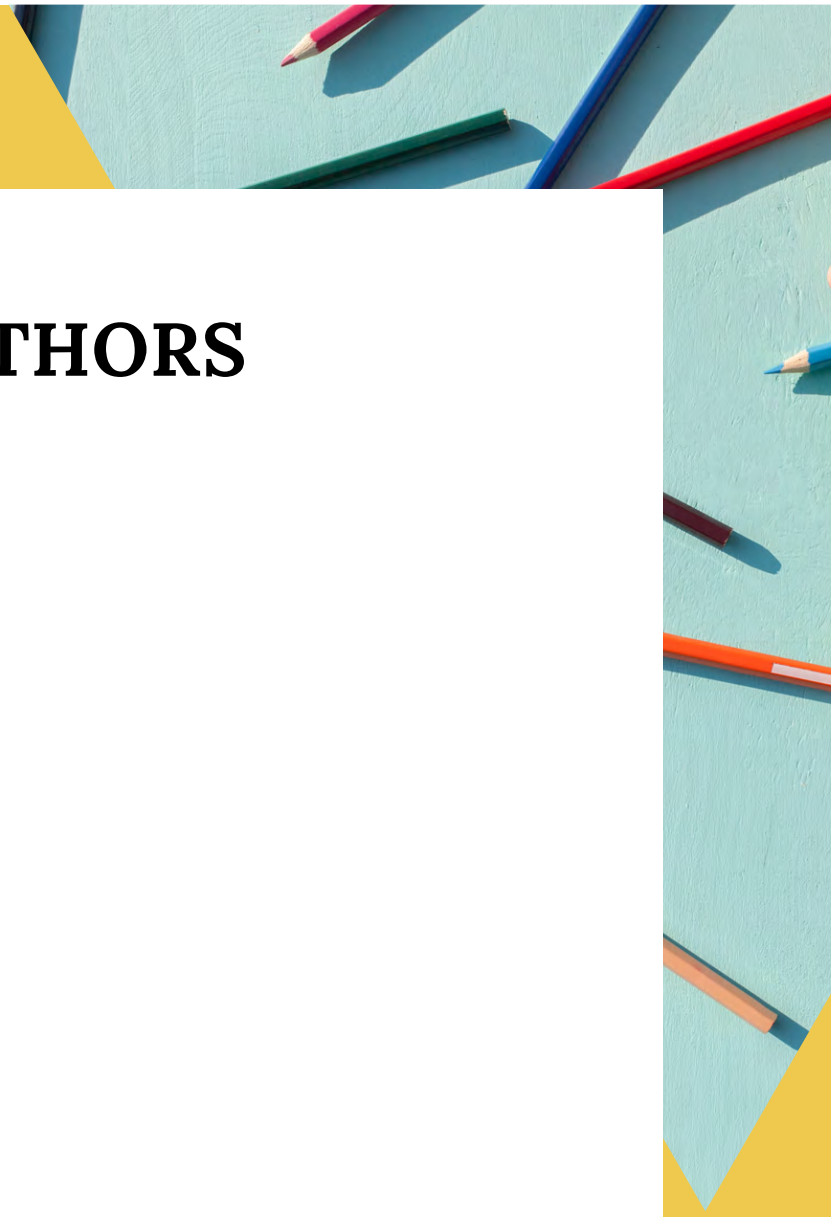

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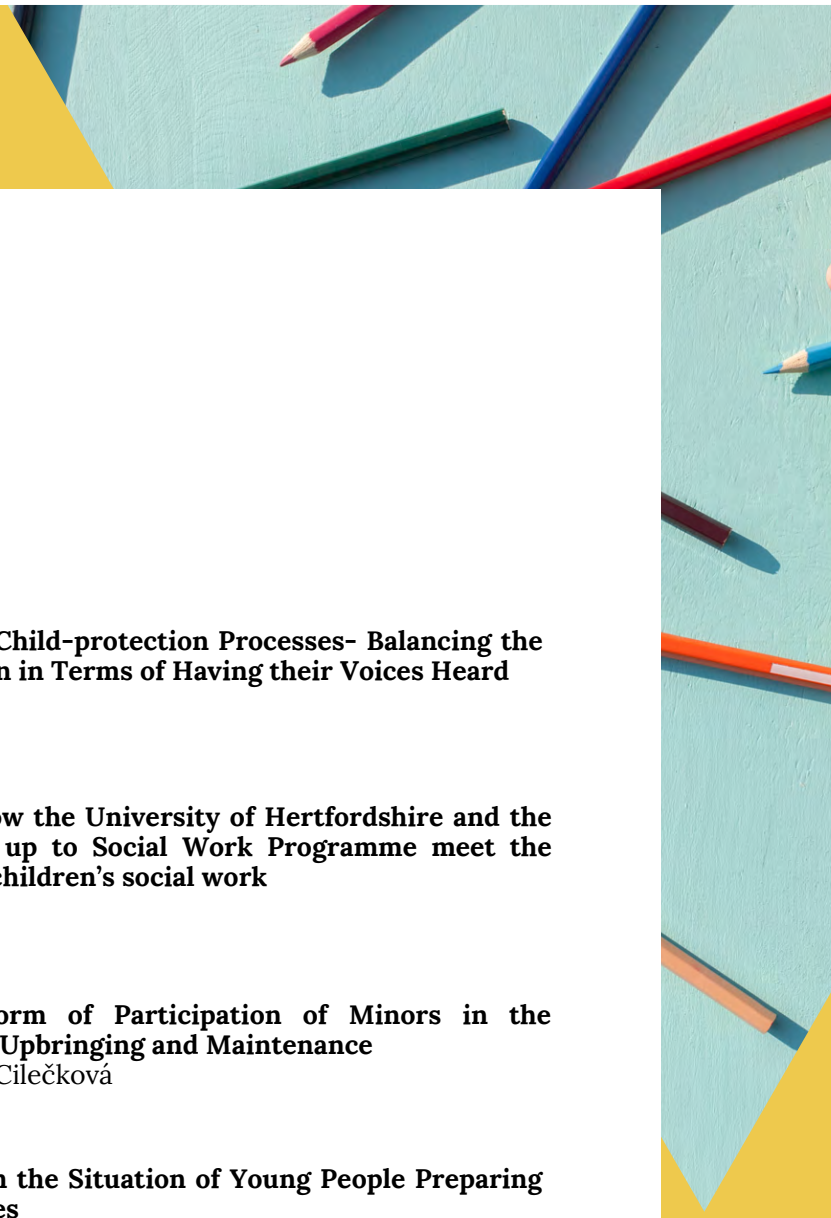

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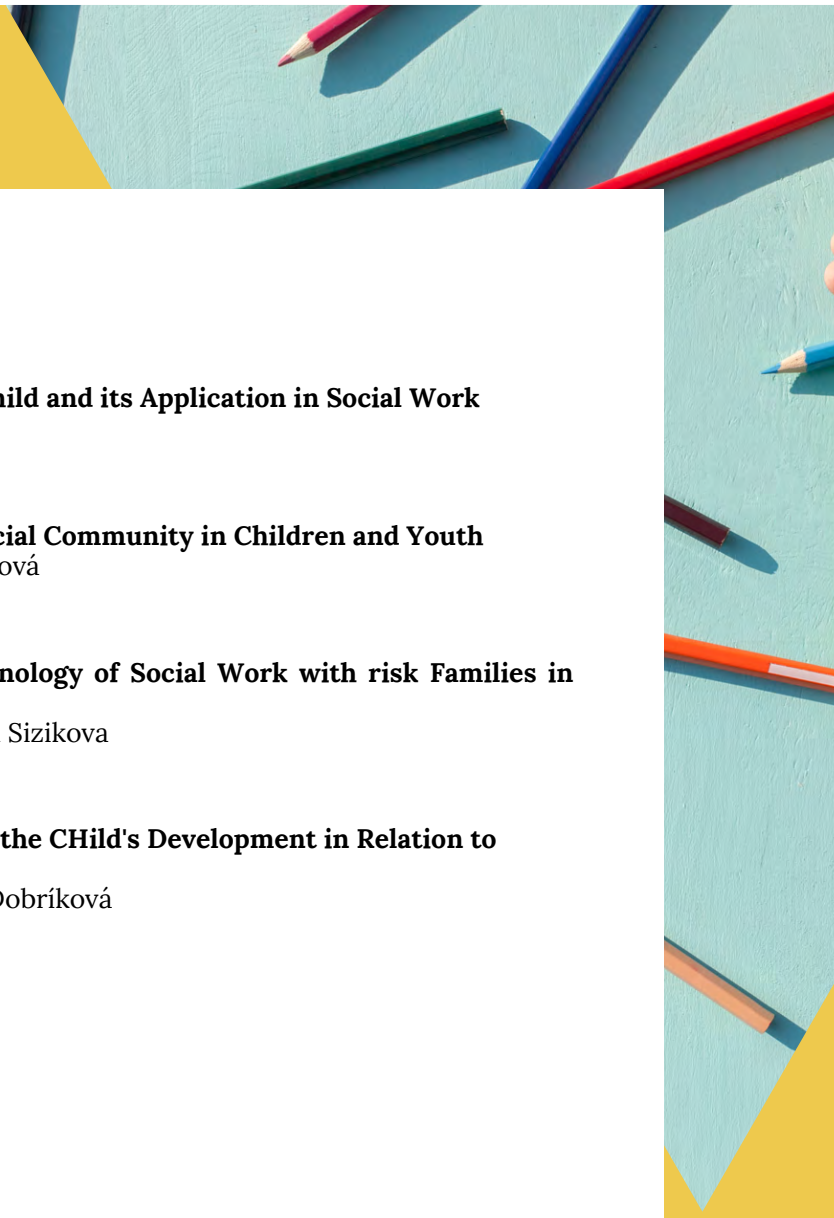

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PREFACE

Miriam Slaná

30 years ago, the Convention on the Rights of the Child was signed, in which countries committed themselves to protecting, promoting and respecting children's rights. Despite progress, even today, after 30 years, we are still facing challenges such as protecting and helping children in poverty, terminating their social exclusion, providing them with access to education, helping vulnerable children in unfavourable (disadvantageous) situations.

CHILDREN IN SOCIAL WORK is still very important issue. According to the statistics there are 2,2 billion children in the world and almost two billion live in developing countries. Despite the economic progress, the situation of children in some countries is bad or alarming. Poverty is the main cause of children's rights violations. 385 million children live in extreme poverty (less than $ 1.9 per day). In addition to poverty, children do not have access to basic needs such as food, water, primary health care, education.

In the countries of the Middle East and the African continent one can still find child labour, marriage of children and recruitment of boys into the military. Children are victims of sex business, prostitution and trafficking in human beings. Last year, 11,000 unaccompanied children arrived in Greece, Italy and Spain across the Mediterranean.

Even in countries that we may call developed, children are still victims of discrimination, violence or abuse. UNICEF reports that about 56 million children (16% of the total population) are exposed to violence in the family. Up to 21% of children living in Central Europe experience physical violence in their families, and the same applies to 16% of children in Western Europe.

Regarding above mentioned social work with children is still very relevant.

Trnava, January 2020

EMPOWERING INVOLVEMENT IN CHILD-PROTECTION PROCESSES- BALANCING THE RIGHTS OF PARENTS AND CHILDREN IN TERMS OF HAVING THEIR VOICES HEARD

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Abstract

Child protection work in the UK has to navigate between the rights of parents and the rights of children. This is because our law states that the best interests of the child must be paramount, whilst there is also government guidance and professional codes saying that we should work in collaboration with parents to achieve this.
In a small minority of situations, social workers in the UK have to be part of recommending that the court makes an order to remove parental responsibility from the parents they have been working with.
So, social workers have to try to empower parents'participation in order to help them be the best parents that they can, whilst balancing this against the ongoing situation for the child.
This chapter in particular examines issues of the rights of parents to participate in such processes, balancing these up against our knowledge of the effects of situations in which we are working with resistance/disguised compliance in safeguarding children work, where principles of empowering parents and encouraging their participation, but where this is may only be on their terms, can lead to serious adverse consequences for the children involved.

Keywords: *Child protection. Parental Rights. Child Rights. Participation.*

1. Introduction

In social work in the UK, in relation to child protection work, one of the debates in recent years has been in relation to the rights of parents in such processes, and the rights of children. This is because our law states that the best interests of the child must be paramount, whilst there is also government guidance saying that we should work in collaboration with parents to achieve this (Littlechild, 2002).

The difficulty is, that at certain points, with all the good work which goes on in these areas, in a small minority of situations, social workers in the UK have to be part of recommending that the court makes an order to remove parental responsibility from the parents they have been working with.

So, whilst our commitment to individual rights and empowerment means to say that we work with parents in order to help them be the best parents that they can, this must be balanced up against the ongoing situation for the child, and the results of them being part of a care situation which is not meeting their needs in the short term or the long-term regarding possible outcomes and effects of living in an abusive or neglectful environment.

This chapter will in particular examine issues of the rights of parents to participate in such processes, balancing these up against our knowledge of the effects of situations in which we are working with resistance/disguised compliance in safeguarding children work, where

principles of empowering parents and encouraging their participation, but where this is may be only on their terms, can lead to serious adverse consequences for the children involved.

The former Director of Social Services in England appointed to examine the key factors that had led to child protection professionals being unable to recognise and deal with the issues which led to the death of a child, Victoria Climbié, who was known to protective services, concluded that

"Adults who deliberately exploit the vulnerability of children can behave in devious and menacing ways. They will often go to great lengths to hide their activities from those concerned for the well-being of a child. Staff (have)… a job which carries risks, because in every judgement they make, those staff have to balance the rights of a parent with that of the protection of the child" (Lord Laming, 2003: 13). He suggested social workers needed to practice "respectful uncertainty", applying critical evaluation to any information they receive and maintaining an open mind.

A Community Care/Reconstruct survey (Littlechild, 2016) of 590 staff discovered that the small number of parents who exhibit such behaviour to a significant degree can pose a threat to their children by way of the effects this has on the ability of staff to carry out their assessments and interventions effectively and adequately. 44% of respondents stated that vulnerable children are put at risk because they have poor supervision and support when dealing with hostile and intimidating parents. Threats of violence from parents are also a key factor in resistant behaviours (Littlechild, 2016).

Guidance from the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) recommended that professionals need to constantly question all assumptions by playing the 'devil's advocate' or bringing in a fresh pair of eyes to situation, and that practitioners need to deal openly with the power dynamics between themselves and hostile parents, with a need for workers to use a more *'authoritative approach'* with parents (Centre for Excellence and Outcomes in Children and Young People's Services, 2010).

1.1. The rule of optimism: Issues of care, control and focus

The forms of power and control set out above are used by a small, but sometimes very risky, number of families identified in child protection inquiries. A child's safety can be seriously compromised when a worker loses their focus on the child's experience of abuse as a result of an uncritical application of the strength-based approach, where social workers are attempting to see the best in parents, and how this might relate to the rights of themselves, and their child (Tuck, 2013).

Professionals run the risk of steering towards the "rule of optimism" which can affect decision-making in child protection. The main concern about the rule of optimism is that the worker wishes to see the best in parents and believes that their interventions can help a family function better, including for the protection of the child involved. The rule of optimism can have unintended consequences where the worker is either unable or unwilling to recognize the effects of the parents' abusive power and control over the child (Laming, 2009; Tuck, 2013).

1.2. Key issues from analyses of child abuse death serious case reviews (SCRs) concerning parental participation

Serious case reviews are official reviews undertaken following the death of a child who has been known to child-protection services. These findings often demonstrate the negative effects of parental resistance and aggression on the protection of children, where the focus on the child's needs and risks to them, have been outweighed or ignored altogether. The social worker is focused on building a 'positive' relation relationship with the parent(s) – but where actually the reverse is happening. The findings are compelling and revealing about practice and risk factors, so are gone into in detail here.

One of the important parts of social work is looking at strength-based approaches to working with service users, and not using a deficit based approach, in order to look at the strengths in what people are doing, and support them to deal with those areas in order for them to develop themselves in ways that then allow better care for their children. The key area here relates to where this might mean to say that the social worker is unaware of how this approach might be helping mask what the parents are doing to the child. Ofsted (the UK government agency which inspects the local authority, health and police child protection services) carried out a research evaluation of 50 SCRs (2008) and found that professionals placed too much reliance on what parents said, and that families were often hostile to contact from professionals and developed skilful strategies for keeping them at arm's length.

The report found that the important key messages from one of the SCRs, 'applicable more generally', are:

"A family support perspective can obscure the need to ensure children are properly protected." and that the outcome of the large amount of support provided to this family was to:

"Simply prop up and perpetuate a profoundly abusive situation" (Ofsted, 2008: 28).

Brandon et al. examined 161 cases of child fatality or serious injury, subsequently examined within serious case reviews, where a child has died who was known to Child Protection Services, to examine what happened on what could have worked better, and concluded that:

"In many cases parents were hostile to helping agencies and workers were often frightened to visit family homes. These circumstances could have a paralysing effect on practitioners, hampering their ability to reflect, make judgments, act clearly, and to follow through with referrals, assessments or plans. Apparent or disguised co-operation from parents often prevented or delayed understanding of the severity of harm to the child and cases drifted. Where parents made it difficult for professionals to see children or engineered the focus away from allegations of harm, children went unseen and unheard" (Brandon et al., 2008: 3).

In Brandon et al's subsequent review of 189 SCRs, they found that:

"Reluctant parental co-operation and multiple moves meant that many children went off the radar of professionals. However, good parental engagement sometimes masked risks of harm to the child" (Brandon et al., 2009: 1).

1.3. The limits of the strengths-based approach - and the rule of optimism

This highlights how staff can place too great a focus on the needs and perceived difficulties and vulnerabilities of the parent rather than the child.

In the failure to protect Baby Peter Connelly, the SCR determined that:

"Agencies were too willing to believe Ms A's (the mother) accounts of herself, her care of the children, the composition of her household, and the nature of her friendship network. Such an account may well have proved to be accurate when tested over time, but at that stage it should have been be assumed that it might be self-serving. The danger is an over-identification with the service user in a wish to support and protect the child's place in the family. There was already reason to believe that she was not being truthful about the injuries to her child...What was required was an authoritative approach to the family… Mrs A needed to be challenged and confronted about her poor parenting and generally neglectful approach to the home. ...The passive acceptance of her continued poor parenting was a fundamental problem in the inter-agency approach."

The SCR also found that the emphasis placed by Haringey on a strength-based solution focused approach in child protection was a contributing factor in the professionals' failure to see the risks, as it meant that they accepted it uncritically.

KEY POINT: Whilst we wish to encourage and support parents/carers as much as possible, the best interests- and protection- of the child must come first, and we need to have the "respectful uncertainty" Lord Laming recommends/awareness of us employing the rule of optimism

Forrester, McCambridge, Waissbein and Rollnick (2008) analysed the work of 40 family social workers who worked for local authorities in the UK by way of practitioners' responses to case scenarios focused on simulated situations with child welfare concerns with parents' resistance clearly demonstrated. The research showed a confrontational style of interaction, and a low level of listening, with such lack of ability to deal with clients' resistance meaning that social workers are unwittingly increasing the likelihood of difficult responses from the parents they work with.

According to Davidson and Chan (2014), a therapeutic relationship is able to influence outcomes to a greater than the intervention and techniques used. It is, therefore, not just the provision of services that matters but the way the service is delivered that counts most, not what may be perceived to be intimidating, paternalistic, authoritarian, and condescending, which is contrary to the rights of parents in such situations.

Forrester suggests that the importance of empathy, listening skills and a non-judgmental attitude is crucial, for both child safety and parental welfare, and can aid workers to tackle resistance, resolve ambivalence and engineer real change, and see resistance more than being simply a product of 'difficult' parents, and be part of granting them their rights to participate.

Tuck (2013), in the most accessed article online ever in the important Journal Child Abuse Review ends it with the following advice:

- "*A need for practitioners to deal openly with the power dynamic between themselves and families.*
- *Demonstration of empathy and relationship skills but recognition that when dealing with resistant families these are unlikely to be sufficient; practitioners need to balance this with an eyes-wide-open, 'boundaried', authoritative approach aimed at containing anxiety and ensuring the child's needs stay in sharp focus (i.e. we need to be to name the 'elephant in the room' –but we need to be able to recognise it first).*
- *Avoidance of permitting the complexities of adults' problems from eclipsing children's immediate needs (i.e. balancing up the rights of the parent and the child)*
- *Importance of being able to distinguish between families genuinely engaged in treatment and those exhibiting 'false compliance'.*
- *Recognition that family non-engagement or hostility hampers practitioners' decision-making capabilities and follow-through with assessments and plans.*
- *A danger of over-optimism, focusing too much on small improvements made by families rather than keeping their full histories in mind.*
- *Recognition of the essential nature of good supervision in all cases but particularly when working with the most complex families.*"

And in terms of balancing parental right with children's rights in such circumstances, Tuck suggests that ultimately, the acid test in assessing, analysing and managing any child protection case lies in understanding the lived experience of the child, requiring that professionals ask:

- *What it is like for this child, living in this family in these circumstances?*
- *Are these parents able to empathise on a consistent basis with the needs and feelings of the child?... What more does this tell us about the child's life in this household?*
- *What is the nature of the narrative we can construct about this child's lived experience drawn from our observations of him/her and his/her family; our direct communication with the child and his/her siblings; the parent's behaviour, and our subsequent hypothesising about the case and analysis of these circumstances?".*

1.4. Children's Rights to be Heard

The United Nations Convention on the Rights of the Child (UNCRC) requires 'in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be of primary consideration' (United Nations Convention on the Rights of the Child, 1990: Article 3, Paragraph 1).

In addition, the UK parliament's Children Act 1989 states that regard must be given to 'the ascertainable wishes and feelings of the child concerned (considered in the light of his age and understanding) where she/he may be separated from parents'. (HM Governemnt, https://www.legislation.gov.uk/ukpga/1989/41/contents).

Lansdown (2001) argues that it is important that children feel that their views have been represented when the decision is made, not that their view is necessarily the sole determinant. Lansdown makes the point that social workers and others should not try to compel a child or a young person to participate, as this would be unhelpful and unjust, and argues that the child's

level of competence in the courts and in other decision-making forums which affect them should be viewed in the same way as medical assessments as resolved in the UK court's Gillick finding (Gillick v West Norfolk and Wisbech Area Health Authority, 1986, http://www.e-lawresources.co.uk/cases/Gillick-v-West-Norfolk.php). There, it was determined that if a young person is deemed to be of sufficient age, maturity and understanding, she/he should have a say in relation to their participation in medical decisions, which also applies to child protection.

Barriers to such participation in abuse situations include fear in young people of abuse of power/use of information given by them; many young people who have suffered abuse/neglect will have learnt not to give 'ammunition' to adults they have learnt will abuse such knowledge.

Cawson's (2002) random sample of 2,869 young people explored the childhood experiences of young people aged 18-24, including their experiences of maltreatment, in the family. One key feature of the findings was that reporting abuse did not lead to support for the abuse to be dealt with adequately- of those who had complained of abuse, most received little help; 174 complained, and only 44 said that the problems ceased as a result. The most common responses were for no action to be taken which the young person had been able to ascertain, or action had made no difference. Some respondents were not believed (p. 70).

In order to best do this, overarching principles are then to ensure:

1. The child/young person experiences feelings of respect from the agency statements and procedures, and the staff's attitudes, methods and skills
2. Need to ensure the child knows are there for them, and how the work with them/ progress is done with them, and who controls the information issues discussed with them.
3. The child/young person experiences that they are listened to, and valued for themselves
4. The physical settings, timings of meetings/consultations are appropriate for them
5. Staff are able to think themselves into the position of the child/children to appreciate their concerns/anxieties about the process and possible outcomes, and demonstrate this to them
6. The child/young person has confidence in how issues of confidentiality/control of the views/information afforded will be determined
7. Moving at young peoples' own pace

This is a particular problem for children in need because of abuse or neglect, due to their often limited or non-existent access to trusted adults outside their family network, and fear of reporting abuse.

2. Conclusion

Social work in England in relation to the safeguarding of children requires social workers to have confidence based on their skills, knowledge, professional regulation, and the legislation, to clearly keep the focus on the best interests, well-being and safety of children. At the same time, there are duties to engage with parents to use those skills, methods and values to try to help those parents to develop empathy towards their children's needs, whilst not

overidentifying with the parents needs and therefore allowing their participation and empowerment to outweigh those of the children.

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PARTNERSHIP IN EDUCATION: HOW THE UNIVERSITY OF HERTFORDSHIRE AND THE WEST LONDON ALLIANCE STEP UP TO SOCIAL WORK PROGRAMME MEET THE CHALLENGES OF CONTEMPORARY CHILDREN'S SOCIAL WORK

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Abstract

Following the death of Peter Connelly in 2007, the UK government reviewed the quality of social work education. The Social Work Task Force recommended an overhaul of social work to enhance the quality of entrants to children's social work, improve the fitness for first practice of newly qualified SWs and reduce the high levels of staff turnover. Key to these changes was the introduction of a fast track programme for high calibre students. Employer control was central to the shift and the introduction of the new Step up to Social Work programme was controversial.
Step up to Social Work is ten years old. The University of Hertfordshire has delivered the programme with West London Alliance since its inception. Our paper explores the evolution of this partnership: shifting from a purchaser-provider model to deeper collaboration, critical friendship and mutual trust. We examine the factors contributing to the success of the project, the extent to which this model is successful in supporting students, stretching new social workers and delivering on the original intention to 'lift the whole profession and be felt in every setting' (Social Work Task Force, 2009: 67).

Keywords: *Social Work. Children. Education. Step up. Partnership. Collaboration.*

1. Introduction

Children's social work in the UK has faced several challenges in recent years. Child deaths (Laming, 2003; Laming, 2009) and negative popular discourse (Parton, 2004) led to a profession which has been publicly vilified and where morale is low. Poor retention adds to upheaval in the lives of children who are already vulnerable.

Ten years ago efforts were focused on the improvement of the profession across the board (Chand, 2008; Williams, 2004). One initiative which focused on enhancing social work education was Step up to Social Work; a 14-month, employer led route to qualification. This paper explores the roots of the programme and the challenges it was designed to address. We examine the way in which the Step up programme has evolved over the past ten years and the way in which one partnership between the employing local authorities and the University has grown and developed. We conclude by examining the extent to which this changed framework for delivery has been successful in addressing the challenges identified by the original Task Force report.

2. Context

In response to a high-profile child death enquiry (Laming, 2009) the UK government ordered a report to consider how to implement recommendations aimed at radical

improvements to every area of social work practice. The outcome, the report of the Social Work Task Force, 2009, recognised that:

> *the job social workers do is critical to the nation. They play an essential role in protecting children and young people from harm and in supporting people of every age. The work they do can be difficult and very demanding, requiring careful professional judgements that can make all the difference to those they serve (Task Force Report 2009: 2).*

Nevertheless, it made key suggestions to improve social work education, practice and management. Three core recommendations affected social work education. The first called for the quality of entrants to the profession to be improved. The Task Force's vision was that the entire profession could be gradually enhanced by ambitious, skilled staff at the front line and rising through the ranks of management to influence social work at a structural and organisational level.

Other recommendations called for improvements in training. These resonated with contemporary reports highlighting the fact that newly qualified social workers and team managers felt that students were ill-prepared for the realities of direct practice in customer facing teams (Narey, 2014). A Department of Children & Family Services (DCFS) survey in 2008 found that only one third of newly qualified social work (NQSWs) graduates believed their degree prepared them fully or largely for their job. The Task Force response to this data suggested that the curriculum needed to be more closely tied to the needs of employing authorities. It suggested strengthening the employer voice in curriculum development and raising the quality of practice learning opportunities.

One of the key challenges in children's social work in the UK is the poor retention of staff with high levels of burnout (Mor Barak, Nissly, Levin, 2001) and consequent churn (Chiller, Crisp, 2012). Newly Qualified Social Workers (NQSWs) voice the view that the direct work they undertake while training, is not what they expected to do upon qualifying. The Laming report attributed heightened risk to children directly to this factor (Laming, 2009):

> *low staff morale, poor supervision, high case-loads, under-resourcing and inadequate training each contribute to high levels of stress and recruitment and retention difficulties. Many social workers feel the size of the task in protecting children and young people from harm is insurmountable and this increases the risk of harm. (Laming, 2009: 44)*

and the Task Force sought to address this with more relevant and more carefully scrutinised provision of workplace learning for trainees.

One initiative springing out of this context and seeking to address all these recommendations was the Step up to Social Work programme.

3. The Step up Response

Step up to Social Work is a 14-month Post Graduate Diploma in Social Work funded by the Department of Education (DfE). Trainees are funded by a bursary which meets living costs (£ 19,833 for the duration of the programme) and which pays all University tuition fees (up to £9000 p.a.). On qualification trainees are eligible to apply for registration as social workers.

Importantly the DfE pays these funds through consortia of employers/local authorities (DfE, 2019). These in turn commission Universities, via a tendering process, to deliver the academic component of the programme. As a result, consortia influence the style of delivery and curriculum content, tailoring these to their workforce needs. Students are employed on trainee contracts for the duration of their studies. All placement/practice learning opportunities take place in the employing authority and recruitment is pegged to workforce planning. One such consortium is West London Alliance. The West London Alliance is composed of eight west London local authorities: Hillingdon, Harrow, Brent, Westminster, Ealing, Kensington and Chelsea, Hounslow and Hammersmith & Fulham.

From an employer perspective the programme demands a high level of commitment: Directors and Assistant Directors of Children's Social Services have committed to the partnership. One borough leads for administrative purposes and they have hired a dedicated Step Up Practice Manager who coordinates and leads the whole project on behalf of all eight boroughs. WLA commissioned the University of Hertfordshire to deliver the academic aspects of the programme. Since the beginning, the partnership has worked together to deliver the West London Step up to Social Work programme.

From a University perspective placing funding in the hands of the consortium represents a considerable power shift and potentially hands control of recruitment the curriculum, and the configuration of the programme structure to an external body. As an example of the change, 'social work students' at University become 'trainees' on Step up (Thoburn, 2017). It was a shift which was controversial, and which generated substantial criticism in the academic community.

4. Critique of the Model

The original conception of delivery envisaged a purchaser-provider model and holding the University to contract delivery is integral to this. Quarterly oversight by the West London Social Work Development Board made up of Assistant Directors from each partner local authority as well as monthly meetings of the Step up Steering Group:

- actively manage the strategic development of the Step up
- quality assure the programme to ensure that it is delivered locally to the highest standards
- oversee the operational implementation of the programme

For the University of Hertfordshire this brought tensions and anxieties in relation to the measurement of performance and the possibility of the termination of contract. The scrutiny brought to bear by governance processes underlines this and at worst can lead to a form of organisational 'disguised compliance' (Reder, Duncan, Gray, 1993) where errors are hidden to maintain the appearance of super-competence.

Other predicted flaws in the model have not manifested themselves as anticipated at the outset:

> *The…recently-introduced trainee programmes are fast-track and specialist, and have a narrower curriculum, focused from the start on social work practice knowledge and skills, with less time given over to learning about and integrating broader social science knowledge and debates. (Thoburn, 2017: 7)*

Concerns that the development of employer-led provision would lead to a narrow curriculum; a mere training programme with the fig-leaf of University validation must be actively addressed if the quality of provision is not to be undermined. Since the inception of Step up in September 2010, 148 trainees have completed the programme in West London and a majority are employed as social workers across the partnership. Overall student satisfaction with the quality of their training has been high:

> *I've gone from a clueless 23-year-old to...thinking I can and will make a change in families' lives …in the space of less…than a year. (Cohort 4 student)*

and students report positively on the correspondence between learning and practice:

> *Our lectures always seem to correspond with what we are doing on our placement so that we can literally take what we have learnt out of the classroom and into practice. (Cohort 4 student)*

Although these comments demonstrate the fact that this type of programme links strongly to placement and eventual practice as a social worker they do not indicate whether students are still able to explore structural and theoretical underpinnings of social work as part of a broad-based curriculum. From a University perspective, although curriculum content is guided by the employer, and overseen by a 'Curriculum Group' (composed of team manager representatives from across west London and the University teaching staff), this is a joint enterprise, not an externally imposed agenda.

The investment in students as independent thinkers is perhaps best demonstrated in the WLA commitment to enable students to study beyond the qualifying PGDip to graduate with a full MSc although this is not required by the DfE West London Alliance (WLA) Step up to Social Work programme continues its commitment to support graduates into a Social Work Master's Degree. Initially undertaken as a period of study leave prior to commencing employment. This is now completed during the Assessed and Supported Year in Employment (ASYE), allowing student to undertake a piece of empirical research.

> *Through the course, I was supported and gained confidence to follow my own research interest…I went on to present at the annual European Research Institute for Social Work…Conference in Ostrava, Czech Rep. (Cohort 3 student)*

A more telling critique is the risk that Step up is a threat to the generic training of social workers and so undermines the breadth of the profession (Faulkner, 2016). Within a programme so heavily weighted towards children's social work there is a challenge to maintain proper generic training. Early iterations of the programme might have been criticised as limited in this respect. Adults' needs were perceived in terms of risk to children, rather than a social work issue in their own right. Recently our partnership has redesigned the programme with a stronger adults' focus. Placements take place in all spheres of adults' practice and the curriculum specifically and explicitly addresses adults' vulnerability. It is an important change to enable students to diversify as their careers progress.

5. Building a Shared Vision

Step up to Social Work is now 10 years old; the sixth cohort of 42 students will start on the 20 January 2020. They will complete the Post Graduate Diploma on the 20 March 2021 and the Master's degree in May 2022.

In that ten years the University has successfully tendered for the delivery contract on three occasions and that process has helped the relationship between employer and University grow and develop well beyond a contractual arrangement. The contract and the payment remain the same, but the persons involved own a shared vision which we are jointly committed to delivering. Social work education at its best is more than academic understanding combined with practice wisdom. Instead it is immersive, maximising opportunities for collaboration between students, alumni, academics and professionals (Chickering, Gamson, Poulsen, 1987; Chickering, Gamson, 1999) to transform individual learners and inculcate excellence in practice. This is a view which both the University of Hertfordshire and West London Alliance share and it is a perspective from which students benefit. We believe that it contributes to students' experience of a single, unified programme of learning.

> *We can literally take what we have learnt out of the classroom and into practice. (Cohort 4 student).*

Our experience is that collaboration at this level forms a platform for honest reflection and feedback between partners about curriculum planning and placement quality, leaving it well-placed to deliver on the aspirations set out by the Task Force at the start. It requires commitment at operational and structural levels. (For example, changes to established admissions processes by the University to enable the employer to manage recruitment). We believe that the negotiation involved leads to dividends in process and outcome and we are testing our hypothesis in a research project.

6. Meeting the Challenges of SW Education

Step up has moved from a pilot programme to become an established and successful qualifying route into social work that is owned and managed in partnership between WLA as employer and University of Hertfordshire as Higher Education Institution. It equips graduates with the knowledge and skills needed to successfully 'hit the ground running' within Children & Family Service teams.

As this is a demanding and specialised route into social work, the area of retention was important for local authorities as there is a lot of time, energy and development spent on the students. Metrics relating to retention of staff on qualification are good. According to Smith et al. (2018) retention for cohort 1 graduates was 85% three years after qualification and for cohort 2 graduates it was 80%. This data is echoed in our partnership.

The London boroughs offer an interview of employment on successful completion of the programme and ask that students commit to working in Children's Services following completion of their training. Of the 148 WLA trainees who have completed, data indicates that 78% of these are still practicing as social workers. Of these 61% remain in their original host authority. Of itself, this acts to reduce churn in the lives of children and families. Combined with the knowledge and skills which Step up graduates display this enlivens and

strengthens the profession. Early graduates are now part of wider management structures and are able to influence social work strategically.

Evaluations of the programme to date have focused on expectations of students, partners and educators (Baginsky, Manthorpe, 2014; Smith, Stepanova, Venn, Carpenter, Patsios, 2018). This has predominantly been a positive outlook nationally and at the local level. What is less well examined are the structural and relational elements which contribute to success and quality. We are currently engaged in a research project to determine the extent to which the WLA/UH partnership is viewed as a positive development by managers and students with factors examined that they believe have contributed to success, and how we might drive this in the future.
We are also exploring the resilience which contributes to retention in our students. There is impressionistic evidence within WLA and beyond that retention rates are positive (Smith et al., 2018) and that this is connected to professional/personal resilience rates within Step- Up graduates. We will gauge graduates' views on and how they believe their experiences on the programme and being supported as graduates in WLA authorities has contributed - or not - to professional resilience in undertaking the rigours of safeguarding children social work.

7. Conclusion

The Step up to Social Work programme was intended to revitalise social work education and to hand power to the employer. In the ten years since the project began it has delivered high quality and resilient graduates in to the profession. Criticisms which predicted a narrow and functional training programme rather than a research-informed, values based and reflective programme of study have proved unfounded. Underpinning this is a strong and united vision of social work, shared by the employer and university who act as partners in a dynamic enterprise.

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OUTCOMES OF SURVEY OF FORM OF PARTICIPATION OF MINORS IN THE PROCEEDINGS REGARDING THEIR UPBRINGING AND MAINTENANCE

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Abstract

Paper introduces outcomes of survey realised two years ago[1]. The content of realised survey is based on quantitative research aimed to answer the research question: How do minors participate in the legal proceedings regarding their upbringing and maintenance and also to which degree are their views taken into account by the court? The research is rooted in two key concepts: child participation and the form of their participation outgoing of legislative and professional legal literature. The research sample was made up of court decisions involving the upbringing and maintenance of minors terminated in 2015-16 at two district courts in the Czech Republic. The outcomes of one-dimensional data analysis bring interesting and often alarming findings that are in conflict with valid legislation, but they often confirm the rigid Czech judiciary practice in this area.

Keywords: *Minors. Participation. Legal Proceedings. Upbringing. Maintenance.*

1. Introduction

The protection of children and their rights is one of the fundamental topics in all democratic states. The Czech Republic is one of the many dozens of signatories to the UN Convention on the Rights of the Child and there is significant attention paid to the protection of children in our country, both within legislation and social work. We can say that the participation of a child in terms of the child's involvement in all the facts that concern him/her is an advanced variant of the protection of the child who, in this way, can be involved in the decision-making processes that concern his/her future. In realised research authors focus on the gathering of data about one particular participation method, namely the participation in court proceedings on the custody of minors. Such proceedings are always carried out before the actual divorce of the parents and are a necessary condition for the divorce of marriage. The proceedings are also conducted in the case of a breakup of an unmarried cohabitation provided that the parents did not come to any agreement about their child's upbringing and maintenance. The court procedure may also be carried out at the request of one of the parents whenever the conditions of the previous decision need to be changed. The content of the decision is to determine the form of child custody (exclusive, shared, joint), the extent of contact with the other parent and the amount of maintenance. These are decisions that essentially affect a child's life. The motivation for the research was the fact that the data has not been yet empirically investigated

[1] The research was implemented under the patronage of the Student Grant Competition at the Faculty of Social Studies, University of Ostrava in 2017; in 2017 the aim of the research was presented at ERIS Conference in Lille, France. Some of the research outcomes was published in the ERIS Journal – Winter 2019.

in the Czech Republic and also the assumption that the results will therefore be interesting to the professional public in the field of the social and legal protection of children and justice.

2. Theoretical base

Legislation in the Czech Republic that can serve as a theoretical base for the purpose of this paper is as follows: An essential prerequisite for divorce in the Czech Republic is a court decision on the upbringing and maintenance of minors during and after the divorce. It determines what type of custody the child will be entrusted to, and in the case of exclusive custody to which of the parents the child will be entrusted. The court needs to set the amount of maintenance, or the extent of contact with a parent who has not been entrusted with the child. Parents have the right to make arrangements for childcare after divorce, however this agreement must be approved by the court as well. Prior to the court decision, the court cannot start the divorce proceedings. In the case of unmarried parents, there is no obligation to approve a child custody agreement after their separation by the court, but in the case of failing to reach any sort of agreement, either parent can submit a proposal for a court decision on the upbringing and maintenance of minors after separation of unmarried cohabitation (Act No. 89/2012 Coll., Civil Code).

Parents are the legal guardians of their child, but in situations where there may be a conflict of interest between parent and child, they are not allowed to represent the child. In this case, the court appoints a guardian to the child (Section 892 of Act No. 89/2012 Coll., Civil Code) There is always a risk of a conflict of interest between the parent and the child in proceedings concerning the upbringing and maintenance of minors, therefore the child is represented in the proceedings by a guardian, which is usually the respective office for social and legal child protection appointed by the court (Section 469 of Act No. 292/2013 Coll., on Special Court Proceedings). Although the child is appointed a guardian, the child has legal rights in the court proceedings, in particular the right to be informed and the right to communicate his/her own opinion. The Civil Code includes that a legal presumption is established that a child over 12 years of age is able to independently receive information, to form his/her own opinion and to share this opinion with others. This communication of the child's own opinion should ideally be conducted through a direct hearing in court. If a child is younger, then it depends on the individual maturity of the child. However, even in the case of children who, due to their age or development, are not able to independently receive information and communicate their opinion, the opinion is examined indirectly through the guardian of the social and legal child protection office (Section 867 of Act No. 89/2012 Coll., Civil Code; Section 110 (3) of Act No. 99/1963 Coll., Civil Procedure Code).

Thus, the social and legal child protection services are almost always appointed as guardian, i.e. they represent the child and therefore also communicate the child's opinion to the court on behalf of the child. At the same time, the office of social and legal protection of children is obliged under Article 8 of Act No. 359/1999 Coll., on the Social and Legal Protection of Children, to inform the child about all important facts concerning the child, to pay due diligence to the child's opinion and to take into account the child's wishes and feelings given the child's age and development so as not to endanger or disrupt the child's emotional and psychological development.

There is no doubt that the above obligations present social workers with a difficult task. In order to complete this task, it is necessary, given the different age of children, that social workers are able to apply a wide range of methods for determining the child's opinion, and also not to neglect their statutory duty to inform the child of all serious facts while taking into account the child's age and development.

Besides the interview, there is currently a number of special methods that can help us examine the child's viewpoint. Zakouřilová (2014) presents in her monograph on work with families, different methods of identifying the child's view of the divorce or separation of their parents, such as *two little houses, an enchanted family or three wishes*. The *two little houses* technique is especially suitable for preschool children and consists of drawing two identical houses and then choosing which of the houses belongs to their mother and which to their father. We also use the interview to find out in which house the child would like to live. The *enchanted family* is a technique designed especially for pre-school and younger school aged children. The child is asked to assign each member of the family, including his/herself, an animal and then draw the picture of it. Subsequently, the picture is analysed to see about the relationship of the child to each member of the family. The *three wishes* technique serves to detect a child's current wishes and feelings. A child is asked to imagine a magical grandmother who can fulfil three wishes for them, which are subsequently discussed with the child in order to find important answers using appropriate questions (Zakouřilová, 2014).
In the spirit of the systemic approach described by Úlehla (2009), we can use the concept of empowerment whereby the client, in our case, the child, is given the power to act. The social worker empowers the child just by seeking his/her opinion. Empowerment provides clients with greater control and power over their lives, and is closely related to participatory approaches that started to emerge in social work from the early 1980's. The client participation can be thus viewed as one of the empowerment tools (Matoušek et al., 2013).

In our research we work with two main concepts, namely **participation** and the **form of participation.**

Basis of participation is included in part 12 of Declaration of Children Rights, which declare to child free of comments. The means of participation means the way which the court in ongoing procedure find out the opinion of the child. The essence of participation lies in the possibility of having an influence on decision-making in both public and private negotiation processes. In the case of a child, it has three conditions. The first condition is the intellectual ability of the child to form his/her own opinion, which must be interpreted broadly. Another condition is the age of the child, which can be ascertained and verified. The final, third condition is the child's maturity. Maturity is a psychological category that assumes a certain degree of understanding on the part of the child and his/her ability to assess the future consequences of his/her own decisions or decisions of parents, legal representatives or public power authorities in the child's affairs (Ptáček, 2016).

Seeking the child's opinion is an integral part of determining the best interests of the child, which is an interpretative rule applied in all decisions concerning the child. Czech legislation admits the possibility of seeking the child's opinion indirectly – via a child representative, an expert opinion, or directly, while in January 2014, i.e. the effective date of Act No. 89/2012 Coll., The Civil Code, the minimum age limit for the direct seeking through interrogation in court was set at 12 years.

Thus, in Czech legislation, we can summarize the forms of eliciting the child's opinions and views directly - through the child's hearing or indirectly - finding out his/her opinion through a child's representative, an expert opinion, or an appropriate department ensuring the social and legal protection of children.

3. Research methodology

The main objective of the research was *to find out how minors participate in court proceedings regarding their upbringing and maintenance, and at the same time whether their views and opinions are taken into account in the court's decision-making.*
As a follow up to the main research objective, the main research question was asked: *"How do minors participate in court proceedings regarding their upbringing and maintenance and how are their views and opinions taken into account in court decisions?"*

The choice of a quantitative research strategy in the presented research was based on the fact that the research objective was to verify already assumed relations on a relatively large research sample of 1,050 cases. For the purposes of the article, however, we only use descriptive data, i.e. partial selected results of one-dimensional data analysis, or more precisely of the first-order classification results.

The basic **research sample** consists of the court decisions on the upbringing and maintenance of minors, which were finally terminated in 2015 and 2016 at district courts in the Moravian-Silesian Region. Regarding the delimitation of the locality, the Moravian-Silesian Region was chosen primarily with regard to its good accessibility. The choice of timing was determined on the basis of the up-to-dateness of the topic and also with regard to the effective date of the so-called "new" Civil Code, valid from 1 January 2014, which contains the above-mentioned Section 867.

The sample was selected using **a quota** (non-random purposeful) **sampling**. This sampling method is a way to target participants who meet certain criteria and are willing to get involved (Miovský, 2006). In our case, the sample was the court decisions on the upbringing and maintenance of minors finally terminated in 2015 and 2016 at two district courts in the Moravian-Silesian Region that were willing to participate in the research. Given the need for a high degree of anonymisation, the information about which district courts are involved is missing in the research; the courts are referred to by letters A and B. In order to analyse the same research sample, we asked each district court to make available 400 files for research purposes in which a final decision on the custody of minors was issued in 2015 and 2016. Each district court provided the first 50 files of each calendar quarter of 2015 and 2016.[2] The research sample consists of 1,050 record sheets, or more precisely of individual children. The number of record sheets corresponds to 675 families, or more precisely 675 court files were used in the research, with always one file belonging to one family.

The content analysis of documents has been selected as a **data collection technique**. The document analysis utilized court decisions on the upbringing and maintenance of minors finally and firmly terminated in 2015 and 2016 at two district courts in the Moravian-Silesian Region. In order to save time, data collected through the content analysis was recorded in a pre-prepared record sheet. The record sheet was divided into three parts. The purpose of the first part was to identify basic data such as the child's age, gender, and the form of their parents' relationship (married/unmarried couple). The second part was devoted to the seeking of the child's opinion, namely whether the child's opinion was sought at all. The third part

[2] The total number of court files re: the custody of minors, in which the Court A finally and enforceably decided regarding the custody of minors in 2015, was 622 files, while in 2016 it was 706 files.
The total number of court files re: the custody of minors, in which the Court B finally and enforceably decided regarding the custody of minors in 2015, was 1,871 files, while in 2016 it was 1,682 files.
Altogether, there were 4,881 files, for which a final decision was issued in the years 2015 and 2016 on the custody of minors by two district courts in the Moravian-Silesian Region.

then focused on the relationship between the ascertained opinion of a child and its consideration by the court.

Data processing and subsequent analysis were performed using the SPSS – Statistical Package for the Social Sciences. In the paper we present the results of one-dimensional data analysis, the so-called first-order data classification allowing for the description of individual sample properties, or, more precisely, evaluating the response frequency rates for individual questions in the record sheet.

4. Some of the outputs of one-dimensional data analysis

Selected results of one-dimensional data analysis will be described due to three parts of record sheet.

Description of the Research Sample (part 1 of the record sheet): As part of the data collection, a total of 1,050 children were included in the research sample, or more precisely, 1,050 record sheets were collected, each record sheet belonging to one child. The listed number of children was included in a total of 675 families, or more precisely, 675 court files were used in the research, with one file always belonging to one family. The largest number of children included in the research came from families with two minors, which was in more than half of the cases (54.6%). The second most represented group was the children from families with one minor child (32.5%). When we looked at the family background from which the children came, more than 72% of children came from their parents' marriages. The gender distribution in the research sample was almost equal, with girls making up for 49.9% and boys 50.1%. In terms of the age distribution, the most represented group were children under 9 (43.6%) years old, and when looking at age-specific distribution, the largest groups were children under 8 (9%), 10 (8.5%) and 7 (8.1%) years old.

Identification of the Child's Opinion (part 2 of the record sheet): The following part of one-dimensional data analysis will focus on the description of the actual eliciting of a child's opinion. The analysis of the data showed that the child's opinion on the issue of upbringing was elicited in almost 53% of cases, compared with an estimated 47% of cases when it was not sought out.

According to the results of the analysis, the most common reason for not seeking a child's opinion was the young age of the child. It played a role in a total of 64% of the cases in which the child's opinion was not sought out and the file revealed an apparent reason for not finding it. Within the Other option item, the responses most frequently included *the child could not be reached when conducting the investigation,* as well as the *non-identification of the child's opinion due to his/her disability.*

In cases where a child's opinion was sought out, the most frequent form of opinion search was the indirect questioning of the child. This variant was true for almost 95% of the cases. Based on the analysis, only 5% of children were interviewed directly by the court. If we look at the most frequent form used for an indirect child questioning, it is undoubtedly the seeking of opinion through a social worker from the department of social and legal protection of children. This option was reported in almost 98% of cases when the child's opinion was elicited through indirect interrogation and this form was detectable from the file. In cases of other forms of indirect interrogation, the most frequent form was by *a psychologist.*

As for the methods used for indirect questioning of a child, interviews dominated the research. This method was used in more than 98% of indirect questioning cases where this form was detectable. The question of the form of indirect questioning was also closely related to where the indirect interrogation was carried out. The most frequently represented option, in a total of 56% of the cases, proved to be an investigation in a child's household. Another option that cannot be omitted is the seeking of a child's opinion in a school or a kindergarten, or in the department of the social and legal protection of children. The second option was represented in less than 30% of cases, and the third one in less than 13%. The percentage representation refers to cases where the place of indirect questioning was stated in the file. The answer *Other option* included the following responses – through *a psychologist at the Centre for Psychological Help or in a counselling centre.*

Taking of a Child's Opinion into Account by the Court (part 3 of the record sheet): The following results relate to information on how courts handle a given child's identified opinion. The first question from the last part of the record sheet was focused on whether the courts in their decisions state the child's view. According to the results of the analysis, the opinion of a child was only mentioned in court decisions in less than 29% of cases, compared to 72% where it was not mentioned. However, here it is necessary to point out that those cases, where in a court decision the child's opinion was not stated, also include the cases where the child's opinion was not sought out.

Another pair of questions focused on whether a court decides in compliance with a child's opinion and whether a court states for what reason it has agreed or failed to agree. The analysis of the acquired data subsequently revealed that in almost 95% of cases, in which it was possible to judge whether or not the court's decision was in compliance or non-compliance with a child's view, it was decided in accordance with the child's view. In the examined sample, the court in its decision failed to comply with only 22 children, i.e. 5%. The reasons why the court has decided in accordance with, respectively against the view of a child, were only stated in less than 24% of cases. In approximately 76% of cases, this information was not included in the judgment. Again, however, it is necessary to draw attention to the fact that the "no" answer also includes cases where a child's opinion has not been sought out.

5. Conclusion

The above results show interesting findings, which can be of benefit both to the system of district courts in the Czech Republic and to the professional public in the field of the social and legal protection of children. The research carried out should be understood as a pilot survey, since it only contains data acquired at two district courts in the Moravian-Silesian Region. The continuation of the research will depend on the response of the professional public, particularly from the experts engaged in the social and legal protection of children and the justice system, for which the data obtained could serve as a guideline for better implementation of the Guidelines on Child-Friendly Justice and therefore children's rights pursuant to the Convention on the Rights of the Child.

A social worker plays an important role in determining a child's opinion. A social worker should be professionally prepared to perform this role. In essence, we can say that there are two roles in one situation. As a social worker of a social and legal child protection office, he/she informs the child of all important matters concerning the child, pays proper attention to the child's view given the child's age and intellectual maturity and takes into consideration the child's wishes and feelings, taking into account the child's age and development, so as not

to endanger or disturb the child's emotional and psychological development. At the same time, a social worker has the status of a child custodian appointed by the court, that is, she/he must represent the child, make procedural acts and suggestions on the child's behalf. The problematic position of the child social and legal protection office is pointed out in the current literature, for example, by Šínová (2017).

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SOCIAL WORK INTERVENTIONS IN THE SITUATION OF YOUNG PEOPLE PREPARING TO LEAVE THE CHILDREN'S HOMES

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Abstract

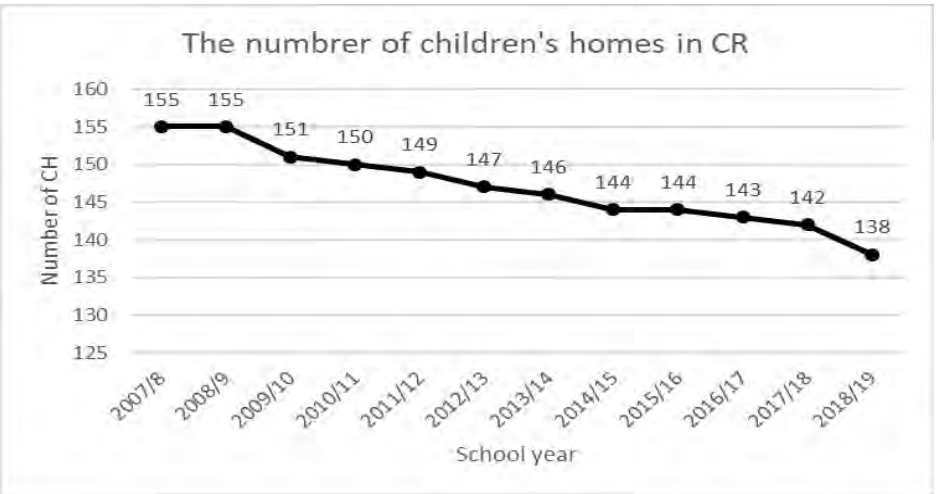
This article deals with the little-studied problems of social work interventions in the situation of young people preparing to leave children's homes and enter the natural social environment. The situation of young people leaving children's homes is difficult, as evidenced by studies showing a higher risk of social problems for these people, while the young (emerging) adulthood itself is considered a risky and vulnerable period (European Expert Group, 2012 Lumos, 2017; Frimpong-Manso, 2018). Young people who are in the phase of transition, i.e. leaving the children's home, often carry the burden of negative personal experience from their early age and from how society reacts to their institutional past (Fransson, Store, 2011). In the alternative care system in the Czech Republic, placement in a children's home is secondary to family care. Social work with vulnerable young people in children's homes has a specific position, as it focuses mainly on the performance of indirect social work.

Keywords: *Social Work. Vulnerable Children. Care Leavers. Transition from Care.*

1. Introduction

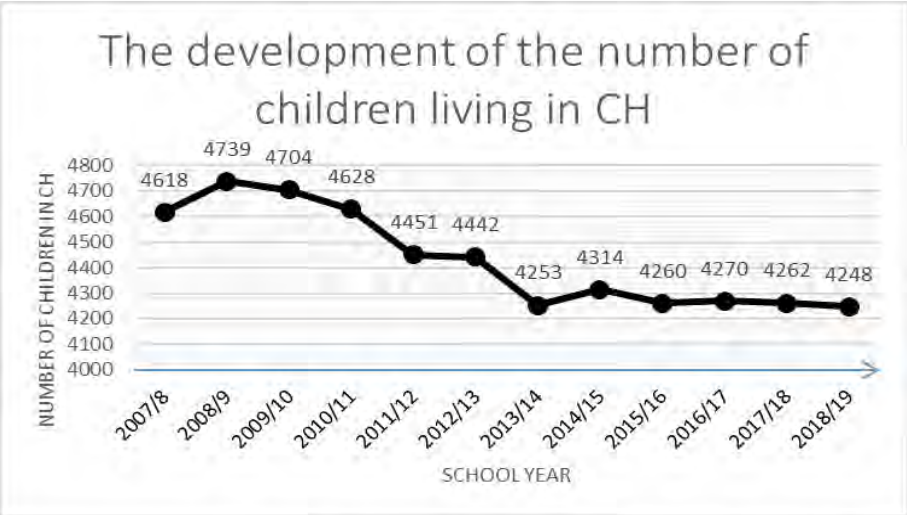
The aim of this study is to understand and describe social work interventions in the situation of young people preparing to leave children's homes (hereinafter referred to as CH). The system of support and care for children at risk in the Czech Republic is constantly changing in the areas of legislation, methodology, institutions and quality of services (Běhounková, 2012). As we can see from the following statistics on the facilities and children in CH – Figures number 1 and 2, in past 12 years there has been a tendency to reduce childcare in CH. The number of children in CHs still keeps being over four thousand children in one school year.

Fig. n. 1: *The number of CH in the Czech Republic*



Source: MEYS, © 2019, adapted

Fig. n. 2: *Trends in the number of children living in CH*



Source: MEYS, © 2019, adapted

Czech expert literature addresses systemic shortcomings in the preparation of young people and children for leaving the institutional care facilities. There are also ongoing transformational changes of and debates on the care and deinstitutionalization of children at risk, which should also affect children and young people growing up in CH. In this context, the efforts of young people to leave the institutions and to integrate successfully into the normal life are considered problematic. According to Běhounková (2012), leaving the institution of CH is a stress test. The organizations and facilities should have policies and procedures to ensure a follow-up support, regardless of the planned form of the cessation of care of such children. There is no systematic preparation of the children for independent life and the development of social and life skills. According to Běhounková (2012), this reflects the possibilities and limits of education in a substitute environment.

1.1. Theoretical background

In the preparatory period as well as in the post-transition period, young people leaving institutional care experience problems in different areas according to various sources; for example young people growing up in institutional care do not have parental role models or harmonious family environments, manifest psychological and emotional deprivation and the syndrome of institution dependency, and have lower educational attainments (Lumos, 2017). Another problem of life in institutions is a certain stereotyping of life, which is described, for example, by Helus (2004), who also speaks about cabin fever in connection with institutions. In connection with the stay in the institution, Langmeier, Matějček (2011) speak about the deprivation syndrome, while Běhounková (2012) emphasizes the greenhouse effect. Žufníček et al. (2012) describe the missing male model in boys and Vávrová et al. (2015: 20) define the institutionalization of an individual as a phenomenon where an individual becomes dependent on an institution that was supposed to help him or her and thus losing his or her ability to live an independent life after leaving the institution. Young people leaving CH have the right to counseling in housing, employment or difficult life situations. The legislation and methodology of the preparation process are non-specific in terms of helping these young people (Běhounková, 2012). After leaving CH, it has been proven that young people who have left the institution are at greater risk than their peers in terms of under-education, addiction and prostitution, the risk of employment, housing

and social integration problems, and have difficulties in setting up families and maintaining partnership bonds (e.g. Hjern, Vinnerljung, Lindblad, 2004; Lumos, 2017; Bengtsson, Sjöblom, Öberg, 2018). After leaving the institution, young people face problems with increased risk of involvement in crime (Vinnerljung, Sallnäs, 2008), commit crimes, have more frequently a criminal record, and there is increased suicide and depression rate among them (Hjern, Vinnerljung, Lindblad, 2004; Mendes, Moslehuddin, 2006; Berlin et al., 2011; Lumos, 2017; Häggman-Laitila, Salokekkilä, Karki, 2018). Women show a higher risk of getting pregnant during adolescence and more often give birth to the child while ceasing to be their primary caregivers after the birth (Mendes, Moslehuddin, 2006; Mendes, 2009; Everson-Hock et al., 2011; Craine et al., 2014; Murray, Goddard, 2014; Häggman-Laitila, Salokekkila, Karki, 2018). It follows from the above that young people leaving CH need support during the transition or the right form of assistance and support is lacking.

1.2. Children's home and its position in the network of social and legal protection of children in the Czech Republic

The institution of CH is established in the Czech Republic as an institutional facility for children at risk from 3 to 18 years of age, up to 26 years of age at most when preparing young people for future careers. In such a case, the young people make a contract with the facility about prolonging their stay there. CHs are school facilities governed by the Ministry of Education, Youth and Sports (hereinafter referred to as MEYS). Their purpose, powers and activity in the performance of institutional care are defined by Act No. 109/2002 Coll., On the Performance of Institutional Care or Protective Care in School Facilities and on Preventive Educational Care in School Facilities and on Amendments to other Acts (hereinafter referred to as the Act). In the interests of sound development, proper upbringing and educating, the child must be provided with alternative educational care. At school facilities, the fundamental rights of each child, including the right to upbringing, must be ensured, conditions must be created to promote the child's self-confidence, develop the child's emotional features and enable the child to participate actively in society. The child must be treated for the full harmonious development of his or her personality, taking into account the personality needs of his or her age. CHs provide home to children from socially dysfunctional families which are marked by a lack of opportunities for the development of competences that would enable the children to function well and effectively in social interaction (Opravilová, Vojtová, 2009). The basic organizational unit of a CH is a family group consisting of 6 to 8 children. At least 2 and at most 6 family groups can be set up in one CH. Siblings are usually placed in the same group. Children attend regular schools away from CH. A child's stay in CH may be terminated by a court decision on the abolition of institutional care, by attaining the age of majority, or by transfer to another type of facility (Procházková, 2004). The law ranks CH among institutional care facilities. The internal rules of individual establishments set out the details of educational activities and care in the establishments. The school institutional facilities provide children with meals, accommodation and clothing, learning supplies and aids. They cover the necessary costs of education, health care, costs of transport to school, leisure time activities, recreation, and costs of transport to those responsible for education. They provide children with pocket money, give personal gifts and provide material help when the young people of age leave the facility. According to Procházková (2004), CH is a co-educated facility. It provides care for children with ordered institutional upbringing and without serious behavioral disorders and for minor mothers and their children. Childcare is carried out according to their individual needs and CH performs educational and social tasks. If a child is disabled or mentally ill, CH ensures suitable conditions for them adjusting the daily routine and the equipment

of the facility as well as an appropriate educational, therapeutic and social rehabilitation program.

In the Czech Republic, the Ministry of Labor and Social Affairs (MLSA) performs the family policy of the state, proposes conceptual plans and legislative changes in this area, controls, coordinates and finances the family and its protection. Children at risk are mostly dealt with by the Ministry within the framework of social and legal protection of children (hereinafter referred to as CSLP). At the national level, there is Act No. 359/1999 Coll., On Social and Legal Protection of Children, as amended, regulating CSLP in accordance with applicable legislation and in compliance with international conventions of the Declaration of the Rights of the Child (UN, 1959) and the Convention on the Rights of the Child. 1989). This is one of the reasons why the family is considered a fundamental unit of society so it must be protected, including all its members, to fulfill its role. International treaties guarantee the child special guarantees and care before and after birth. CSLP is a special institute providing for child protection at both the national and international levels. The MLSA also provides international legal protection of children, substitute family care, part of institutional care and CSLP. Together with the MLSA, the regional authorities, municipalities with extended powers, municipal authorities and the Office for International Legal Protection of Children also carry out this agenda within their competences. Within the MLSA, a social worker from a municipal authority or a municipality with extended powers, who works in the CSLP department, is the most common contact worker with children in institutional care. In the case of children with behavioral disorders, it is the social curator who acts as an intermediary between the educational institution, the biological family, the child and the court. The curator is informed about the environments that the child has been going through. The social curator draws up an individual child protection plan for the child, in accordance with Act No. 359/1999 Coll., On Social and Legal Protection of Children, as amended, and the plan is governed by the CSLP system in the Czech Republic. According to Section 5, the primary concern of the CSLP is the welfare of the child, the protection of parenthood and the family and the mutual right of parents and children to parenting and care. The wider social environment is also taken into account. Pursuant to Section 6, it is activated for children whose parents have died, fail to fulfill the obligations arising from parental responsibility, or do not exercise or abuse the rights arising from parental responsibility, and in other cases specified in this paragraph. This Act also stipulates that: The municipality with extended competence is obliged… to regularly assess the situation of the child and his/her family, especially whether it is a child referred to in Section 6, according to the type and scope of measures necessary to protect the child. Social workers are instructed in detail by Decree No. 473/2012 of the MLSA, which states that the assessment of the situation of a child and his her family is based on an individual approach to the child and is carried out on the basis of more detailed criteria (assessment of the situation of the child, family and wider family environment).

1.3. Social work interventions and preparation of young people for leaving children's homes for the natural social environment

Young people leaving institutional care are often referred to as vulnerable (Courtney, Dworsky, 2006; Crawford, Tilbury, 2007; Hjern, Vinnerljung, Lindblad, 2004; Stein, 2012). Leaving the family environment for independent life is a challenge young people that is even bigger for those in an institutional environment. The transition is made more difficult by the absence of support of their family. According to Benbenishty, Sulimani-Aidan (2012), living in an institutional environment does not sufficiently prepare young people for independent

living. Compared to young people from normal families, the process of leaving institutional care is often referred to as accelerated or compressed (Biehal, Wade, 1996; Stein, 2012) or also as immediate adulthood (Rogers, 2011). These indications seem to stem from a (imaginary) shorter preparation for adulthood, which begins at a relatively young age – again compared to young people's peers growing up in and leaving institutional care (Stein, 2012). To a greater extent, young people leaving CH are at risk of homelessness and financial distress, where they ultimately have to rely on state assistance (Courtney et al., 2011; Wade, Dixon, 2006). They also often have difficulties adapting to post-school environments, and unstable patterns of employment can be observed in social mobility and living conditions (Stewart, Kum, Barth, Duncan, 2014) – unskilled, underpaid, unstable work, frequent job changes. According to Okpych (2012), there is also a high rate of dropping out of universities. Many young people leave institutional care without the basic knowledge of many areas of life (Zeira, Benbenishty, 2011). Young people face problems of housing instability (Courtney et al., 2011) as well as unemployment (Courtney, Dworsky, 2006). In CH, such social competences are the key ones that help young people cope with the high demands of the contemporary world (Belz, Siegrist, 2001). The concept of key competences helps categorize the core skills. The competence standard in education in the Czech Republic is set by the following documents: a) Strategy of Czech Education Policy until 2020, and b) Framework Educational Programs (hereinafter referred to as FEP) for individual types and levels of schools. These two documents form a generally binding framework for the creation of school educational programs. They were introduced into education in the Czech Republic by Act No. 561/2004 Coll., On Pre-School, Primary, Secondary, Tertiary Professional and Other Education (Education Act) (NÚV, 2019). The FEP defines the following key competences as universal competences: 1. learning competence, 2. problem-solving competence, 3. communicative competence, 4. social and personnel competences, 5. activity and civic competences (pre-school education), and then working competence (primary education), artistic competences, personal social and cultural competences (the primary artistic education), and enterprise competences (the high school education). A young person may have the institutional care or protective care extended up to 19 years of age and also has the option of staying in the institution until the end of vocational training, up to the age of 26 at most, or may also request the cancellation of institutional care if he/she reaches majority. A child who has terminated his/her stay in the facility (for the above-mentioned reasons) will receive in-kind assistance or a lump-sum allowance according to his/her actual needs and considerations set out in the facility's internal rules. In cooperation with a body of the social-legal protection of children (hereinafter referred to as SLPC) the child is provided with counseling on housing and job. Even after leaving the facility, young people are provided with counseling in difficult life situations.

The preparation takes place both in and outside the CH. The preparation of children in CH for independent life is a long-term one and begins with admission to CH, taking place constantly all day and every day. Children and young people are involved, as appropriate for their age and abilities, in running CH, learning to fulfill their responsibilities, work, manipulate tools, control appliances, handle things, observe the rules and spend their free time actively and meaningfully. They learn skills and orientation in many matters. CH workers ensure everything needed, so young people then encounter problems in contact with people outside CH, including officers, and in managing finances. They experience a fall from the high standard of housing and consumption in CH that they are not able to secure for themselves after leaving CH and try to compensate for losses by disadvantageous loans, credits and committing crimes (Gottwaldová, 2006). In addition to the preparation in CH, the preparation focuses primarily on the participation of young people in projects implemented by various foundations and associations. These are usually set for a certain age

category, focusing on making oneself independent and dealing with the development of social and communicative skills, searching for housing, job, establishing relationships, managing finances, running a household and spending leisure time.

The Q4C standards (Quality4Children, or Standards for Out-of-Home Childcare in Europe) (2007), defined by international organizations, include the process of leaving childcare (see also Běhounková, 2012). The 2015 standards, which are also intended to increase young people's chances of integration into society, address the preparation of young people leaving CH for natural social environment (Pacnerová, 2015), but do not specify specific educational methods or preparation procedures for leaving, thus enabling facilities to create and develop their own and individual approaches to care. One of the requirements for terminating institutional care is that CH should have procedures for terminating care and preparing young people for independent living. Social workers in social services use individual planning as a tool for working with their clients. There is a unified model of individual planning for social workers of CSLP, which offers room for workers' creativity and their own conception of individual workplaces, but it also enables a uniform approach in order to objectify, standardize and improve the quality of work with children at risk. (The Manual of Implementation of the Assessment of the Situation of the Child and the Family and the Individual Plan of Child Protection for Social and Legal Protection Authorities, 2014). Pursuant to Act No. 359/1999 Coll. (Section 10 (3) (d)) the municipal office with extended powers is obliged, based on the assessment of the situation of the child and his/her family, to develop an individual plan of the child protection (hereinafter referred to as IPPC), which identifies the causes of the child's endangerment, sets out measures to ensure the protection of the child, to provide assistance to the family of the endangered child and to strengthen family functions, and sets a timetable for implementing these measures in cooperation with the parents or another person responsible for the child's upbringing and with the child and professionals who are involved in solving the problem of the child and his/her family (Pemová, Ptáček, 2012).

1.4. Supporting social work when integrating young people from children's homes in the natural social environment

The social worker at CH is primarily the defender of the rights and interests of the child (Kasanová, 2008). Social work with endangered young people in CH, which fall under the MEYS, has a specific position. Unlike work with social service users and in social assistance facilities, social work in CH concentrates mainly on the performance of indirect activities of social work - administration, counseling and social assistance (Kasanová, 2008). The qualification to perform the profession, regulated by Act No. 108/2006 Coll., On Social Services, is required for the performance of the profession of social worker in CH. The social worker in CH cooperates with Child Social-Legal Protection Authority (hereinafter referred to as CSLPA). CSLPA works with the family before placing the child in institutional care and provides basic information to the social worker in CH. CSLPA workers are also obliged to visit clients in CH at least every three months (Act No. 359/1999 Coll., On Social and Legal Protection of Children). The law regulates the duty of the director of the facility to inform the competent municipal authority of the municipality with extended powers of the forthcoming release of the child from the facility, at least 6 months before the release of the child. The authority must also arrange an appointment of a social curator and young people to be released because of reaching maturity. This procedure is supposed to ensure continuity of care.

2. Conclusion

The aim of this article was to explore and describe the situation of young people preparing to leave CH. We concluded that it is appropriate to pay more research interest to this area, as it is still not sufficiently explored, though being quite topical. Despite all the efforts and interest of CH and CSLPA workers, young people fail after leaving CH - see above. This problem of successful transition to natural social environment highlights the need of an accompanying entity that could provide specialized and affordable support and assistance to young people when they are preparing for leaving CH. As in the period of preparation young people are still living in CH, which is responsible for them, it is expected that they will be assisted by workers of children's homes. Children from CH are a socially disadvantaged group and have a difficult position in life, so we believe that social work interventions could play an important role in their preparation for inclusion in natural social environment.

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PROFESSIONAL ACTING IN CASE WORK – AN EMPIRICAL STUDY ABOUT DIFFERENT SOCIAL WORK MODELS IN FAMILY ASSISTANCE SERVICES

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Abstract

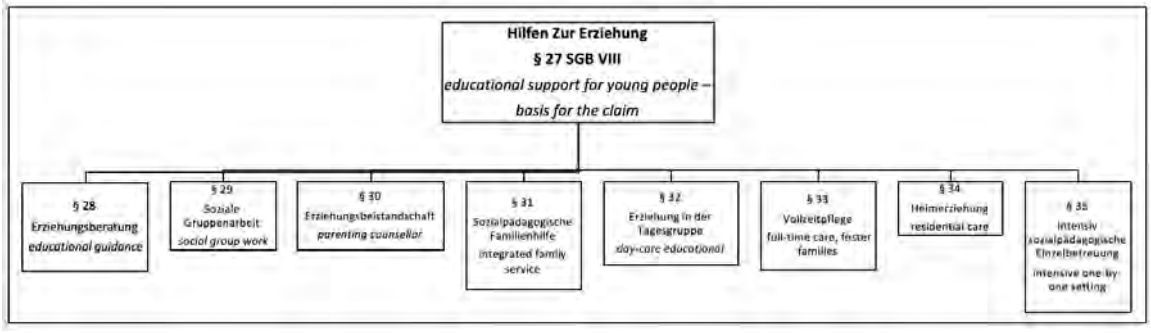
In the field of case work exists a lot of different literature about professional acting (cf. Wendt 2017, McLeod 2014 etc.). The methods often stand independent of each other. There is no consistent structure. The usage depends on the aims and the theoretical approaches which are individually chosen by the social worker. Hence, the individual choice depends on the knowledge of the practitioner.
There is no recent research about which methods and techniques are used in the field of integrated family services and how the practitioners plan the fielding methods. Hence, it isn't clear if the concept of multimodality already exists in the field of practice.
Furthermore it isn't clear which knowledge about methods and theories the practitioners have, how they use the knowledge and where it's coming from. Individual case work is one of the most relevant models in children's services in Germany. The second most used support is professional family assistance (119 966 cases in 2017) (cf. Statistisches Bundesamt 2019).

Keywords: *Professional Acting. Social Work Models. Family Assistance Services. Case Work.*

1. Concretisation: Child and Youth Service Act (SGB VIII)

In Germany "Hilfen zur Erziehung" are legally defined in § 27 SGB VIII. The Child and Youth Service Act presents different possibilities for supporting families as shown in the following illustration.

Fig. n. 1*: Educational support for young people*



Source: own processing, etc.

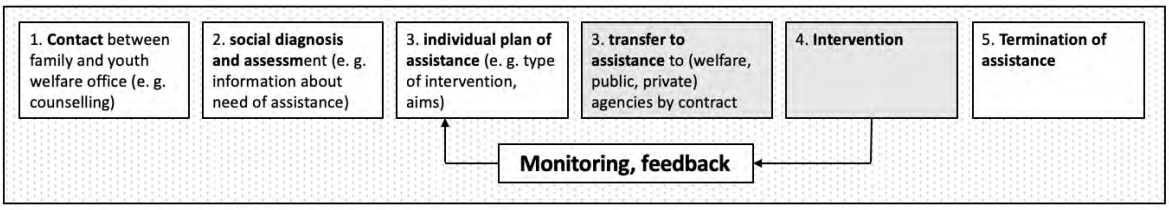
The support has to be conductive and necessary for the development of the children. The support is granted to the entitled persons of custody and is based on an application filed by a legal guardian (youth welfare office). Another way to get support is legally defined in § 35a SGB VIII. This kind of support is based on a psychiatric expertise and directly addressed to the children and youth at risk. The integration and participation in society have to be at risk

for more than six months in order to this kind of support being granted. In both cases the integrated family services can be seen as a solution. The scope of care is based on the authorisation by the legal guardian, e. g. 150 hours for six months.

Family assistance is a mono-professional support. In this field social pedagogic professionals are employed only. An external psychological consultation can take place. The support is focused in supporting the families and it's more about prevention than about child protection.

Following a typical procedure for getting support is illustrated.

***Fig. n. 2**: General procedure*



Source: own processing, etc.

2. Theorization - Overview: Contemporary models in case work

The execution of case work depends on the chosen approach. Reviewing the subject-specific literature clarified that there is no consistent structure. As already described a lot of different methods and techniques stand independent from each other. Often there is no clear retrospective dependence to any aims or theoretical approaches identifiable. The following deliberations constitute an attempt to structure contemporary models in case work.

***Fig. n. 3**: The structure of contemporary models in case work*

	Case work oriented **by relationship**	Case work oriented **by diagnosis**	Case work oriented **by structure**	Case work oriented **by field**	Case work oriented **by methods**	Case work oriented **by performance**

Source: own processing, etc.

2.1. Case work oriented by relationship

One of the first forms of intervention in German social work is based on the concept of psychoanalysis by S. Freud. Psychoanalysis is a controversial discipline. Freud distinguishes between three different types of consciousness. The sub-consciousness consists of all the "negative" attributes like basic instincts or repressed memories. The sub-consciousness cannot be reached by the consciousness but can still be responsible for different types of illness.

On the next level of consciousness, the pre-consciousness, are the thoughts and resolves. The consciousness works with a mass of information coming from the pre-consciousness (cf. Nußbeck, 2010: 53).

Referring to Freud, the personality is divided into three resorts: the id, the ego and the sub-ego. The id consists of the named negative attributes summarized as instincts. The sub-ego is defined as the moral instance and therefore controls ego and id striving for perfection and

completion. The ego contains the socialized and internal values and norms. The ego refers to the reality and aims for a balance between id and sub-ego. All three resorts communicate and exchange information constantly. This inner conflict determines all actions and thoughts of the individual (cf. Freud, 1972: 120).

Freud postulates that every person, being a neurotic in dispute with inner conflicts, is involved in psychiatric topics (cf. McLeod, 2004: 43).

In the 1970's C. Rogers developed the client-centered therapy, also known as person-centered psychotherapy, or client-centered counselling. The approach is based on an empathic understanding between client and therapist (cf. Sanders, Ziebertz, 2010: 62).

Rogers is a central protagonist of humanistic psychology. Humanistic psychology helps the client in gaining the belief that all people are inherently good. It's a holistic perspective on the human psyche. It counts on self-development and motivation. Therefore humans are fundamentally interested in personal development and personal maturity (cf. Nußbeck, 2010: 57).

The founder presupposes that at first all people are social, trustable and interested in personal growth. The personal spin-off and all negative characteristics are based on negative socialisation. The aim of person-centered therapy is to set something against this negative development. The positive relationship between client and therapist is in focus (cf. ibid.: 58).

This relationship is the most important factor of success. The approach is based on personal experiences by its founder (cf. Rogers, 1990: 211).

The therapist has to be congruent with his or her inner state. This means the willingness to transparently relate to clients without hiding behind a professional or personal facade. The therapists have to involve themselves deeply. They are not acting and they can draw on their own experiences to facilitate the relationship (cf. ibid.: 216).

Case work oriented by relationships comes in different designs. Among these remarks are also some more models like reconstructive approaches which stand more on a hermeneutical side (cf. Niemeyer, 2015) or approaches based on recognition (cf. Ruch et al., 2018).

2.2. Case work oriented by diagnosis

The first forms of case work often depended on a diagnosis of clients. Following the ideas of M. Richmond, A. Salomon developed a system for social diagnosis (cf. Salomon, 1926). The diagnosis stands in the focus of the intervention. A comprehensive anamnesis reliefs the diagnosis and therefore also the intervention.

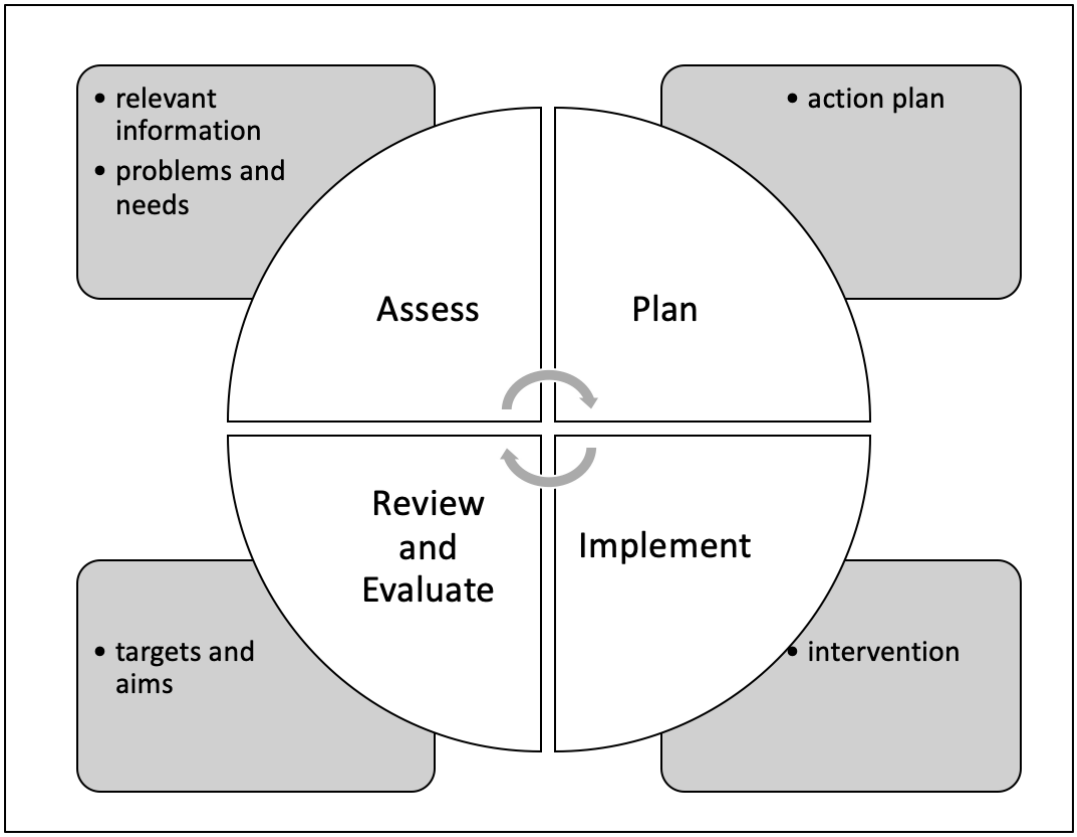
There are some behaviour oriented approaches in field of case work as well. These approaches are formally focused in behaviour and measurable indicators. Some specific behaviour patterns like aggressiveness have to be changed. The approach offers different possibilities. All of them are based on clearly defined techniques. It's not about the reasons of specific behaviour but rather the change that stands in focus. Classical examples are token systems or trainings (cf. Balz et al., 2013).

The social worker functions as judgmental instance and as coach or trainer.

2.3. Case work oriented by structure

Another possibility for case work is a structure-oriented approach. This kind of case work is focused on processes and structure. In literature exist a lot of different ways of categorising case work. As a simple example the ASPIRE-Modell can be shown. It includes only four steps and it addresses especially beginners in practice (cf. Sutton, 1994: 7).

***Fig. n. 4**: ASPIRE-Modell*



Source: cf. Erath/Balkow 2016, p. 65

Among these simple structured models are also some very specific and more complex models available for different kinds of case management (cf. Wendt) or multi-perspective case work (cf. Müller, 2017). Mostly there is one comparable base of all structure-oriented approaches: The models are segmented in different stages and are open for methods and techniques. The social worker has to choose the methods for every single step.

2.4. Case work oriented by field

Case work oriented by field is influenced by the individual construction of person. Some theoretical examples are the daily life work (cf. Thiersch, 2014) or life model (cf. Germain/Gitterman, 1999). The use of methods is partly selected but mostly based on values, principles and attitude.

2.5. Case work oriented by methods

On this approach the different use of methods is in focus of the intervention. As selected examples a "suitcase" of methods from v. Spiegel (2017) can be shown and also a strict method-focused use of systemic interventions (cf. v. Schlippe).

2.6. Case work oriented by competence and performance

***Fig. n. 5**: Case work oriented by performance*

	Case work oriented by performance
paradigm	Performance acting of social worker is in focus of intervention
model/theory	- Cooperative processbuilding (Hochuli-Freud, Stotz) - Competence oriented methods (Cassée)
methods	Reasoned use of methods and structure
attitude	Social worker as professional

Source: own processing, etc.

The most complex use of case work is based on competence and performance. There are just a few manualised examples for this model like the cooperative process-building by Hochuli-Freud and Stotz (2017) or the competence oriented methods by Cassée. Both models are based on the vision of a reasoned use of methods and structure. The client is an active part of the decision making and the social worker acts as a professional. The focus is on the professional acting of social worker during the whole case.

3. Research questions

Which of these different social work models are already well known and systemically used in family assistance services?

- Secondary research question (1):
  Which methods and techniques come into use in the field of integrated family services?
- Secondary research question (2):
  Where does the knowledge of practitioners come from (e. g. studies, lecture, further educations)?
- Secondary research question (3):
  How does the knowledge influence the practitioners' choice of methods?
- Secondary research question (4):
  Which general conditions (e. g. age, professional experience, trusteeship) influence practitioners in selecting methods?
- Secondary research question (5):
  How does social worker construct a planned and structured procedure?

4. Conclusion: Research strategy

As research strategy, I chose the qualitative content analysis by Mayring. The concept of qualitative content analysis can be used for the analysis of data compiled by any kind of communication. For analysis it's necessary that the communication content is recorded in any way. But the term of content analysis is slightly misleading. The concept offers more than just a hermeneutical instrument for the analysis of content. Qualitative content analysis is a

systematic procedure to structure and to interpret different kinds of data. This composition forms a clear border to other concepts of hermeneutical interpretation. The usage is rule-governed and guided by theory. Hence, it's possible for other researchers to reconstruct the process of analysis. The aim of this methodological procedure is to draw conclusions about specific aspects of communication. It's not just about the content of communication. Therefore, the correct name for the concept would rather be categorical text analysis. The methodology is based on categories. These build the "corpus" in analysis. Within the context of analysis there is the possibility to choose one of three different main techniques: summarization, explication or patterning. The technique of summarization is based on inductive categories. A context analysis is possible with the technique of explication. And the technique of patterning is based on deductive main categories (cf. Mayring, 2015).

For the data collection problem-focused interviews are planned with three different target groups. At first there are some interviews with representors form the legal guardian (ASD). The focus of the epistemological interest lies in the collection of agencies for support. Are there any comprehensive recommendations for choosing agencies like methodical excellence in work?

Another target group is composed by team leaders in field of socio-pedagogical family assistance. The focus of epistemological interest lies in the imparting of knowledge and the leadership of employees. The responsibility about vocational adjustment is bound to the team leadership.

The last target group is composed by practitioners in field of socio-pedagogical family assistance. The research focus lies in the choice of methods and techniques. Here is also a focus group to be planned. During the interviews, the work with a case vignette is provided as well.

These qualitative methods for data collection are chosen because the research is more about how the practitioners are actually working. With some questionnaire survey, you may be able to say what methods the practitioners can name but there is no deeper comprehension. Hence, the qualitative interviews and the work with case vignettes open the possibility to get a more intensive view into the work field of integrated family services.

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WAY OUT FROM GENERATIONAL POVERTY THROUGH EARLY CHILDHOOD INTERVENTIONS

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Abstract

Living in poverty has a significant impact on the development of a child in early childhood. The foundations of potential for school readiness, successful study and productive adult life arise precisely in early childhood. However, extreme poverty brings severe conditions (e.g. higher incidence of chronic diseases, chronic stress, etc.), which negatively affects learning opportunities. Developmental delay in children from marginalised Roma communities is strongly manifested already after entering the first grade of primary school (lower vocabulary, speech delays, unstable family environment, increased risk of emotional problems and behavioural disorders). Delays often stay present, they perform poorly at school, and subsequently do not continue their studies at secondary schools or universities. In adulthood, this significantly reduces the possibility of becoming a part of society and getting out of poverty. The vicious circle is repeated over and over. The first step there is insufficient stimulation at early childhood, thus providing interventions during this period seems to be essential. The paper describes a project Omama, which implements an innovative method involving various elements of successful programs of psychosocial stimulation of a small child and adapts them to the conditions of life in our poor communities. The intervention aims to improve all aspects of early childhood development: fine and gross motor skills, cognitive skills, socio-emotional area, language skills and communication, creativity, resilience, healthier lifestyle. The program aims to strengthen the child's and parents' self-confidence, their mutual relationship, and the child's respect for themselves and others.

Keywords: *Poverty. Early childhood. Stimulation. Early childhood interventions. Project Omama.*

1. Specifics of generational poverty

Social work has a firm place in the system of helping professions. It helps to solve various social problems of society. One of the global social issues is undoubtedly poverty.

It represents a complicated and complex social phenomenon, accompanied by a social status on the margins of society. Society often does not accept the poor and despise them (Bursová, 2011), social exclusion occurs.

Generally speaking, poverty is most often associated with a lack of income in an individual or family (Kotradyová, Samčíková, 2011). Poverty can be understood as an expression of extreme inequality, distance, not only from the rich but also from the rest of the population (Laca, 2011). A person whose material, social or cultural resources are so limited that they exclude him from the minimum acceptable standard of living in the member state where he or she lives, is considered poor. Poverty affects not only the individual - the poor himself/herself but also society as a whole (decreasing the standard of living of individuals, growing tension in family and general interpersonal relationships, deteriorating health, psychological problems, drug abuse, crime and another socio-pathological phenomenon occurs). It therefore directly concerns the social status of a person, has a destructive or degrading influence on it, and excludes a person from engaging in ordinary social life (Demek, 2011). It disadvantages the poor in various areas such as access to health care, education, training, leisure activities, employment, housing, various social institutions, modern technologies (such as the Internet),

it also causes financial exclusion and extreme indebtedness (Budayová, 2011). Moreover, it often is a permanent condition.

Unfortunately, child poverty occurs too, which has a significant impact on the development of a child at an early age. Statistics include, for example, childhood deaths from malnutrition or lack of access to essential survival means, not only globally (especially in developing third world countries), but also within the EU, where there are also poor children who suffer from deficiencies in the several areas. In the EU, up to 19% of children are at risk of poverty (for example, studies assess housing conditions, availability and level of health care, education, parent employment, social services, social programs, family subsidies, etc.) (Antolová, 2011). In several European countries, children who grew up in poverty are becoming more vulnerable; they have in particular weakened health, behavioural disorders and learning difficulties, early pregnancies, lower aspirations, unemployment and dependence on social assistance (UNICEF: Child poverty in perspective: An overview of child well-being in rich countries. Florence: UNICEF: Innocenti research centre, 2007, p. 5) Up to 25% of young people in the EU do not finish high school, and 8% are so-called working poor. Youth unemployment is twice as high as the overall EU average (EUROCHILD: Child Poverty and Social Exclusion in the EU, Brussels: 4).

People living in extreme poverty for a long time are developing a typical life strategy that helps them to survive, helps them to perceive their lives more bearable. This strategy is passed from one generation to the next, creating a relatively permanent system, the so-called culture of poverty. It is considered a concept from which it is complicated to break free and explains why poverty persists in specific locations (Peláková, 2004).

This problematic element - reproduction of poverty from generation to generation is also encountered in Slovak conditions. There are sites where poverty is much more prominent, overlapping with Roma segregated settlements. Poverty has a clear intergenerational transmission here - grandparents, their children and their grandchildren are poor. The most common solution to this situation is to focus on reducing the reliance of the Roma on social benefits (Kotradyová, 2011), which, however, often does not lead to the desired success.

2. Need for early intervention

It is obvious that it is necessary to start to intervene much earlier. It is education that is perceived as a very effective means of preventing poverty. It will ensure a higher possibility of employability, thus reducing the risk of intergenerational poverty and the spread of the so-called culture of poverty (Antolová, 2011). However, the foundations of the potential for school readiness, successful study and productive adult life arise precisely in early childhood. The developmental delay in children from marginalised Roma communities is already apparent after entering the first grade of primary school (lower vocabulary, speech delay, unstable family environment, increased risk of emotional problems and behavioural disorders). Delays often stay present, they perform poorly at school, and subsequently do not continue their studies at secondary schools or universities. In adulthood, this significantly reduces the possibility of becoming a part of society and getting out of poverty.

Fig. n. 1: *The vicious cycle of poverty*

Source: www.cestavon.sk

The vicious circle is repeated over and over. The first step there is insufficient stimulation at early childhood, thus providing interventions during this period seems to be essential.

Although early intervention and diagnostics do not represent a new concept in the conditions of the Slovak Republic (e.g. Cangar, Krupa, Matej, Tichá, Záhorcová, 2016 state that the beginnings of early intervention and diagnostics in Slovakia date back to the 1980s), its establishment is still ongoing. The establishment of the Early Intervention Centers and the provision of the Early Intervention Service contributed significantly to this. The main objective of early intervention is to support the family with disadvantaged children so that this support is accessible, timely, effective and comprehensive. Centrum včasnej intervencie Košice, n.o. (Early Intervention Center Košice, NPO) defines early intervention as accompaniment, support and professional assistance to the family so that parents can find the right way to support the development of their child, making maximum use of his or her capabilities and abilities. It is provided to children under seven years of age. It is realised in the natural environment of the family, i.e. at home, where the child explores the world and gains the first experience. It supports not only the development of the child but also strengthens the competences and self-confidence of the family and supports the integration of the family and the child into society (www.cvikosice.sk).

Horňáková (2010) defines early intervention as a roof term for diagnostics, rehabilitation, counselling and therapy, and represents early intervention as a relatively independent area of care for children with developmental disorders as well as their families. According to the author, the practical concept of early intervention includes:

- clinical medical diagnostics and therapy (medical and speech therapy),

- early education (pedagogical-psychological diagnostics and intervention according to the needs (observations) of parents concerning the specific disorder in the child and named problems in care and upbringing),
- social pedagogy and social work (include the social issues of individual family members in living together in their social environment).

However, the concept of early intervention is still mainly related to the child's health disadvantage in professional literature. However, there is also another relatively large group of children in Slovakia, who suffer primarily from social disadvantage and in which the provision of timely intervention is equally important. In the next section, we will present a project of psychosocial stimulation of a small child called Omama, as a demonstration of the possibilities of early interventions for socially disadvantaged children in marginalised Roma communities in Slovakia.

3. Project Omama

The project has been implemented since 2018 by the civic association Cesta von (Way out). Pilot started in three marginalised communities in eastern Slovakia in the villages of Kecerovce, Zborov and Muránska Dlhá lúka. Since 2019 it has been realised in seven communities, besides the mentioned municipalities, also in the villages of Moldava nad Bodvou, Rokycany, Chminianske Jakubovany and Sirk.

In cooperation with field social workers (or other professionals), the founders of a civic association in each community select women to become so-called Omamas. The selected woman is competent, responsible, hardworking and has local respect. She is often a mother, or even an old mother herself. This work is for them a working incubator in which they develop their working habits and skills.

Omamas undergo a series of training sessions led by early care experts, and they are continuously educated throughout their participation in the project. They train in methods of child development at an early age and in creating the right conditions for the child's growth.

They are regularly provided with supervision to improve the performance of their work as much as possible.

Besides, each Omama has a mentor to help her manage everyday problems.

In cooperation with the experts mentioned above and based on practical training, they develop the youngest children aged 0-3 years. They also provide early-care counselling for parents of small children as well as for pregnant women throughout their community.

Every week they visit households of families with the smallest children, each Omama takes care of approximately 15 children. With each child, they spend about 60 minutes once a week implementing a unique method of psychosocial stimulation of small children. Roughly once a month, she organises a parent club designed especially for parents of children involved in the project.

Unique method includes various elements of successful programs of psychosocial stimulation of a small child (using elements of the Play Wisely program aimed at developing the brain and movement capacity of children, more at www.mudrehranie.sk). It adapts them to the conditions of life in our poor communities. The method is continuously innovated in cooperation with experts from Slovakia and abroad.

The intervention aims to improve all aspects of child development at an early age - fine and gross motor skills, cognitive abilities, socio-emotional area, language skills and communication, creativity, resilience or healthier lifestyle. The program should strengthen the child's and parents' self-confidence, their mutual relationship, and the child's respect for themselves and others. All this improves the child's readiness for kindergarten, resp. primary

school. During individual meetings in homes and group sessions in parenting clubs, Omamas and children play specially selected games and activities to stimulate the child's development in the presence of the mothers of the children. For example, children develop brain, attention and readiness through card games, train grip and fine motor skills by inserting balls or buttons into holes in the box, identify and name colours and shapes, learn words and concepts through reading picture books and actively listening to fairy tales, develop memory and cooperation through singing songs accompanied by rattles, complete puzzles, play simple role-playing games, crawl and discover objects, etc. Parents present learn how they can change everyday household tasks, such as cleaning or cooking, into learning activities. They learn cheap healthy recipes and advice on the lifestyle and hygiene that children need.

For mothers and fathers in poor communities, Omamas become advisors in their parenting, just like in the middle class, young parents receive advice from their parents and their surroundings. However, generational poverty lacks a "generation" that would give advice and habits for a successful life to the younger ones, as the elders have never experienced it themselves. Omamas replace this missing generation and transmit valuable parental experiences to people living in poverty in a comprehensible language.

There are currently 10 Omamas in the project that are dedicated to approximately 170 children (www.cestavon.sk).

Support for the development of children in their youngest age has the highest return for society. Early development of a child increases its potential for later success in studies and employability in adulthood. Instead of an unhappy life in poverty, reliance on support and receiving various benefits, one can become a successful and fully integrated member of society. Unfortunately, despite the high return rate in Slovakia, early care, resp. early intervention is only implemented to a limited extent, especially for children with disabilities.

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EMOTIONS AND NEEDS IN THE FAMILY AND CHILD WITH DOWN SYNDROME

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Abstract

The birth of a child is a great emotional experience for both parents and the whole family. In case of a child with disability may mean be a source of great emotional, physical, and financial strains upon the family. There are such questions as: What do families experience? What are their needs? Many parents caring for a child with down syndrome report experiencing negative emotions: anger, frustrations, guilt. They also express needs that would help to overcome barriers related to their child with disability. The aim of this article is to describe the emotions and needs of families with a child with Down syndrome in the first years after birth

Keywords: *Down Syndrome. Child and Family. Emotion. Needs of Parents.*

1. Introduction

Down syndrome (DS) is a congenital genetic disorder caused by trisomy of human chromosome 21 in the genetic chain. There are three different types of Down syndrome with different implications: trisomy of 21st chromosome, translocation, and mosaic trisomy of the 21st chromosome. The most common type of DS is trisomy 21, occurring in 95% of children with Down syndrome, with this extra chromosome present in every cell of a human body. Interestingly, there is a certain phenotype similarity in all persons with Down syndrome. Down syndrome is also associated with health conditions impacting the life of the afflicted person and his or her family. Often they include cardiovascular problems in the middle part of the heart and heart chamber walls and development of flaps that are eliminated early in the child's life. The birth of a child with a disability is in itself a test for a family. In case of a child with DS, health problems requiring medical attention are combined with other challenges resulting from the different perception, thinking and actions of the child with DS. These challenges have an impact on the family's life and its overall economic and emotional prosperity.

1.1. Types of emotions

Emotions are processes that evaluate the meaning of life situations and reactions of a human being as a psychological and physical entity. They have developed during evolution, in combination with activation of energy needed for action towards intentional behaviour. Emotions thus have evaluating and activating meaning in regulating human behaviour. Throughout human history, emotions have also been linked with values and culture. They are the basis of human motivation, defining what attracts or repels us, thus representing an important part of the learning process (Nakonečný, 2001). They have a unique impact on human experiencing, relations with one's environment, and overall functioning in society. Emotions have specific characteristics, including complexity that reflects the intertwined psychological and physical aspects of a human being.

Due to their polarity, we may differentiate positive and negative emotions (Watson, Clark, Tellegen, 1988).

Positive emotions like joy, happiness, contentment, and affinity combine with a high capacity of motor coordination. They also broaden cognitive processes involved in creativity or resourcefulness. They support activation of positive personal traits, such as communication skills, empathy, and affiliation, also enhancing resilience to illnesses, psychological or physical (Kováč In: Ruisel, Prokopčáková, 2010). Positive emotions help us to generate new ideas, since they help us to open up to our environment, becoming more inclined to consider new possibilities. We look for new ways of dealing with problems and coping with burdens.

Negative emotions muffle behaviour and will-power, and are represented by applying avoidance strategies in stress situations (Millová, Blatný, Kohoutek, 2008). They also impede the use of other coping strategies by lowering human capacity to refocus attention on something else. They can also lead to challenges in social interactions, when they make us terminate or avoid communication with somebody who has hurt us, even unintentionally. These emotions include envy, anger, jealousy, guilt, boredom, and disappointment. They lead to inaction or, on the contrary, to fidgeting, while limiting the capacity to concentrate and control one's behaviour. They have negative impact on memory and adaptation capacities.

Polarity or opposition of emotions means that there is negative emotion for each positive emotion. One can experience some emotions as non-specific, double or mixed, when the pleasant is connected with the unpleasant. This characteristic of emotions is called ambivalence. During individual development we can observe differentiality of emotions, which distinguishes their type and intensity. Emotions are also of the present, that is, they can be differentiated when one impulse of the same quality is in play and their course is spontaneous and immediate (Daniel, 2003; Nakonečný, 2001; Stuchlíková, 2007).

Tab. n. 1: *Positive and negative emotions*

POSITIVE EMOTIONS	NEGATIVE EMOTIONS
Contentment	Disgust
Joy and happiness	Anxiety and fear
Love	Sadness
Affinity	Guilt
Acceptance	Anger

Source: Watson, Clark, Tellegen, 1988

Undoubtedly, the birth of a child with a disability is a challenging, emotionally loaded life situation for the parents. They need to face many new life situations and facts that make them change the way they live and think (Matějček, 2001). The emotional distress of parents of a child with disability starts with the recognition of the fact that their offspring will not develop in the way they expected. They lose control over that unexpected situation, being frustrated by the helplessness they experience due to the irreversible character of the disability's consequences, often blaming themselves or somebody else for this challenging life situation. All the above factors contribute to the conclusion that the birth of a child with a disability into a family may be perceived as a traumatic event (Matějček, 2000). This situation brings with itself a sense of guilt, fear, hopelessness, anger, sadness and other feelings. From the moment the diagnosis is announced to the parents, they go through various stages until they adopt a realistic attitude to this challenging life situation. Managing all it takes is mainly on the shoulders of the parents, however, it also depends on the professional help rendered to them throughout this period. Informing them about the diagnosis is the first step towards early intervention immediately after the birth of a child. Obviously, the information should be passed in an empathetic manner, in due time, with the participation of both parents. Shock, usually followed by denial, are natural parents' reactions at the birth of a child with any type

of disability. The most natural reactions of any parent to such life situation are diverse, and mostly not positive. A natural defence reaction of discovering that a newborn has a certain type of disability is denial. After the first reactions, the parents are often seized by helplessness, combined with aggression, guilt, sadness, shame or pity. In this stage, it is important for the staff and other competent professionals to show care in offering parents help, show them other forms of help and how to properly use them. Before the parents take a realistic attitude to the disability of their child, they often need to come into terms with the situation. Gradually, they start to accept their child with his or her disability, striving to find the most suitable forms of help or resources. It is not uncommon that the parents end up in a temporary state of negotiating, where they look for substitutes for the desired, already inadequate characteristics or abilities of the child. This phase is followed by their attempts to raise their child, adapt the whole family's system to the diagnosis and rationally solve problems associated with it. It is a challenge for parents with children with a disability to reach this final state of a realistic perspective on their child. Sometimes, their sadness, anxiety or tension never fades away since their disappointment is too great, and even though any progress and positive characteristics of a child are often a source of joy, frequently those feelings are replaced by guilt, frustration and anger, demonstrated by a mixed attitude to the situation (Vágnerová, 2007).

Research focusing on families with children with Down syndrome confirms that a complete and cohesive family has a significant impact on the stress level in the family (Vančura, 2006). A child with a disability is a test of the spousal relationship. There is a higher risk of collapse of the relationship between parents when a child with a disability is born than in case of a healthy child. If parents overcome the first crises, however, their relationship is much more stable and satisfying. Likewise, if a child is born at the time of relative stability in the family, there is higher probability of maintaining cohesion and harmony in the spousal relationship (Blažek, Olmrová, 1988). Research by Hedov et al. (In: Strnadová, 2008) confirms that the more cohesion there was between the parents, the lower the stress level they experience. Differences in experiencing stress were present in both mothers and fathers. A higher level of stress was observed in mothers of children with DS, together will lower level of self-assessment than in fathers. Hedov et al. (In: Strnadová, 2008) identify the maternal economic situation as an important factor of those differences, since mothers leave their jobs more often or limit their working commitments with a view to spending more time with their child.

Various authors (Baker, Blacher 2015; Slaný, Šramatá, 2012; Slaná et al., 2017b) also list positive gains for parents raising a child with a disability. In their research, Hastings and Taunt identified various positive areas from the parental perspective. It is a sphere of positive emotions, joy and happiness resulting from raising their child. Their effort to render the best possible care gives the parents the possibility to see themselves as competent to perform all the tasks related with the birth of a child with disability. Another area is their parental love and possibility for self-development. According to the parents, it also strengthens their marital relationship and family ties, offering a new perspective on the meaning of parental life and that of other family members. Development of new skills, knowledge and change of character traits when parents must increase their tolerance and sacrifice is self-evident. Stronger spirituality and increased self-confidence due to admiration from those around them is also more frequent. Parents also expand networks of their relationships and change their opinions on the future, showing more appreciation for more relaxed and unstressed days. In this sense, the important thing is to accept oneself as a parent of a child with a disability. This acceptance brings about detachment from negative emotions to the level of coming to terms with this challenging life situation (Matějček, 2001; Vančura, 2006).

Vágnerová et al. (2007) describe that the positive or negative attitude of parents to the disability of their child depends on multiple factors, including:

- the age of the child at the time when the diagnosis was announced or developed;
- the way the diagnosis was announced,
- the cause of disability, its degree and/or type;
- the type of disability (congenital/later diagnosed),
- the prognosis (stagnating/progressive),
- the reactions and attitude of the environment or family: if negative, this has impact on the overall attitude towards the child and upbringing.

From the perspective of early intervention, it is not all that important in which stage of coping the parent is or which of the factors is the most dominant in prevailing negative feelings (Slaná et al., 2017b). What matters is that the element of help is present in the process of announcing the diagnosis and coping with the situation. A professional knows how to provide information about the diagnosis and offer help in an empathetic and non-coercive way, helping to process anger that, unintentionally, the parent, looking for a culprit, misdirects.

1.2. Needs of parents of a child with Down syndrome

Prior to the birth of a child, parents tend to have certain preconceptions and needs. When they are fulfilled, they are content. Vágnerová (2009) and Slaná et al. (2017a) claim, that the needs of parents to whom a child with a disability is born are different to the needs of parents with a healthy child.

- **Need for rest, new impulses and adequate stimulation** is higher since in healthy children the need for new impulses is standard. A child with a disability stimulates his or her parents in a different and less intense way, which leads to parental concerns and exhaustion, and thus rest time becomes one of the factors contributing to their psychological wellbeing.
- **Need for meaningfulness** is inherent to every human being. When raising a child with a disability, his/her parents are often concerned whether their efforts have any meaning at all and are more often subject to frustration.
- **Emotional need** is ambiguous in case of parents with a child with a disability, because on the one hand the emotional bond with the child gives meaning to their life associated with emotional power and feeling of support, but on the other hand the parents experience a conflict stemming from expectations and reality.
- **Need for self-fulfilment and appreciation** connects with a feeling of inferiority complex arising in case of parents of a child with a disability. Parents feel anger, guilt, and failure, and that is why they need to discover their own value and strengthen their self-respect.
- As we have already implied, parents have their own desires, one of them being that their children will continue their family line, will give them grandchildren, and they will experience the grandparents role in their life. A child with a disability cannot guarantee this, and that is why there is a greater **need for an open future** in the parents.

For the parents of a child with a disability to fulfil their needs and reach the best possible quality of life, they need various support resources.

1.3. Support resources for a family

Supporting parents with children with DS is based on the defined needs of both the child and the whole family. Support and care involves early and precise diagnostics that allows for suitable interventions. We have divided areas of support as follows:

- **Information support**

Information support seems to be key in work with parents with children with DS. The parents are confronted with information that is serious and stressful from the moment they are notified about their child's diagnosis. Most parents have never come across this disease and everything is brand new for them. Often, they are not even able to understand and process the information. It is vital that the information is rendered with compassion, repeatedly, in an empathetic and patient manner. The experts inform the parents about expected manifestations of the disability and the potential forms of assistance. The parents' understanding of and reconciling with the diagnosis is a key point for them to be able to openly talk between themselves and with others around them.

- **Emotional support**

Parents must not only feel they can get relevant information on the diagnosis from medical doctors but also sufficient emotional support. In this moment, doctors are perceived as the only ones who can help, who can be relied on and who are not going to leave them alone in this difficult situation. Another source of emotional support are other experts, relatives and acquaintances or parents of children with the same diagnosis. All of them may express their emotional closeness, love, friendship, belief, and fellowship, and offer hope, comfort and trust. It is important for the parents to be heard, to share their feelings with those groups, to help them to express their emotions and develop an objective self-perception (Křivohlavý, 2001; Výrost, Slaměník, 2001). Emotional support is equally important at the beginning, when the diagnosis is announced to the parents, and throughout the whole process of upbringing and care for the child.

- **Material support**

This involves not only financial resources but also services that would be adequate for both a child with DS and the whole family. Financial distress is not only caused by the fact that often one parent, usually the mother, must leave her job and stay home, since it is not possible to combine care for the child with economic activity (Hamplová et.al., 2014), but also due to the financial burden resulting from treatment, rehabilitation, adjusting the family environment, and others.

Accessibility and structure of services may also play an important role in rendering support to the family and child. Social workers, who are most commonly those who assess entitlement to services and financial contributions, should be competent enough to assess the family situation, including its emotional maturity and capacity to cope with stress situations. Likewise, it is important they are able to offer relevant information on services, and financial or other types of help in the community and outside of it.

- **Creating supportive social networks**

Supportive social relationships are a source of help to cope with difficult, stressful life situations. They mostly develop in the closest family but also with friends, colleagues, the community, or people with similar interests or problems. Quality supportive relationships are a source of high quality social support. According to Pierce, Samson and Sarason (In: Křivohlavý, 2001), the quality of supportive social networks is determined by the extent of (assistance) to which we may refer to another person in case of a need or distress, the depth of mutual relations between the one offering support and the one receiving it, and also the level of interpersonal conflicts.

2. Conclusion

The birth of a child with Down syndrome has a significant impact on the overall emotional state of the family. Initial emotional tension is a natural reaction. Gradually, the emotional status of a family changes. The more stable and cohesive the family is, the sooner the emotions in it positively change. For accepting a child, the parents should possess certain personal traits, such as positive attitude, openness towards new situations or ability to learn and improve. They should be ready to face challenges and rely on their own instincts. It is also important that both of the parents and the whole family accepts help from the environment and also the set of convictions about accepting the situation and realistic view on it (Vančura, 2006).

The family structure, available sources of assistance also influence the overall atmosphere in the family. In the beginning, the role of professionals, mainly medical doctors who are the first ones in touch with the parents, may be vital. Gradually, the family gains sources of help and support also from other community resources. System of state assistance plays an important role in providing services and financial benefits with the aim to enhance good atmosphere and independence in the family.

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THE BEST INTERESTS OF THE CHILD AND ITS APPLICATION IN SOCIAL WORK

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Abstract

The purpose of the paper is not a theoretical legal analysis of the principle "the best interests of the child", but an effort to point out the application of this primary aspect of the UN Convention on the Rights of the Child from the social work perspective. All judicial and administrative decisions concerning the child should be made with the best interest of the child. Potential conflicts between the best interests of the child and the individual rights of others must be addressed case by-case, the child´s best interests must be a primary consideration. In order to protect the children rights is generally essential multidisciplinary cooperation in all matters relating the child.

Keywords: *Child. Primary Consideration. Best Interest of the Child. Social Work.*

1. The best interests of the child and its historical framework

The principle of best interests of the child is becoming a standard law, however, only slowly being incorporated also in the practice of social work and the supporting professions. As an institute not only of the public but also of the private field of social welfare *"...in all actions concerning the children...*", as stipulated by its definition. The best interests of the child is one of the vital principles that should lead to the achievement of the fundamental goal of the UN Convention on the Rights of the Child, i.e. recognition of the child as an active holder of rights, and not just an object of care and protection. In practice, however, the notion of the best interests of the child is often used to strengthen the subjective conviction of the decisive subject of what is deemed "best" for the child. With a certain shyness we may observe practical involvement of the children, mainly when expressing their views and attitudes to different conflict resolutions (those concerning the family, too), as applicable on the basis of international and national norms. And in the field of social work, in particular, we may be most frequently confronted with the application of the rights of the child[3] in its broadest sense, and implementation of the principle of the child's best interests, as the primary consideration, together with the exercise of other rights of the child in its entirety.

From the point of view of the complex nature of the topic, allow me to mention shortly also the history of this principle, although it is not my ambition to analyse in detail its content at the theoretical level. Some manifestations of the principle of the best interests of the child, occasionally also called the principle of welfare of the child, may have been observed quite long before it was laid down in legal documents. The child welfare or the right of happy childhood for all children was dealt with by many experts in different fields, e.g. law, philosophy, psychology and pedagogy. Already in 1900, Ellen Key, a Swedish educator, published her work "The Century of the Child," in which she proclaimed the right to childhood for every child, pointing out to the fact that the new century should be more just

[3] The term "child" is synonymous with the term "minor child" throughout the text of the paper

and fair towards children. The first attempt to create an international document that recognized and confirmed the existence of rights specific for the children, and responsibility of the adults in relation to children, was the Geneva Declaration of the Rights of the Child adopted in 1924. Although the principle of the best interests of the child was not expressly defined in this document, the Geneva Declaration Preamble stipulated the necessity to adopt specific rights for welfare of the child, laying down that "...men and women of all nations, recognizing that mankind owes to the Child the best that it has to give..." Thereafter, in the Declaration of the Rights of the Child, adopted by the United Nations in 1959, the principle of the best interests of the child was explicitly articulated. It is contained e.g. in Principle 2: "…In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration," and also in Principle 7: "...The best interests of the child shall be the guiding principle for those responsible for his education and guidance; that responsibility lies in the first place with his parents." "Also the Declaration of the Rights of the Child Preamble emphasizes that: …"the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before, as well as after birth".

The principles of protection of the children included in the declarations, international human rights documents, and also in many national rules became the basis for the creation of a new, a more complex international code of the rights of children, the UN Convention on the Rights of the Child adopted by the General Assembly on 20 November 1989.[4] The Slovak Republic became a state party to the UN Convention on the Rights of the Child (the "Convention") when it was constituted and assumed the obligations arising out of the Convention[5] and also of its optional protocols governing specific areas of protection of the children. The Convention as the first internationally binding treaty in history, called by some experts also the "Magna Charta for Children" is permeated with the fundamental principle of the best interests of the child. This year, the international community celebrates worldwide the 30th anniversary of the adoption of this significant international document. The European Union member states and the Council of Europe member states are also state parties to this Convention, so the content of individual international documents for the protection of children are mutually interlinked and supported. And the principle of the best interests of the child may be found in number of international treaties issued by the Council of Europe, or by the Hague Conference on Private International Law. Also the Charter of Fundamental Rights of the European Union, in Article 24 (2), headed The rights of the child, lays down: "*In all actions relating to children, whether taken by public authorities or private institutions, the child's best interests must be a primary consideration.*"[6] Linked with the fundamental principle defined in Article 3 (1) of the Convention guarantees the right of the child to have his/her best interests considered and respected in any actions, measures, decisions in all legislative, administrative and judicial proceedings and resolutions, as well as all policies, national statutory regulations, programmes, and projects relevant for and affecting the children. And the best interests of the child must be the primary consideration in the decision-making in any matter whatsoever.

[4] The UN Convention of the Rights of the Child was adopted on the date of the 30th anniversary of the adoption of the Declaration of the Rights of the Child in 1959.

[5] Published in the Collection of Laws as Announcement of the Federal Ministry of Foreign Affairs No. 104/1991Coll. Available at: https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/1991/104/20021118

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2. Implementation the best interest of the child in Slovak laws

Slovak laws are consistent in full with the provisions of the Convention. The fundamental law, the Constitution of the Slovak Republic[7] guarantees protection of the children and young persons in Article 41 (1).

The current family law, Act No. 36/2005 Coll. on family and amendment of some other acts (the "Family Act"), applies a number of the provisions of the Conventions, among others, also the most significant one, the new principle of the best interests of the child, laid down in Article 5 of the Family Act., defining and listing the criteria of the best interests of the child[8] so that the courts and other entities should not only take into account the best interests of the child but also thoroughly consider and conscientiously determine the child's best interests. It will always depend on the judicial consideration which of the criteria will prevail in a case, and which will be assessed as primary. In the Family Act, the best interests of the child are emphasized in various parts of the substantive law, e.g. in the divorce proceedings involving children, the court must "always take into consideration the best interests of the minor children". In case of joint physical custody/shared parenting, the court must examine whether this form of custody is „in the best interests of the child ...." And, in adjudicating on the form of the substitute care of the child, the court must "always take into consideration the best interests of the minor child". Pursuant to § 31(2) of the Family Act, the court will appoint a guardian ad litem in cases of conflict of interests between the parents and the child, or conflict of interests between the children represented by the same parent.

Act No. 305/2005 Coll. on Social and Legal Protection of Children and Social Curatorship as amended ("Act 305/2005") specifies in § 20 (1) that a relevant Authority of Social and Legal Protection of Children and Social Curatorship is appointed to act as guardian ad litem. This suggests the relevant Office of Labour, Social Affairs and Family which provides social counselling and assistance to the child, his/her parents or any other person providing personal care of the child, in order to eliminate or mitigate the consequences of conflict of interests between the child's parent or the person providing personal care of the child and the child, or between the children themselves, by taking adequate measures (e.g. social counselling, family conferences, mediation, etc.). Under Act 305/2005 Coll., the following are the integral parts of the programme of social and legal protection of children: protection of rights and interests of children, as safeguarded by law, prevention of crisis situations in the family and their aggravation in stressful tension connected with divorce or separation, arrangement of parental rights and responsibilities concerning minor children, rules governing parental child abduction, adoption, and some other socially pathological phenomena.

The principle of the best interests of the child is one of the fundamental principles of procedural law governed by Act No. 161/2015 Coll., Civil Non-Litigation Procedure Code (the "Code"). Its Article 4 states that "…Where a party to the proceedings is a minor child, the court shall act in his/her best interests, if appropriate, the court shall inform the child of all essential issues concerning the proceedings and the merits of the case."

Under § 38 of the Code, in judicial proceedings involving a child, the court has the chance to consider and determine the child's best interests directly and in the manner corresponding to his/her age and maturity, as laid down in Article 12 of the Convention. The judge and the participating guardian ad litem must be empathic in determining the child's views/attitudes.

[7]Constitution of the Slovak Republic No. 460/1992 Coll. Available at: https://www.slov-lex.sk/pravne-predpisy/SK/ZZ/1992/460/20170601

[8] For examples care of the child, his/her safety, safety and stability of the environment in which the child lives, the views of the child subject to conflicts of loyalty and subsequent feelings of guilt, etc.

The judges have been recommended, for already some time, to talk with younger children in a room outside the court-room, although older children may have no problem to be heard also directly in the court-room. The court will take into account the views presented by the minor child. In agreement with the case-law of the Supreme Court of the Slovak Republic[9] the court may request the relevant Office of Labour, Social Affairs and Family to act as an intermediary in finding out the child's views and ideas about the situation. The social workers (and possibly also the psychologist) of the Office must provide assistance in such hearings of the child, taking empathic approach and creating appropriate conditions in the environment free of any intimidation, insensitivity, hostility etc. There are examples from practical experience showing that children perceive the administrative atmosphere in the offices and the conduct of adults in their own way. As an illustration, a child may say: "I don't want to go to the office, it's cold there, and also the aunties are cold there". During judicial proceedings, of essential importance for the child is the presence of a guardian ad litem whose duty is to represent the best interests of the child and to act in the child's name. In practice, however, a guardian ad litem acting before the court sometimes makes more effort to "represent and defend the parent" rather than represent and defend the best interests of the child. There is no place for such practices in the performance of a guardian ad litem, and such practices are, in fact, a violation of the child's primary right.

3. The Commissioner for children (Child Ombudsman)

A significant step ensuring a complex compliance with the protection of children's rights was setting up the institution of the Commissioner for children (Child Ombudsman) through Act No. 176/2015 Coll. on Commissioner for Children and Commissioner for People with Disabilities, effective 1 September 2015 (the "Commissioner Act"). The most important powers of the Commissioner for Children include, in particular, monitoring compliance with the rights of the child, determining such compliance upon request or on the Commissioner's own motion, implementing the interests of children in the society, cooperating with the children and children organisations, fostering the advancement of awareness of rights of the child. The Commissioner for Children may be addressed by a child either directly or through another person (also without knowledge of his/her parents or other persons providing care for the child). When considering compliance with the rights of the child, the Commissioner has the right to speak with the child detained in custody, serving an imprisonment term, order of preventive medical treatment, order of preventive training, or the child placed in an institution of custodial care, on the custodial premises and in absence of any third person. In individual cases, the specific powers of the Commissioner for Children include also the right to submit communications in the name of the child/children pursuant to the Option Protocol to the Convention on the Rights of the Child on a Communication Procedure (the "Optional Protocol"). In the Slovak Republic solely the Commissioner has such unique power to act in the interest of protecting the rights of the child, implementing the principle of the best interests of the child in line with the Convention. In order to deal with individual cases based on protection of the rights of children, the Commissioner for Children may participate in judicial proceedings subject to the conditions laid down in the Code. Upon request of the

[9] Where a minor child is a party to the judicial proceedings, the court may determine the child's views, where, with regard to his/her age and maturity, the child is able to express his/her own views independently not only during the trial hearing, but also through a relevant authority of the social and legal protection of children. It is for the court to choose the manner by which the minor child's views will be determined in the judicial proceedings. (Resolution of the Supreme Court of the Slovak Republic in Case No. 2 Cdo 193/2007 of 1 May 2008).

Commissioner, the court may resolve to bring the Commissioner to the particular judicial process. Quite often these are very complicated cases in which the parents cannot reach an agreement, and in which protection of their child and his/her well-being is not the parental priority. The child, a puppet in parental disputes, gets into a blind alley, as a matter of fact. Recently, the parties to the dispute have become more and more active, even radical, with intense support of legal representatives of the parents and relatives on both sides. The parents are trying to prove "their own truths", at any rate, by presenting multiple evidence prepared by expert witnesses, arguing they are acting in pursuit of the "best interests of the child". In such heated argument cases, the child may suffer from a trauma for a very long time, sometimes up to his/her adult age. Specialists in psychology or psychiatry call attention to an increased number of juvenile patients, the victims of parental disputes (including parental child abduction). Disproportionate prolongation of court disputes resting upon numerous requests for immediate measures, training programmes, and application of legal remedies are often just a parental strategy in which the basic respect for effective judicial process in the best interest of the child is lost.

A social worker acting as guardian ad litem is sometimes attacked when a parent or a parent's attorney does not like his/her recommendations. Such parental rivalry could be avoided primarily by counselling, the social workers' support, and by professional assistance of the attorneys, mediators and others, too. Sadly, the situation is often adversely affected by detailed publicity of the case in the media, not showing any respect for the child's best interests. A crucial aspect at this point is education not only of specialists in social work for the family, but mainly education of parents in managing conflict resolution affecting the child. Despite the goal directed legislative measures included in Act 305/2005 Coll. for assistance to and support of the parents, children and other persons, e.g. in relation to divorce (separation) of the parents, where, in dealing with the problems and conflicts in the family, the family members are unable to cope with the new situation, the proclaimed principle of the best interests of the child is, in some way, lost in practice. Even though social work concerning the children and their protection are essentially and unambiguously child-oriented, regrettably, almost all decisions concerning the children are based upon the adults' decision. According to the majority views persisting in our society, such decisions are deemed to be made in the best interests of the child. Therefore, it would be proper to reflect over and over the actual position of children and the rights of children as active subjects in all matters affecting them.

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SOCIAL WORK AND VIRTUAL SOCIAL COMMUNITY IN CHILDREN AND YOUTH

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Abstract

Geographical distance in today´s world, in terms of communication, is not nearly such a problem as it was in the past. People have started to create communities that allow them to share similar interests or solve similar problems without any boundaries or limitations. The Internet, which has demolished these boundaries, is no longer a modern phenomenon, but it still offers new opportunities for realisation and participation in virtual communities. Our aim in this paper was to point out the possibilities of social work in a virtual environment, as well as to point out the existence of different kinds of virtual social communities. We focused on virtual social communities that are created and popularised especially among children and youth, as this target group is often threatened by the negative effects of the virtual environment. There are many risks in the virtual world. The question is, how to eliminate these risks and what are the possibilities of social work in this environment. The purpose of each virtual social community is different. A common feature is the effort to establish and to maintain contact with other community members. Additionally, our goal was to show the parallel between real and virtual environments. If we want to apply social work in the virtual world too, it is necessary to perceive the child´s environment dual, that means real and virtual. In such a complex developmental period, such as adolescence, the crucial factor for healthy social functioning in adulthood is the acquisition of basic communication skills and the ability to function within different social communities even before reaching adulthood.

Keywords: *Social work. Virtual community. Children. Youth.*

1. A new perspective on social work practice

The pioneers of social work at the end of the 19th century and the beginning of the 20th century could not imagine that the tools of the 21st-century profession would include online social networks, video counselling, e-mail and cybertherapy. Nevertheless, in today's world, we are encountering the provision of services to clients in remarkably new, maybe even controversial, ways that challenge social workers' understanding of the boundaries of ethical practice. (Reamer, 2013) New technologies have changed the nature and practice of social work. The wider range of digital techniques available has opened a new dimension in research, therapy and intervention in this field. New technologies affect social work, and it is scientists and practitioners that should address these new trends in social work. (Peláez et al., 2017)

The virtual world has penetrated not only into education or health care but also into the sphere of social work. This was mainly due to its availability, flexibility and economic or geographical illimitability. (Tóthová, Žiaková, 2018) Social work should consider the impact and potential of social media, including its significant impact on day-to-day social interaction and new forms of social work practice. (Stanfield et al., 2017) Social work must reflect the new needs that are placed on it as a result of the rapid development of information and communication technologies. There is no need to create new theories for this area, as social work provides us with a large number of theories, methods, and procedures that can be used to solve problems related to the virtual environment. (Šlosár et al., 2017)

Social workers, considering the provision of digital services, must be careful to avoid any form of unethical behaviour. The biggest pitfalls are considered biasing personal data and

expertise online, engaging in inadequate dual client relationships electronically, billing for digital services that have not been provided, and so on. (Reamer, 2013) Researchers and professionals in the field of social work should work closely to document both successful and unsuccessful ICT initiatives. Examples of individual cases can provide a basis for understanding how ICT can be integrated into social work and thus improve various aspects of the process. (Perron et al., 2010)

2. Virtual environment

The Internet has taken an irreplaceable role in the lives of adolescents and younger adults. It has become a source of not only information but also a source of virtual communication. It is available almost everywhere and brings many benefits, but also many risks that are closely associated with its use. (Oravcová, Hamadová, 2013) Virtual environment can be understood as an online environment, a fantasy place separated from the real world. It is necessary to realise the diffuse boundaries between real and virtual world. (Kurčíková, 2014)

Šlosár et al. (2017) define a virtual environment as a system element. They analyse the possibilities of ecological perspectives in the conditions of social work, which is based on ecological theories in the context of the virtual world. The essential elements of the virtual environment from the perspective of systems theory can be considered:

- ***Users*** - Adolescents with low self-esteem benefit from the use of social networks as they allow them to develop their social capital. On the one hand, they can fulfil their social needs, but on the other hand, it is still not clear whether they can also meet their emotional needs in this way. The virtual environment stimulates social interaction, often replacing the time needed to create and maintain an emotionally satisfying and close relationship. (Ellison, Steinfield, Lampe, 2007)
- ***Social space*** - Various communication media, according to Šmahel (2003), have different social proximity. Several authors claim that social proximity is maximised in face-to-face communication, and in electronic communication, this proximity is necessarily always lower. The degree of social closeness is expressed by the term “quality of communication medium”. According to this theory, a lower level of social proximity leads, for example, to lesser attention of participants of communication and the depersonalisation of communication.
- ***Group policies*** - Šmahel (2003) points out that on the Internet people generally care less about the opinion of others, the need for self-presentation is often limited. However, classical restrictions, rules and standards of real communication may not apply in some cases. In a virtual environment, it is then possible to encounter so-called "flaming", which means aggressive behaviour in the form of verbal assault.

2.1. Virtual social communities

People in different life situations seek support and information on how to deal with difficult life circumstances. One option is communities where people with similar problems meet. (Madro, Holíková, 2015) Communities do not create themselves; people create them. It is vital to support and enable the development of virtual communities, as well as to study and monitor them in detail. (Bajan 1998) Virtual communities make it much easier for users to explore their own identities and reduce social inhibitions, as well as to communicate without the social tensions of real life, but on the other hand, they may let go of the hatred or malicious intent (Bruckman, 1993). Barak, Nissim and Suler (2008) talk about so-called online support groups. These groups serve to support people in difficult life situations. They

are also aimed, among other things, at enhancing self-esteem, feelings of independence, and improving social interactions between people. It can be assumed that these support groups are synonymous with virtual social communities since they also perform similar functions here and there.

2.2. Virtual communities in Slovakia and abroad

The virtual community in our conception can be understood, for example, as a *peer counselling* on child trust line, where young people have the opportunity to consult each other and offer various alternatives to solving the problem. Together they have the chance to discuss the issue with each other via a web form. The second type of community that can rightly be described as a virtual community is *remote adoption*. This is aimed at supporting children in the background of their country and region, improving their living conditions so that they can stay in the country where they were born and in the community they know.

Abroad offers a slightly wider range of options for virtual communities, but we have selected the most interesting and widespread in our opinion. The first is The WELL (The Whole Earth´Lectronic Link) virtual community. It is one of the oldest virtual communities. It is divided into general subject areas known as "conferences". These conferences reflect member interests and include arts, health, business, regions, hobbies, spirituality, music, politics, games, software and many more. The second type of virtual social community is Web 2.0. Examples of Web 2.0 features include social media sites such as Facebook, blogs, video-sharing sites, web apps, and more. It allows users to post their thoughts, share pictures or videos, build relationships and virtual communities that focus on common interests. In her article, Giffords (2009) explores a new generation of Internet technologies that are relevant to social work and related disciplines. It focuses on the description of Web 2.0 technology. It discusses how the Internet is changing how individuals shape social relationships and acquire and use knowledge. He concludes that the width and depth of Web 2.0 technologies and their usefulness for professionals is increasing. It is assumed that access to assessment in the human environment requires social workers to maintain awareness and understanding of the current environment. The promotion of technological competences can be the basis for long-term progress in practice.

Virtual communities have been closely explored so far. Still, most of these studies focus on the virtual world of adults and ignore the uniqueness and peculiarities of the virtual world of children and youth, where personal, social and cognitive differences must be taken into account. (Beals, 2009) Participation of young people in various communities of interest operating in a virtual environment can have a strong participatory dimension. It is an extensive set of various virtual activities that have a proactive and leisure character. These are, for example, communities dealing with environmental issues, animal protection, community life, school life, non-formal education, the presentation of their artistic activities, and so on. (Vrabec, 2009)

3. Children and youth in the virtual world

Today, the age of acquaintance with the virtual world has shifted into the world of the youngest children. Pre-schoolers already come into contact with the conveniences that virtual space offers. Many parents are in favour of this phenomenon, mainly because of “calming” or soothing their children, not realising the potential risks of harming their psychological

development. (Matzová, Surovcová, Trebatická, 2017) Children and youth create profiles in a community web site that is based on profiles containing information about age, gender, residence, personal hobbies, and the like. Children and youth have started using social network more than phones, most recently even more than communication and live chats. This way of contact serves as a substitute for social ties. (Vančíková et al., 2012) Concerning gender differences, young men use virtual space and social networks as such in particular to satisfy emotional aspects and strengthen self-esteem. In contrast, in young women, a relationship function prevails. In general, however, the online world is a source of meeting psychological and social needs for young people. (Colás, González, Pablos, 2013) Gregussová and Drobný (2013), in the context of internet security, write about websites where children and youth can seek help and learn more about Internet threats and its safe use. Examples of such websites include www.zodpovedne.sk, www.pomoc.sk, www.stopline.sk and the like. Vančíková et al. (2012) point out that the virtual environment brings several negative effects and threats, including in particular addiction, cyberbullying, the impact of violence presented to children through information and communication technologies and so on. (Vančíková et al., 2012) In addition to the negatives as mentioned above, the loss of control over the amount of time spent online can also be a big danger. (Madro, Kohút, Kohútová, 2015)

4. Possibilities of social work in virtual environment

The scientific community, which has been using the Internet since the beginning to freely spread information and experience, as well as technology specialists, think that the emerging standards should be left in the hands of the people who will be influenced by them because they are most concerned (Bajan, 1998). National Association of Social Workers (NASW), Association of Social Work Boards (ASWB), Council on Social Work Education (CSWE) and the Clinical Social Work Association have begun to work together to develop a single set of technology standards that professional social workers could use as a "guideline" in their practice. Four associations formed a working group and jointly developed technological standards in social work practice. The brochure, which contains ethical standards related to the use of technology in social work, is intended to guide social workers integrating technology into their services.

There are several ethical standards. According to NASW (2017), they are divided into four sections, each section containing a different number of standards. Due to the wide range of standards mentioned in the brochure, we select two standards from each section.

1. *Providing information to the public - ethics and values, self-presentation and accuracy of information,*
2. *Design and delivering of services - ethical use of technology to provide social work services, maintaining professional boundaries,*
3. *Collection and storage of information - credibility of information that is collected electronically, use of search engines to find information about clients,*
4. *Education and supervision of social work - use of technology in teaching social work, education of social workers on the use of technology in practice.*

Reamer (2013) emphasises that today's social work services cover a wide range of digital and electronic possibilities, including a large number of tools to serve clients. Examples include:

- online counselling,
- telephone counselling,
- video counselling,
- cybertherapy,
- Stand-alone web interventions,
- e-mail,
- text messages.

Concerning Web 2.0 technology, Giffords (2009) emphasises that this new technology has the potential to encourage people to hold meaningful discussions on topics that are important to them. For example, social workers could use the power of cyberactivism. Building global communities allows social workers to consult and share relevant information with colleagues who can be found virtually anywhere in the world. They can also help their clients to establish contacts in communities of similar interest or to research different types of information.

5. Conclusion

Experiencing feelings of closeness, intimacy and a quality relationship with another person may not be subject to time or space. Virtual communities, online support groups, etc., help to create a higher level of trust that children need. The use of the Internet and the virtual space itself has become a natural part of everyday life. It is, therefore, necessary to look at the practice of social work in new intentions and to take into account the importance of this phenomenon. To accept this phenomenon as a fact, to adapt to changes and to use them to improve the quality of services and assistance in selected target groups.

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SOCIAL CONTRACTS AS A TECHNOLOGY OF SOCIAL WORK WITH RISK FAMILIES IN RUSSIA

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Abstract

The article is devoted to social contracts in social work with risk families. Authors defines social contracts as mutual obligations of the client and social institution. Risk families are the main recipient of state help via social contracts. History of development of social contracts technology in Russian Federation is analyzed in the article. Authors identify the most successful regions in Russia and analyze their data. They conclude that the most successful regions provide mainly cash assistance to rural families. Amount of assistance is from 250 to 900 euros. All regions have subsidies from the federal budget. Authors describe a technology of social work, which includes the stages of diagnosis, receiving payments, social services, final report.
Particular attention is paid to the problem of risk families, who have a low level of social responsibility and are dependents. Authors conclude that the lack of motivation for positive social changes in risk families is an important factor in reducing the effectiveness of social contracts.

Keywords: *Social Contracts. Risk families. Social Work.*

1. Definitions

Social contract is an official agreement between a poor man and a social institution to provide him and his family social help from the state during set period (3 – 12 months). It could be cash payments, social services or essential goods (fuel, food, clothing, shoes, and medicines) (Tatarintsev, 2016). In addition, families get psychological and legal assistance, places for children in schools and kindergartens.

In exchange, a citizen is obliged to do something socially useful: to find a paid job, start to study (main or additional education), or change his behavior from deviant to socially responsible (On State Social Assistance, 1999: Article 1).

The main principles of social contracts are (Nagralyan, 2010):

- Voluntary participation
- Obligation to fulfill the terms of agreement
- Individual approach

Social contracts are always unique, they do never repeat each one exactly, word to word.

Social contracts are especial social work technology with poor people, but mostly – with risk families.

"Risk families" is very wide term, and we can't find its strong definition in Russian law. In social contracts context, risk families are families where:

- Are children under 18 years old
- Parents (parent) have no income (paid jobs) and don't study
- Is deviation: criminal or anti-social behavior
- Parents (parent) live in this way for many years and think it is normal

Obviously, expected result of social contracts is improving the level and quality of life of risk families. However, state also hopes to realize labor potential of clients, to provide social rehabilitation of members of risk families, especially children, to facilitate social responsibility of clients, reducing the dependent motive of their behavior.

In a simple words, the purpose of social contracts is to make people live in a socially approved way.

2. History

Social contract technology launched at the beginning of the 2000s in a few Russian regions. In 2012 it got status of a federal project of help poor families in 17 regions of Russia (Kalashnikov, 2017). The poverty rate in Russia in 2012 was 10.8% (Poverty rate, 2019). Contracts were concluded between social protection bodies and people in difficult life situation. These people should have an income below the regional subsistence level (for example, in Moscow– 17 679 rubles (≈250 euro), 2019) and Russian citizenship. Contracts concluded for a period of up to six months. Basically, it was one-time payment, less often – monthly benefits.

First, these social contracts were supposed for large and single-parent families, as well as families with children with disabilities. The main purpose of a social contracts was social adaptation.

The average amount of payments was from 30 000 to 35 000 rubles (500 euro). The amount depended on region, because each region independently determined the maximum amount of payment. Means, money came from regional budgets.

In 2017 the average amount of assistance increased to 38 200 rubles (550 euro). Duration of help increased to 12 months. Totally 62 600 families (over 240 000 persons) sighed social contracts during 5 years. Clients mostly asked help to pay the bills, repairs, buy necessary equipment, less often – to get help with employment and with kindergarten. And first statistic came: 41.7% of clients got out of poverty. But 58.3% kept their way of living.

The poverty rate in Russia in 2017 was 13.2%, or 19.3 million people (increased on 2.5%) (Poverty rate, 2019). And only 22% of them receive social support. So discussion about effectiveness of this technology was opened.

In 2019 President V. Putin, in his annual address to the Federal Assembly, spoke about social contracts as an example of supporting people in difficult life situations. He noted that some regions decreased poverty level: Tomsk, Kaluga, Ulyanovsk, Vologda and Nizhny Novgorod regions. Special discussion “Innovative technologies for the implementation of social contracts” was held during the third Forum of Regional Social Innovations (2019 June 20), and experiences of regions were discussed[10]. It was decided that the experience of above regions will be put into practice of other regions in 2020, but the money will be provided from the federal budget to support regional budgets.

Money from the federal budget will be allocated only to 13 regions: Tatarstan, Kabardino-Balkaria, Tuva, Komi, Primorsky, Altai, Perm, Ivanovo, Lipetsk, Nizhny Novgorod, Novgorod, Tomsk, Kurgan (Gusenko, 2019).

It is assumed that since 2020 from 40% to 50% of clients should get help with job search and employment, from 10% to 20% – with education, from 5% to 15% – with entrepreneurship. And another 15-20% will get some other help for overcoming a difficult life situation. This specified proportion in the distribution of money means that job and education

[10] See: III Forum of Social Innovation of Regions URL: https://social-forum.ru/business.html.

are main factors in overcoming a difficult life situation. Also clients should pass medical tests and vaccinations.

By the way, not only unemployed people will get help with job, but also those who have a job but earn not so much money, because they have a chance to find a better paid place. In some cases, they will be asked to move to another city or region, where they will be offered a new higher paid job.

During the year after employment, person will get monthly benefit equal to the regional cost of living.

Putin said that 9 million people would receive support through social contracts in a next five years (6.5% of Russia's population) (Akhmerov, 2019). Level of poverty should decreased to 6.6% (Starostina, 2019).

In 2024 discussion about effectiveness will start again.

3. Best regional practices

Due to Putin report, Tomsk, Kaluga, Ulyanovsk, Vologda and Nizhny Novgorod regions are the most successful in social contracts. According to the methodology of evaluating of effectiveness of a social contract there are 3 criteria (On approval of methodology, 2013):

- Number of social contracts
- Active actions of clients to overcome their difficult life situations (forms of a program of social adaptation
- Changing in income of the family at the end of the social contract

There are no data on 2nd and 3rd criteria, but we can analyze data on contracts' number and expenses in above regions in year 2018 in the table 1.

Tab. n. 1: *Best regions' data on benefits' size*

Region	Number of contracts	Average size of benefit (*rubles*[11])	Expenses from regional budget (*rubles*[9])
Kaluga	67	65 000	3.5 million
Vologda	3 500	17 000	40 million
Nizhny Novgorod	4 200	40 000	6 million
Tomsk	5 486	20 000	13 million
Ulyanovsk	6 200	30 000	47 million

Source: own processing

We can see how different numbers in Russia's regions are. This difference is due to regional specifics and due to amount of federal subsidy.

Here are some common elements. Average efficiency of overcoming poverty after social contracts in all regions – 35%. Comparing, in Tomsk, Kaluga, Ulyanovsk and Nizhny Novgorod – 55%, in Vologda – 95%.

The size of benefit was defined as the difference between the subsistence level in the region and the average income of the family concluded a social contract.

60% of social contracts were concluded with families with children under 16. Most of them – families from countryside. All clients choose money help (see Table 2).

[11] 1 euro ≈ 70 rubles

Tab. n. 2: *Best regions' data on percent of clients by type of help, 2015, %*

Region	Monthly payment	One-time payment	In-kind assistance
Kaluga	1.7	98.3	0
Vologda	43.6	56.4	0
Nizhny Novgorod	46.6	53.4	0
Tomsk	0	100	0
Ulyanovsk	30.9	69.1	0

Source: Kalashnikov, 2017

Compared with the data of all Russia, in general, 11% of customers received monthly payments, 65% – one-time payments, 24% – in-kind assistance.

Families of above regions need money to start their own household business – private farming like milk, hay, meat production. They spend state money to motoblocks, stationary greenhouses, refrigerators. Families also buy cows, chickens, piglets, goats. Only 10% used money for education. Does it mean that fast (season) results (buy, grow, sell and earn) are preferable for state? As we can see from the goals of 2019 education and regular jobs are very important for state, but not for poor people.

Interestingly, these regions put to contracts conditions about help in treatment for alcohol (drug) addiction.

4. Organization

First of all, social protection authorities check whether the family is low-income. Identification of needs occurs in 2 ways: revealing and declarative. In the first case, employee of a state institution (police, medical service, schools, etc.) learns about the needs of a citizen, informs him about social contracts and forward him to the social service. In the second case, citizen himself comes to social service.

In the social service, a citizen writes an application for assistance, which should contains signatures of all family members (adults). Applicant should fill questionnaire on marital and material status, draw up a business development and profit plan. During the first visit social workers fill out an "Interview Sheet", which, according to the applicant, includes information about the family's problems and their opportunities to overcome a difficult life situation.

Then social workers are obliged to verify the information provided by applicant. It usually can be confirmed by household inspection (checking the housing).

After inspection social workers in 15 working days compose a family social adaptation program. The program is submitted to the commission ("concilium"), and the commission decides whether to conclude a contract with this applicant or not.

Finally, applicant becomes a client. In 25 working days, money comes to his account. Size of benefit does not depend on family size. Client can choose – to get all money once or monthly.

During 6-12 months social workers support the family and monitor the implementation of social adaptation program, evaluate the effectiveness of the measures.

Families do not need to return the money in case of zero effectiveness – in fact, this is a benefit. Upon expiration of the contract, the recipient will be required to make a report of expends.

5. Risk families

The idea of social contracts as a form of gratuitous assistance to poor families that can be spent for family profit and which does not need to be returned – is good in itself. The client is not required to succeed; the possibility of failure is taken into account.

But this form was recognized by risk families as an easy money that can be spent on their own needs, not always socially useful. Alcohol, drugs, petty trash – dysfunctional families think that they can buy a lot of things that they don't have. They do not think about the consequences, they do not think about responsibility. Social contracts are perceived as a freebie without its social background.

Risk families do not intend to change their lives. Unfortunately, there are no official statistics on risk families, but if we take into account the average efficiency of social contracts (2018 – 35%), we can assume that the remaining 65% is the risk families who initially did not want or are not able to overcome poverty.

6. Discussion

Since social contracts appeared, there has been criticism of this technology.

Many people think that poverty must be overcome at the state level by raising the minimum salary. Now it is 11,280 rubles (75 euro) (Minimum wage, 2019). Alexander Safonov, Vice-Rector of the Academy of Labor and Social Relations, says: "Since 2012, social contract exists in our legislation, and so far this procedure has not shown particularly its effectiveness. Many families would be happy to get a job - the question is, where are the jobs?" (Social contract, 2019).

In rural areas it is not so easy to find a job, especially for large families. There are no kindergartens, no infrastructure, no colleges and universities – all of this is located in a big cities. Moreover, if ordinary families try to migrate to large cities, the risk families understand that they will not be able to move. Then, the question arises – why make efforts to get an education? Why look for a job? You can get money and spend it all at once, especially since there is no responsibility for it.

Average payout of 500 euro is also not enough to overcome the poverty. In many regions, this is not a reason for action. Social contracts are financial support, but not the first step towards developing your own business.

And so, the great idea of social contracts face, firstly, Russian reality, and secondly, with the philosophy of risk families. Obviously, state should finalizing the concept of social contract, providing additional responsibility for inappropriate spending of money and greater emphasis on activating the potential of families. Contract should clear algorithm of actions and obligations of the parties. This will achieve the maximum result and the most efficient use of the allocated funds. However, the indicator of 35% inspires optimism – in 2018 every third family overcomes difficult life situation. This means that this indicator may become higher after finalizing the concept.

Social contracts could have a positive impact on adults and children from risk families, involving them in the life of society and the community.

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INFLUENCE OF ATTACHMENT TO THE CHILD'S DEVELOPMENT IN RELATION TO PSYCHOPATOLOGY

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Abstract

Many researches have shown the relationship of attachment with psychopathology. Attachment theory affords a framework for understanding, how early relationships affects processes, that are key to psychopathology. The aim of this article is to bring theoretical and research findings in this area with the aim to explain various manifestations of psychopathology in childhood through the perspective of attachment theory.

Keywords: *Attachment. Attachment theory. Family Relationships. Traumatization. Psychopathology.*

1. Introduction

The parent/caregiver – child relationship is the first crucial relationship that an infant forms, and the health of this relationship has a profound effect on the child's social and emocional development. (Brumariu, 2015, In Hornor, G., 2019).

The tendency to seek proximity, assistance and protection of loved ones, followed by an intense response to separation from them, is spontaneous, automatically present (manifesting) and natural. It is particularly evident in children, but it is active during all life and since childhood has its specific manifestations - binding behavior (Hrubý, Hašto, 2013). It is a behavior that increases closeness to the person of attachment. (Adamova, Halama, 2009). The relationship behavior aims to maintain a certain degree of proximity to or communication with the relationship person (Bowlby, 1975, In Hašto, 2005). Forms of attachment behavior are activated when it's necessary - in situations of fear, threat, absence of a relationship person or in an unfamiliar environment (Hašto, 2005).

The attachment works on homeostatic regulatory principles and fills a protective function (Hašto, 2005). The attachment relationship is very specific, different from other types of relationships, and Weiss (1991, In Zimberoff & Hartman, 2002) says that it has the following characteristics: proximity search, safe base, separation protest, triggering at risk, specificity - the inability to simply replace the relationship person with another, impossibility of conscious control (even after permanent separation), durability and resistance against behavior of the relationship person (eg duration also in abuse).

The relationship person performs three functions in child development:

1. The relationship person (most often mother) is the goal of proximity search
2. The relationship person provides for a children a safe harbor, protection, support, relief, reduction of anxiety when the attachment system is activated
3. The relationship person provides a secure basis for the meeting of non-attachment goals, especially for exploration. In childhood explorations of the world, when a child is threatened, the mother may return to emotional exhaustion (Mahler et al., 1978 In Brisch, 2011b) (Hazan & Shaver, 1994; Mikulincer, Shaver, & Pereg, 2003).

From the many experiences of interaction between the child and the relationship person, the child develops internal working models already in the first year of life, which are a combination of his / her behavior and the relational person's behavior and related affects. These models make the relationship person and child behavior in attachment situations predictable. The working model is initially flexible, but in the further development it stabilizes and develops into a psychic representation - that is, "representation of a relationship". Working models and representations may be partly conscious, partly unconscious (Brisch, 2011). Internal work models organize past experiences and provide a framework for understanding new experiences in social interactions (Collins, et al., 2004). These representations create expectations about the availability and readiness of others and organize strategies for managing threats and controlling negative emotions. (Ein-Dor, Viglin, Doron, 2016).

The basic styles of attachment in children were first described by Mary Ainsworth, who, using the "unknown situation" method, exposed children to the stress of an increasing situation of separation from the relationship person. According to Ainsworth we distinguish the following types of attachment:

1. Secure attachment - a child experiences a relationship person as a safe base to which he or she can always return. If the relationship person absents, the child shows signs of discomfort that disappear upon return. Consequently, they welcome her with pleasure, welcome physical contact. In the presence of a person they embark on exploration of the surroundings.
2. Insecure ambivalent attachment - this type of attachment is characterized by a higher anxiety and dependence of the child on the relationship person. The child seems helpless, unhappy. The separation from the relationship person child responds with great dissatisfaction and after his return there is angry, fluctuating between the tendency to approach and resistance from contact. (Lečbych, Pospisilikova, 2012). A child with this type of attachment is manifested by a strong protest, a panic crying, the child is difficult to calm down and then hard to return to a play. (Adamove, 2017).
3. Insecure-avoidant attachment- this type of attachment is characterized by avoiding to mother, the child doesn't respond particularly to the mother's departure. Spangler and Schieche (1998, In Lečbych, Pospišilíková, 2012) have found that after mother's departure, stress hormone levels will increase as in children with secure attachent, but stress is not visible externally. The child learns to meet the requirements of the environment more than his own needs, but by ignoring his / her own emotional life, is structured a false self. The child avoids the mother, doesn't maintain eye contact. He continues the game, but without interest. (Adamove, 2017).

In children who were difficult to classify according to Ainswoth, Main and Solomon recognized the fourth type of attachment – disorganized:

4. Disorganized attachment - children with this type of attachment have no stable way to cope with a stressful situation (unlike other types of attachment). The child cannot develop any working coping strategy - they react in a disorganized way. Typical are contradictory, confused manifestations, changing of affiliate and avoidant manifestations with very short duration of these phases, sometimes stereotyped movements and gestures, also dissociation states (freezing). (Adamove, 2017). According to Vavrda (2005, In Lečbych, Pospišilíková, 2012), this strange behavior disappears around 4 years and is replaced by more organized patterns of behavior that mask the distorted internal working models of others.

2. Attachment and Psychopathology

Attachment is the most important epigenetic basis of the child's appropriate cognitive, emotional and social development. In a growing number of studies have been identified connections between patterns of insecure attachment, representations of insecure attachment and mental disorders and symptoms in various risk groups. At the same time, due to their frequent occurrence in clinical trials, patterns of disorganized attachment have particular importance in the development of psychopathology. (Brisch, 2011). According to Mikulincer and Shaver (2012 In Kaščáková et al., 2016), insecurity in attachment can be perceived as a general vulnerability to psychiatric disorders, while a specific symptomatology unfold from genetic, developmental and environmental factors. Therefore, insecure attachment cannot be considered as an immediate cause of psychiatric disorders. Secure attachment raises the threshold of psychological vulnerability to stress, while insecure attachment reduces it. (Brisch, 2011). Children with insecure attachments have a greater likelihood for physical health morbidities and impaired social, psychological, and neurobiological functioning extending into adulthood. ((Snyder, Shapiro, & Treleaven, 2012, In Hornor, G., 2019)

Insecure types of attachment can be understood as attachment disorders, but in childhood they are an adaptive response to the behavior of attachment figures. (Kulíšek, 2000). By contrast, the behavior described by Main as a pattern of disorganized attachment can't be considered an adaptive reaction, because in situations of stress and separation, children with this type of attachment had no corresponding behavioral pattern. (Brisch, 2011). However, according to Bowlby's hypothesis, any unpredictable itinerary stemming from an insecure attachment can be gradually turned towards mental health, and any favorable path may be left due to later negative effects. (Liotty, 2015).

According to attachment theory, the linkage between attachment insecurities and psychopathology is mediated by several pathways.

Emotional regulation

For child is typical to have a low window of tolerance of discomfort. It needs co-regulation of affects from the relationship person. This means that the parent is attuned to the child and sense him, respond to the child and is able to adequately control their stress and affects. This creates neural networks in the central nervous system with a representation of a secure attachment. Stress / discomfort activates an attachment system. Taking care deactivates the stress system. (Brisch, 2013). Emotional regulation important for healthy mental functioning develops in this way. Secure attachment is formed by activating binding behavior in stressful situations and when the relationship person responds to the child and provides the necessary co-regulation of affects, the child gets into the peace and quiet. In this way, the child learns that there is a path from discomfort to well-being. (Brisch, In Vojtová, 2018).

Attachment anxiety is associated with hyperactivation strategy- emotion amplification and exaggeration of worries, depressive reactions to actual and potential losses and failures, and PTSD intrusions symptoms following traumas. (Mikulincer, Shaver, 2012). Avoidant attachment is associated with deactivation strategy- denial of threats, self-sufficience. Unlike relatively secure people, avoidant individuals often prefer to cordon off emotions from their thoughts and actions. As a result, they tend to present a façade of security and composure, but leave suppressed distress unresolved in ways that impair their ability to deal with life’s inevitable adversities. (Mikulincer, Shaver, 2012).

Self- representations

According to attachment theory and research, lack of parental sensitivity and responsiveness contributes to disorders of the self, characterized by lack of self-cohesion, doubts about one's internal coherence and continuity over time, unstable self-esteem, and over-dependence on other people's approval (e.g., 32,33).

Problems in interpersonal relations

According to attachment theory, recurrent failure to obtain support from attachment figures and to sustain a sense of security, and the resulting reliance on secondary attachment strategies (hyperactivation and deactivation), interfere with the acquisition of social skills and create serious problems in interpersonal relations. Bartholomew and Horowitz (32), using as an assessment device the Inventory of Interpersonal Problems (39), found that attachment anxiety was associated with more interpersonal problems in general.

Charakteristic of strategies of insecure types of attachment in children:

Ambivalent attachment	Avoidant attachment	Disorganized attachment
- As a result of the inconsistent care of parents, they still hope for their love, but at the same time they are afraid of abandoning or omission and a result is escalating of requirement on attention and emotion (Bowlby, 2013) - They are flooded with anxiety, little exploring the surroundings, they adapt to their mother's fears. Exploratory behavior is strongly inhibited (Brisch, 2011). - they have lack of self-control and assertiveness towards to peers (Brisch, 2011). - They tend to impulsiveness and exaggerated expression of restlessness and stress in order to draw attention, they use a hyperactivation strategy (Sroufe, 1996 in Zimberoff & Hartman, 2002). - They do not like groups, have few friends, conflicts resolve by aggression (Brisch, 2011). - They often have problems with adaptation at school, they are being bullied by peers (Ruppert, 2011). - They often have problems with adaptation at school, they are being bullied by peers (Ruppert,	- As a result of their mother's refusing, they have learned to suppress their relationship needs and emotions, especially the negative ones. They use a deactivation strategy. (Sroufe, 1996; in Zimberoff & Hartman, 2002). - They are attuned to the mother's communication style by killing emotions to stay in touch with her (Brisch, 2011). - Like their parents, they often begin to regard the desire for love as weakness, their anger as sin, grief as childishness. They are premature adults, and they keep a distance from others. (Bowlby, 2013). - Somatization is frequent - relationship needs turn to physical symptoms such as headaches, abdominal pain, nausea, sleep disturbances, and experience great internal stress (Brisch, 2011). - Parents paid attention to them when they didn't make problems (Kulíšek, 2000). - In an effort to get at least a recognition they have developed compensatory strategies such as good intellectual performance or	- They find themselves in an intense conflict between the instinctive search for security and the need for protection against harm from a attachment person (Pöthe, 2001). - As a result of abuse, they are socially inhibited, passive in an effort to minimize the number of traumatic interactions (Pöthe, 2001). - The roles of parent / child are often reversed. (Zimberoff & amp; Hartman, 2002). By taking care of the parent, the child gains a sense of control over parental behavior and thus the emotionally unbearable situation. (Pöethe, 2001). - Hostile-aggressive behavior and severe behavioral disorders occur. (Main, 1998, in Kulíšek, 2000). - Unlike other types of attachments, they do not have a defense strategy. Crittenden (In Kulíšek, 2000) says that these children use a freezing strategy - waiting for a threatening signal from their parent.

2011). - They have an incoherent model of reality (Brisch, 2011).	adaptability. (Zimberoff & amp; Hartman, 2002). - Typical is perfectionism, illusive and shallow adaptation, which is rewarded by parents (Kulíšek, 2000). - They have two models of reality: idealizing and devaluating. They often fail to show that they are in misery and need help. (Brisch, 2011). - They show a greater aggression in interactions with peers and may tend to victimize others. (Ruppert, 2011).	

Disorganized attachment and psychopathology

The addition of disorganized attachment has greatly increased the predictive validity of the attachment construct in relation to psychopathology. (Green, Goldwyn, 2002). Some authors consider it to be the borderline type - “one foot in pathology” (Hašto, 2014). Main and Hesse (1990, In Green, Goldwyn, 2002) hypothesized that a child becomes disorganized when experiencing a caregiver both as a source of alarm and as the only solution. Such a conflicting experience creates a motivational conflict in the child, leading to disorganized behavior in the specific context of seeking proximity.

It can manifest itself externally. Typical is the immobility - "freezing", fear of the caregiver, contradictory reactions, inconsistency of behavior or, conversely, the stereotype of gestures and movements. It may also manifest itself as the absence of evident attachment behavior. (Green, Goldwyn, 2002). Basis is the fragmentation or breaking of the internal working model of the attachment - a set of internalized representations of the relationship, the relationship person's behavior, himself / herself in interaction, expectations, attitudes towards each other and himself. (Hašto, 2005). The source of traumatization in the relationship is the fact that the caregiver is also a source of trauma, or he cannot provide protection and care. The caregiver doesn't be hurtful actively, it is enough that he is not actively present and doesn't react to the child's signals. (Vojtová, 2018). Some disorganization patterns may be primary evolutionary and non-relational, or may be interrelated. (Green, Goldwyn, 2002).

Formation of dissociation in attachment

According to Liotti, disorganized bonding is essentially a dissociation process, which can lead to a large number of mental disorders. It is also a predictor of dissociation at a later age, or condition of dissociative reactions to trauma at a later age. In attachment, dissociation rises so in that distress activates the attachment system, but a careful reactions is replaced by harm, neglect and abuse. There is a parallel activation of the threat system (fear) and the system of attachment without resolution. There is no reassurance through care. It is a kind of fright without solution. Defense systems are therefore activated, and the attachment behavior is still active. (Liotty, 2015)

Especially in children before school age will develop organized behavioral / attention strategies aimed to controlling caregivers and deactivating the attachment system. These

strategies can be seen as a defense against the unbearable experience of fragmentation. These automatic compensation strategies include:

> A: a controlling / nursing, careful strategy (with change of roles) - in which the child and parent exchange roles, the child learns to care for the parent. A parent is vulnerable, helpless, helpless.
> B: a controlling / punishing (hyperkinetic) strategy - activating the pattern of rivality-dominance / submission - in which the child learns to function dominantly - beating the mother, orders. This is a way how to control the situation. (Liotti, In Vojtová, 2018).

When separation, loss, or trauma activates the attachment system, the suppressive impact of other social motivation systems is overwhelmed - control strategies collapse. There are clinical signs characterized by the fragmentation of itself. (Liotti, 2015).

Liotti describes the genesis of conflict in disorganized attachment thus: there is a conflict between two innate control strategies - attachment and fight / escape (a situation without resolution). Early relationship trauma subsequently leads to abnormal construction of the right brain stress management system (Schore, 2003). Children develop a dissociative type of attention (Koss, Gergely, 2001, In Liotti, 2015), so they have a mechanism for switching signalizing of detection of emergencies.

Trauma in attachment

Thus, traumatization in the early years of life can lead to disorganized attachment as described by Main (1997, In Hašto, 2005). The specificity of trauma in a attachment is that the threat or danger comes from a person who is also a relationship person and from whom secure should come. (Allen, 2014, In Adamove, 2017). According to Hašto (2005), trauma in the attachment is understood as a situation of long-term or repeated separation or loss of the relationship person in the first years of life. Brisch (2011) says that these are all situations where the relationship person is unavailable.

In the context of traumatization in attachment, we distinguish between primary and secondary traumatization. The primary traumatization is all situations and events that are immediate experience. The secondary traumatization is then a transgenerational transmission, thus the traumatizing relationship person has the experience of his own unresolved traumas. The traumatization then proceeds either directly, when the child is traumatized by the parent through the way how parent handle with child or indirectly, when the traumatized parent cannot be emotionally available to the child in situations reminding him of his own trauma. (Adamove, 2017).

Trauma in attachment is more often associated with disorganized attachment. (Brisch, 2011). In families where abuse has been demonstrated or drugs were used by parents, the prevalence of disorganized attachment in children was 80%. (Van Ijzendoorn, Schuengel, & Bakermans-Kranenburg, 1999, In Adamove, 2017).

However, disorganized attachment may have an impact on later trauma, as existing disorganized attachment may produce dissociative responses to trauma. Traumas caused by family members cause fear without a solution during childhood and therefore strengthen the disorganization of earlier attachments or induce a new disorganized attachment to the abuser as well as other family members who don't help (Freyd, 1997, In Liotti, 2015). The process described in FIG. no.

Difference in quality of pre-existing attachment in processing of traumatic events:

A: SECURE
PAIN → ACTIVATING THE ATTACHMENT SYSTEM → SECURE IWM (QUALITY OF PRE-EXISTING ATTACHMENT) → SUCCESSFUL COPING

B: DESORGANISED
TRAUMA → PAIN → ACTIVATION OF THE ATTACHMENT SYSTEM → IWM DESORGANIZED (QUALITY OF PRE-EXISTING ATTACHMENT) → PERITRAUMATIC DISSOCIATION → CUMULATIVE EFFECT → OWN SELF FRAGMENTATION

Attachment disorders as a diagnostic category

It is now widely accepted that in early childhood, attachment disorders result from inadequate caregiving environments and can manifest as two distinct clinical patterns, an emotionally withdrawn/inhibited phenotype and an indiscriminately social/disinhibited phenotype (Zeanah & Gleason, 2015, In Hornor, G., 2019).

Recognizing the significant differences in the clinical disorders, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V; American Psychiatric Association [APA], 2013) designated two separate attachment disorders, reactive attachment disorder (RAD) and disinhibited social engagement disorder (DSED), to describe these clinical symptoms.

In young children, **reactive attachment disorder** is characterized by the absence of focused attachment behaviors directed toward a preferred caregiver. It includes the failure of the caregiver to seek comfort in situation of distress. (Morin, 2019). Next, it is characterized by decreased social and emotional reciprocity; stunted response to others; and disturbed emotional regulation, such as negative affect and unexplained fearfulness or irritability, even when interacting with familiar adults attempting to provide comfort (Mikic & Terradas, 2014; Zeanah & Gleason, 2015).

Cognitive delays, language delays, and stereotypies, are common comorbidities with RAD (APA, 2013). Depressive symptoms may also be seen in children with RAD. The aberrant social behaviors noted in young children with RAD can mimic those of autism spectrum disorder (ASD). RAD must be differentiated from ASD. Children meeting diagnostic criteria for RAD must have experienced severe social neglect; children with ASD will have rarely experienced this type of neglect. Children with both disorders may exhibit stereotypic behaviors such as rocking or flapping (APA, 2013). Children with ASD often exhibit restricted interests and repetitive behaviors, whereas children with RAD do not, and, most notably, children with ASD show developmentally appropriate attachment behavior, whereas children with RAD do not.

Disinhibited social engagement disorder belongs to the group of trama and stress related disorders. Is characterized by an inappropriate friendliness and approach to unfamiliar adults, lack of wariness of strangers, and a tendency to wander off with strangers (Zeanah & Gleason, 2015). This indiscriminant behavior develops in children with extreme lack of care (neglect, repetition of guardians, failure to meet basic needs. (Forgáčová, 2014) and is often reported in institutionalized, postinstitutionalized and emotionally/socially deprived children in foster care.

DSED is predictive of functional impairment, difficulties forming close relationships, and more need for special education services due to the social, cognitive, and behavioral abnormalities of the disorder (Smyke et al., 2012).

There are symptoms of DSED that overlap with those of attention deficit hyperactivity disorder (ADHD). The socially inhibited behavior of DSED must be distinguished from the impulsivity of ADHD. Although disinhibition may be common to both ADHD and RAD, studies suggest that the behavior may result from distinctly different underlying pathologic mechanisms (Kay & Green, 2013). Mizuno et al. (2015) suggest that a more severe dopaminergic dysfunction exists in children with DSED than in those with ADHD.

3. Conclusion

Research on attachment and psychopathology brings many findings. For example, according to some research, children with insecure types of attachment in childhood often comply the criteria for several psychiatric disorders - such as anxiety and emotional disorders, behavioral disorders, attention deficit hyperkinetic syndrome (ADHD), inorganic nocturnal enuresis, or autistic withdrawal. At school age, attachment disorders can manifest as fear of school, denial of performance, aggression, dependence, disociality, delinquency. (Adamove, 2017). For example, avoidance patterns tend to be associated with later antisocial and externalization problems (Troy & Sroufe, 1987, Renken, Egeland, Marvinney, Mangelsdorf & Sroufe, 1989), and ambivalent patterns are associated with social withdrawal in middle age (Renken et al. 1989).) and anxiety disorders in later adolescence (Warren, Huston, Egeland & Sroufe, 1997). Disorganization in childhood is strongly associated with a number of later problems, in particular externalized and internalized problems in early childhood behavior (Lyons-Ruth, 1996 and Lyons-Ruth & Jacobvitz, 1999, In Green, Goldwyn, 2002).

Mikulincer and Shaver (2007) reported that fearful attachment is found more often in people diagnosed with depressive disorders, while the depression related to bipolar or schizoaffective disorder is more associated with the dismissing prototype. In a non-clinical sample of children, fearful/preoccupied attachment were associated with anxiety and depressive symptoms (Chorot et al., 2017), and Lacasa et al. (2015) found preoccupied attachment associated with both internalizing and externalizing symptoms in adolescents. In young adults, Sheinbaum et al. (2013) found associations between preoccupied and dismissing attachment and positive and negative schizotypy respectively, while the fearful prototype predicted both. Along similar lines, Conradi et al. (2016) found the course of depression to be worse in people who were fearfully attached. When measured in anxiety and avoidance terms, both attachment dimensions are linked to the development of psychopathology, although the influence of attachment anxiety on mental health is more consistent. (Alonso, et al., 2018).

In a study with psychiatric outpatients, MacDonald et al. (2013) report stronger correlations between attachment anxiety and several affective traits and indices of personality disorders than attachment avoidance. Fearful attachment and attachment anxiety seem especially important, although the disparity in the findings is indicative of the intricacies of the concepts involved. Although it probably cannot be considered a sufficient cause of mental disorders (Mikulincer and Shaver, 2012), research so far has amply confirmed the role of attachment insecurity as a general vulnerability factor for mental disorders as originally proposed by Bowlby. (Alonso, et al., 2018).

This paper explain few questions: how has the study of attachment contributed to the understanding of childhood disorders? The answer includes a review of how attachment has been linked to childhood difficulties, a discussion of modes of transmission and differential pathways of influence, and the presentation of a heuristic model for understanding the role of attachment relations.

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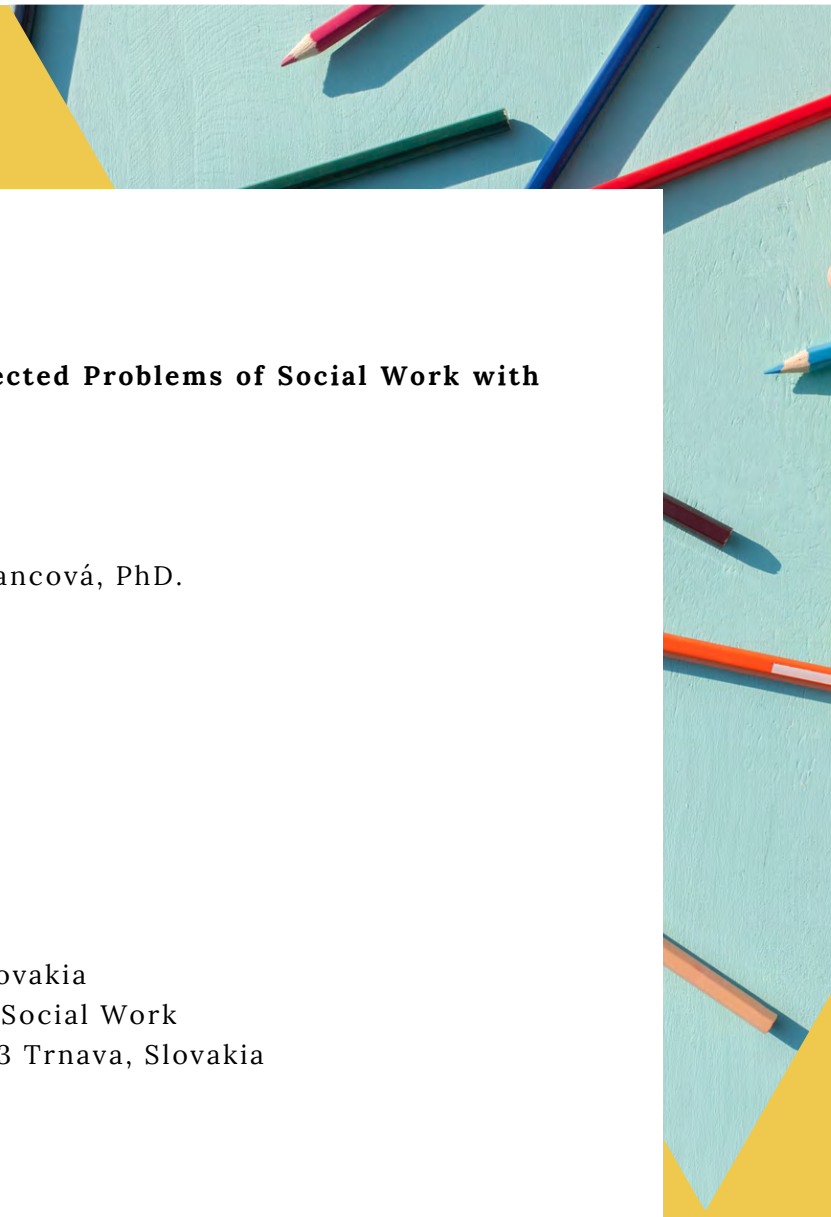
Book Review

doc. PhDr. Eva Mydlíková, PhD.
Faculty of Health Sciences and Social Work, Trnava University in Trnava

"The book of scientific articles *"Children in Social Work - Selected Problems of Social Work with Children Across the Europe"* presents a wide variety of professional topics in the field of social work with children. The team of authors from countries such as United Kingdom, Germany, Russia, Czech Republic and Slovak Republic present the original results of empirical research. Contributions provide interesting and inspiring information, which can help to improve understanding of this issue by professionals. This book of scientific articles can inspire researchers, students, and social work practitioners alike."

Mgr. Peter Patyi, PhD.
Faculty of Health Sciences and Social Work, Trnava University in Trnava

"This book of scientific articles presents the results of researches of slovak as well as foreign authors. Book of scientific articles bring innovative knowledge in the field of social work with children. The authors of the individual articles deal with specific problems affecting children not only in Slovakia but worldwide in the area like child-protection processes, family assistance services, preparing children to leave the foster care, achievement of the best interest of children, education, early childhood intervention and many more."



Children in Social Work – Selected Problems of Social Work with Children Across the Europe

Mgr. Katarína Molnárová Letovancová, PhD.
doc. PhDr. Miriam Slaná, PhD.
Mgr. Michaela Hromková, PhD.

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