SPECIAL ISSUE: PROMOTING THE SCHOOL FOR SOCIAL WORK THEORY AND PRACTICE AT THE INTER-UNIVERSITY CENTRE (IUC) IN DUBROVNIK

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Promoting the School for Social Work Theory and Practice at The Inter-University Centre (IUC) in Dubrovnik
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The School for Social Work Theory and Practice - a contribution to a forum of international social work

In the present issue of this journal readers will find papers which were presented at the School for Social Work Theory and Practice at the Inter-University Centre (IUC) in Dubrovnik. In 2019 we will celebrate 30 years of social work courses at the school where teachers of social work, post-graduate students and social work practitioners as well as users meet annually to engage in the dialogue on social work praxis. As far as the subject matter is concerned, the publication is relevant in the international arena, since it offers quality contributions from social work and represents a forum for the exchange of international knowledge.

The international component of this issue may be seen in scientific papers as well as in other two contributions. Although the contributions refer to a particular local environment, the discussed subject matters are attempted to be introduced in the international context in a way that reveals how the locally designed themes may become global and common. They draw attention to the potential knowledge of a local environment in order to develop international social work and the common basis for the development of social work, regardless of the area in which the particular local knowledge was developed.

Eileen Oak, in the first scientific paper entitled Western representations of childhood and the quest for a spiritual social work practice, demonstrates the historical perspective of the construction of childhood in the sociological understanding of the earliest period of life. She takes on a critical attitude towards the central international document of the UN – The Convention on the Rights of the Child (UNCORC), which determines children’s rights and the way of meeting them on a declarative level. Social work is acquainted with the violation of children’s rights, but the question is whether it takes enough measures to prevent them and, thus, bring them to an end. The author provides an answer by presenting the role and meaning of spiritual social work practice which enables a holistic model of understanding childhood, and at the same time provides children with autonomy and equal social involvement.

The model-based orientation is also offered by Simon Colnar, Vlado Dimovski and Barbara Grah, the authors of the paper entitled Integrated social work management model in the Republic of Slovenia. Their reflections stem from the complex questions that permeate recent social work and are the consequence of economic and social crises. Social workers are increasingly put in situations where they are powerless in providing social work or, rather, the social and political regulations force them to assume roles which are in contradiction to professional ethics, since they turn into supervisors and decision-makers
when it comes down to putting users’ rights into practice. The authors present various situations in Slovenia and apply them in an international context, because such changes are comparable in numerous social policy systems throughout the world. If social work, management and organisation worked together, so knowledge and skills could be exchanged, an integrative model of the management of social work would be created, thus, successfully providing solutions to the described dilemma and enabling users to achieve greater quality of life in different situations and periods of life.

The last scientific paper by Jana Mali entitled *A case for a narrative approach to research into social work perspectives on dementia* deals with the final period of one’s life. Dementia is a common disease in old age, however, social work reticently takes on the research of its social dimensions. Therefore, the contribution is relevant in terms of revealing particular themes which address social work in the context of the lives of people with dementia. The author describes them as three themes: (1) Recognising disease in a relative: beginning of disease; diagnosis; initial changes in the life of an individual with dementia, (2) Knowledge about dementia: general information and knowledge on dementia, (3) Changes within a family: changes in interpersonal relations; changes in everyday routine; organising formal help. She presents the narrative method of social work research and shows it as a method of social work with the relatives of people with dementia, which may also be useful in the international environment of social work.

The professional perspective is drawn by Faye Pouesi and Ksenija Napan. In their paper entitled *Weaving the strands of spirituality in recovery from violence*, they show a case of good practice in the area of help for women, victims of violence. They show how, through a community project, they managed to help women, victims of violence, who were adherents of the Maori people in New Zealand. They managed to develop holistic help which involved social work, counselling and community help, while all the factors were associated with spiritual social work. Without such an approach it would have been impossible to empower female users and help them find meaning in life, within the community to which they belong. Moreover, the ways of achieving this stemmed from the principles of spiritual and community social work.

In the Book review section, Timo Toikko presents a Finnish monograph from 2016: *Kansainvälinen sosiaalityö: käsitteitä, käytäntöjä ja kehityskulkuja Jäppinen* edited by Maija Jäppinen, Anna Metteri, Satu Ranta-Tyrkkö & Pirkko-Liisa Rauhala. The translation of the title into English is: *International social work: concepts, practices and development*. The monograph presents thoughts regarding the impact of international social work on social work in Finland and vice versa – the impact of global changes (such as migration) on social work. Similar questions in social work may be raised in any part of the world, therefore, international social work is surely becoming a more and more relevant area of social work.

You are kindly invited to an interesting reading of international contributions which will, hopefully, stimulate reflections on the theory and practice of social work in your local environments. At the School for Social Work Theory
and Practice at The Inter-University Centre (IUC) in Dubrovnik, we encourage international scientists, experts and post-graduate students to participate in order to develop the science and social work profession and exchange experience in scientific research and practice, as well as in new forms of international cooperation. The results of cooperation are promoted in the publication and we hope that this issue shall enlarge readership and, consequently, the participation in the courses of our school in Dubrovnik.

Jana Mali, December 2018
Eileen Oak

Western representations of childhood and the quest for a spiritual social work practice

Introduction: the Western liberalisation of childhood

The aim of the article is to examine the adult-centred discourses underpinning much, contemporary, Western legislation, or legislation influenced by Western hegemony, including the UN Convention On the Rights of the Child (UNCORC), adopted by the UN on 20th November 1989 (UNROHCORC, 1989). It is argued that such discourses pre-date the Western Enlightenment period and consequently have serious implications for policy initiatives in promoting children’s civil and welfare rights. Furthermore, rather than address these rights, they marginalise children through constructions of »childhood« which
deny children’s autonomy and access to decision-making processes. What is required therefore, to address this problem, is a more contemporaneous conceptualisation of childhood, which recognises the contested and multiple nature of childhood in a globalised society. To that end, it is suggested that combining the »new sociology of childhood« (Prout, 2011) with a form of secular humanism has the potential to render a more holistic model of childhood, one which recognises children as autonomous, social actors and promotes their inclusion.

A trawl of the international literature on childhood would seem to suggest that Western societies have always had a somewhat ambivalent attitude to childhood. From the medieval idea that children are the product of original sin and thus, are born »bad« and in need of control, to the Enlightenment idea that children are born »good«, the embodiment of innocence, in need of protection from a corrupt world; the two competing ideologies have pulled Western child welfare policies in contradictory directions. Although such simplistic ideas belong to a bygone era, they have their corollaries in more modern discourses about child wellbeing, embodied in the debate between the children’s rights and the children’s welfare lobbies (James & James, 2004; Kitzinger, 2015). The contradictions in the conceptualisation of childhood are exacerbated by the fact that childhood historians such as De Mause (1974) and Ariès (1962) differ in the extent to which they characterise late modernity as the more liberal approach to children’s rights.

**A brief history of childhood**

De Mause (1974) asserts that within Western societies the past two thousand years have been characterised by six distinct phases in child rearing practices which he terms »psychogenic modes« and which are tantamount to the abuse and neglect of children, at least up until early modernity, when he contends that more nurturing child rearing practices evolved. From the practice of child sacrifice and infanticide engaged in by the Carthaginians, Phoenicians, and early European tribes, to abandoning children to the mercies of medieval clergy, to the repression of child sexuality in the sixteenth century, and the more socialising approaches of the Enlightenment period; Western society has developed various overt and more subtle, covert methods to control and construct childhood.

In contrast, Ariès (1962), reaches a different conclusion from De Mause, by arguing that traditional childhood from the Middle Ages to the eighteenth century was a happy time, because the notion of »childhood« as a distinct period in life, was virtually unknown and children were treated no differently from adults. Thus, depending on their situation, they were afforded opportunities to mix with people from diverse classes and ages. Ariès contends that it was only during the eighteenth century that “childhood” was invented in the sense that people from the aristocratic and middle classes began to think of children as being a distinctly different group from adults, and to separate children from the adult world: “The family and school together removed the child from adult society” (Ariès, 1962, p. 413). Therefore, only in modernity
does it become distinct from adulthood in that there begins to be a focus on
the centrality of childhood, childhood regulation and increased recognition
on the importance of education:

Nowadays our society depends ... on the success of our education system
... This preoccupation was unknown to medieval civilization because there
was no problem for the Middle Ages; as soon as he has been weaned, or
soon after, the child became the natural companion of the adult. (Ariès
1962, p. 411)

To examine the subtle nuances of De Mause’s and Ariès’ arguments and the
critiques of their representations of the history of childhood is beyond the
remit of this article. However, it is possible to consider critically, the claim
that modernity represented a more enlightened mode in terms of child rear-
ing practices. A key criticism levelled at both, by historians, anthropologists,
sociologists, and academics of childhood studies, is that within modern society
(in keeping with previous epochs) childhood, and children’s experience of it,
are differentiated by factors such as age, gender, ethnicity, wealth, poverty,
class, status, education, and locality.

**A Brave new world of children’s rights?**

So what evidence exists that late modernity is a more enlightened period in the
treatment of children? The inauguration of the United Nation's Convention on
the Rights of the Child (UNCORC) in 1989 was ratified by 191 nations including
many of the advanced industrial nations, except for the US. However, contrary
to De Mause’s assertion (1974) that modernity represents a period of more hu-
mane and child-centred approaches to childhood, there is abundant evidence
to contradict this. Notwithstanding the fact that the practice of child sacrifice
has ceased, other forms of child abuse persists, such as infanticide (Spinelli,
2004), child slavery (Hodge, 2008; Carver, 2011; Alvarez & Alessi, 2012; Miller,
Decker & Silverman, 2007; Oram, Stockl, Busza, Howard & Zimmerman, 2012)
and global child physical and sexual abuse and neglect (Beckett & Schubotz,
2014; Stoltenborgh, 2016), child sex trafficking and sexual exploitation (Pearce,
2011; Brayley & Cockbain, 2014; Thorburn, 2015).

The question of the prevalence of child physical and sexual abuse and
neglect, relates to the controversy surrounding children’s exploitation and
the debates concerning their rights and capacity for agency. This in turn, is
inextricably linked to the controversy surrounding their competence and is
reflected in the competing discourses on childhood. On the one hand, children
are regarded as active constructors of meaning, and on the other, as passive
objects of social change; the subject of governmental and professional inter-
vention geared to their protection and well-being.

These competing discourses about children’s rights and agency still un-
derpin many international policy initiatives on child protection and children’s
rights, particularly within the context of child protection risk assessments.
These include: the Common Assessment Framework in the UK (Brandon, Howe,
Dagley, Salter & Warren, 2006), the Tuituia Assessment Framework in New Zealand, the Children’s Action Plans in Australia (Oak, 2015), the Structured Decision-Making Model or the “ACTION” risk assessment framework developed by child protection services in the US (Miyamoto, Romano, Putnam-Hornstein, Thurston, Dharmar & Joseph, 2017). Kitzinger (2015, p. 147) criticises these discourses and social constructions of childhood as put forward by what she terms as “the child protection »lobby«, asserting that the notion of childhood as a time of innocence, characterised by a-sexual behaviour is problematic, because »innocence« becomes a sexual commodity for abusers as the popularity of »kiddie-porn« illustrates. Moreover, it stigmatises the »knowing« or precocious child, as abusing the knowing child is somehow deemed a lesser offence than violating an innocent child. She also highlights how, under the guise of protecting childhood innocence, adults repress children’s sexuality and control over their own bodies (for example, the Gillick campaign to stop girls under 16 obtaining contraception from GPs) and in seeking to »shield« children from the horrors of incest or child abuse, they keep them ignorant of the dangers which may place them at risk.

A further adult-centred discourse underpinning child protection approaches, is the idea of protecting-the-weak. It is taken as a universal »truth« that in adult society children are weak and in need of adult protection, but very little analyses focuses upon the social structures and socio-legal process that disempower children and secures their marginalisation. This protectionist approach to children, results in children’s freedom being curtailed, for example, parents are encouraged not to let them out at night, and to engage in increased surveillance on children. Likewise, the paternalistic nature of many child protection campaigns, which characterises abuse as »stranger-danger« ignore the fact that much child abuse goes on in the so called »bosom« of the family by their very protectors, i.e. (usually) fathers, step-fathers, bothers, uncles, etc. who are supposed to be children’s protectors (Kitzinger, 2015).

This discourse negates the agency of children in challenging their abuse by feeling faint, running away, or by avoiding abusive situations altogether (for example, the girl who took to regular churchgoing to avoid pressure to get into her father’s bed (Kitzinger, 2015, p. 149) or children who deliberately neglect their hygiene in order to appear undesirable to the abuser. Moreover, when these strategies fail to stop the abuse these strategies are regarded as the symptoms of abuse, such as PTSD, which undermines children’s agency (Kitzinger, 2015).

Kitzinger (2015) refers to new approaches to child protection which seek to reassert children’s agency and control over their own bodies such as the “Say No” campaign in the UK. However, she contends that what is needed is a wholesale change of the very structures, social process, and legislative protocols which mask the adult power in society and which reinforce children’s low social status. She suggests that to reduce children’s marginalisation and begin to empower them, adults need to acknowledge to themselves and explain to children, the ways social structures privilege and maintain adult power and control, and to reflect upon the ways adults, wittingly or unwittingly, collude in children’s powerlessness by obfuscating their own power and control.
Ironically, the attempts to address these structural inequalities to empower children in the form of the 1989 United Nations Convention on the Rights of the Child (UNCORC), are equally imbued with these marginalising discourses, which relegate children’s self-determination and status, relative to adults (James & James, 2004). Both national and international law influence constructions of childhood because nation-states determine the key components of childhood identity, such as the age of majority and criminal responsibility. Van Bueren (1998) argues that though definitions of childhood are not universal, the early twentieth century saw the evolution of a more coherent approach to childhood issues manifest in the policy approaches of the UN, however, it is debatable whether UNCORC simply reflects Western hegemony (Dominelli, 2010).

The trouble with this Convention is that in its efforts to escape accusations of cultural relativism, it has developed a definition of childhood that is too universal and is often at odds with the political and cultural context of a given nation state:

The fundamental weakness in the philosophy underpinning the UNCORC in spite of its attempts to eschew any philosophy of children’s rights, many adults (especially adult politicians) may find the political implications of such a perspective impossible to reconcile within the cultural policies of childhood within their own societies. (James & James, 2004, p. 82)

In addition, there exist contradictions within the principles of UNCORC, for example, giving children the same rights as adults, but at the same time, recognising children as a special category of non-adults in need of protection. This causes several problems; firstly, their need for protection is reflected in the “best interest” principle of the Convention, however; “best interests” have proved extraordinarily difficult to define beyond the individual child, while adult voices dominate the debate about children’s best interests (James & James, 2004). Secondly, by categorising children as distinct from adults, the Convention implicitly highlights children’s lack of power relative to them, and lastly; it seeks to develop a needs-based approach to rights which then leads to a perception that such needs are developmental and hence, are to be defined or moderated by political or cultural considerations within a given nation-state. Moreover, the problem with universalising a right to education, is that it simultaneously reinforces the role of the state and its power over children in the form of education policy, law, and child welfare practices. It is through these legislative processes that different childhoods are imposed upon children within different cultures. Moreover, this notion of educational rights in the Convention, reflects the failure of the UN to monitor and regulate child labour (Oak, 2009).

This adult power is exemplified in the failings of the 2002 UN Special Session on Childhood to draft a declaration on A World Fit for Children. Progress was hampered by opposition from the US and other governments linked closely to what James & James (2004, p. 84) term “Christian or Islamic interests” who were opposed to: any reference in the declaration to abortion, sex education, family planning or reproductive health and any reference to the extension of children’s rights, on the basis that it is the parents’ job to bring
up children. Several delegates were opposed to any reference to »family« that was outside heteronormative frames of reference, and there was opposition from the US delegation to any reference seeking to limit the use of corporal punishment (James & James, 2004). This concerted attempt to retain adult control in determining the extent of children’s rights via UN Conventions and Special Sessions is succinctly summed up by Pupavac (2001, p. 9):

... proposals to empower children through children’s rights does not represent a move towards children having greater self-ownership. Rather the enshrinement of children’s rights mean state officials or authorised professionals instead of parents deciding what is in children's best interests. The paternalism underlying the children's rights approach is underscored by recent trends in legislation that impose more regulation and protective measures on young people ...

**Children’s marginalisation within social work practice**

Various international studies attest to the ineffective implementation of the UNCORC in England (Murray & Hallett, 2000; Hutchfield & Corens, 2011), in Wales (Leeson, 2007), in Norway (Vis, Strandbu, Holtan & Thomas, 2011), in the Netherlands (van Nijnatten & Jongen, 2011) and in Australia (Bagshaw, 2007), as well as in the ways children are marginalised within social work practice. These studies highlight children’s exclusion from discussions on parental separations and divorce. Though some of this research identified improvements in terms of a greater acknowledgement of children’s rights and participation (Thomas, 2005), there was still a considerable gulf between the rhetoric of human rights and the UNCORC principles of participation. Repeated feedback from these studies was that although they were often consulted, children felt they were not properly informed about their parents’ divorce/separation, not kept up to date with the process of proceedings, or kept informed over contact, or placement issues, or, when they were consulted, many felt their wishes and feelings were ignored (Bagshaw, 2007). Moreover, study by Vis, Strandbu, Holtan & Thomas (2011) study identified several barriers to social workers’ capacity to involve children. These included: communication difficulties, the fact that adults did not deem children’s participation necessary or that participation was considered inappropriate because it might be harmful to the child; or the social worker lacked the necessary skills and confidence to engage children. The researchers suggested that these attitudes towards children’s participation were exacerbated by the competing discourses on childhood, particularly those discourses that constructed children either as active constructors of meaning or as objects of social change (Vis, Strandbu, Holtan & Thomas, 2011).

Winter (2011) highlights the challenges presented by the UNCORC to social workers with reference to the Munro Review of Child Protection (Munro, 2010) in the UK. This report expressed concern about the paucity of social workers’ ability to enhance children’s participation in decisions about their welfare. Munro (2011) highlighted the decline in direct client-contact time and its correlation with the lack of meaningful relationships between client/
service users and practitioners, she also made recommendations for the development of a more child-centred system underpinned by the key elements of the UNCORC. Furthermore, she cited several key professional barriers to children's participation, such as: professional assumptions about children's behaviour, capacity, and competence and notions of their best interests, an over-reliance on parents' views rather than children's views of their best interests; limited opportunities for personal encounters with children; and an over-reliance on the part of practitioners, on rigidly applied age-related frameworks drawn from developmental psychology. These resulted in a tendency to underestimate what children could do. To offset these barriers she suggested that social workers should adopt the concept of «evolving capacities», exemplified in Article Five of the UNCORC, when assessing children's competence (Munro, 2011).

**The new sociology of childhood**

Reflecting upon Kitzinger's (2015) suggestion that adults need to make explicit to children the sources of adult power and control in a way that they can understand, prompts consideration of how the new sociology of childhood (NSC) (James, Jenks & Prout, 2007; Prout, 2011) can be utilised to achieve this, and in so doing develop a more child-centred approach to practice. Prout (2011) suggests that though the NSC is not yet a fully-fledged paradigm, it has the potential to be, if it can create space for «childhood» as a source of study, within sociological discourse. To do this, as an intellectual endeavour, it needs to confront the contemporary phenomena of childhood as a dynamic, destabilising, contradictory and conflicting phenomenon.

An NSC approach is necessary, because the old sociology of childhood as a product of late modernity, with its universalising concept of socialisation, had become obsolete because it lacked the conceptual frameworks to account for the rapid changes in, and manifestations of, global childhoods in the twenty-first century. Whether it evolved from post-modernity or late modernity, like many forms of social science of the late twentieth century, the NSC was a reaction to the meta narratives like Functionalism, with its concept of socialisation, to explain childhood. The key features of the NSC are that: it adopts an interactionist perspective, which reasserts children's agency, it embodies a critique of the concept of socialisation to explain the universalism of childhood, it argues for the historical and temporal specificity of childhood, it focuses on the constructions of childhood through various discourses and, above all, it opposes the biological determinism of universal models of child development (James, Jenks & Prout, 2010).

For advocates of the NSC, the main weakness of the old sociology of childhood is that it seeks to understand childhood via three of modernity's key dichotomies; agency/structure, nature/culture and being/becoming. Each of these dichotomies have inherent weaknesses in accounting for the multiplicities of childhood forms that have developed in the twenty-first century and thus, underpin effective child-centred welfare policies.
The agency/structure dichotomy regards childhood as a fairly fixed entity within nation-states (as exemplified in conceptualisations of »need« in the UNCRC) and so, ignores the impact of globalisation and global migration in creating a plurality of childhoods. In addition, children are regarded as being structurally determined, as it ignores children's capacity for some degree of agency in the construction of their own childhoods.

The biological reductionism implicit in the nature/culture dichotomy is reflected in the fact that it does not acknowledge the ways both childhood and adulthood are relationally produced i.e. both childhood and adulthood are “effects produced within discursive acts” (Prout, 2011, p. 7). It also fails to recognise that childhood as a hybrid. In contrast, the NSC challenges the idea of »childhood« as a natural, universal stage of human development.

In terms of the being/becoming dichotomy, the NSC criticises the idea of childhood as an »in-between« stage on the road to adult maturation. It argues that childhood and adulthood are both in states of maturation, a constant stage of »becoming« within the human life-cycle. Also, the dichotomy between being/becoming is becoming meaningless with changes in employment and the family (Alanen, 2001). This dynamic affects children's experiences of the maturation process. It is this dichotomy which creates problematic conceptualisations for social workers when seeking to address questions on children's competence and notions of »best interest«.

Which new sociology of childhood?
The main weaknesses of this type of NSC however, is its over-emphasis on children's capacity for agency, its preoccupation with discursive analyses, and hence, its tendency to ignore the material dimensions which also influence the ways childhood is produced within any given society. However, Prout’s NSC approach suggests a framework to address these and the other problems generated by the old sociology of childhood’s adoption of dichotomies. The three key concepts that make up Prout’s NSC are; the concept of the »excluded middle« (the space between these dichotomies which result in hybrids of childhood), the application of actor-network theory (ANT) to examine the networks which produce various childhoods, and the co-construction of generational relations.

As a theoretical framework, the »excluded middle« is the space that produces various manifestations of childhood and Prout (2011) argues the process by which these manifestations occur can be usefully explored by linking them to various concepts like, symmetry, networks, mobility, and generational relations. Whilst advocating an interdisciplinary approach to childhood because it is such a complex phenomenon, Prout (2011, p. 9) also suggests the use of symmetry, i.e. understanding how different versions of childhood emerge from the symmetry of networks; natural, discursive, and hybrid materials. Using the concept of networks that is conceptualising childhood as series of different and conflicting orderings, he suggests, actor-network theory can be used to avoid the opposition of dichotomies, like agency/structure, or nature/culture, which then enables us to see childhood and adulthood as
hybrids which straddle these key dichotomies. Also, actor-network theory enables us to recognise the rise of new networks which produce new forms of childhood. When using actor-network theory to identify and understand new constructions, Prout (2011) suggests it is useful to ask: what new networks produce new forms of childhood?

Mobility also influences the bodily construction of childhood i.e. the result is transnational childhoods and mobility of information such as through the internet, social network sites and the media. These all provide a mobile, and steady flow of images, knowledge, values, and ideologies which all influence the various constructions of childhood.

Generation relationality refers to the concept of generational relations and links well to the notion of the “excluded middle”, because it shifts from seeing childhood as an essentialised category (reduced to biological or developmental stages) towards seeing it as being produced within a set of social relations between various generations, such as the »Baby-Boomer« generation of adults constructing the childhoods of their children in the 1970’s and 1980’s. Thus, it is concerned with the practices that are involved constructions of childhood and allows for hybrid characters of childhood.

Using the model of the NSC as developed by Prout (2011), practitioners are more likely, not only to recognise the contradictory and contested nature of children’s agency in different contexts, but also to recognise the multiplicities of childhoods constructed by adults that result in their marginalisation. This has the potential not only to render a more critical application of the principles of UNCORC, but also to develop new ways to engage children in decisions regarding their welfare and protection. This approach coupled with a more humanistic or spiritual approach to social work practice has the potential to reassert the place of children as autonomous social actors, in the construction of their own childhoods.

**Secular humanism and social work practice**

Any discussion on secularism or humanism usually entails a discussion of their relationship to religion and spirituality, and this relationship is difficult to conceptualise, because all these terms have multiple and competing definitions and are contested. To begin with, what is meant by the term secularism? Critics of secularists such as Dawkins (2009) and Hitchens (2007) argue that they tend to argue for a clear separation of religion and state which does not exist in many Western countries, and it is highly debatable as to the extent to which any nation is truly secular, because dimensions of religiosity are hard to measure (Holloway, 2007; Crisp, 2008; Jensen, 2011). Many authors prefer to talk about a post-secular (Habermas, 2006) or post-Christian (Crisp, 2008) society when discussing religious behaviour in their own countries. In addition, secularism stands accused of amplifying the place of religion in politics (Asad, 2003). Other critics (Said & Barsamian, 2003; Mahmood, 2006) assert that secularism is simply another form of Western ethnocentric hegemony, which is often used to criticise Islam as a backward, introspective, and authoritarian
religion and to justify Western (and in particular, US) foreign policy in the Middle East. Mahmood (2006) goes even further in her critique, arguing that secularism represents an attempt to control religious subjectivities in the public sphere, while both Bowpitt (1998) and Jansen (2011) question its »rational« and scientific credentials, pointing to its origins in the Western Enlightenment era, with its strong Christian underpinnings and notions of liberty, spirituality, and assumptions about the place of religion in society.

There is even controversy about secular humanism amongst secularists, due partly to the way the secular humanist movement evolved. In the US for example, it developed in the nineteenth century from two strands: the Evangelical free-thinking movement, which reacted to religious orthodoxy on the one hand, and the atheist movement on the other. As late as 1933 the American Humanist Association was still referring to »religious humanism« in its manifesto for social change and it was not until 1973 in the Secular Humanist Manifesto II that the word »religious« was removed (Cimino & Smith, 2007). This was despite the fact that, in 1912, the US Supreme Court declared secular humanism to be a religion. This removal, in turn led to a schism between free-thinkers and atheists and led in 1980 to the establishment of the US Council for Secular Humanism which, in a departure from its predecessor, advocated a greater role for science and technology in society, a concern with ecological issues and population control, a preoccupation with addressing global poverty and enhancing democracy (Cimino & Smith, 2007).

Despite the initial optimism, secularists had regarding the inevitable triumph of secularism over religion, the late twentieth and early twenty-first century, has witnessed the rise of religious fundamentalism, particularly in the US, with the rise of the Christian Right, which has placed the US Secular Humanist Society on the »back foot«. Ironically in response to this, the Council for Secular Humanism and other secular and atheist groups have adopted the tactics of the Christian Right in an attempt to recruit »believers« into the fold (Cimino & Smith, 2007, p. 411).

Notwithstanding these criticisms, it is possible to explore how secular humanism can be used to develop a spiritual social work practice, depending upon how one views secular humanism, and considers the extent to which secularism exists in society. Common features of secular humanism are: a concern with collective responses to human welfare, promotion of democracy, the pursuit of human justice and the assertion that any ethical and moral principles to govern behaviour do not require religious precepts (Hitchens, 2007).

**Religion and spirituality in social work**

There is increasing recognition of the importance of spirituality in social work, not simply in the belief that it contributes to holistic forms of well-being such as the WHO, Quality of Life WHOQOL (Power, Bullinger & Harper, 1999) assessment tool used in health settings, but also because the promotion of spirituality is instrumental in achieving effective anti-oppressive practice with clients with a multitude of religious and spiritual beliefs and affiliations (Crisp, 2008;
Holloway, 2007). Furthermore, Article 27 UNCRC identifies a child’s right to religious and spiritual freedom, and to have opportunities to exercise those rights (Taylor, 2017). There is increasing evidence of practitioners drawing upon spiritual and religious beliefs both in training and post-qualifying (Lloyd, 1997; Canda, 1998; Holloway, 2004; Canda & Furman, 2010). The precise impact of this trend is difficult to gauge, because (as stated earlier) dimensions of religious behaviour are difficult to measure. Holloway (2004) suggests that dimensions of religiosity or religious behaviour can be classified into four types which are useful for understanding how both practitioners and clients make sense of spirituality. Firstly, there is the fundamentalist who engages in strict adherence to a prescribed set of religious beliefs and practice to the exclusion of all other religious and non-faith-based belief positions; secondly, «to cleave tightly» that is a person who has respect for, and draws upon certain elements of a religious tradition without espousing its precepts; thirdly, a religion without a religion – where a person identifies with a religious culture, but where religious faith is not of great significance, and lastly, «homeless-humanism», which is similar to secular humanism, which is where a person subscribes to humanistic beliefs devoid of any specific religious creed (Holloway, 2007, p. 266).

These different forms of spiritual behaviour reinforce the complexity of defining spirituality. Crisp (2008) suggests that a trawl of international literature demonstrates that definitions of spirituality can be regarded on a continuum, with those which define spirituality by assuming that it necessarily involves a relationship with a deity, at one end, to those definitions which expunge any notion of a supreme being or higher power, from all epistemological considerations, at the opposite end of the continuum. However, common to several definitions of spirituality found in literature, is the search for meaning and purpose in life, and focus away from material considerations (Furman, Benson, Canda & Grimwood, 2005; Staude, 2005). Rolheiser (1999) asserts that all humans are intrinsically spiritual, in the sense that they are either in harmony with the “self”, others, the wider environment, or experiencing alienation from these phenomena. For Crisp (2008), spirituality in social work relates to the need for humans to make connections to others to enhance the quality of life. Holloway (2007, p. 278) suggests that it is a search for meaning, and answers to questions, or problems that are not amenable, or reduceable, to therapeutic techniques.

Despite the increasing importance of spirituality in social work, Holloway (2007) highlights how in the UK social work academia has been reluctant to include it within the social work curriculum. Part of this resistance might be due to social work’s anathema to religion, having evolved in the evangelical tradition of the nineteenth century Charities Organisation Society and its Victorian preoccupation with separating the »deserving« from the »undeserving« poor (Lewis, 2010). At the same time, social work was keen to establish its professional credentials by embracing the new social sciences (Bowpitt, 1998). Nonetheless, Holloway (2007 p. 275) points out that many dimensions of spirituality being developed in social work take their inspiration from the great religious traditions, and she cautions against decoupling spirituality from religion, otherwise it is in danger of becoming a life-style choice, which
thus, removes it (and possibly, the people in most need) from the business of social work.

In contrast, Crips (2008) contends that it is possible to develop a secular, or post-Christian form of spiritual social work. The framework of spirituality she proposes does not use religious language or concepts, so can be used with clients who have little or no religious experience. This model of spirituality is constituted by four dimensions; spirituality as lived experience, spirituality as creativity, spirituality as ritual, and spirituality through connection with place or space. Spirituality as lived experience is concerned with practitioners and clients, attending to their lived experience as authentically as possible by paying close attention to the feelings associated with it. For social workers, this includes acknowledgement that for many clients, the pain and trauma of child abuse or domestic violence for example, manifests itself bodily, not simply in the form of physical injury, but also in the ways it impairs capabilities and a sense of agency and spiritual development. It means acknowledging and supporting clients through this pain and suffering and helping them to foster hope, not by “romanticising the hurt” (Chopp, 1995, p. 68) with glib conceptualisations of resilience, but by recognising the tough „journey“ they have made towards a more hope-filled existence.

Crisp (2008) asserts that hope is an important aspect of any spiritual social work practice, because it has transformative capacity to move people from mere survival or subsistence to a meaningful existence. Similarly, spirituality as creativity can take many forms and is not confined to the visual or creative arts. It is immaterial whether clients regard themselves as creative or not, creativity in this sense, refers to the utilisation of imagination, whether in work, acting as a parent, engaged in advocacy or involvement in social justice. Creativity is crucial in helping children and promoting their spiritual development. This could be something simple along the lines of practitioners creating a safe space for children to play, to be curious, to let loose their imagination and to develop a fascination with life (Crisp, 2008, p. 369).

A ritual in the sense of something that is sacred, has great significance within different religions. However, such rituals can also refer to everyday objects or artefacts that might be of emotional or spiritual significance to the person. This is spirituality as ritual. People may have objects or personal rituals that connect to their spiritual well-being, and even though they are not considered sacred, they still hold meaning. Crisp suggests that such rituals may have great significance for the individual because they are connected to a loved one, or a time of happiness, or contentment, or an opportunity to remember the loss of someone or something, or to grieve, and as such, have the potential to:

Transform the mundane into a space in which people are made to feel special or important, rather than a cog in a piece of machinery... (Crisp, 2008, p. 369)

Spirituality as place or space reminds social workers that they cannot ignore the significance of temporality or location in people’s lives, particularly if
clients have experienced dislocation and relocation due to diaspora. Just as relocation offers the hope of a new future, conversely it can be a powerful reminder of loss of homeland, community, and family. It is through connection to places that human beings derive their sense of identity. Place is also important to spirituality, as Sheldrake (2006, p. 43) notes, there is: “a vital connection between place, memory and human identity”. Space, on the other hand is distinguishable from place, because it can be temporal, and can represent a source of freedom, or a situation devoid of accountability. It can also take the form of time away, not just physical space, from pressures, responsibilities, stress inducing situations, and thus, it can enhance well-being.

Using this framework for a spiritual social work is important when working in a secular context because it can be used in work with clients, either with or without a religious affiliation:

Considering spirituality in terms of lived experience makes intrinsic sense, particularly when working in a secular context with service users and carers who may have little or no experience in reading or discussing issues of religion or spirituality. It can also enable discussion of spiritual issues to be incorporated into social work practice when either practitioners or service users have no religious background or affiliation (or no shared religious background), taking care to minimize the use of explicitly religious language. Importantly, it provides a way of beginning conversations in which spiritual issues and values and beliefs may surface, and by opening up discussion on these topics, service users may choose to respond by discussing specific religious practices or beliefs which are important to them. (Crisp, 2008, p. 368)

Conclusion

In advocating for a spiritual child protection practice, which combines new sociology of childhood with a humanistic approach, this article has demonstrated how Western constructions of childhood are drawn from adult-centric perspectives, which in turn are underpinned by discourses which pre-date the Enlightenment era. It has shown how such discourses underpin both the UNCORC and the initiatives generated by the Western »Child Protection lobby« (Kitzinger, 2015) and how such initiatives fail to address children’s protection needs, and contribute to their continued marginalisation. By engaging in a comparison of the old and new sociologies of childhood, it has offered an alternative approach to child protection practice by illustrating how the old sociology of children, with its epistemological roots in modernity, was ill-equipped to address the rapid shift in the changing, destabilising and contradictory, manifestations of childhood that have occurred, because of globalisation and global migration. It has highlighted how the new sociology of childhood could address the short-comings of old sociology of childhood’s dualisms, its biological reductionist models of maturation, its structurally deterministic models of socialisation, and in addition, shows the failings of its universal model of child development, which continue to underpin much social work practice.
In discussing Prout’s application of actor-network theory and the »excluded middle«, it has presented childhood as: multiple, contradictory, and hybrid; while the concept of generational relations, reinforced the idea of social work as a relationship-based profession. This led inevitably, into a discussion of the importance of a spiritual dimension for social work in order to address the challenge of generating empowering anti-oppressive practice. In conceptualising spiritual social work practice, it interrogated secularism and humanism, both for their ethnocentric dimensions, and their origins in the Judeo-Christian tradition, and for secularism’s insistence on a clear delineation between secular and religious states, which in many Western nations, has proved to be illusory.

Drawing upon Crisp’s (2008) model of a spiritual social work for secular society, it has demonstrated that it is possible to develop a framework for a spiritual social work practice which can be easily integrated into praxis with children, owing to its concepts of lived experience, creativity, ritual, and a spirituality of place and space. This spiritual framework, linked to concepts such as: actor-network theory, networks, and generational relations, can be combined to render a more coherent approach to childhood and to generate greater empowerment of children as autonomous social actors, while recognising the dialectical nature of their agency. In making the case for this type of spiritual social work, the article was not arguing for the exclusivity of a secular spiritual model, but merely identifying the important contribution it could make to empowering child protection praxis.

Sources


Integrated social work management model in the Republic of Slovenia

The social work of today is dealing with partially unsuitable knowledge, which has been produced in a different epoch of the welfare state and as a consequence, social work is still dominated by various twentieth century theories that are primarily focused on direct practice expertise. Nowadays social work globally has changed and in order to achieve desirable outcomes, social workers also need to understand and learn about complementary skills that extend their extensive knowledge about direct practice. Already back in 2004, management was recognised as one of the 13 core purposes of the social work profession, however, there are still concerns about social workers’ lack of knowledge and skills in management practice. Authors believe that management can help in the progress of the field. Based on a thorough literature review and analysis of existing secondary data, authors propose a systematic approach towards an improved social work management model that integrates the field of social work with related areas (namely humanitarian organisations, the deinstitutionalisation process, calls for higher process and budget efficiency, appropriate management skills and organisational design). These five pillars of the integrated social work management model, therefore, advance the frontiers of social work science. The authors also discuss the contribution of the model to the social work management theory and its practical usefulness.

Key words: managerial skills, public administration, social security, humanitarian organisations, deinstitutionalisation, social services.

Simon Colnar, Vlado Dimovski, Barbara Grah

Integrated model menadžmenta v socialnem delu v Sloveniji

Socialno delo se danes srečuje s problemom deloma zastarelega znanja, ki je bilo ustvarjeno v drugačnem okolju socialne države in se praviloma nanaša na znanje o socialnem delu v praksi. Socialno delo se je na globalni ravni spremenilo in za doseganje želenih rezultatov danes morajo socialni delavci razumeti potrebo po pridobivanju komplementarnih znanj in spretnosti, ki lahko se dodatno razširijo njihovo obstoječe znanje o socialnem delu v praksi. Že leta 2004 je bil menadžment priznan kot ena izmed 13 ključnih funkcij socialnega dela, a se danes v praksi še vedno srečujemo s socialnimi delavci, ki nimajo dovolj znanj in spretnosti glede menadžmenta. Avtorji trdijo, da lahko menadžment pomaga pri napredku socialnega dela. Na podlagi obširne raziskave literatur in analize sekundarnih podatkov avtorji predlagajo sistematični pristop k izboljšanem modelu menadžmenta v socialnem delu, ki povezuje socialno delo s povezanimi področji (kot so humanitarne organizacije, proces deinstitucionalizacije, zahteve po večji procesni in proračunski učinkovitosti, primerna menadžerska znanja in organizacijski dizajn). Pet stebrov integriranega modela menadžmenta v socialnem delu bo tako pripomoglo k napredku znanosti v socialnem delu. Avtorji raziskujejo tudi prispovek predlaganega modela k teoriji menadžmenta v socialnem delu in njegovo praktično uporabnost.

Ključne besede: menadžerske spretnosti, javna uprava, socialna varnost, humanitarne organizacije, deinstitucionalizacija, menadžerske storitve.

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Introduction

OECD (2017a) defines gross domestic product (hereinafter GDP) at market prices as the expenditure on final goods and services minus imports: final consumption expenditures, gross capital formation, and exports less imports. Santos (2016) argues that there is, generally, a correlation between a country’s wealth, and the share of GDP going to social policies, however, this is not necessarily the case in every country. In the case of the Republic of Slovenia, competitiveness is slowly improving and the economy is recovering after the global economic and financial crisis (Institute for Macroeconomic Analysis and Economic Development, 2017). Secondary data regarding GDP shows that the Republic of Slovenia is now, approximately, at the same level of GDP growth as prior to the crisis that started in 2009, however, social problems still continue to increase. The authors provide, in Table 1, an overview of GDP growth rates in the Republic of Slovenia in the period from 2008, including the spring 2017 estimates for 2017 and 2018:

Table 1: GDP Growth Republic of Slovenia (2008–2018).

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</thead>
<tbody>
<tr>
<td>GDP (real growth rate, in %)</td>
<td>3.4</td>
<td>−7.8</td>
<td>1.2</td>
<td>0.6</td>
<td>−2.7</td>
<td>−1.1</td>
<td>3.1</td>
<td>2.3</td>
<td>2.5</td>
<td>3.6</td>
<td>3.2</td>
</tr>
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</table>


Nevertheless, according to the International Institute for Management Development (2017) report on the competitiveness of countries, the ranking of the Republic of Slovenia remains relatively low. On the top of the scale of competitiveness out of the observed 63 countries studied are Hong Kong, Switzerland and Singapore, and among the European Union (hereinafter EU) countries, the Netherlands, Ireland, and Denmark are the leading players. The Republic of Slovenia is ranked in the second half of the list (43rd place), which positions it at 20th place among EU countries. However, the future forecast in general remains moderately optimistic as most of the macroeconomic indicators in recent years have improved and reached values closer to values prior to the crisis. The authors add that social problems will not be resolved solely by the regrowth of GDP and improved country competitiveness.

OECD (2017b) defines the unemployment rate as the number of unemployed people as a percentage of the labour force, where the latter consists of the unemployed plus those in paid or self-employment. Magister (2016) argues that unemployment is a major problem for society, both economically and socially. In Slovenia, in 2014 almost 55% of all unemployed people were receiving some kind of cash benefit (social assistance) from the state (Magister, 2016). Similar to the regrowth of GDP, the situation in the labour market in Slovenia continues to improve. The number of persons employed is now at about the same level as in 2008 (prior to the crisis). At the end of July 2017,
84,793 persons were registered in the unemployment register, which is 15.0% less than in June 2016 and this represents a significant improvement (Institute for Macroeconomic Analysis and Economic Development, 2017), however, the majority of people that remain unemployed will still require some kind of social assistance in the near future.

The Slovenian smart specialisation strategy (Government Office for Development and European Cohesion Policy, 2015) is a platform for focusing on developing investment in areas where Slovenia has a critical mass of knowledge, capacity, and competence, and on which it is has an innovative potential for positioning in global markets. One of its goals is to strengthen the competitiveness of the economy by strengthening its innovation capacity and another goal is to increase VAT per employee. With improving competitiveness, Slovenia would be able to generate more GDP growth and to create new jobs, which would indirectly influence social work. However, nowadays, despite a clearly set smart specialisation strategy and relatively favourable economic picture, the positive indicators are not yet noticed in the field of social work. Still, as a consequence of the last economic and financial crisis, the Republic of Slovenia is dealing with the problem of growing numbers of social benefit recipients and growing numbers of socially excluded people. Utilising existing secondary data obtained from the Ministry of Labour, Family, Social Affairs and Equal Opportunities, Figure 1 shows the increasing number of people that were entitled to financial social assistance in the period from 2012 to 2016.

Figure 1: Number of people entitled to financial social assistance in the Republic of Slovenia (2012–2016).

[Bar chart showing the number of people entitled to financial social assistance from 2012 to 2016]

Source: Ministry of Labour, Family, Social Affairs and Equal Opportunities, 2017.

Moreover, examining existing secondary data regarding the national budget of the Republic of Slovenia, Table 2 presents data about country expenditure, current transfers and more specifically, data about transfers to individuals and households. As evident (Table 2), resources allocated to these specific budget items are slowly declining, implying that stakeholders in the field of social work will have to acknowledge the limited resources allocated to their work field and learn new ways of how to better manage existing funds.
Table 2: Budget constraints for social work in the Republic of Slovenia, 2012–2016.

<table>
<thead>
<tr>
<th>Budget item</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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</thead>
<tbody>
<tr>
<td>Expenditures (€)</td>
<td>9,013,907,176</td>
<td>9,631,070,611</td>
<td>9,816,668,881</td>
<td>9,947,105,165</td>
<td>9,540,115,392</td>
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<tr>
<td>Current transfers (€)</td>
<td>5,258,423,527</td>
<td>5,355,953,256</td>
<td>5,237,580,698</td>
<td>5,087,220,008</td>
<td>5,202,073,710</td>
</tr>
<tr>
<td>Currents transfers (% of expenditures)</td>
<td>58.34%</td>
<td>55.61%</td>
<td>53.35%</td>
<td>51.14%</td>
<td>54.52%</td>
</tr>
<tr>
<td>Transfers to individuals and households (€)</td>
<td>1,416,057,089</td>
<td>1,262,949,920</td>
<td>1,198,317,841</td>
<td>1,180,387,855</td>
<td>1,220,319,689</td>
</tr>
<tr>
<td>Transfers to individuals and households (% of all expenditures)</td>
<td>15.71%</td>
<td>13.11%</td>
<td>12.21%</td>
<td>11.87%</td>
<td>12.79%</td>
</tr>
</tbody>
</table>


Economic indicators such as GDP growth, competitiveness, unemployment rates or national strategies are aspects which definitely influence the functioning of social work, however, they are perhaps areas where social work cannot directly influence future movements or trends, therefore, it makes sense to point out other areas in which social work can act upon and improve its functioning inside their own field. Managerialism was introduced into social work as a new approach to the coordination, management and delivery of services, loosely based around the concepts of the three M’s: markets, managers and measurement (Ferlie, Ashburner, Fitzgerald & Pettigrew, 1996) and the three E’s: economy, efficiency and effectiveness (Audit Commission, 1983, p. 8).

Hasenfeld (2010) confirms that there has been an external shift to new managerialism and business management strategies. In the example of the UK, Trevithick (2014) argues that it was introduced to improve practice and the cost of service provisions (Hughes & Wearing, 2012, p. 21). It was also introduced to improve professional decision-making (Munro, 2010, p. 12). Since its introduction, managerialism has received some criticism, as Trevithick (2014) asserts that the rigid forms of managerialism pose the most serious threat to the future of social work and how social workers are seen by others, including the general public, and emphasises that managerialism’s greatest weakness is its failure to recognise the importance of emotions. Undoubtedly, social work values constitute a unique framework for the practice of management (Webster & Tofi, 2007).

Contrary to the opinion of Trevithick (2014), Ruch (2012) argues that in the past few years we have witnessed a growing recognition of the importance of management and leadership in the social work profession, accompanied with the need for dedicated programmes of training and support for frontline managers. Furthermore, the impact of the current financial climate on social work practitioners and the lack of investment in professional education and training have led us to a situation where there is more for social workers to do, but in less time and with fewer opportunities for reflection and new learning (Kelly, 2016).

Globally, and in Slovenia, social service organisations often promote social workers from direct practice to middle management positions or ask them to
add administrative responsibilities to their existing roles. In this transition, social workers often encounter problems as they are typically equipped with knowledge and skills that pertain more specifically to direct practice, but are asked to assume responsibilities that often contradict the direct practice perspectives and skills they possess (Tolesson Knee, 2014). Shera & Bejan (2016) similarly add that many social workers with primarily direct practice experience have been increasingly moving into upper-level administrative roles within organisations and that, unfortunately, many of these leaders do not have an adequate base of knowledge and skills needed to manage human service organisations. To further highlight this issue, the Ministry of Public Administration of Slovenia (2014) emphasised that in general, neither public sector employees nor public sector middle and top management have sufficient managerial skills. Furthermore, the acquisition and development of knowledge in the field of management is not carried out in a comprehensive and systematic manner. As social work is part of the public sector, this represents a gap in knowledge that needs to be addressed.

The case of Slovenia and its public sector is interesting from the researcher’s point of view as its public sector once functioned better than today and was, according to the Measurement of the quality of government and subnational variation report issued by the University of Gothenburg (2010), ranked 17th in the EU-27 countries regarding quality of government (government effectiveness, control of corruption, rule of law and voice and accountability). Whereas Lipnik (2016) argued that only Slovakia, Greece and Italy have a worse functioning public sector than Slovenia. The constant worsening of the situation is alarming and the public sector in general needs to improve. Social work as an integral part of the public sector which also offers services to users could represent a starting point, where modern management measures could contribute in addressing the gap in managerial knowledge, thus, improving its overall functioning and quality of services. With the aim of improving the situation in the public sector, measures taken in the social field in Slovenia could represent a benchmark or an example of good practice for similar countries in southern Europe and also more globally, addressing local specifics of specific countries.

To gradually integrate more management topics into the field of social work, we would have to start with steadily adding more specific management topics into educational social work institutions. Based on the curricula of the Faculty of Social Work, University of Ljubljana (Faculty of Social Work, 2018), the authors hypothesise that a lot of the study today in Slovenia is orientated to shaping students into excellent social workers in practice with a very solid knowledge base regarding their profession, however, we believe that nowadays social workers also need to have more knowledge related to other topics, namely management, as eventually down their career paths they will have to perform several tasks that are out of their primary field of expertise. The authors argue that some minor modifications to the existing curricula of the Faculty of Social Work, such as the inclusion of more management topics, would be beneficial for future social workers and managers in Slovenia.
Figures, facts and phenomena presented, along with the growing needs and desires of socially endangered people, demand new and innovative approaches in the field of social work. Flaker (2016) argues that social work knowledge, produced in the time of a robust welfare state, is no longer sufficient. With new roles and tasks given to social work (where Flaker adds that they are mainly against the people and not for and with them) and with the lack of resources that social work can provide, they have become, without doubt, no longer useful in today’s world. Therefore, the purpose of this paper is to analyse, examine, and discuss complex issues that have arisen in the field of social work in recent years. The goal of this paper is to propose a systematic approach towards building an interdisciplinary integrated model of social work management that strives toward the optimal use of allocated budget funds and improving the quality of social services for users. By conducting a literature review and using existing secondary data, this research represents the starting point of a gradual movement towards more complex managerial and organisational issues in social work.

Social protection in the Republic of Slovenia

The main goal of social protection in the Republic of Slovenia is to ensure dignity and equal opportunities, as well as to prevent social exclusion. A fundamental condition for the functioning of the Republic of Slovenia as a social welfare country is harmonious economic and social development. The social development strategy facilitates social policy as a set of goals, measures, and other instruments that the state develops and uses to enable individuals and groups of the population to satisfy their personal and collective interests and act as full and equal members of society, as well as the state. Social policy is in the strictest sense defined as a set of measures to ensure an individual’s social security. Social security is defined by professional principles, rules and activities that enable an individual to become involved and remain involved in the social environment, as well as to actively participate in it. In doing so, the state provides material and social rights, whereas the individual contributes in the form of taxes and other compulsory duties. The rights of the individual are explained in more detail in the Social Protection Act (Ministry of Labour, Family, Social Affairs and Equal Opportunities, 2017).

A social welfare country is definitely not a new concept, as it has its roots in Bismarck’s Germany in the second half of the 19th century. In the social welfare state, social work organisations occupy a key structural position as providers of social benefits and services. As this volume attests, considerable efforts have been made to understand these important organisations and how they operate (Hasenfeld, 2009). A social welfare country has always been based on the assumption that the society creates enough VAT per employee and thus, creates a surplus that can enable the minority to temporarily receive social assistance. Through the expansion of social rights, which was mainly due to pre-election promises and to the consequences of the global economic and financial crisis, we have now encountered an absurd situation,
where the number of dependent citizens, who can no longer survive without state social assistance, next to everything else the state offers free of charge, is now greater than the number of contributors in the state system (Sušnik, 2016). Moreover, current projections predict that the number of older people (65 and older) in the Slovenian population will almost double in the next 35 years, which will also have serious additional consequences on several fields, including the social security system (Social Protection Institute of the Republic of Slovenia, 2016). Mali (2016) adds that the rapid ageing of the population and the simultaneous decline in the proportion of young people in the western world has already introduced many changes into, hitherto, stable systems.

When state social services (governmental) organisations cannot satisfy all of the population needs, the role of humanitarian (non-governmental) organisations becomes even more important. In the Republic of Slovenia the Law on humanitarian organisations (2003) defines that

the status of a humanitarian organisation under this act may be acquired by societies and federations of societies in which their members, in accordance with the principles of non-profit and voluntary actions in the public interest, carry out humanitarian activities in the fields of social and health care in accordance with this act.

The role of humanitarian organisations in the Republic of Slovenia in helping vulnerable groups and individuals in alleviating the poor social situation and the various disadvantages of the population has increased significantly during the global economic and financial crisis (Social Protection Institute of the Republic of Slovenia, 2016). According to Novak (2015), in 2013, at least once, the aid of humanitarian organisations was necessary for 739,318 persons, while in 2014 the number of people who turned to humanitarian organisations at least once reduced, however, 655,354 people still needed help. Humanitarian organisations have also acknowledged that users of their programmes need a greater amount of assistance, their problems are more complex, they are included in the programme for a longer time, and the resolution of their problems requires broader knowledge in different areas.

Nevertheless, despite favourable macroeconomic indicators and positive trends in the field of employment, non-governmental and humanitarian organisations also do not perceive that the situation related to their work with materially poorly positioned individuals and families has improved. In addition, social work centres have indicated they agree with the humanitarian and non-governmental organisations’ opinion (Social Protection Institute of the Republic of Slovenia, 2016). The authors argue that the role of nongovernmental institutions will only grow in time and that another similar trend will be to involve more volunteers in social work practice. Related to this topic, it is necessary that social workers will be able to manage volunteers, and have administrative skills. As stated by Brudney & Meijs (2014), this trend of involving more volunteers is a consequence of limited budgets and the growing demands for social services.
Deinstitutionalization in the Republic of Slovenia

The Ministry of Labour, Family, Social Affairs and Equal Opportunities (2015) adopted the European Commission’s definition of deinstitutionalisation as the abolition of (total) institutions and the process of development of a whole range of community services, including preventive ones, to eliminate the need for institutional care. We also need to understand the process of deinstitutionalisation as a change in the relationship between professionals and users, taking on new social roles and higher involvement of users, the shift of power from professionals and institutions to the users, as well as a change of the epistemology of understanding long-term distress. Flaker & Ramon (2016) define deinstitutionalisation as the process of closure of total institutions, while simultaneously creating services that have the potential to support people in distress and enable them to live as ordinary lives as possible in the community. Rafaelič (2015) adds that we do not today discuss deinstitutionalisation only because of its ethical and practical reasons, but also because it is indirectly and directly dictated by numerous human rights declarations and other international and national documents.

The opening of institutions is a process that began in the western world immediately after the Second World War. After successful attempts in Italy and Great Britain (in the 1980s and 1990s), deinstitutionalisation became a global platform and strategy. The deinstitutionalisation processes in Slovenia has been going on for a long time, bringing positive and negative results. The Republic of Slovenia encountered three waves of deinstitutionalisation, the first one being in the 1980s in educational institutions. The second occurred in the 1990s, by multiplying community forms of care in all areas, especially through the initiative of different civil initiatives and movements, and was carried out by non-governmental organisations. The third one took place in institutions over the last decade, with the relocation of a large proportion of residents into accommodation units.

Deinstitutionalisation should also be understood as a necessary response to the rising demands for formal care. Specifically, between 2012 and 2015, the number of long-term care users increased by 10%, and on average, there are 1,300 new users in the Republic of Slovenia, every year. The demands are also rising due to the ageing population, and partly also because of the changed socio-cultural forms of care - in terms of the increased number of people who need care, but fewer people who are able to provide care; employees are now more under pressure from their employers or care more about their career; more focus is on the individual; and more and more people live in ever smaller households and/or are isolated.

In recent years, the response to the growing demands of the population in the Republic of Slovenia has been, primarily, to increase the capacity of institutional care and the relative stagnation of community services development (Ministry of Labour, Family, Social Affairs and Equal Opportunities, 2017). The authors argue that better knowledge of management principles is necessary to tackle pressing issues such as limited funds and growing existing demands for formal care.
Facts and figures, such as the funds per user in institutions are 4 times higher than the funds per user in the community, indicate that deinstitutionalisation is perhaps a desirable outcome from the economic point of view of social work (Ministry of Labour, Family, Social Affairs and Equal Opportunities, 2015). Nevertheless, the economic factors have not been, nor should be, the primary basis for determining policy on developmental disability services. However, we still cannot neglect the fact that decisions about institutional downsizing and closure have economic consequences. It is fundamentally important that research based information about these consequences is available to policy makers, administrators and advocates, so that deinstitutionalisation can be planned and implemented in a rational, economical and sustainable way (Stancliffe, Lakin, Shea, Prouty & Coucouvanis, 2004).

**Budget and process efficiency in social work in the Republic of Slovenia**

Klychova, Faskhutdinova & Sadrieva (2014) define that budgeting represents the higher level of business development and allows for focus on long-term results, effective use of financial resources, supervising business activities, and assists in making sound and timely managerial decisions. Budgeting helps towards effective cost management and financial performance of an organisation, and allows organisations to compare all planned costs and anticipated revenues for the coming period.

Process efficiency is the capability of human resources to carry out a certain process in the way that ensures minimised consumption of effort and energy with the purpose of simplifying implementation through obtaining more results with fewer resources (Task Management Guide, 2017).

After the latest global economic and financial crisis, pressures on public budgets have increased and it is expected that this will also have influences on the provision of social services (Kubalčikova & Havlíkova, 2016). Anttonen & Karsio (2016) add that governments in all post-industrial societies are searching for socially and economically sustainable solutions to meet the care needs of increasingly older populations. Galpin (2009) also acknowledges that debates about policies, governmental objectives and developments in care services are increasingly placed within fiscal frames. Hafford-Letchfield & Bourn (2011) argue that keeping costs down is now a priority for most managers and should be balanced with maintaining standards of quality in accordance with government requirements. Moreover, the Republic of Slovenia is also experiencing similar issues in the field of social work.

Therefore, the impact of the current financial climate on social work practitioners has led us to the situation, aforementioned in previous sections of the paper, that there is more for social workers to do, but in less time and with fewer opportunities for reflection and new learning (Kelly, 2016). As a result, a relatively recent interest or trend in the public and non-profit sectors has emerged in relation to improving service effectiveness and efficiency as
well as reducing costs (Austin, Ciaassen, Vu & Mizrahi, 2008). More recently, Gillingham (2015) argues that social work should move toward becoming more like a business, and Hubner (2016) adds that it is time to develop social work towards more systematisation, documentation, and cost effectiveness. However, the authors argue that it is important to acknowledge some of the criticism related to managerialism in social work towards finding collaborative solutions that improve the overall functioning without neglecting some of the most important primary functions of social work.

Nevertheless, despite favourable calls for process and budget efficiency improvement in the field of social work there are some important limitations to address as first, social workers often function as both, helpers and controllers. Second, there is conflict between the duty of social workers to protect the best interests of people with whom they work and the societal demands for efficiency, and third, even if we acknowledge the fact that resources are limited, the lack of resources can still have some negative influences on the work of social workers. Moreover, social workers are not often required just to fulfil different budget requirements but can also be pressured into fulfilling different measures from the specific political party, which holds power at that time (International Federation of Social Workers, 2001).

Management skills in social work in the Republic of Slovenia

Different definitions of management exist. It encompasses four key managerial functions, namely planning, organising, leading and the controlling of resources and processes (Dimovski et al., 2014). Daft (Daft & Marcic, 2009) defines management as effectively and efficiently achieving the objective of the organisation through the process of planning, organising, leading, and controlling resources that are available to the organisation. Daft’s definition implies two important findings, first the management process consists of four basic functions: planning, organising, leading and controlling. Second, the essential task of management concerns effectively and efficiently achieving the objectives of the organisation. Dimovski, Penger, Peterlin, Grah, Černe & Klepec (2017) add that management must coordinate resources in the work environment in the most efficient and flexible way.

As emphasised by Ruch (2012), there is a growing recognition of the importance of management in the social work profession. Already back in 2004 (Webster, McNabb & Darroch, 2015) management was recognised by the International Federation of Social Workers as one of the 13 core purposes of the global profession. However, Tolleson Knee (2014) argues some social workers are still underperforming due to their lack of management skills and competencies. Management has an impact on the effectiveness and quality of social services and, therefore, on the outcomes for the users of social services. If social services are to work well, there should be well trained managers at all organisational levels in order to ensure that they inspire and empower their staff, address the needs of social services users, facilitate cooperation between sectors, and use resources effectively and efficiently (European Social Network, 2014).
According to the aforementioned report from the Ministry of Public Administration for the Republic of Slovenia (2014), neither employees nor senior and middle management have the sufficient managerial skills, consequently, the acquisition and development of knowledge in this field is not carried out systematically and comprehensively. As social work institutions form part of Slovenia's public administration this also indirectly implies that employees and managers in social work institutions do not possess sufficient managerial skills in general, similar to the findings of Tolesson Knee (2014).

In addition, the European Social Network’s working group (2014) firmly believes that even the best directors of social services would benefit from a strong management team, with a variety of backgrounds to shape a vision for the future, manage organisational changes and to simply perform daily activities more effectively. A strategy of investing in permanent training and the development of employees and their teams is nowadays seen essential. Paradoxically, in many countries including the Republic of Slovenia, the areas often hit first in times of crises in the public sector are funds that are intended for staff training (European Social Network, 2014).

Comparatively, in Austria, a wide range of training modules and master’s programmes, including topics such as self-reflection, supervision, and implementation of different management concepts in practice, are offered. Managers from various public sector fields and from the Ministry of Social Affairs participated in such programmes and already positive results have been seen in their organisations in terms of employees’ motivation and their satisfaction with the quality of the organisational management (European Social Network, 2014). Therefore, the authors argue that investing in management education in social work also offers the potential for improving services for social services users in the Republic of Slovenia.

Organisational design in social work in the Republic of Slovenia

Robbins (1990) defines an organisation as “a consciously coordinated social entity, with a relatively identifiable boundary, which functions on a relatively continuous basis to achieve a common goal or a set of goals.” In today’s fast changing environment, organisational design is an everyday, ongoing activity and a challenge for every executive, whether managing a global enterprise, public organisation or a small work team. Globalisation, political risks, and ever-new technologies are just some of the many factors that drive the ongoing redesigns of organisations. As far as the response goes, many new forms of organisational structures have evolved that challenge old ways of organising for efficiency and effectiveness, yet the fundamental questions regarding organisational design remain the same: What are our goals? What are the basic tasks? Who makes which decision? What is the structure of communication, and what is the incentive structure?

The importance of appropriate organisational structure is highlighted by the finding that potential misfits among organisational design components result in a decrease of organisational performance by up to 30%. Organisations that commit themselves to an ongoing organisational design process
must be aware that organisational design is much more than just reorganising the organisational chart, as it involves numerous interrelated components. Researchers have already proved that an organisational design should be chosen based on the particular context, furthermore, the description of the context should be multidimensional, including both structural (goals, strategy and structure) and human components (work processes, people, coordination and control, and incentive mechanisms) as these components enable a holistic approach to the organisational design challenge (Burton, Obel & Hakonsson, 2015).

Organisational design is a topic that sparks interest among managers, with a desire to acquire new knowledge, to act and take impactful decisions that will make a difference in their organisations. In particular, organisational design can be helpful in improving the performance of their unit or the entire organisation (Burton, Obel & Hakonsson, 2015).

Currently, in the Republic of Slovenia, one of the key objectives of the Ministry of Labour, Family, Social Affairs and Equal Opportunities is the reorganisation of social work centres, in order to eliminate the weaknesses and shortcomings of their current organisation. Social work centres in the current social care system are crucial players, as they integrate the entire social welfare system. According to the Ministry of Labour, Family, Social Affairs and Equal Opportunities, the main purpose of the reorganisation is to improve services for users. It is expected that the reorganisation will unify the functioning of social work centres, as well as the administrative procedures, and allow more time for professional tasks, establishing joint services, increasing the efficiency and quality of work, improving accessibility of services, as well as developing new forms of professional work in exercising rights from public funds.

Social services users, as well employees, should benefit from this reorganisation (Ministry of Labour, Family, Social Affairs and Equal Opportunities, 2017). However, during the process of reorganization, one of the key propositions, namely, that an organisational strategy is a key contingency factor affecting organisational structure, as emphasised by Chandler (1962), “structure follows the strategy”, should not be neglected. Therefore, in the project on the reorganisation of social work centres in the Republic of Slovenia, researchers and experts from interdisciplinary fields, including the field of management and organisation, should be involved to collaborate with social work researchers, experts, and other practitioners, in order to achieve the main goal of social work services, specifically, to improve the quality of service for social service users.

**Integrated social work management model**

As presented in Figure 2, the social work management model must, on one hand, consider the pressing issues and challenges connected to the field of social work in the Republic of Slovenia such as the limited budgets that continue to dwindle, as well as the growing needs and demands from recipients of social transfers and excluded people. However, on the other hand, the benefits of several aspects of social work can be combined, namely, humanitarian orga-
nisations, as a support system when the state programmes are not sufficient on their own, the deinstitutionalisation process which represents an alternative to the ever pressing demand on formal care in Slovenia, and, moreover, internally, organisations in the field of social work can focus on improving their budgets and process efficiency, developing proper management skills and establishing an appropriate organisation structure.

All of the five mentioned pillars of the integrated social work model can contribute a small part to improving the quality of services for social services users and their overall wellbeing. The proposed integrated social work management model (Figure 2) aims to involve as many stakeholders as possible and advance the frontiers of social work science through interdisciplinary connections among different fields, specifically, social work and management, and organisation.

Figure 2: Integrated social work management model.

One of the indirect benefits of the proposed integrated social work management model is also that it encourages collaboration between various public sectors and other institutions. Huxham (1996, p. 1) defines collaboration as “working in association with others for some form of mutual benefit.” Bardach (1998, p. 8) defines collaboration

as any joint activity by two or more agencies working together that is intended to increase public value by their working together rather than separately.

The authors hypothesise that collaboration between institutions in Slovenia is a segment that is traditionally neglected. As we are going through the process of change in the field of social work, such as is the example of the reorganisation of social work centres, it is typical that stakeholders in such processes try to protect their own narrow interests and tend to neglect other related areas that would improve the general wellbeing. The proposed model or framework aims to highlight concerns about the specific interests of particular stakeholders at
the policy making level and to encourage decision makers to address social work issues at a broader level, promoting collaboration between institutions and involving stakeholders from different, but, similar fields of social work.

The authors also believe that the integrated social work management model in the Republic of Slovenia can contribute to fulfilling the vision of the network for social work management, which is to create a future in which all social organisations, worldwide, are purposeful, high performing systems of service and influence (The Network for Social Work Management, 2017). What is novel in the proposed model is that it deals with three different aspects of social work where there is the potential for improvement. The nongovernmental aspect is the support system when state programmes, as a consequence of limited budgets, cannot satisfy everyone’s needs, deinstitutionalisation represents a modern alternative that is a desirable outcome in modern societies and internal aspects, namely, budget and process efficiency, and management skills, moreover, organisational design represents activities in which organisations can engage on their own and improve their internal functioning. As the global trend in social work around the world is similar, with limited budgets and growing pressures, the proposed model, if after implementation in practice is proven to be successful, could also represent a benchmark for similar south European countries, or other countries, in closing the gap between the estimated demand and supply of social services.

**Conclusion**

Boehm (1961) defines social workers as artists, not only because they blend science and values, but also because the expression of this blending in the form of skill is an achievement that belongs to them and them alone, for the performance of their skills is the expression of their creativity, the creativity of an artist. He stressed that the presence of the artistic component is desirable in social work science and in social work practice, which, according to the authors’ beliefs, is still present in the mindset of the majority of today’s social workers.

Ruch (2012) adds to the discussion that in social work practice, the non-negotiable dimension of the task (mission) that is devoted to helping people should be the central role of social workers. Lettieri, Bolga & Savoldelli (2004) contribute by discussing that achieving positive economic and financial targets is seen as a means to pursue the mission of organisations, and not the key-target.

However, we cannot neglect the fact that in times of political and fiscal conservatism, cutting social welfare programmes heads agendas, and the question of social work’s effectiveness is of paramount importance (Herie & Martin, 2002). Leung et al. (2010) also highlight the new challenges that are due to the emergence of new social problems and welfare cuts. According to Morago (2006), there is a growing recognition of the importance of service users’ rights to receive high quality, transparent, and accountable services as one of the key characteristics of modern societies. Therefore, with the proposed interdisciplinary approach to the reorganisation process in social work organisations, as presented in the integrated social work management
model, the emphasis is on the management contribution towards social work being characterised as a profession and scientific discipline devoted to helping people affected by social problems, inducing social change in order to prevent or ameliorate social problems, and above all, improving the quality of life (Rode, 2017).

As emphasised by Flaker (2016), maybe if the propositions of social work in the past were right, in today’s ever changing world, with the new roles and tasks given to social work, means that we have to think about different and innovative approaches to social work. Collaboration between management and social work could be a useful starting point. Each of the first five chapters discussed in this paper is a unique opportunity for social work to advance its frontiers of science. Humanitarian organisations with their invaluable help when governmental organisations cannot fulfil all of their tasks, deinstitutionalisation with the liberation of people and its economic consequences of downsizing and closing institutions, calls for budget and process efficiency with their contribution in truly understanding the current pressures on public budgets, and management skills that are now extremely important in any type of organisation, and organisational design with its potential influence on organisational performance. Despite the numerous benefits of the proposed implementation of the integrated social work management model, our research has some limitations.

This is first and foremost an informative, qualitative study based on a literature review and existing secondary data about social work management in the Republic of Slovenia. The findings are not generalizable, however, this is not the intent of this paper as the paper tries to offer an empirical insight that would encourage social work managers and practitioners to dig deeper into the social work management topic and understand what the potential benefits of the proposed integrated social work management model are and try to implement the model into practice. After the implementation of the model into practice, it would be possible to measure, if as a consequence, the functioning of organisations and overall quality of services for social services users had improved.

Follow-up studies could focus more specifically on one of the five pillars of the proposed integrated social work management model. Similar studies could then be conducted in other countries and their public sector contexts, where social work has a gap in knowledge in management skills. Future studies, exploring the management topic in social work institutions, should also involve other qualitative approaches, such as semi-structured interviews with experts in the field, focus groups, or direct observation, to gain more in-depth knowledge about management in social work in practice. Quantitative methods, such as online survey questionnaires could also represent a different useful research approach.

To conclude, Flaker (2016) mentions that there are increasing numbers of people who have lost their homes, are out of work, and left with no friends, moreover, there is an ageing population, a reality in the EU nowadays, which only emphasises the importance of social work today and points to the ever
growing importance of social work in the future. As there are enormous pressures on public budgets and never-ending demands from social service users, the time is now to discuss complex social work problems and implement solutions into practice. The integrated social work management model represents collaboration between social work and management and organisation, and is a possible piece in the mosaic of tomorrow’s social work.

Sources
Integrated social work management model in the Republic of Slovenia


A case for a narrative approach to research into social work perspectives on dementia

Social work with people with dementia is an important complement to the knowledge of the treatment of people with dementia developed by other sciences, especially medicine, psychology and sociology. For more effective and adequate help for people with dementia we need more research in social work with people with dementia. In this paper we present concrete use of a narrative approach in Slovenia for a better visibility and understanding of the living world of people with dementia. The narrativity is demonstrated in several meanings: as an example of taking action from the perspective of relatives, enabling people with dementia and their relatives to let go of their marginalised roles, and as a potential method of social work with relatives of people with dementia. The stories are analysed by the use of a qualitative method and the results present the knowledge relatives have about understanding dementia and the changes dementia reflects in interpersonal relations, changes in everyday routine and formation of additional help. Verbalising experiences of people with dementia enables relatives to recognise ways to take action, which empower them in the helping process.

Key words: narrativity, old age, informal care, long-term care, Slovenia.

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Introduction

In the last decade, the phenomenon of dementia has been the subject of numerous discussions, research, development of new approaches and ways of working with people with dementia in the area of various sciences and professions (Whitehouse & George, 2008). Each science has developed its own perspective on dementia. There are the biomedical, the psychological and the sociological perspectives of understanding dementia. Cantley (2001) adds the philosophically spiritual perspective, whereas Mali, Mešl and Rihter (2011) also add the
social work model of understanding dementia. Since we aim to contribute new findings in understanding social work with people with dementia in this paper, we shall present the particularities of the social work model. Nevertheless, we would like to avoid a likely false impression of the social work model as being the most relevant of all models in understanding dementia.

In order to undergo changes in the area of understanding dementia and treating people with dementia, partial knowledge, as well as scientific and professional experience are simply not sufficient. The abovementioned perspectives and models of dementia contain an extremely precise and focused knowledge of each individual discipline on what dementia is. When it comes to justifying their knowledge, they often turn to critical reviews of the preliminary findings of other models and ways of understanding dementia. Thus, the biomedical model, which may be classified as the oldest on the list of the presented models (Mckeith & Fairbairn, 2001; Innes, 2009; Cahill & Dooley, 2005), is most frequently the target of criticism and strong opposition on the part of the psychological and sociological models. In order to provide a more effective and adequate treatment for people with dementia, professionals need to take into account the findings of all the abovementioned models, i.e. a balanced attitude and, above all, recognition of the equality of knowledge gained within particular models.

The threshold of our discussion is based on the conviction that we need to collect the findings of all of the aforementioned models in order to provide more effective and adequate help for people with dementia; therefore, we are striving to demonstrate specific themes researched in the area of dementia and social work. Social work places a human being into the core of their professional activity, rather than the disease – dementia (Lynch, 2014; Moore & Jones, 2012; Ray, Bernard & Phillips, 2009; McDonald, 2010). Such presupposition enables social workers not only to become acquainted with the living world of an individual with dementia, but also to understand the attitude of the closer and broader social environment towards a person with dementia. On the one hand, we encounter personal distress, disappointment and the problems faced by people with dementia and on the other hand, the distress of the relatives who provide care for an individual with dementia. The assistance provided by social work is directed towards finding a way to overcome the distress caused by dementia. By doing so, we help people with dementia and their relatives to gain self-respect, recognise the value of their own experience and show others that they are worthy of respect in spite of the disease (Mali, Mešl & Rihter, 2011). We create a new relationship with people involved in dementia care that is more like a partnership (Marshall & Tibbs, 2006).

The narrative approach in social work for people with dementia shall be demonstrated as an example of taking action from the perspective of power, enabling people with dementia and their relatives to let go of their marginalised roles. We shall present it as a potential method of working with relatives of people with dementia in social work, which not only provides concrete assistance to relatives, but also places people with dementia, whose stories are
described in this paper, into the position of subjects, at the very core of social work action. The stories provided by the relatives of people with dementia will be used to demonstrate how it is possible to get acquainted with the living world of people with dementia, so that in the process of providing assistance, we can make use of the real life situation of an individual with dementia. The approach taken is based on the definition of the narrative approach in social work (Urek, 2005, 2006; Baldwin, 2013) and the specific particularities of social work with people with dementia (Marshall & Tibbs, 2006; Ray, Bernard & Phillips, 2009; Mali, Mešl & Rihter, 2011; Moore & Jones, 2012).

Dementia is a phenomenon in modern society and a challenge for different professionals to work with. It is estimated that 46.8 million people worldwide were living with dementia in 2015. This number will almost double every 20 years, reaching 74.7 million in 2030 (Alzheimer Europe, 2015) and 131.5 million in 2050. The most recent estimates of diagnosed and undiagnosed rates find that the prevalence of late onset dementia is 7.1 per cent among people of 65 or over, resulting in an overall figure of 850,000 people in the UK in 2015 (Ray & Davidson, 2014, p. 15).

In Slovenia, evidence is not kept of people with dementia. There are only estimates, which rely on foreign research data, assuming that in Slovenia there are no significant differences in the prevalence of dementia than comparable developed areas of Europe. In 2010, the estimated number of people with dementia in Slovenia, was 30,000 (Strategy for coping with dementia in Slovenia in 2020, 2016). Their treatment is discordant; there is insufficient staff in the area of health, as well as in the social sphere.

Providing help for people with dementia and their relatives in the community is underdeveloped and not adapted to users’ needs. The provision of institutional care, which is implemented in the closed wards of homes for older people, prevails (Mali, 2013). The role of people with dementia and their relatives as respectful people and co-creators of help is overlooked, although the trends in the national policies of EU countries (Alzheimer Europe, 2015) are clearly defined as creating physical and social environments that enable people with dementia to be part of their communities and to feel respected and valued.

Social work with people with dementia and their family caregivers contributes the social perspective in solving the multidimensional problems of people with dementia and their caregivers. Social work plays an important role in the search for new potentialities which would allow people with dementia to live within the community for as long as possible. Though the care of such persons is extremely demanding and stressful for the relatives it also offers positive experiences for them. The well-being of people with dementia and their relatives should be considered as a mutual responsibility of all the professions involved in the care of people with dementia. Care for people with dementia involves various registers of existence, and a combination of various resources (formal and informal, welfare state and relatives, medical, psychological, social and also technical interventions). Effective dementia care involves connecting different links and providing answers not only to the users but also to their environment. Through a more intensive engagement of
social workers in programs of treatment for people with dementia and with the support of their family caregivers, it can be expected that social work will develop new professional roles in this challenging new field of practice in the future. Our aim is to present one of the possible new approaches in social work – the presentation of stories of relatives caring for people with dementia in order to give an example for developing new knowledge for social work with people with dementia and their relatives.

The social work perspectives of understanding dementia

Dementia issues a challenge for social work, as it involves a lot of direct contact with people with dementia and with their supporting networks, which play a key role in care-providing for people with dementia. In relation to other professions, social work perceives life with dementia in a fairly specific way. It pursues the concepts used in the practice of social work that complement the overall understanding of dementia, especially the following: partnership, the perspective of power, empowerment, advocacy, anti-discriminatory practice, mobilisation of the user’s social network (Burack-Weiss & Brennan, 1991; Nathanson & Tirrito, 1998; McDonald, 2010; Mali, 2010; 2011). The common characteristic of paradigm shifts in social work, perceived from the 1970’s and 80’s onwards, consists of seeing users as partners in the helping process and consistently takes into account their right to choose the form of help (including the ability to reject it).

Social workers differ from medically-oriented professionals. They are aware of the urgency of respecting social justice, implementing human rights, participation and equality (Moore & Jones, 2012; Parsons, 2005). A special emphasis of social work consists of revealing the needs of people with dementia, so that the forms of help for people with dementia and their relatives meets their needs, desires and goals (Moore & Jones, 2012). Due to the widespread attitude of the rejection of dementia and negligence of people with dementia, a relevant emphasis of social work with people with dementia is also embedded in the concept of empowerment, which Thompson and Thompson (2001) see as an opportunity to overcome the prevailing care-and-protection pattern of help intended for older people. Although “empowerment” means different things to different people, there is a degree of consensus about its use in the broadest sense as the dynamic process whereby individuals and groups gain or increase choice and control over key aspects of their lives in order to maximise their quality of life (Larkin & Milne, 2014, p. 31). It is also of vital importance to empower the relatives who provide care for people with dementia, because they are themselves often confronted by the rejection of their environment and furthermore, exclusion from everyday life (Hill, 2015; Page, Keady & Clarke, 2007).

The model of social work with people with dementia in Slovenia

The model of social work with people with dementia in Slovenia could be described in the four levels of life of people with dementia (implementing, interpersonal relations, economic, ethical level). Mali, Mešl & Rihtar (2011)
present experiences of living with dementia in the four levels and reveal the possibilities for developing partnerships with relatives in the helping process.

The first, implementing level, is represented by the everyday life of people with dementia, the problems they are faced with due to their dementia and the characteristics of help they receive. It is important to provide perpetual care, the presence of familiar people and a regular rhythm of care, all of which are also highlighted by Bryden (2005). The second level, the level of interpersonal relations, refers to relations with people, their social distress and social networks. People with dementia have a strong need to establish and maintain contacts with other people (Kitwood, 2005, pp. 81–85), but they stumble upon many problems. On the one hand, attachment is favourable, as it strengthens mutual trust and helps to make sense of living with dementia, but on the other, it is difficult for both the individuals with dementia and their care providers, because it is characterised by stress, conflicts and exhaustion (Innes, 2009; Challis, Sutcliffe, Hughes, von Abendorff, Brown & Chesterman, 2009). The third, economic level, draws attention to financial capabilities, means of subsistence and costs linked with care-provision for an individual with dementia. Proportionally to the progression of the disease, the costs of care-provision also increase as they impose the use of additional medical accessories, adjustment of accommodation, and, above all, the organisation of additional, often formal, care (institutional and community) (Mali, Mešl & Rihter, 2011, p. 70; Hlebec, Mali & Filipovič Hrast, 2014, p. 16). The forth, ethical level, emphasises the rights of people with dementia, the maintenance of respect and the presence of stigma. Practice underpinned by ethics of care would go a long way to progressing ethical care for people with dementia, as it has the potential to strengthen opportunities for enhanced citizenship through the facilitation of participation in care (Brannelly, 2006).

Recognising the experiences of people with dementia is of utmost relevance for social work, since it provides us with an insight into their needs and the adequacy of the existing forms of help in terms of responses to their needs. Through this approach, people working in social work strive to find new forms of help to enable people with dementia to live independently within their communities. It is necessary to find ways of including people with dementia as the active co-creators of help in the helping process. This demands that professionals and family caregivers give up the enduring role of care-providers, a role which involves a patronising attitude towards people with dementia; it is overprotective and proprietary.

Narrativity and dementia

Story-telling has a special place in working with people; thus, the same is true of social work. In social work, story-telling is closely related to the core skill or competence of social work – talking. Without conversation in social work, we cannot perform any action or deeds that might improve the living situation of people and induce changes in their lives (Lynch, 2014; McDonald, 2010). The users of social work tell stories, which is a fundamental need of any in-
individual, as it defines us as people and separates us from other living beings. This is precisely the reason why anthropologists named us *hommo narrans* or *hommo fabulans*, i.e. male and female human species of story-tellers and interpreters of stories (Urek, 2005, p. 12).

In the area of social work skills, communication with users occupies an important place, as it is one of the most relevant techniques that enables the methods and principles of social work to be put into practice. Telling stories is one of the communication types that initiate us into understanding, for example, the user’s world, situation and distress, and thus, puts a social worker into the role of a researcher who learns, becomes acquainted with and discovers the user’s life situation right from the beginning. An individual is placed at the centre and the social worker follows him/her by using communication techniques in order to co-create solutions and the desired outcomes together. Crawford and Walker (2009, p. 93) prescribe that social workers have to ensure that the ways in which we communicate are sensitive to the needs of the older person and that we are flexible and responsive as we work with them. Notwithstanding, communication most directly initiates us into a relationship with a user, which cannot be established without the consensual agreement on mutual cooperation and moreover, cannot be nurtured. The relationship between a social worker and a user is consensual. It is therefore an agreement on mutual interaction, competences, tasks and responsibilities. It enables an interpersonal dialogue of both parties participating in the helping process in order to work together and co-create solutions (Mali, Mešl & Rihter, 2011, p. 54).

Story-telling also demands particular skills, abilities and competences that enable quality communication between a user and their social worker. Successful communication in social work demands knowledge on methods and forms of conversation. We need knowledge and skills for verbal communication. We also need observational skills. Behaviour, or non-verbal reactions, on the part of the users are often more telling than their words. Communication patterns are not universal; they are subject to culture, gender, age, status and are determined by the various dimensions of users’ worlds (Thompson, 2005, p. 88). For this reason, social workers need knowledge on the social construction of reality in communication with users. Understanding a user’s distress goes hand in hand with interpersonal communication, which displays the multi-levelled involvement of a social worker in the user’s world.

In social work practice, we often encounter people with limited skills in story-telling. When it comes down to people with dementia, their verbal communication is hindered due to the disease, which is why stories of people with dementia are often related to the stories of their relatives. This represents the co-authorship of stories, because relatives complement the stories of people with dementia or reconstruct narrations that have been expressed in an unrelated or unclear way by an individual with dementia. This may take the form of the co-construction of narratives, whereby the final narrative is very deliberately and consciously a negotiated product between those living with dementia and others (Baldwin, 2013, p. 37). Nevertheless, even this type of story-telling needs to be encouraged, since it is through common stories
that the meaning of experiences of people with dementia are highlighted. Family members may also benefit if we involve them in the life story process, as well. Gibson (2005, pp. 178–179) wrote:

They may find an intriguing way of actually spending time with their ageing, deteriorating relative; discover that dementia is less frightening or threatening and they may begin to accept their own inescapable ageing and mortality.

Bartlett and O’Connor (2010, p. 88) suggest on the Baldwin literature that the practitioners look toward joint authorship where the narrative processes are shared or co-constructed and a final narrative is a deliberate and consciously negotiated product between those people living with dementia and others, or a piecing together of the fragmented narratives of the person living with dementia with those who support them. We believe that this is the starting point for different treatment for people with dementia, especially treatment that will enable people with dementia to lead proper lives, adapted to their own needs and desires.

**Methodology**

The aim of this paper is to present the findings based on the analysis of the stories from relatives of people with dementia that are important for the creation of social work practice in this field. In the narration from relatives of people with dementia, we may find sources, key points and experiences of people with dementia as a starting point to provide them with help from the perspective of partnership with relatives and people with dementia.

We see relatives as important co-workers in the process of providing help to people with dementia, because they are very familiar with the individual. However, they are also very burdened by their care-providing. There are some other negative effects of dementia upon family carers according to Gibson (2005, p. 178): “Grief for changing or lost relationships, increasing social isolation, a feeling of subjective burden, stress and exhaustion.” By telling us the story of their relative with dementia, they release their burden, on one hand, and, on the other, recognise the advantages and disadvantages of living with dementia, thereby discovering sources, key points and bases for good quality help for people with dementia.

Our contribution is based on qualitative research in which the empirical material is presented by the stories of relatives caring for people with dementia. In the academic years 2014/2015 and 2015/2016, 25 students of Masters study Social work with older people at the Faculty of Social Work, University of Ljubljana, collected stories of people with dementia during the social work study course: Holistic care for people with dementia. They collected 25 narrative interviews. Before having conducted the interviews, the students were

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involved in forming the questions on the basis of lectures, practical classes, workshops and literature studies on dementia, with special attention paid to the social dimensions of the disease, formal and informal care, the relevance of integrated care and various forms of help in social work. Preparatory classes consisted of conversation and case studies of stories from abroad (i.e. Whitman & Trollope, 2010). In cooperation with the students, the author of the paper designed instructions on how to document stories in the structure and form of records, further on, she also provided comments on the collected records. It was essential to put a human with the experience of dementia (i.e. the narrator of the story) at the very core of the written story and not their relatives. The records of the stories were then forwarded by the students to their interviewees who verified the correct annotation.

Field work, i.e. concrete conversations with relatives of people with dementia, was executed independently by the students with no intervention on the part of their teacher, although they were offered assistance in case they needed it. The interviewees were selected from the students’ own social network or students were helped by their mentors in learning centres where they received practical training in social work. During the time of the collection of stories, the teacher was available to them for consultations.

After having collected the interviews and written down stories, we carried out a group presentation with the relatives of people with dementia as guests. The meeting was attended by only one relative. The reasons for poor attendance are to be found in the stigma, experienced by family carers, which has already been drawn attention to by Mali, Mešl & Rihter (2011). Nevertheless, all the relatives were enthusiastic about the records of stories. Some even suggested their publication, so that other relatives could get valuable information on the care of people with dementia.

It is precisely due to the active role of relatives that the students gained relevant experience in concrete practical work with the relatives of people with dementia and thus, came closer to the living world of people with dementia. During the evaluation of the subject matter they clearly stated that such form of learning was much more effective than classical learning taking place in lecture halls. Above all, they learned a lot regarding the communication with users, which is a key social work skill.

The interviews were conducted with 6 men and 19 women. Their roles in relation to each individual with dementia were different. The research involved family members and acquaintances. In seven cases, the narrator was the wife of a man with dementia; in fourteen cases, children (in four cases sons and in ten cases daughters); in three cases grand-children (in one case a grandson, in two cases a granddaughter) and in one case a female friend of a woman with dementia. The stories also differ in terms of whether the persons with dementia lived in their home environment or in an institution at the time the narration was recorded. In eleven cases, people with dementia lived in their community, in their home environment and their stories were told by their care providers; in fourteen cases, they lived in homes for older people. Such frequency of the institutionalisation of people with dementia is not surprising, because it is
characteristic for Slovenia to provide extremely institutionalised care for older people (Mali, 2011; 2010). In Slovenia we do not keep the evidence of carers, just an estimation assuming the same degree as the European average. Larkin and Milne (2014, p. 26) highlight that over a quarter (26 per cent) of all carers care for a spouse or a partner, and more than half (52 per cent) care for their parents or parents-in-law.

The content of the stories is divided into three thematic headings in which the following categories of data were formed:
1. Recognising the disease in a relative: beginning of the disease; diagnosis; initial changes in life of an individual with dementia.
2. Knowledge about dementia: general information and knowledge on dementia.
3. Changes within a family: changes in interpersonal relations; changes in everyday routine; organising formal help.

In the following chapter, we present the key findings from each of the thematic headings in relation to the role of the relatives in the empowerment of people with dementia.

Stories were analysed by using the qualitative method according to Mesec (1998), which is an established method of analysing empirical material in the area of social work in Slovenia. Mesec (1998, p. 102) summarised this method as a research process in which we form concepts and, from concepts, categories are formed and linked to prepositions (judgements) that are further organised into a fairly systematic and coherent theory that reads as a narrative on the phenomenon that was the subject of the research.

By using the above-described research approach, we strive to show that the inclusion of relatives of people with dementia in dementia research is possible and is vital for encouraging the active role of users in tailoring further strategies of help. In Slovenia, there is no tradition of research on dementia that involves the people with dementia, as presented by Innes (2009), who demonstrates the inclusion of people with dementia in research in terms of the third stage of research development, whereas the first stage is presented by research on the effects of care on family care providers and the second by research on the characteristics of care provided by formal care providers. Mali (2007) shows that research on the social perspectives of dementia in Slovenia begins with the involvement of relatives and formal care providers, whereas people with dementia are only involved indirectly, through observation; interviews with them are also scarce. However, we show how through the involvement of relatives we may include people with dementia in our research and thus, open space for more active inclusion for people with dementia in the future.

**Research results**

*Recognising a disease in a relative*

We deliberately did not start to talk with the relatives in terms of the diagnosis of dementia, because the label dementia has a very stigmatised connotation and, in this way, does not play an encouraging role. As Milne (2010, p. 228) described:
The combined impact of the dementing illness itself – cognitive decline and memory loss – and the negative responses to diagnosis and symptoms, profoundly undermine the psychosocial wellbeing and quality of life.

Our focus was on the description of changes they recognised as the starting point of dementia. The relatives state that they began to notice the behaviour and actions of their family member with dementia when they pointed to memory problems. At first, they attributed memory gaps to changes brought about by age and therefore did not pay greater attention to it. But when they witnessed an unusual event, they assumed that the memory problems were the result of unusual aging. Unusual events may be various and are dependent on the organisation and functioning of the family. For example, the fall of a grandmother who lived alone, far away from her relatives, had large consequences on her independence. After having fallen, she was hospitalised and was completely confused during her treatment at the hospital. The physicians and health staff informed her relatives that she was showing the signs and symptoms of dementia, so she did not go back to her home environment after treatment, but was released directly to a home for older people. The voice of the grandmother; her wishes and needs, were completely ignored.

After unusual events, memory loss is the second most frequent reason why relatives suspect dementia. When relatives notice strange behaviour in their family member, they quite accurately describe the areas in which they notice their family member’s memory loss. This is an important piece of information for professionals (i.e. doctors and health care professionals), as relatives’ observations should be taken into account during the helping process.

Relatives also reported changes in behaviour, habits and convictions. They describe them as personality changes. For example, a father who was never quarrelsome, suddenly began to get caught in quarrels often; a mother who was always a meticulous housewife and wife changed overnight and left household chores to others; a father who was always cheerful and enjoyed company suddenly became sad, apathetic and antisocial. Nevertheless, mood and habits may swing, but it is difficult to discern the behavioural pattern that leads to further confusion and lack of understanding by relatives. The content of this information could be useful in social work practice since relatives often understand dementia as a condition of normal ageing and not an illness.

The process of diagnosis is experienced and described through various emotions, e.g. as shock, fear and sadness. Shock is the most frequent emotion reported by relatives as a response to the diagnosis. In some cases, shock is the result of the quick deterioration of health and the diagnosis merely confirms the suspicion that dementia is the cause. In others, shock appears to be a reaction to the long-term hiding of the disease, which concerns both individuals with dementia and the people who live with them. The fear appears in those who have not heard of dementia or cannot imagine the consequences it may cause in their lives. It is a reaction to the unknown, to the feeling of insecurity and ignorance regarding the changes that await them. Those who are familiar with the disease are usually overwhelmed by feelings of sadness, especially when they are well acquainted with the disease and are afraid of getting it themselves. Marshall
and Tibbs (2006, pp. 190–191) suggest counselling for carers, because relatives experience a lot of issues that cannot be shared within families. Social workers could be the counsellors to relatives with regard to listening and offering what is called “unconditional positive regard”.

Contrary to relatives who tend to experience strong emotional reactions when they find out about the diagnosis, some people with dementia see it as obvious and give in to fate:

Stane had no emotional reaction to the disease, he accepted it indifferently and even when asked what he thought about it, he said if it was meant to be, let it be. (Z 12)

In some families, the relatives assume a caring and protective attitude and do not mention the diagnosis to their family member. We cannot state with certainty that people with dementia are not aware of their disease, so they should believe their family member when they say they were not aware of the disease:

After the diagnosis, my mum's life didn't change much, because she was already in her own world. Even when we talked to her about her disease, she didn't understand the conversation. She claimed that she didn't have dementia and that she didn't see herself forgetting things. But she forgot that she had forgotten. (Z1)

Such conviction is probably the consequence of the social stigma around the disease, since dementia is still a mark, a label and therefore something bad (Cantley, 2001; Innes, 2009; Mali, 2009; Milne, 2010).

**Knowledge about dementia**

Relatives use various resources to learn about dementia. The use of these resources shows that information about the disease is still not general knowledge, so the choice of approach to finding information is dependent on the individual. The strategy of gaining information is also dependent on situations and events on the basis of which people are acquainted with the diagnosis. The patients and their families receive their first information on the disease through the physician. Information on the disease is also gained from various physicians, not only from the specialist who gave the diagnosis, but also from general practitioners, family practitioners and psychiatrists. The families did not see the information gained from physicians as sufficient, so they sought additional information from various sources, but social workers were not mentioned. This finding from our research is important because our help could be developed in this context of help and support for relatives. Instead of gaining the help of social workers, the younger and middle generations of relatives often read material about the disease published on the Internet.

Often, they combined information received from professionals and acquaintances who already had experience with providing care for people with dementia with information from literature (books, magazines, articles, etc.). We also recorded the process of the person with dementia and a family member learning about the disease together:
Soon I realised that no matter how much you read, your situation is always new and unique. Every symptom will manifest in your family member and in your environment in a new way for which you are not prepared. But this is also an experience that makes you grow as a person ... (Z 20)

Learning along with people with dementia is exactly the sort of learning we all need, including family care-providers and professionals, in order to have a better understanding of the disease itself, and, above all, the problems it may cause:

My mum was in many ways my greatest teacher, the master of all of us. She took our life with dementia to a new level and she managed to bring us closer; she showed us what really matters in life. Of course, there comes a time when things get intense, but our relationship has improved and now we are more permissive and accommodating to each other. We are stronger: (Z 20)

Not only does such an approach to getting to know dementia have advantages in the practical implications of learning, but it also makes people with dementia assume a new role. Thus, people with dementia are becoming our teachers, allowing a shift from the role of a service user into a new position that empowers them in the support process. Such a position enables them to co-create solutions for the problems and distress that they need to cope with on a daily basis, living with a family member’s dementia. It gives the opportunity to develop the model of citizenship (Marshall & Tibbs, 2006, p. 18) which involves civil, political and social rights and participation in the sort of activities most of us take for granted such as work, leisure, political debate and religious observance. Even though this model for Slovenia is new and has not been mentioned in the Strategy for coping with dementia in Slovenia in 2020 (2016), we have to consider it. The role of social work in promoting the citizenship model is inevitable.

**Changes in the family**

On the basis of the data research findings (Mali, 2008; Mali, Mešl & Rihter, 2011), we know that intensive care is taken on by one family member, usually a woman, who is most closely related to the individual with dementia – e.g. wife, daughter-in-law, granddaughter (Gillard, 2001, p. 88). Other relatives may also get involved, though less intensely, in the support process, through performing various tasks and chores. In most cases, we observed cooperation among relatives. Female partners are assisted by brothers, daughters and granddaughters and their partners. In several cases, we observed increased feelings of belonging in a family, which was the result of providing care for an individual with dementia. Dementia may strengthen family ties (Toseland, Smith & McCallion, 2001).

The most extensive problem in care provision concerns communication with individuals with dementia and their family care-provider. Relatives see changes in communication in relation to the progress of the disease. They are disturbed by the fact that they cannot possibly know if their family members with dementia have eaten enough, if they are full or hungry, and what sort of help they need, because they can no longer use words to express how they can be helped. Such behaviour raises special concerns in
care-providers. They state that such events make them realise that they are losing them, so they tend to encourage and motivate them to talk for a while more. Of course, such communication demands a lot of time and patience.

For relatives, care for people with dementia has a special value because they gain special life insights through their own experience. They draw attention to the fact that we do not cherish the positive moments in life enough. Dementia highlights the tiny little things that improve our lives, to which we are usually oblivious:

Diseases such as dementia cannot be taken in a positive way, but it has enabled us to see our mother in a different light. One begins to cherish the moments when this individual is truly with you. (Z 4)

Family care-providers also get to know the value of their own lives through providing care:

Dementia is a disease that took a lot away from me. But on the other hand, I can also say that it gave me experience, knowledge and understanding. Due to my parents’ dementia, I see many things differently and I am grateful for each and every day I am given. (Z 17)

This sort of knowledge cannot be gained while growing up, but only through personal ordeals brought on by living with dementia. Although we may live in a world that does not accept faults, we are still people who make mistakes. Dementia may give us an opportunity to “become human” again, and above all shows us how we are unique as people, as well as important and needed in this world (Kitwood, 2005). That is the confession of a son who lives through his mother’s disease and claims:

My perspective on the world has changed throughout the disease. Once you have an experience like this, which affects all areas of your life, you change and you learn to accept each day as it comes and try to make the most of it, knowing that it won’t be the same as the day before, which is a challenge in its own right. (Z 20)

Often, relatives combine various forms of help or increasingly connect with one care-provider in one period of the disease and with another in the other period of it. When a family puts forward the needs for medical assistance in providing care for a relative with dementia, other family members also begin to cooperate more intensely with practitioners and home care services. But when the need for help from the social perspectives of life are put forward, the assistance of social care-providers and social care at home is highlighted.

Relatives describe the reasons for resorting to additional help as a combination of circumstances that necessitate a change from well-planned and organised family support. External help represents a solution:

It is difficult to take care of your own family and at the same time provide care for parents. My blood-pressure rose and I experienced trauma. Now, it would be fair to say that I am relieved and find it much easier to coordinate everything, although I still cannot grasp how this happened to us. (Z 8)

When additional assistance is not enough, it is inevitable that individuals with dementia must move to an institution. Family members claim that prior
to this, they try everything they can to help their relatives stay in their home environment. They give up their annual leave, and assistance at home, but when his/her suffering becomes too overwhelming, moving to a home for older people is the only option left.

**Conclusion**

In social work with people with dementia, narrativity is not yet a frequent and established form of help for people with dementia and their carers. Narrativity in social work is also not yet well documented in literature, which is criticised by Baldwin (2013). He claims that social work and its working up of cases, assessments, care plans, reviews and their presentation to supervisors, panels and courts are, essentially, a narrative activity. Our contribution shows concrete use of narrativity in social work in direct relation to the provision of support for people with dementia in order to establish a better visibility of life with dementia and thus, form more adequate help for service users.

The analysis of the stories from relatives of people with dementia shows that verbalising experiences of living with dementia enables relatives to recognise ways to take action, which empower them in the helping process. Ways to take action were recognised while gaining knowledge on dementia (people with dementia transfer their knowledge on the characteristics of dementia, the development of the disease, adequacy of help), communicating (relatives seek ways of communication that maintain the existing abilities of communication of people with dementia), recognising the disease (they observe changes in their relative with dementia very well and accept them) and becoming aware that dementia is not only a disease, but an experience that makes our lives richer and complements them by revealing the essence of life.

The first step towards changing the existing practice of social work is seeing relatives of people with dementia as co-workers in the support process. Professionals need to form cooperation with relatives and believe that relatives are capable of being the co-creators of help and support. Relatives need to be encouraged to research the experiences gained in living with dementia so that they can respect people with dementia as equal members of their family.

Hiding a diagnosis from relatives with dementia, communication problems and passing the burden of responsibility for care-provision onto professionals are only some of the factors that hinder the empowerment of people with dementia. In order to eliminate these factors, various forms of help and support intended for relatives should be developed, i.e. educational and vocational training, self-help groups, counselling programmes etc.

The narrative method may be used as a method of concrete help for the family care-providers of people with dementia. It enables relatives to verbalise their experiences, their distress and their strong points and weaknesses in the helping process. We may also use it in individual work with relatives and combine it with group treatment as well as with relatives experiencing the institutionalisation of an individual with dementia.
Dementia results in a lot of negative experiences, feelings and personality changes, but can also lead to positive recognition. Over a decade ago, the conviction that there was no hope for people with dementia prevailed, that dealing with them or developing help made no sense (Innes, 2009, p. 5). Today, professionals know that this is not the case. It is our duty to convince relatives and care-providers of this fact too.

Sources
The purpose of this paper is to share the “Community of care” approach applied within the Westside Counselling Service; a service that evolved from an affiliation with the researcher and the Massey Community Church in West Auckland in the period from 2000 to 2013. A case study approach was employed to ascertain how effective this model was for working with Māori women whose lives had been impacted by severe domestic violence. For most of these women, violence and abuse spanned throughout their childhood, adolescence, and adult lives, flowing down into the lives of their children. The “Community of care” approach was developed to address health holistically, and equip women, whose lives were immersed in domestic violence, to fully recover physically, mentally and spiritually. It offers a holistic, encompassing approach that provides ongoing support, awareness and the skills needed to integrate back into the wider community. This article focuses on the spiritual aspect of the programme, namely the exploration of the relational side of spirituality, the space in-between where social work, health care, counselling and community development meet.

Key words: domestic violence, counselling, community, women, New Zealand, Māori.

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Prologue

Spirit in action vignette one

When Faye entered the first class of the Master of Social Practice programme, “I sensed a strange sense of knowing and connection” Faye was exceptional in her passion about the topic she focused on and her ability to, not only jump over, but gracefully fly over any obstacles that blocked her
way. The first assignment she did for the Spirituality course was beyond assessment. She facilitated a silent group presentation with a couple of colleagues which enabled spirit to manifest the room. I knew that this was so outside the rigid boundaries of academic assessment, yet it so clearly spoke to all required learning outcomes and deeply touched all participants. She was able to manifest the unspoken with such clarity, and create a context of empowerment where others were able to experience it. There was nothing spooky about it, it was incredibly deep and the whole class “got it”, not only on the intellectual level, but truly got it with their whole mind, body and spirit. This transformative experience prompted me to support this exceptional work being completed and disseminated. (Ksenija Napan)

Introduction

The article focusses on the spiritual aspect of an exceptional, very interesting and quite miraculous piece of community research, conducted by Faye Pouesi as part of her thesis, required for the completion of the Master of Social Practice at Unitec, Institute of Technology, New Zealand. Ksenija Napan’s role was to support the academic part of the research, enable successful acceptance of this unusual piece of work within the academic community, and further disseminate it through books, articles and other means of collegial sharing. The whole case study can be found at the Unitec research bank, as referenced at the end of this article. Here we briefly depict the development of the Westside Counselling Service, which utilised the Community of Care approach in working with women and their families who have experienced brutal violence in their relationships, also emphasising the spiritual component of their healing process. We believed that publishing a separate article on the spiritual aspect of the whole venture would be useful as we found that although the thesis received a high mark, within a traditional academic context these spiritual events were suppressed and not explicitly prioritised, as a thesis needs to be assessed by material and measurable outcomes. However, these spiritual, transformative and miraculous events were at the heart of the programme and although they may be difficult to explain, without them the programme would not have been as effective as it was.

Spirit in action vignette two

Prior to the establishment of the Westside Counselling Service, Faye had a vision of an elderly woman, somewhat hunched over, picking up what seemed to be dried up seeds from the ground, and placing them in her apron that she had folded “up and over”, to act as a pocket or carrier for the seeds she was gathering. What was also evident in the vision was that the ground in which the seeds were being gathered from was quite parched, and in parts cracked and open. The elderly woman took her time in gathering, and sorting the seeds. Once she had gathered them she took them into a large barn type building, where she began to sort through them. She placed a lot of care in the way in which she handled them. As she sorted through them, she placed them on large trays. It
appeared from the way she arranged the seeds that each tray held different types of seed; some were in more need of care and attention than others. The vision also revealed a different place to where the old woman had gathered her seeds. It was a large field in which there were many workers, some were breaking in the ground, some were digging, and others were planting and watering. All in all, it became evident that the vision was about the restoration of the seeds that the old woman had gathered, and the care it took in order for the seeds to reproduce, once they were planted and harvested.

"Te Puawaitanga o te Ngākau" translated means "the blossoming of the heart and soul". The vision that was given to Faye regarding "Te Puawaitanga o te Ngākau" is that of seeds that have been planted, and as they have germinated, grown and blossomed, they have produced more seeds, which in turn will be planted in good soil that will eventually produce sturdy plants.

Te Puawaitanga o te Ngākau also spoke to her about the "blossoming" of her heart, and the hearts of the women she has had the privilege to work alongside over the past decade, while establishing the Westside Counselling Service. It has been a humbling experience to bear witness to women from all ages and different ethnicities grow and blossom, out of backgrounds that have been immersed in violence of all forms. It is therefore appropriate and humbling that this research be named Te Puawaitanga o te Ngākau.

The “Community of care” approach evolved from an affiliation with the Massey Community Church Board and Faye, over fifteen years. The Massey Community Church’s commitment to support the establishment of a community counselling service has been fundamental in creating a community of care for women and children exposed to violence.

Over time, as women accessed the counselling service, it became evident that in order to address their needs, programmes would have to be developed that could address and manage complex issues resulting from brutal acts of violence. Initially the counselling service offered only individual counselling. Over the years, however, the service has diversified and now includes several group-based initiatives for men, women, and young people on low incomes.

The growth and development of the service necessitated a safe empowering environment be established that would provide women with a sense of accessibility and connection. Westside closed its doors in 2015 but the recovery programmes and other community projects continue through the Massey Community trust and Massey Community church.

The setting up of the Westside Counselling Service and the consequent development of programmes derived from Faye’s work as a counsellor and group facilitator working in West Auckland in the early 1990s, and encompasses her own personal journey emerging out of a life lived within a violent context into one that is affirming and empowering. Over the years, a Community of care, equipped with carers and an ethos of "aroha", provided unconditional support for women to begin to address the issues that have impacted their lives. It provided an environment whereby women could come and be together to just sit, talk,

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1 Aroha – love in the widest possible sense.
laugh or cry and/or take part in the programmes provided. Ultimately, many of the women chose to begin to access therapy and/or the programmes offered but there was no requirement that necessitated attendance at therapy sessions or groups. Sometimes, for women coming out of backgrounds where they have been exposed to horrific violence, the initial need is to be among people who care, and to find safety in order for them to begin to relate to something outside of what they have known.

This work necessitates more than a mechanistic problem solving approach. Engaging on a spiritual level and providing a context where participants can grow holistically has been an essential feature of the approach, to the point that miraculous funding opportunities emerged.

**Spirit in action vignette three**

In the first half of 2000, Faye was contacted by an Auckland businessman who asked: if she was able to do something significant within her field of work, what it would be? She spent an hour opening her heart to him about a vision to pioneer an alternative approach to working with women, in particular, Māori women and families, who were not accessing existing counselling practices for issues concerning violence. The meeting ended with him committing to finance a substantial amount of money over a period of three years to begin the process of establishing a service that would provide face-to-face counselling to low income families and individuals, at no cost, as well as develop programmes for women exposed to domestic and intimate partner violence.

The project had a huge impact on the whole community and principles of mutuality and reciprocity were acted on in practice, enabling women to heal, and in some cases, enabling the perpetrators of family violence to engage in the process through restorative engagements.

**Beginning connections**

Within the first twelve months of opening, Faye developed and piloted an eight week women’s support group, with the first group mainly composed of Pākehā (non-Maori) women. This initiated the emergence of another group that formed the foundation for the Living Free from Violence programme (LFFV), launched in early 2002. It was expected that the LFFV programme would help manage the referrals for the increasingly high numbers of Māori women accessing the counselling service at the time. The women who registered in the LFFV group were mainly of Māori heritage with histories of intergenerational abuse. Most of the group participants had experienced brutal violence.

**Spirit in action vignette four**

As women entered the group it was noticed by both facilitators that some were apprehensive about being there. There was an impression of
heaviness, associated with one aspect of whakama², as described by Metge (1997). A feeling similar to that of someone carrying a huge burden, also entered the room and seemed to linger in the air as the group programme began. Karakia gave a welcome and opened the proceedings and followed with introductions offering the women an opportunity to expand on their whakapapa, should they wish to. After the introductions, a facilitator oriented the group to the venue, discussed group rules and health and safety issues.

While this was happening, the co-facilitator (and subsequent researcher) who was still aware of the feeling of heaviness that entered the room at the beginning, was struggling (unbeknown to the group participants) to process an overwhelming feeling to tell the group some of her own story. Instead of proceeding with the planned programme intuitively, she began sharing about her own journey out of violence. As she shared, her colleague and she became aware that a new feeling started filling the space that previously separated them from the group participants. The heaviness that overflowed into the room when the women first entered was diminishing, and there was a sense of a merging together that felt somewhat like a transcendent experience that wrapped itself around everyone in the room, that seemed bigger than the individuals there. It was as if a spirit of oneness entered the room and enabled some heart to heart sharing that “professionalism” often deprives us from accessing.

As Jordan (1991, p. 82) writes,

> When empathy and concern flow both ways, there is an intense affirmation of the self and, paradoxically, a transcendence of the self, a sense of self as part of a larger relational unit. The interaction allows for a relaxation of the sense of separateness; the other’s well-being becomes as important as one’s own.

The sharing of Faye’s personal narrative was not planned as part of the group process. She describes her experience of telling her story as sensing something beyond herself, inviting her to spill the beans on what she had come out of, and a “knowing” that was present, perhaps similar to what is described by Lewis, Amini & Lannon (2000, p. 63), as “limbic resonance – a symphony of mutual exchange and internal adaption”. They write that as two people have eye contact there is a connection at a neural level, an intimate meeting that brings a mutual enhancement to both parties, difficult though this might be to articulate in words. They describe the leap of recognition with this, and the opposite feeling of deadness when you look into eyes where this does not occur, where perhaps only one party is prepared to engage at this level.

A further phenomenon that helps to explain what happened with respect to connection is that of the relevance theory. As Meadowcroft (2011) explains,

² According to Sachdev (1990) whakama is a psychosocial and behavioural construct in the New Zealand Maori which does not have any exact equivalent in Western societies although shame, self-abasement, feeling inferior, inadequate and with self-doubt, shyness, excessive modesty and withdrawal describe some aspects of the concept. It is an important construct, in order to understand the interaction of the Maori with each other and with the Caucasian New Zealander, the behaviour of the Maori in cross-cultural settings, and the clinical presentations of some Maori patients. »Waiho ma te whakama e patu!« means »Leave him alone he is punished by whakama“ (Maori saying).
for communication to be effective it must be relevant to the listener. If the information is perceived to be irrelevant, the person will disengage. This is also the case if the information is too far beyond the reach of their understanding or comprehension. There is also a responsibility on the part of the one communicating to present information in such a way that it is meaningful. The sense of meaning and purpose is essential for spiritual connection. In the case of Faye sharing her story, there was something familiar, yet new and engaging. The group participants were able to relate to it, it was beyond the professional relationship, it opened the possibility for a human encounter and some real heart to heart communication. They became engaged and aware that there was someone with a shared background, but with a story of difference, of hope for the possibility of change. They resonated with a language and a way of being they could connect with, and it transcended a professional helping relationship.

The telling of Faye’s personal narrative, vulnerability and shaming experiences provided a vehicle that effectively penetrated and broke down the heaviness, which could qualify for shame and ambivalence, which had entered the room with the women. Carswell (2009, p. 1) states:

Paradoxically, shame arises in the context of relationships, and it is through relationships that its effects are diminished or overcome. There is an ambivalence associated with shame, with similarities to the children’s game "hide and seek". Those struggling with shame reflect both the desire to protect and conceal the vulnerable self, and also the yearning to be sought and found.

Additionally, Jordan, Walker & Hartling (2004) note that as people seek connection it is common to experience uncomfortable emotions such as fear, shame and anger. The women in the group were faced with the choice of if they should stay or go. This dilemma continued throughout the process of the group as challenges to building deeper levels of trust occurred. A careful balancing of challenge and support by the facilitators was essential here. Deep spiritual connection and alignment enabled this balance to emerge.

**Spirit in action vignette five**

As the women began to connect and open up with each other, trust formed and eventually their stories unfolded, as the yearning to be found gradually overcame the strong desire to hide, in what seemed like the safety of self protection. It was as if the “penny had dropped”, as they opened up and shared each other’s narratives, making links to harrowing descriptions of each other’s journeys and furthermore, told stories that had been hidden and never shared before. Each shared story deepened the spiritual connection and enabled the healing process to start.

Surrey (1991) notes that recognising the growth and change in people, along with ongoing connection, implies a process of attunement to change, including the ability to face fear and choose to stay present in a relationship. As the women continued to meet and commit, not just to their own change, but also to each other, they began to make life changing choices over time that
resulted in them taking responsibility for their lives. For some, their choices led to them getting their children out of care and back home with them. These were families whose intergenerational histories were of children growing up in state care. As the women grew in self understanding and awareness, they increased their capacity to make better choices for themselves and their families and started to take more responsibility and control over their futures (Kaplan, 1999). This effectively broke the cycles of intergenerational violence often linked with poverty, addictions and isolation, which they had been part of.

The freedom for being spontaneous in response to sensing, and/or knowing what was needed in the room was an ongoing occurrence throughout the Living Free from Violence group. There was an eight week group format to follow including guidelines and safety procedures. Both facilitators agreed that there would also be a space made available should change for the programme need to occur. Allowing for such a space opened the way for occurrences such as that of the special transcendent experience mentioned above, which could be described as an aspect of spirituality. It also allowed for the co-creation of the programme by participants, which resulted in engagement and a sense of ownership and agency in the process of recovery.

**Establishing connections**

A key feature in establishing connections with the women in the Living Free from Violence group proved to be the sharing of the facilitator’s personal narrative: of her journey out of violence. Subsequently, it established more than just a connection, it penetrated the hearts of these women, and simultaneously diminished the heaviness that had previously entered and enveloped the room. As Walker (2004, p. 9) notes,

> In the relational-cultural model, connection is both an encounter and active process, and its fundamental quality is respect. This conception of respect is akin to the concept of unconditional positive regard, emphasised in person-centred models ... to experience connection is to participate in a relationship that invites exposure, curiosity, and openness to possibility.

In addition, Pouesi (2012) considers that there is an understanding that women from violent backgrounds have common ground that provides them with an inner knowing of where each have journeyed. There is also a connection they make with one another that cannot be seen, only experienced. Conversely, the unspoken declaration that happens amongst women who experience such violence affirms one another’s journeys. Mearns and Cooper (2005, p. 47) noted that, “Moments of intimacy and relational depth often occur without words”. In addition, in the following extract from Mearns and Cooper (2005, p. 45) there is a definite sense that the client here has made a connection, although they do not explicitly mention connection at all:

> It is an amazing feeling to feel so understood. I knew she (the therapist) understood me deeply. It wasn’t just that she understood what I was talking about – it was that she understood how it feels to be me ... what she was
sharing was not about her own life – what she was sharing was herself, in relation to me.

Furthermore, Briere and Scott (2006) note, that safety is an integral factor to enabling clients to “let their guard down and experience the relative luxury of introspection and connection” (p. 71). In addition, Olthuis (2006, p. 225) asserts that:

When the letting be and reaching-out are mutual, we are in connection, touching and being touched, simultaneously giving and receiving self. We meet neither distant nor fused but in contact, connected in an embrace without demands and without controls, whose only safeguard is mutual trust, an embrace open to finding its own way in hope.

Olthuis (2006) also writes of the delicacy required in building healthy relationships, and how this is impacted upon by all manners of “elements”, including the disposition of participants and how well they work together, heart impulses, and the risks inherent within time and space. Furthermore, building a space where people can be with each other comfortably is required, without the challenges of resentment and resistance (Olthuis, 2006).

As Sandage (2006, p. 235) notes with respect to liminal space, opportunities are created for spiritual transformation “through the humility of unknowing and the courage of authentic self-hood”. He further notes this process is not always linear, as the inauthentic self is dismantled. Surrey (1991) notes that the creation, building and sustaining of deep relationships is not a straight forward process, but may include times of vulnerability when feelings may overwhelm, requiring a commitment to stay connected. The above is particularly true of the women who have accessed the Westside Counselling Services over the past decade. As they grew in awareness, gaining an understanding and insight into the impact that violence has on one’s life, they became more open and willing to enter into the community. As Herman (1997, p. 197) notes:

Helplessness and isolation are the core experiences of psychological trauma. Empowerment and reconnection are the core experiences of recovery.

In relation to this, Surrey (1991, p. 174) states:

Only as we value our connections and see that maintaining and deepening them are crucial to our development, will we begin to take the risks necessary to empower our relationships.

The process from disconnection to connection was not straightforward for the women in the community of care. As Walker (2004) notes, increasing connection and finding a voice can also bring conflict, as individual preferences and differences arise, that need to be negotiated. The Community of Care approach enabled women to stay engaged, in spite of this. Walker (2004) suggests that this ability relates to the quality of trust and relationship that holds the group together and provides a safe and stable environment for this, sometimes fraught, process. As Jordan, Walker & Hartling (2004) suggest, disconnection and connection sometimes interweave. Embracing it, negotiating it and accepting it as normal aspects of growth, rather than shutting it down or supressing it, enables spirituality to enter the room and a natural healing process to occur.
**Spirit in action vignette six**

During the process, it seemed that we have been guided and watched by angels. From the vision, to the initial funding proposal, through feelings of the transcendence in the therapy room, to unexpected donations of money, time, services and resources, by tradesmen from the neighbourhood. Also, an amazing transformation of the church itself occurred with an enlarged heart space, allowing acceptance and an increasingly non-discriminatory attitude to flourish.

Over time the identification of needs prompted talks between the Massey Community Church and the Westside Counselling Services to find ways to address some of the gaps in certain areas. The weekly Massey Community Church newsletter was used to access resources for basic needs. Items such as blankets, food, bedding and furniture were donated from the church community, as well as from residents of Massey. Financial sponsors from the community also pledged their support, some of whom donated large amounts of money for families struggling to pay power bills or rent. In addition, a bakery drop of excess goods at Massey Community Church twice a week, assisted families in providing lunches for their children, and on many occasions their goods substituted for an evening meal. The weekly distribution of the newsletter to the church community is still in use today; so too is the commitment from the church community to support and stand alongside the recovery programmes and community initiatives.

We humbly acknowledge that in this work we are not alone. It was work that needed to be borne and done, in this specific setting at this specific time.

This project was multi-layered. It focussed on a space between disconnection and connection when old ways of being were discarded and new ways embraced. It allowed distress and anxiety to emerge while holding a space for women to grow new ways of being. This transformation required a deep relational trust that emerged between participants. This rich relational process offered a narrative of hope, meaning and purpose, which so closely relates to spirituality. This is reflected beautifully in the original purpose of the kete, to hold sacred objects.

**Spirit in action vignette seven**

A metaphor that encapsulates a “Community of care” approach is that of a finely woven kete made from the blades of pingao grass. Its handles are representative of the Massey Community Church, the Westside Counselling Service, and the Massey Community Trust, plaited together to collectively support the kete. Traditionally the pingao kete is understood to have been used to hold sacred and precious objects. The pingao blades symbolize all of the associations that have formed through support networks and programmes, including facilities and safety, which are all woven together to create a delicate kete: lace like in appearance, yet strong in texture. It is fashioned to support the broken hearted, to declare freedom to the incarcerated, and to provide the opportunity for change to those bound up, in what seems like loveless relationships and overwhelming difficulties. The vision is outworked in seeing the broken hearted mended, and the
achievement of freedom from captivity in violence, prostitution, and drug and alcohol abuse.

This whole project had significant ripple effects, not only on the Massey Community Church, but also for the academic community, in terms of finding appropriate research methodologies to describe non-linear phenomena, and capture the spirit of this unique endeavour. Courage and strength of spirit weaved through the whole process, impacted participants, and contributed to the transformation of all who became involved in it, personally or professionally.

Sources


The Finnish topic of the book can be translated as follows: “International social work. Concepts, practices and developments”. The book belongs to a series of thematic Yearbooks of Social Work Research, which is published by the Finnish Society of Social Work Research. The theme of international social work is rare among Finnish social work literature, thus, the book has an important role of filling the gap in the knowledge base of Finnish social work. Potential readers consist of researchers and developers in the field and also those undertaking practical social work. The book is additionally used as a textbook in university education.

In the introduction of the book, the editors describe the history of social work through some key figures such as Mary Richmond and Alice Salomon. The pioneers of social work realised quite early on that there was a social demand for international cooperation in this field, because social work emerged in national contexts and under approximately similar mega trends as industrialisation and urbanisation. Social work faced major societal challenges, which were common for many countries. Later, the period from the First World War to the end of the Cold War can be seen as an era of international conferences, which supported the theoretical and practical development of social work. National social work was influenced by international contexts. Notwithstanding, the discussion of social work’s societal task was lively. Social justice issues became more central in social work discussion, which created fertile ground for global issues. In the 2000s, globalisation has become a common denominator in international social work. Globalisation has set social work into broader frameworks by challenging traditional Western views of social work. The introduction of the book sets national social work into an international context, which creates a useful perspective for the reader.

After the editorial introduction, the book is divided into three thematic parts. The first section includes three articles, where the authors explore the
various kinds of influences social work has acquired from other countries. The section opens with an article that describes the significance of comparative research in developing the social work theory base (Juha Härmäläinen & Steven Swardlow). A comparative perspective is a useful method to develop social work within the international domain of social work. The second article is focused on the relationship between disability policy and social work, which has acquired influences from both national and international contexts (Marja Tarvainen & Raija Väisänen). For example, international agreements have influenced the societal position of people with disabilities because social justice issues are deeply universal in nature. The third article describes international connections in the development of clinical social work (Maria Tapola-Haapala).

The second section consists of six articles in which the respective authors describe how Finnish social work practice has been facing international challenges in different contexts. The case of the family with a disabled child reveals what kind of difficulties a family might meet in the system of social care services if it has an immigrant background (Mirkka Vuorento & Larissa Franz-Koivisto). Similarly, families with Russian backgrounds have also encountered difficulties in becoming integrated into Finnish society (Eveliina Heino & Minna Veistilä). Such immigrant issues are in tandem with religious issues that have become part of the secularised society in a new way (Ulla Siirto & Sari Hammar). Furthermore, traditional social problems such as homelessness have acquired new forms when immigrants are faced with this scenario (Marja Katisko). At the same time, immigrants have imported some problems on moving to the country. International wars and natural disasters are phenomena that are also met in Finnish social work with respect to immigrants (Kati Turtiainen). The issue of Roma people in Eastern and Central Europe has been transferred to Finnish social work along with the itinerant nature of the Roma people. The issue and its challenges are described through the scenario of a day centre which offers low threshold services for Roma people in Helsinki (Heini Puurunen, Anca Enache, & Airi Markkanen). The articles in the second section are focused on current international challenges and especially on how these challenges are met at the national and local level in Finnish social work.

The third section transfers the level of reflection on social work to the global level. The section consists of two articles. The first of them describes disaster work as part of the national and international fields of social work. The study is based on an integrated review of literature and aims to describe the nature and content of disaster social work (Merja Rapeli). The second article studies the relationship between human rights, environmental issues as well as the capitalist economy in the global world, and places social work in this context. This article is based on a global perspective in which social justice issues are underlined (Satu Ranta-Tyrkkö).

International social work is currently an important topic. Formerly, there have been no available books of a similar nature on this topic. In this sense, the book provides an important contribution to Finnish literature on social work. While the book is divided into three main sections in which the articles
form a versatile whole it does not avoid the typical problem of edited publications whereby articles can be somewhat fragmented. However, a reader may only choose the topics that interest them the most, depending on their interest and background. Among the twelve articles, there are certainly some very interesting topics for everybody. I personally preferred the articles in the second section, which describe how Finnish social work practice has been facing international challenges in different local social work contexts. While the articles did not provide solutions for challenging questions they succeed in awakening interest in international social work.

Timo Toikko
CONFERENCE FIRST CALL

THE BREAKTHROUGH OF THE SOCIAL
Practical Utopias, Wisdom and Radical Transformations - Social Work
@IUC: Lessons Learned and Future Challenges

Dubrovnik 2\textsuperscript{nd} - 6\textsuperscript{th} September, 2019

The conference will celebrate 30 years of social work courses at the IUC in Dubrovnik. It will address the state of the art in the theory and practice of social work, address new ways of formulating and implementing social policy, examine key challenges in working with children and families, explore new approaches to children in conflict with law, present possibilities of community work and community action, confront issues of old age and investigate the possibilities for and obstacles to deinstitutionalisation.

The aim of the conference is to reassert the role of social work in societal change and to explore political, organisational and ethical issues through the lens of freedom and social transformation. To do so participants will revisit historical sources and envisage new pathways, possible functions and responsibilities of the profession in order to enrich utopias with practical purpose through (indigenous) wisdom and by reinvigorating the anti-oppressive mandate of social work.

Social work needs to establish strong alternatives that are extremely important in the times of rising nationalisms, abrogation of human rights and decaying solidarity. These alternatives should use the tools and stories of social work in order to encourage and enable people to believe that another world is possible and work towards building it together.

\textit{The conference itself will last three days. There will be fringe events (special workshops, interest group etc.) prior and possibly after the conference.}

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the Slovenian Association of social workers are calling for participation at the 7th National Congress of Social Work with international participation

16–18 October 2019, Terme Vivat, Moravske Toplice, Slovenia

Humanism and ethics in social work

The 7th national Congress of social work continues the tradition of group analyses of social problems undertaken by the academics, the professionals in social care, its designers, the students, and the users. The times we live in call for decisive thinking about the future of humanism in organised human communities, and the social problems in local, regional and global perspectives. The themes of poverty, social exclusion and various forms of violence are increasingly aggravated by environment devastation, global migrations, precarisation, new forms of dehumanisation, and towering social differences, coupled with armed conflicts, political disputes. Also increasing are media attacks on the institution of social work that seek to cast doubts on the social state, and attempts instrumentalisation of social work in the hands of power. All these developments concern us all, but most notably the users of social work services.

What do humanism and ethics stand for in the social services, and how do we assure good treatment to all users? How can we develop green social work and strengthen the autonomy of social work?

The congress is an opportunity to deepen our theoretical and practical knowledge, to facilitate international exchange, to forge professional and personal ties in order to strengthen the international community of social workers and workers in other branches of social care.

Central themes of the congress:

- Social work and the state vs. social work as state: questions of ethics
- Social work and the media
- Global challenges: green social work, social work and political conflict, global migrations in the light of humanism
- Poverty, precarisation and social exclusion in Slovenia: towards an ethical and humanist stance
- Social work and political extremism in the light of international standards of ethics in social work
- Social work practice: international comparisons
- Research in social work
Fakulteta za socialno delo v sodelovanju z Društvom socialnih delavk in delavcev vabita na 7. kongres socialnega dela z mednarodno udeležbo

16.-17.-18. oktober 2019, Terme Vivat, Moravske Toplice

Humanizem in etika v socialnem delu


Glavne teme kongresa:

• Socialno delo in država/socialno delo kot država: etični razmisleki
• Socialno delo v medijih
• Globalni izzivi: zeleno socialno delo; socialno delo in politični konflikti, globalne migracije v luči humanizma
• Revščina, prekarizacija in socialno izključevanje v Sloveniji: etična ravnanja in humanistična drža
• Socialno delo in politični ekstremizmi v luči mednarodnih etičnih standardov socialnega dela
• Mednarodne primerjave socialnodelovnih praks
• Raziskovanje v socialnem delu
The international colloquium will take place on Friday, 14th December 2018 from 13.00–17.00 in ATRIJ ZRC, Novi trg 1, Ljubljana 1000, Ljubljana.

The International colloquium with the presentation of the publication *Sledi v zraku/ Tracings Out of Thin Air* (2018, published by Forum slovanskih kultur/ International Foundation Forum of Slavic Cultures, Ljubljana) is organized by Marina Gržinič (ZRC SAZU, Ljubljana) and Darja Zaviršek (Fakulteta za socialno delo, Ljubljana).

**Programme of the colloquium**

**Pozdravni nagovor/Welcome speech by Dr. Marina Gržinič, ZRC SAZU, Ljubljana, and Dr. Andreja Rihter, Director, International Foundation Forum of Slavic Cultures, Ljubljana**

**Doris Arztmann and Eva Egermann (Austria)**
Kiborški izstop iz učilnice. Telesne heteroglosije in Kripnasti materiali za umazano znanje v umetniškem izobraževanju / Cyborg Exits in the Classroom. Body Heteroglossias and Crip Materials for dirty knowledge in Art Education

**Marina Gržinič, ZRC SAZU, Ljubljana**
Telo, hendikep in kritična umetnosti / Body, disability, and critical art

**Cinzia Leone, Univ. of Genova**
Hendikepirani ali državljani:ali ta dilema še vedno drži? / Disabled or Citizens: Is this Dilema Still Real?

**Elena Pečarič, YHD, Ljubljana**
Neodvisno življenje hendikepiranih / Independent Living of Disabled Persons

**Irena Šumi, Univ. of Ljubljana**
Starejše ženske: hendikepirane ali odvečne? / Old Age Women: Disabled or Redundant?

**Darja Zaviršek, Univ. of Ljubljana**
Misterij zapoznele deinstitucionalizacije v postsocialističnih državah: študija primera Slovenije / The mystery of the delayed deinstitutionalization in postsocialist countries: case study Slovenia

SEMINARJI 2019

MAREC - Metode socialnega dela I., II., III. in IV.
  - APRIL  - 4. apr. Celostna oskrba ljudi z demenco
  - 18. apr. Strateško načrtovanje v javnih zavodih
  - MAJ    - 9. maj  K rešitvi usmerjen pristop v socialnem delu
  - 16. maj Celostna oskrba ljudi z demenco

SEPTEMBER - Usposabljanje supervizorjev/supervizork v socialnem varstvu

OKTOBER - 16., 17., 18. okt. 7. kongres socialnega dela

NOVEMBER - 7. nov. Osnove obdelave kvantitativnih podatkov
  - 21. nov. Osnove obdelave kvantitativnih podatkov