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Everybody’s business: the challenge of constructing a definition of child neglect in late modernity

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PARALLAL SESSIONS 1
Thursday – 25th August
11.00 – 12.30
As the state retracts further in the Netherlands, the role of civil society increases. Only now the impact becomes visible due to changing arrangements in the social domain. Since enormous cuts in the welfare budgets have been implemented; creative innovations by civil initiatives are much needed to cater for welfare and care arrangements.

In the Netherlands we see various developments: a group of citizens did become more active in taking care of their social and physical environment and well-being. We see a shift from ‘third generation’ civil participation, where citizens contribute to value creation, to the ‘fourth generation’ civil involvement where citizens are in the driving seat, local government follows, and social professionals facilitate. In the meantime there are many communities where citizens need to be facilitated to gain more ownership over their social and physical environment.

These developments put citizens, social professionals and civil servants in new roles, even new identities, that require specific (new) capacities/practices of interaction. As for social professionals a more situational approach is needed with a variety of behavioral practices. Those capacities/practices will not come automatically but must be cultivated and learned by the actors.

We have intensified our research about developing these capacities in various collaborative learning settings in community development projects where professionals and citizens (and local government) are involved. Collaborative learning is a way of learning while working together. In our research we are experimenting with this broad concept (Dillenbourg 1999) in various settings, that we see as learning environments. Social professionals are involved in all settings. All learning environments are about enhancing mutual understanding by the actors involved of each other’s positions as well as about fostering the learning, reflective, resilient capacities of the community involved (Maton e.a. 1995). In some learning processes the role of citizens (civic learning) gets special attention (Biesta 2011).

In our recent research we gained more insight into the possibilities and limitations of the process of collaborative learning and insight into the learning outcomes of these processes for citizens and social professionals. We would like to share and discuss our experiences and findings in a consumer managed residential homeless and mental care residence; in a field lab in Amsterdam East where the learning process supposedly contributes to individual and collective empowerment and local democracy, in the context of livingroom talks about ageing where the private space becomes a public playground for democracy and in a more international comparative perspective the challenges of legitimacy social work professionals face when they involve in collaborative learning project.
Eelke Pruim
Thursday 25th August, 11.00-12.30
Room: Papenstraattheater

Being employed as a social worker means to be reflective, to connect to people with different backgrounds, to be creative, but also being able to follow the rules. A social worker should consult with managers, but should also be able to contact with children. In other words; social workers should be able to participate in different roles. In sociology these expectations and the different roles that people can take, are characterized as social roles and the associated rules and social rules. Social roles and social rules are there to provide clarity and predictability and processes run efficiently and effectively.

The Norwegian and the Netherland’s empirical material is not comparable in a traditional sense of comparative approach to social welfare or social work. The Norwegian system and the Netherland are of slightly difference when it comes to welfare provision and organization/decentralization. The Norwegian policy towards change, can represent a softer approach to reform, than the Netherlands approach, there has not been cutbacks (although there are sign of them coming), and there has not been high-profiled reorganizations.

Both contexts have similarities though. The Norwegian case study represents a bottom-up approach to implementing new ways of social work and changing of the professional role. The empirical material is a case study of a community work project. The Dutch case study represents the implementation of a new social team, which is asked to apply more community work. In both contexts social workers were faced with shifting social roles. The clarity and predictability to which they were accustomed, became increasingly blurred.

In this presentation, it is made clear how social workers in both countries coped with the changing social roles. Being part of a profession, organizational expectations and conflicting social roles will be discussed.
The social work degree in England was established in 2002 to improve the status and competency of social workers. However, after the death of Peter Connelly in 2007 and the final report of the Social Work Task Force (2009) it became subject to a series of significant changes with the establishment of the Social Work Reform Board to implement the revisions to social work education and social work practice. The aim of this study is to identify how the degree can illuminate the dilemmas of contemporary social work practice.

A qualitative case study of a social work degree programme in England was undertaken after obtaining ethical approval. Data was collected at two different points in time by means of interviews and focus groups. Interviews were conducted with academics (10), practice educators (8) and academics involved in practice learning (2). Two focus groups were undertaken with service users (11) and three focus groups with students (17). A total of 48 participants were involved in the data collection. The contribution of this study lies in the linking of the identified dichotomies in social work education and practice to Late Modernity. These contrasting models or understandings of contemporary social work practice need to be contextualised within the framework of the complexity and ambivalence of late modern society within which there exist an individualised approach to risk and a loss of trust in the professions. Any reform of the social work profession would have to adopt a critical framework consistent with a late modern conceptualisation of risk and professional expertise.
Wacquant (2008) has argued powerfully that the concept of the “ghetto” has been misused by policy makers, politicians and academics in their analysis of the development of advanced urban marginality. From the late 1990s onwards in the UK and across Europe, there has been an on-going moral panic (Cohen: 2011) about the “ghettoization” of socially deprived urban areas. For Wacquant, the use of the term “ghetto” to describe areas of urban poverty in neo-liberal societies is completely misleading and inaccurate. In his analysis of developments in Western Europe, Wacquant uses the term “anti-ghetto” to describe the stigmatised areas of urban poverty. He argues that the residents of new “anti-ghettos” have all the same negative social connotations placed upon them. Wacquant explores the ways that these neighborhoods have become “terra non grata”. Such areas are in stark contrast to the traditional notion of a ghetto, which as outlined above was an of ethno-racial segregation. The anti-ghetto lacks the social and class features of the classic ghetto concept. The economic and social insecurity that is a key feature of neo-liberalism means that the social and cultural institutions might have acted as a buffer against impacts on working class communities have struggled to survive. This paper will consider how this analysis can be used to explore social work’s role in challenging stigma and discrimination.
Presentation 5

‘Everybody’s business’: the challenge of constructing a definition of child neglect in late modernity

Sasha Williams
Thursday 25th August, 11.00-12.30
Room: Bovenfoyer links

Drawing on lay constructions of child neglect, this paper explores the challenges late modernity places before us all, lay people and professionals alike, in ensuring that children are not neglected.

My PhD research explored how lay people construct child neglect using data collected from focus group discussions between 46 self-defined lay people. My participants overwhelmingly constructed children in developmental terms, as having physical, emotional, training and supervisory needs which needed to be met during childhood. Parents were primarily responsible for meeting these needs, and failure to do was constructed as potentially catastrophic for the children concerned and for society as a whole.

The forces of late modernity were constructed as overwhelmingly deleterious to children’s developmental needs. Factors such as the fragmentation of family and community, the decline of social structures, and the reduction of safe communal spaces were positioned as eroding ‘normal’ (i.e. developmental) childhood to the detriment of us all. ‘Normal’ parenthood was constructed as composed of both a dispositional/emotional element and a skills/knowledge element about what proper parenting involves. The forces of late modernity place ‘normal’ parents under tremendous economic and social pressure; pressure which sometimes prevented ‘normal’ parents meeting their children’s needs. Importantly, this was not constructed as child neglect.

Participants reserved the category of child neglect for ‘abnormal’ parents who either lacked the emotional investment in their children, or who lacked the necessary skills and knowledge to parent appropriately, or both. Participants said that by prioritising adult self-fulfilment over parental duty, by failing to ensure intergenerational transmission of parenting skills and knowledge, and by ill thought out incentives for unsuitable parents late modernity society was responsible for making child neglect more likely.

More fundamentally late modernity was constructed as fragmenting the very concept of child neglect. A ‘neglectful’ parent is not a ‘normal’ parent. However, constructions of ‘normal’ parenting and a ‘normal’ childhood vary by geography, culture, ethnicity, religion, gender and class. While participants had clear individual understandings of child neglect, there was difficulty in privileging a definition associated with one cultural norm over that associated with another. For participants, in the absence of consensus, child neglect as a concept has become synonymous with professional child protection definitions relating to severe child maltreatment. Participants considered these professional constructions to be far removed from their own definitions of child neglect, widening the gulf between lay people and professionals. The challenge facing social workers is therefore twofold. To address the fragmentation of late modernity we must find ways to re-engage with communities, focusing on child welfare and supporting the non-stigmatising universal services that assist families to care for children. But as a society we must also find a new consensus about what child neglect is. The challenge for lay people and professionals is to construct a new ‘normal’ rooted in what all children in our society have a right to expect.
UK statistics reflect a rise in the numbers of men and women divorcing between the ages fifty to sixty five. Women in this age range are also living alone in greater numbers. Placed within the context of a declining birth rate there will be more retired people than people working to support them. Consequently relationships with partners have been seen as a key source of support that could potentially save the state the cost of social care, benefits and pensions. The British Government has actively encouraged heterosexual couples to remain together by asking General Practitioners to undergo training in couples counselling and by providing tax allowances after the death of a spouse. The statistics and the government response demonstrate the ‘tension’ that lies between traditional expectations of commitment associated with obligation and more contemporary discourses of personal choice aligned with late modernity.

There remains no distinct set of issues that characterize what sociologists mean by the term ‘commitment’. Attempts to define commitment lead to assumptions and value judgements. For example the British media has labelled separating and divorcing couples in midlife as the ‘silver splitters’ or ‘grey divorcées’. Commitment cannot be isolated from sociological understandings around family intimate relationships and social connectedness.

This paper seeks to review the meaning of commitment for women in mid life from a sociological perspective. Women in mid life are often termed as being part of the ‘sandwich’ generation having caring responsibilities for parents as well as children or grandchildren. Caring for others in this way places emphasis upon the obligatory aspect of commitment more aligned to traditional expectations and understandings. Relationships in late modernity are entered into for their own sake and for mutual satisfaction. The customs and standards of past generations have now become irrelevant as guidance for the conduct of personal relationships. From this perspective couples no longer have a duty or obligation to stay together. Relationships in late modernity are democratic by nature and provide freedom of choice but contain some inherent risk which comes from the knowledge that achieving intimacy and love with another person is uncertain. In late modernity people are expected to be aware and responsible for the risks they take in relationships. Evidence from empirical studies will be reviewed and links made to future social care provision.
Shared decision-making gains attention in social services worldwide (Leving, 2015). It is connected to the enlargement of the empowerment and activation of clients in recent years. Shared decision-making means clients being involved in the decisions that concern their lives. It is a step-wise approach that includes discussing the pros and cons of different but equivalent potential courses of action in relation to what is valued as important by clients in their daily lives (Elwyn et al., 2012). Shared decision-making has the potential of promoting social health by helping clients manage their lives with their condition (Vernooij-Dassen & Jeon, 2016). Furthermore, shared decision-making promotes the agency and autonomy of clients. For people with dementia a relational approach to decision-making is more suitable to promote their agency (Boyle, 2014). This means that shared decision-making focuses at the networks supporting people with dementia. Decisions in dementia are related mostly to social aspects such as daily activities, social relationships, living arrangements and mobility issues (Span et al., 2015). People with dementia want to be involved in decision-making about their lives for as long as possible even though they realize this will become increasingly difficult over time when the dementia progresses which results in family caregivers taking over decision-making roles. (Fetherstonhaugh, Tarzia, & Nay, 2013). Our research aims at describing the challenges of shared decision-making in the networks of people with dementia. Our multi-perspective qualitative study used semi structured face-to-face interviews with 113 respondents in 23 care networks consisting of 23 people with dementia, 44 of their family caregivers, and 46 of their professional caregivers. The interview guide addressed the decision topics, the decision-making participants, and their contributions to the decision-making. We used content analysis to delineate categories and themes. The three themes that emerged from our analyses describe the challenges of shared decision-making for dementia care networks: (1) adapting to a situation of diminishing independence, which includes shifting roles in the decision-making; (2) tensions in network interactions, which result from different perspectives and interests and which require reaching agreement about what constitutes a problem in the situation; and (3) timing decisions well. The challenges of shared decision-making in the networks of people with dementia relate to all dimensions of social health. They have implications for a model of shared decision-making. Such a model requires flexibility regarding changing capabilities to preserve the autonomy of the person with dementia as long as possible. It requires working towards a shared view about what constitutes a problem in the situation. It also requires adjusting the decision-making pace an communication patterns of the network members.
Social work core professional values of empathy, empowerment and advocacy, would appear to ally themselves naturally with qualitative research methodologies. Recent legislation in the England and Wales, including The Care Act (2014) has placed a duty on social workers to promote individual wellbeing, but also provide services that focus on the prevention of ill-health. In addition, services are required to be structured in ways that promote the independence and choice of individual service-users. This legislation has been introduced at a time when, as with many other countries, austerity politics has led to a reduction in funding for a broad range of health and social welfare services. Social workers are thus practicing in a very difficult environment – austerity has led to increased demand just as provision is shrinking.

There has been a significant shift in the approach to the development of services. Service provision has to be “evidence based”. In addition, there is a much stronger focus on the extent and nature of “service-user” involvement. Whilst broadly sympathetic to these general approaches, this paper considers and questions how evidence and knowledge are produced in this field. Much of the research data generated to support service development is based on quantitative approaches. This is particularly the case in integrated services that are seeking to combine health and social welfare provision (Makenzie et al 2005, Ellis et al 2006, Trappes-Lomax et al 2006). The research that does include views of service users is often triangulated with these ‘legitimate’ professional opinions. Another outcome of this approach is that the views of those who are underrepresented in services are often missing. This narrow focus means that the views of those who are not using services are not included in research, meaning that it is impossible to evaluate the reasons for their absence.

This paper reports the findings of research carried out with older people in Oldham, North West England. The research study adopted a narrative interview method to hear non-English speaking Bangladeshi and Pakistani older people’s experiences of health and social care services. The paper argues that this research methodology allows social workers to reassert social work values but also challenges a narrow positivism. The result is that future service developments will be more effective by taking account of the full range of community views.
Social work is based on different sources of knowledge: not only scientific knowledge but also practical knowledge of the professional social worker is valuable in the underpinning and legitimation of Social Work (Gray, Plath & Webb, 2009). Recently a new source of knowledge is introduced in the field: personal knowledge of recovery. Clients are entering the field of Social Work as ‘experts by experience’. Sarah Banks (2012, p. 145) notices that: This expertise is not just the insights, skills and knowledge of consumers, who know what they want. (...) This is a more radical version of the co-production of knowledge and welfare services.

A substantial part of the social workers also has these experiences, parallel to those of the clients they support (Weerman et al, 2012). They also can be seen as ‘experts by experience’: they have personal ‘knowledge by acquaintance’ of the problems that their clients are dealing with (Caron-Flinterman et al, 2005). They ‘recovered’ of situations and/or disorders they are now helping and supporting their clients with. The personal (embodied and tacit) knowledge (Polanyi, 1962) they are acquainted with however, is usually not seen as a valuable source of knowledge. On the contrary, the ethics of Social Work demands professionals to hide their personal issues. As Social Work ‘professionalized’, it developed sets of principles and rules designed to protect clients. The professional is not supposed to share his personal experiences with the clients she or he supports.

The Dutch University of Applied Sciences Windesheim, developed a training to transform personal experiences with disruption, disease, shame and stigma as a supplementary source of knowledge in the professional role functioning. The training is the result of an PHD- action-research project of Alie Weerman. She was inspired by the field of addiction.

In the field of substance abuse treatment (SAT) there is a long history of ‘recovered’ health professionals (Weerman, 2013). From the beginning, ex-addicts worked in a variety of roles: as paraprofessionals, ‘professional ex-addicts’, counselors ‘in recovery’, or as member in the ‘former addicted staff’ (Curtis & Eby, 2010; Doukas & Cullen, 2010; White, 2000). Olmstead et. al. (2007) mention that recovered counselors still account for 30-55% of all SAT-counselors. Numerous studies showed that recovered professionals are at least as effective as their nonrecovering colleagues. Recovered counselors are working together with their colleagues who do not have a personal experience of recovery. White (2000) means that ‘there is perhaps most of all an authenticity of emotional contact--an empathic understanding of the deforming powers of addiction and a passionate belief in the healing power of recovery’.

As Blum and Roman (1985) noticed, the value of experiential knowledge of recovery of addiction wasn’t questioned fundamentally till the 1970s, when the field professionalized. The rationalization of requirements made the indigenous experience of ex-addicts who ‘have been there’ less significant. Blum & Roman (1985) describe the transformation of the field of addiction treatment into a rationalized and formalized system, and they foresee the disappearance of ‘experiential knowledge’ in this professionalizing and medicalizing field.

At Windesheim University we combine the best of both worlds: personal knowledge was added as a special form of ‘evidence’ in the rationalized field of social work, in a methodology of action research.

Epistemological perspectives are dynamic and changing (Abma et al, 2009; Broekaert et al, 2010; Caron-Flinterman et a., 2005 Gray et al. Felder & Robins, 2009; Schippers et al, 2010; Snoeren et al, 2011; ). Personal characteristics of the professional prove to be relevant for the effectiveness of treatment. Recent scientific research in the field of psychotherapy shows the importance of a good personal fit between the social worker and the client. So called ‘non-specific factors’, such as empathy, a positive attitude, hope and the
personal match with the therapist, as well as changes in other areas of living, have a far greater impact than the interventions of the therapist as such (Van der Stel, 2012). It becomes scientifically clear that the ‘implicit’ personal characteristic of social worker contribute to the effectiveness of treatment. This gives new space for research of the influence of personal characteristics of professionals and the specific way they relate to their patients, on the effectiveness of treatment. Once more, it makes the specific experientially knowledge of professionals who are recovered from disorders or social problems a relevant topic.

These recovered professional social workers do have in fact three sources of knowledge at their disposal: they are (if they are well educated) formally instructed in scientific-based approaches, they also have acquired practical knowledge in action (Schön, 1987) in the support of their clients, but they are personal acquainted with the recovery of add too, similar as their clients.

To mix these three sources of knowledge leads to reflection on the ethical and scientific legitimation of Social Work. In practice, Windesheim shows that these mix is possible, but it takes time, and an openness to an epistemology that questions objectivistic views of knowledge. Knowledge by acquaintance can be a legitimate source and can be rationalized with the use of the phenomenological and existential methods of psychology and counseling (Halling & Dearborn, 1995; Broekaert et al, 2010). It gives a new interpretation of the values of Social Work that are directed to inclusion and participation. In search for a better quality of care and life, evidence and emancipation miss their third partner: existence and humanism. Social workers with experiential knowledge can be seen as a special specialist in social work.
Social capital has emerged as an area of great interest to a large number of government agencies, community and welfare organizations, research institutions and community development practitioners. The potential for social to make a positive contribution to outcomes in diverse areas of social concern such as health, community safety and education has captured the interest of policy makers. This interest has led to a demand for statistics that measure the concept of social capital, and that can be applied to informing policy development and further research.

The common wealth department of family and community services has placed a great focus on community building through its current stronger families and communities strategy which provides funds for various community based projects with the aim of building family and community capacity to deal with challenges and issues to find local solutions to local problems.

The strategy also aims to encourage the building of partnerships between all levels of governments, the community, individuals and business. Many state and territory governments are likewise aiming to embed social capital, community building and a whole of government approach into policy.

My paper provides some background materials on social capital. It then discusses how social capital may enlarge our understanding of society and social wellbeing. The paper provides how the stakeholders which the bureau of statistics has consulted, consider that the measurement of social capital may inform policy in their area of responsibility, and types of policy questions that measures of social capital may help answer and the ways in which policy initiatives may impact on the social capital.

The paper also draws on examples from the literature of how levels of social capital may contribute to particular outcomes in a range of areas of well beings. Social capital as one amongst other types (natural capital, produced economic capital and Human capital) that contribute to wellbeing. Individuals groups and communities may have access to and use carrying amounts of each type of capital and there are also significant interactions that occur between the use of different types of capital.

The first section of my paper discusses elements of the concept of social capital such as networks and norms. A range of definitions that attempt to capture the concept of social capital are presented. Social capital is described as networks, together with shared norms, values and understandings which facilitate cooperation within or among groups.

The measurement of social capital may provide insights into social functioning, and how networks and links can be utilized to contribute to positive outcomes for individual, groups and community alike.

In this way, the measurement of social capital may enlarge our understanding of how individuals in a community can work cooperatively to adhere shared goals and to deal with difficulties.

Both positive and negative potential of social capital is acknowledged in section two. Measurements of social capital enlarge our understanding of society by adding to enhancing the current range of social indicators, measures of social capital hence the potential to provide additional explanatory valuables for social outcomes that the current range of socio-economic and demographic indicators may not fully or adequately explain.
This paper explores the notion of social inclusion, and puts this in the context of the work of social workers supporting persons with a disability.

Social inclusion is a contested notion. It breathes the idea of an ideal world, in which all human beings live together in peace. The reality is that human interaction is characterised by movements of pulling and pushing. It is a concept which is pretty much driven by emotions. On one end of this scale people are attracted to each other on the basis of feelings of intimate love and the other end of the scale is dominated by hatred. In between are many different factors which contribute to either inclusion or exclusion. In the middle there might be a point of neutrality. Here, there is neither sympathy or antipathy, but a form of ‘tolerance’. Inclusion and exclusion are not only influenced by the reactions of people towards each other, but also by the way individuals perceive themselves, and how ‘social’ behaviour is.

An essential feature of being human is the dependency on the recognition of other human beings, and the need of belonging to a social community. Recognition and belonging contribute to social inclusion, a lack to exclusion.

For persons with a disability, social exclusion can be caused by both physical and psychological segregation, related to the disability and/or because of a history of exclusion due to institutionalisation.

For social workers it is a challenge to contribute to social inclusion. In this paper some examples will be given from a project called ‘Expedition Inclusion’. At six places in the Netherlands, social workers have worked on the notion of social inclusion and have set examples how to put this into practice, together with people with a learning disability and the local community. Some results of the research on these pilots will be shared. One of the findings is that working on social inclusion requires an ‘inclusive’ mind-set. This mind-set is based on values of equality and human rights. A second important finding is that inclusion is not something ‘big’ and unattainable, but that it can be concretised through different kinds of actions and activities. A third finding is that these activities take place in partnership and contribute to empowerment and mutual gain. The challenge is to create win-win situations, and thereby it is important for social workers to use the notion of reciprocity, while working on social inclusion.
The volunteering in Denmark amounts to 120,000 full time jobs and represents an important access to social network, education, sports and outdoor activities for people with limited resources. The paper defines the different forms of volunteering and discusses its relations to market mechanisms and professional public systems as regard its function with respect to social capital and resources of the providers as well as the receivers of the services. It further draws attention to the development in the participation of different groups and cohorts and discusses the trends in the balance between public, market and community based social activities. To understand these important issues of the context of modern social work, it is necessary to turn the attention towards both classical and recent sociological theory.
The purpose of this proposed paper is to consider the nature and appropriate claims of social work science as a form of knowledge. I will introduce it by considering what is intended when we speak of understanding and, in certain senses, knowing something. I will then ask:

- In what senses do social workers and social work scientists possess expertise?
- In what ways does it make sense to speak of social work science as shaped by common sense knowledge?
- What do we know explicitly or tacitly?
- What is involved when critical reflection, judgement and discretion are exercised in social work science?
- In what ways can we say that choices regarding method in social work inquiry are formed by science as understanding?

My general position is that the range of justifiable claims to understand, know and even explain something in social work are often both paradoxically too restricted yet too overly confident by proceeding in ways that assume to great a distance between scientific ways of knowing and ordinary knowledge.

I will connect the presentation to the overall identity of the conference by drawing extensively on sociological work on the key terms on the five points above. The main people on whose work I will draw are Raymond Williams, Max Weber, Harry Collins, Clifford Geertz, Alfred Schutz, Anthony Giddens, Michael Polanyi and Stephen Shapin.

I will suggest in broad outline how these ways of thinking may challenge everyday social work tasks such as:

- Doing social work practice with a given case, based on a familiar model of intervention.
- Using a standardized social work assessment instrument.

Preparing a report for a court or a case conference.
Social work is increasingly urged by policy makers to justify its practices. At the same time, social work profession itself pleas for a stronger knowledge-based practice, as stressed in the international definition of social work. However, there is a considerable debate about the methodological approach to theorise social interventions and, more generally, to develop the knowledge base of social work.

In the Netherlands this debate is dominated by advocates of Evidence-Based Practice. The increasingly amount of Evidence Based social interventions in professional databases, such as NJI (National Youth Institute) and Movisie (Netherlands Centre for social development), is an example of their influence. However, it is questionable if this approach leads to a better understanding how and why social interventions work, and if it contributes to a more solid knowledge base of social work.

The aim of this paper is to demonstrate the benefits of theorizing social work based on a critical realism approach, as a middle-way between the more positivistic Evidence-Based Practice approach and the constructivist approach which focuses on making practice wisdom explicit.

This paper is based on a case study in which an intervention theory is developed of five buddy programs in the Netherlands. In the case study, a multi-method approach was used, combining a qualitative questionnaire, 10 focusgroup meetings with practitioners and volunteers, and a literature review. In this paper we will describe our design to develop the intervention theories for these five buddy programs in the Netherlands.

The paper shows that our approach structures social work professionals’ thoughts and actions and reinforces their critical reflection. In other words, it helps professionals to describe, theorise and evaluate social interventions. This descriptive process, the critical questions of the researcher and the insights from the literature review leads to a more sophisticated insight into how and why the intervention works in that specific practice setting. Furthermore, the researcher offers access to relevant scientific knowledge by collecting and translating the results of studies. In this way, social professionals are able to use scientific knowledge to legitimize and theorize their intervention and to combine it with their own views and practice knowledge. This bottom-up approach leads to a more realistic intervention theory and enables the professionals to remain the owner of their practice theory.
Recently the Health Council of the Netherlands, an independent advisory board for government and parliament, issued a report in which it called for a significant impulse of the social work profession. Comparable to the ‘Big Society’ shift in the United Kingdom, this impulse is to be constituted through a stronger focus on the support and activation of citizens through their own network and within their own social environment, rather than direct support from professionals. Given the new role of the government and focus on the activation of citizens, the Council also argued for a ‘better theoretical and scientific underpinning of social work’ in this respect.

The Health Council’s call did not appear out of thin air. Since the 1990s there has been a plea for the activation of citizens - then under the guise of the ‘activating welfare state’ - and for professionals and government to step back. The plea for a stronger theoretical and scientific foundations in the social domain, is more novel but also not completely new. Already in the early 2000s the Dutch Institute for Social Care and Welfare carried out projects to strengthen methodical social work and raise the theoretical level of social interventions. That effort was partly motivated by the criticism that social work methods often lack a firm theoretical underpinning (the ‘anything goes’ reproach).

This paper derives from a systematic exploration of theories and theory use of social work methods geared towards social participation. Via an analysis of 46 described social work methods from the Movisie-database (the Netherlands Institute for Social Development) and interviews with professionals, the study makes clear that there is no shortage of theories. Social methods are interspersed with theoretical notions; sometimes explicitly and at length, sometimes implicitly and concise. More problematic is the use and application of those theories. Stating theories is one thing, but their relevance, link with goals and target groups, connection to problem definitions and incorporation within the methods themselves pose a greater challenge. Many theories appear to be presented out of name dropping or window dressing, deviate from their original description in the literature, and are one-sided in focus, strongly influenced by post-modern structuralist behavioral paradigms, overlooking alternative theories to behavioral change. Based on the analysis, the paper presents a typology of theory use in social participation and gives some recommendations to strengthen the theoretical underpinning of social work.
PARALLAL SESSIONS 2
Thursday – 25th August
15.00 – 16.30
The ‘rise of risk’ in social work has provoked both debate and resistance. According to critics, an emphasis on risk has contributed to a shift in how social workers both understand and undertake their roles. In particular, there appears to have been a notable change, from approaches to practice which emphasize the welfare of the service user, to systems and practices which focus upon the risks posed by clients. In their application, associated processes and methods arguably undermine social work’s longstanding commitment to social justice by promoting over reliance on exclusionary approaches which downgrade social context in favor of individual pathology. Practitioners responsibilities shift from “the cure or reform of clients [to] their administration according to the logic of risk minimization” (Rose 1996: 349).

Heavily implicated in this critique is the role played by actuarial knowledge, typically generated by risk assessment tools. Whereas traditionally, practitioner epistemologies have been reliant on generating knowledge of ‘the Other’ via communication within interpersonal relationships, leading to personalized assessments, under risk, knowledge is much more likely to be generated on the basis of databases comprising notable variables which cumulatively generate risk profiles. These profiles are generalized rather than personal, and by virtue of ‘the actuarial fallacy’ arguably contribute to tendencies towards risk escalation and risk aversion.

In this paper I present findings from an empirical study of practitioner decision making which challenge the veracity of this critique. Firstly, the data I will be presenting suggests that sometimes practitioners elevate risk levels over and above those which actuarial calculations warrant. Secondly, the data suggests that although risk aversion is evident, this cannot be reductively attributed to actuarial knowledge generation strategies. Rather, it is a function of practice in an environment in which fear of blame is a very real concern. I will conclude with discussion of the implications of these findings for ongoing debates regarding the role of actuarial knowledge in practice, as well as how social work should respond.
Shame
‘It was like I was embarrassed by my son’s behavior and I was disgusted, thinking if I spoke to anyone they’re going to feel ‘what a crap mother’...’: Service User
‘When I see some of the kinds of practices that happen, some of the things that get in the press, I feel deeply ashamed of this profession.’ Social Worker

Recognition
‘Someone believes in me and like I’m glad she believes in me and I didn’t used to believe in myself until she told me I can do it...’ Service User
‘Why I think I’m still here today is that kind of feeling of support ...peer to peer stuff...people having an awareness of you or kind of having recognition of what work you are doing and where you are at emotionally.’ Social Worker

Embarrassment and shame; belief and recognition: two sets of concepts which potentially offer social workers a theoretical structure on which to build practice. This paper will critically consider contemporary theory in these areas, then explore how a more robust theoretical framework could support practice to ameliorate shame and enhance recognition. ‘Recognition’ should be the contemporary social work concept par excellence. Taylor, Honneth and Fraser’s political, social and economic theories of ‘recognition’ have secured it field in which e.g. inequality and exclusion can be analyzed. Social work theorists e.g. Garrett and Houston have also explored its potential. Shame, examined within symbolic interactionist accounts, e.g. Scheff, can be understood as a powerful force in limiting human agency, capacity, and improvement. However the concepts are less than useful for practice because of the limited version of the human subject assumed/ theorized. The subject of ‘recognition’ theory often remains a two dimensional, assumed to be rational, actor. Giddens’ late modernist work on identity, including shame, has been consistently criticized for voluntaristic accounts of the subject. Without an understanding of how these modes are ‘lived’, social workers cannot grasp their impact. The paper draws on contemporary psychosocial theory, for social structural and psychoanalytic thinking to understanding how experiencing shame and (mis) recognition can undermine agency and disempower the subject. It will conclude by considering how social workers can engage with this model to enhance practices which initiate and support recognition, and minimise the impact of shame.
In our presentation we will outline some central principles of Organizational Empowerment, and discuss how these principles can be applied into Albanian juvenile justice system.

First, we will inform about the juvenile justice system in Albania. Many of the circumstances leading to conflict with the law are of a social nature. Children who offend often live in families facing difficulties such as poverty, substance abuse or separation; they may be excluded from school or be without a job; they may be involved in risky behaviors. As stated in Article 40 of the Convention on the Rights of the Child, every child in conflict with the law has the right to be treated in a manner that takes into account “the desirability of promoting his/her reintegration and his/her assuming a constructive role in society”. A framework that contributes achieving this reintegration and creating a constructive role in society for children and youth is empowerment.

Empowerment is a multi-level construct that focuses on both micro (individual/client level), meso (organizational level) and macro level (influence of the organization on the wider context such as policies). In this first part of the presentation we will focus on psychological empowerment (which refers to the individual level of empowerment) of children and youngsters in Albania.

In the second part of the presentation we will focus on the organizational level of empowerment. This is related to the meso and macro level of empowerment. In 2004 Peterson & Zimmerman presented an framework for Organizational Empowerment (OE) with the main goal to develop empowerment beyond the individual level towards the organizational and community level. This is important for social work, since the client and the professional are part of a larger context which influences the given care. Empowerment on the organizational level aims at empowerment within the organization. The structure and culture of the organization is connected with this level, but also the cooperation between organizations is part of the meso level of OE. Research reveals that professionals who are empowered achieve better outcomes in care.

Empowerment on the community level aims at the influence of the organization at the wider context they are part of such as public policies. This is also important, because the organization, professional and the client are influenced by public policies. We will present an enriched model of OE because it has been a decade since it was firstly presented and there are new scientific insights from empirical research that should be included within the model. Further, we will present the first results of a qualitative study of ten interviews with professionals in which the enriched framework was the foundation for the interview guide.

In the last part of our presentation, we will present how this enriched model of OE can be applied within the Albanian Juvenile Justice System and Dutch organizations for social work.
Different social services suggest a need for an ethical and methodological framework regarding their home-visits. This study focuses on home visits in the context of vulnerable people who, at the moment, are not receiving any or enough help. The increase of home-visits can be situated in society-based care. Elderly are now staying at home for a longer time and their own network needs to ensure basic needs, surrounded by outreach services. A second reason for the increase of home visits is that vulnerable people don’t get reached by primary services. Until now there are few guidelines for social workers in charge of home-visits. In order to deliver adequate help they have questions about how, where and when to contact people and how to conduct a visit the most appropriate way.

The study is spread out over two years and features different levels. This presentation treats the first and second investigated stage. The research is practice based. An interview with thirty social workers is mapped to see how they’re performing their home-visits and which problems they’re meeting while conducting this visits. Secondly 27 clients were interviewed on the experience of these home-visits. The participants are recruited in three different workplaces, namely a community development project, a health security organization and an outreach psychiatric service organization. In order to map their vision, ethical issues, experiences and targets we interviewed social workers and their clients with a semi-structured interview guide. Questions include facts about used methods: how are you introducing yourself to a client? Which information do you give before the visit? But also ethical issues: What are you doing if you meet a situation at home against the law? This information will be processed by the program Nvivo.

This research will give an overview of methods used by social workers in Belgium in the case of home visits to give adequate help to vulnerable people. The results show how and where social workers need support and frameworks. Those methods and ethical considerations are confronted by the experience of their clients.

The presentation will give an insight in experiences, difficulties and ethical issues within the participants of this study. Thus offers possibilities for reflection and improvement of different home-visit practices.
More than 7000 patients a year are admitted for inpatient medical rehabilitation in the Netherlands. Over 90% of all inpatients return to independent living in the community but many patients and their family feel insufficiently prepared on how to cope with the consequences in daily life. Existing interventions mainly focus on the needs of the patient whereas research showed that a dual-target intervention for both the patient and caregiver will improve quality of life (Schultz et al 2009).

POWER- study is a multi-centre controlled trial where the effectiveness will be evaluated of implementing extra social support through Family Group Conferences (FGC) among 370 patients/caregiver couples who are clinically admitted at one of the three diagnostic groups: acquired brain injury (ABI), spinal cord injury (SCI) and amputation. Participants of 13 Dutch participating rehabilitation centres are stratified in intervention and control centres.

The primary aim is enhancing empowerment, higher levels of self-efficacy and participation in activities in both patients as their informal caregiver(s). Secondly, an assessment battery will be developed, tested and evaluated in order to develop a screening tool which can help to early detect patients and caregivers who are at risk for developing self-efficacy and/or participation problems in the long-term (3 to 6 months after discharge).

The FGC consists of three meetings (1x pre- and 2x post clinical discharge) where the patients, caregiver and their social network reflect on the couple’s future goals at daily activity level when at home. The meetings are supported by the social worker who systematically introduces several tools and supporting elements (social network analysis, action plan with goals, caregiver strain index). The communication is based on an equal partnership, which increases the motivation, participation and self-efficacy of all participants, making shared decisions possible (Elwyn et al 2012). Consequently, the role of the social worker changes during the three meetings from a leading to a more coaching role (Brink-Muinen et al 2004). As a result of the meetings different social networks are bonded and bridged together. A rearrangement of tasks and responsibilities takes place, with a positive empowering effect (Ajoulat et al 2007).
Rob Bovens
Thursday 25th August, 15.00-16.30
Room: Bovenfoyer links

The Dutch Alcohol and licensing law changed dramatically in January 2013 and January 2014 in two ways:

1. Municipalities from now one are responsible in the enforcement of breaking the law
2. The age youngsters can get alcohol in public areas and may have it in possession raises from 16 to 18 years

The Dutch government started an active policy to guide the new legislation, accompanied by a national campaign (’NIX18’ =nothing (of alcohol or tobacco) for 18 minors). The policy targeted on retailers of alcohol (pubs, supermarkets, festivals) in order to decrease the availability of alcohol for minors. Lesser attention has been paid to the role of parents regarding alcohol use by their children in private situations. As in rural environments, like in the neighborhood of Zwolle young people drink more in private situations (at home, in cabins and barns near the house) than in public areas the new law fails in reducing the alcohol consumption among youngsters. Parents don’t take much opportunity to mitigate the alcohol use of their children. The way they operate in education has been very much influenced by the way they have been educated for themselves.

In the presentation we pay attention to a set of researches by the pulpit and students of social work and education-studies at Windesheim among parents and youngsters in municipalities in the neighborhood of Zwolle. The researches took place in the framework of an umbrella study of the regional Public Health organization to evaluate the experiences with the introduction of the new legislation. The conclusion of these researches lead to a new approach in alcohol prevention for young people in the region around Zwolle.
In recent years there has been attention for health literacy as a specific risk or asset in relation to health inequities. What is health literacy and what are possible measures for enhancing health literacy that could also be relevant for sociology and social work?
Especially since the 2008 crisis social inequality is increasing accelerated. In all Western countries, a growing group of stragglers emerge in areas such as education, income and employment, housing and health. Regarding health the least educated groups in the Netherlands, live 7 to 8 years less than the most educated groups and live more than 15 years less in good health. And these differences too increase. This leads to social exclusion and segregation and to a division into active and socially isolated groups. This development is contrary to the democratic maxim of justice and the call for a "participatory society". This presentation explains the state of the art, explores causes of health inequities and explains how policy and practice can be aimed at it.
Liesbeth Naessens  
Thursday 25th August, 15.00-16.30  
Room: Bovenfoyer rechts

The target groups of social work experience complex and interrelated problems. The concept of ‘wicked problems’ refers to the multidimensional character of social problems without an obvious solution (Rittel and Webber, 1973, Ferlie et al., 2011). Social work organizations collaborate to address these complex problems and to achieve more welfare in the life of vulnerable target groups. Collaboration is often portrayed as an important instrument to achieve good results in social work (Wiklund, 2006). According to Blom (2004) a network of social workers must consist of both generalists and specialists. These generalist social workers can develop a specialization and, in order to meet the needs of their clients, collaborate with other specialists (Blom, 2004). Literature reveals that there is a need for a better understanding of the realities of social workers at the case level (Darlington et al., 2004). The wide range of problems of the target groups requires social workers to assume a wide range of roles in daily practice (Hall, 2008). Hood (2015) states that in a network with generalists and specialists there is an incomplete differentiation of roles and responsibilities which leads to dysfunction of the network. It has also been stated that a lack of clarity about the roles between agencies in a network causes problems about responsibility towards the client (Pinkney et al., 2008). Recent literature defines the importance of a broker role and a mediator role of generalist service organizations in a network with specialist organizations (Raeymaeckers, 2016). In this research we analyze the roles social workers fulfill in the collaboration among generalist and specialist service agencies. We analyze a network of social workers counseling prisoners in Brussels. Eight generalist social services (with a certain specialty) work together in a network and collaborate with specialists outside the network. This case has similarities to the model of Blom (2004). We organize focus groups and qualitative interviews with social workers. Our findings show the roles social workers fulfill and the importance of generalist social workers in a network.
As of January 2015, Dutch legislation demands collaboration between health and social care organizations in order to enhance efficiency and client centered working. Professionals and organizations are searching for ways to improve the quality of their interprofessional collaboration. 30 organizations from the health and social care sector teamed up with Windesheim University of Applied Sciences to develop instruments that teams can use to assess their collaboration, determine where improvements can be made and decide on what tools can be used for that.

The project started with a study to identify the factors influencing interprofessional collaboration in health and social care teams on a community-level. Based on literature research and consultation with professionals and (representatives of) clients in focus groups and concept-map meetings, a survey was designed and distributed among professionals. The data (n = 186) emphasized the importance of social processes over structure elements. We identified several factors that improve collaborative working, such as role clarity, shared vision, interaction frequency, trust and reflexivity. The results of the survey were used to create an instrument that professionals can use to diagnose the quality of their collaboration, the ‘collaboration thermometer’.

In the second part of the study five health and social care teams experimented with our instrument and provided feedback. The teams used the thermometer to identify which factors of their collaboration needed attention, discussed the results and choose one or two factors to act on. Then a plan was drawn up to work on these improvements. Based on the feedback from professionals, we were able to further develop our thermometer into a web-based tool.

In the first 10 minutes of this presentation I will introduce our study and present its main results with special attention to differences between social and health care professionals. After that, I will demonstrate the web-based version of the diagnostic instrument. In the following 10 to 15 minutes there is room for questions and discussion. The main part of the presentation however, will be used to discuss the results and collect examples of abrasive professional ethics that may hinder collaboration between social and health care professionals and their collaboration with volunteers and informal caregivers. In relation to the experiences we exchange ideas on improving interprofessional collaboration in the contributed examples. We will work in small groups and conclude the session by summarizing findings.

Attendees of this presentation, which is aiming at social and healthcare professionals in particular, will learn about success-factors for interprofessional collaboration; they will get to know a digital diagnostic instrument and gain insights in how interprofessional teams can work on successful cooperation.
OBJECTIVES
To date, on our planet, more citizens suffer from obesity than from hunger. Both consequences and determinants are within the health and within the social domain. Determinants are largely environmental, and include various aspects of the social environment. Thus, the combat of obesity needs to be oriented from a both a social and a medical perspective, linking social and health professionals. Community-based prevention is an ultimate approach for integrating professional empowerment and increasing the social capital of communities enabling healthy choices by citizens in healthy environments. Perhaps the largest programme for community-based childhood overweight prevention is the EPODE International Network. EPODE is an acronym for "Together we prevent childhood obesity". Our city of Zwolle is the first EPODE-city in the Netherlands, targeting children aged 4-13 years, with a special emphasis on two neighborhoods with the highest prevalence rates of childhood overweight, our ‘deprived neighborhoods’. Our purpose here is to present the 3-years evaluation, including an evaluation on childhood overweight rates, behavior and a process evaluation.

METHODS
In The Netherlands, EPODE is transformed into the JOGG-approach (acronym for youth at a healthy weight). Solid elements of the JOGG-approach are political support, public-private partnerships, social-marketing, research, and, in addition to the EPODE-approach, the linking between prevention and care. More than 5,000 children have been measured (body weight and height) from >80% of the primary schools in Zwolle and parents have filled in a questionnaire on energy-balance related behavior and environmental determinants of behavior. Further, several focus groups and interviews have been performed on several stakeholders have been performed to study process measures.

RESULTS
Whereas childhood overweight increased between 2006 and 2009, the prevalence of childhood overweight prevalence decreased from 13.8% in 2009 to 12.0% in 2012. Interestingly, rates of childhood overweight also decreased in the two ‘deprived neighborhoods’. Effects on fruits and vegetable consumption were reported but, they were less pronounced than improvements in activity levels. Participating stakeholders, in general, provided feedback to us that they had been impressed by the combination of efforts and professionals have improved professional skills in prevention. The majority of stakeholders experienced a need and desire for a sustained approach.

CONCLUSIONS
Although we need to be careful in concluding that the EPODE-approach is successful in our town, since the evaluation period is relatively short, 3 years, and we measured overweight rates at two time-points only, the feedback we received on the large potentials to implement the approach in sustained manner, make us conclude that it is possible to adapt the EPODE-approach with showing success, and leading to a call for a sustained approach.
There has been an evolving literature around the implications of developing social capital as a way to tackle mental distress and mental health/well-being since the early 2000’s. This literature recognized that mental well-being was impacted upon by a range of factors including inequalities in morbidity and social class. The inter-relationship of sociological, cultural and psychological factors in mental well-being was increasingly recognized and it was suggested that a possible solution to the problems people face around mental well-being could be found in the development of social capital which it has been suggested has four key elements: collective efficacy; social trust/reciprocity; participation in civil society organizations; and social inclusion and social integration (McKenzie, Whitley, Welch, 2015). Such an optimistic view of the potential of social capital to reshape people’s lived experience has been challenged by a number of others including within a commentary in the Lancet (2003). However, it has been suggested that health, and in this case, social care policies can build and strengthen social capital if they give attention to both the cognitive and structural aspects of that process.

While we welcome this broader, holistic view of how social capital can be actualized we would also suggest that power relations are an important, and often under-theorized, element of any such developments. We suggest that power is often expressed in these discourses in a one or uni-dimensional way. We draw on Bourdieus’s concept of ‘symbolic power’ and Foucault’s work on the multi-dimensionality of power and the need to focus on the potential of people without power to change their situation to expand this understanding of social capital. We argue that this analysis can underestimate the capacity of people to make change and to exhibit agency.

We then develop a framework to understand social capital which we apply directly to the experience of people using mental health services in a local authority in the south of England between 2012 -15. This project replaced care management and a focus on eligibility criteria with a focus on recovery, through a negotiated exit from the service from day one. Ownership was therefore transferred from the provider to the user at the outset. We suggest that this work demonstrates the potential that users of mental health services have to improve their own access to social capital but also to those sharing their experiences and the wider community.
Presentation 28

Responding Differently to Young People Missing from Home: Initial Findings from a Pilot Service in Salford, Greater Manchester

Kate Parkinson
Thursday 25th August, 15.00-16.30
Room: PC3.50

This paper will report the initial findings of an evaluation of a pilot project between local police and Children’s services. The project was developed because of concerns about young people who are reported “missing from home”. There is a recognition that any young person who is missing from home is potentially at risk of serious harm or exploitation. Young people who are in the formal care of the LA are recognised as being at particularly increased risk (Child Commissioner’s Inquiry, 2013). This has been a significant feature of the widely reported cases of grooming and child sexual exploitation (CSE). Agencies have acknowledged that the traditional approaches to this issue have been resource intensive but also failed to engage with the young people. The result is that there is a small group of young people in the area who are reported “missing from home” on numerous occasions throughout the year. A reduction in these numbers would lead to the more effective use of police and other agency resources. It would also have a positive impact of the welfare of the young people. Local police have established a specific team of officers who deal with this work. In particular working alongside social work staff, they aim to establish supportive relationships with those young people who are most frequently reported missing. The joint teams then develop “safety plans” with young people. The initial stages of the pilot have shown very positive impacts with a reduction in the number of incidents but also better engagement with young people.
“Islam literally means “surrender”. Islam is the religion of contentment, security and peace. It is a great shame that Islam, which is based on those tenets, is seen by others to be equaled with terrorism, says M. Fethullah Gulen in his book Towards a Global Civilization of Love and Tolerance.

The main duty and purpose of human life is to seek understanding. The efforts of doing so, known as education, is a perfecting process through which we earn, in the spiritual, intellectual, and physical dimensions of our beings, the rank appointed for us as the perfect pattern of creation. Given the great importance of learning and teaching, we must determine what is to be learned and taught, and when and how to do so. Although knowledge is a value itself, the purpose of learning is to make knowledge a guide in life and to illuminate the road to human perfection. Thus, any knowledge not appropriated for the self is a burden to the learner, and a science that does not direct one toward sublime goal is a deception (Gulen, 2006, p. 202 & 206).

At the educational institutions students should be provided with a conceptual understanding of issues related to peace and tolerance, interfaith harmony, and human rights, as well as practical skills in interpersonal relationship with different sections of the society. Education at institutes should provide both a critical understanding of the theoretical and conceptual foundations of peace education as well as engagement with a broad spectrum of critical, participatory and transformative pedagogies for promoting a culture of peace in the society as no development is possible without peace and harmony in a society.

This article will focus on the importance of the culture of peace and tolerance in Pakistani society through educational institutions by taking examples from the colleges and universities supported by Hizmet Movement.
Scenario planning is an increasingly popular method. Scientists and policy makers are increasingly fascinated with the future, in a context of discontinuation of trends, coming up challenges, deep complexities, and radical uncertainty of how the future will look like. Scenario planning offers an exploration of what alternative futures are imaginable and which possible, plausible and desirable (preferable) futures provide a point of reference for rethinking current policies and perceptions of the world. Scenario planning provides new knowledge for anticipatory governance, which enables policy makers to shape futures, through robust, resilient, flexible and innovative policies, in preferred directions, beyond today’s concerns. The point of scenario planning is the exploration of alternative futures, the key assumption that futures are open and undetermined, yet not empty from social forces that are at work today. Scenario planning, exploring alternative futures, is a dialectical process that includes a variety of stakeholders and their employment of multiple, and typically contradictory, perspectives of the world.

A real scenario planning is a dialectical process that is organized the ‘art of conversation’ or the ‘clash of minds’ – an intellectual dialogical process in which opposite perspectives are reconciled in a (typically democratic) spirit of compromise. Yet, not all scenario planning is so real. False scenario planning may be organized for purposes of prediction and control, for instance, via the use of simulation models and incorporation of big data. False scenario planning is not dialectical but an eristic process in which a particular image of the future is reified through the application of a particular model or method. False scenario planning enforces a compulsive identification with a particular image or story of the future, ruling out alternative futures beforehand. The purpose of such false scenario planning is to reify the future in accord with current policy objectives. The reified future is the image or story of a future in which current policy objectives are fully realized, in a spectacle of policy effectiveness. Rather than unleashing new imaginations, much-needed for anticipatory governance, the false scenario planning closes off imaginations.

In this paper, the contemporary Local Government of the Future program, an initiative from the Dutch Ministry of the Interior and Kingdom Relations, is discussed as an illustration of a false scenario planning. In this particular case, scenario planning is employed as a policy instrument that enables the policy makers of the Ministry in question to reify the future of local government, as a compulsive identification with a future of government that is currently desired by the policy makers of that Ministry. The purpose of this paper is to uncover, and criticize, the eristic process of such a false, mind-closing, scenario planning.
PARALLAL SESSIONS 3
Friday – 26th August
10.30 – 12.00
Cyberbullying can be described as one of the most important and still rising problems amongst youth over the last years. It is a rapidly increasing and continue changing area considering the technological developments, transforming social network sites and digital habits of young people.

Within the lectureship ‘Social work’ of Saxion university of applied sciences, several studies have been conducted focusing on cyber bullying. We like to present a short overview of these studies and the methods we used, though we will mainly focus on one study. Three studies were conducted in cooperation with students (n = 6) as part of their bachelor thesis while receiving guidance and advice from researchers connected to the research group. For a quantitative study participants were recruited from a secondary school in Rijssen, in the East part of the Netherlands. Invitations to participate in the study were disseminated via an online survey program. The final sample was 275 adolescents aged between 12 and 14 years. Another quantitative study was also focused on adolescents between the age of 12 and 14, this study population was slightly mentally disabled (n = 40). The study set place in a secondary school for juveniles with special needs in Ermelo, a city located in the province Gelderland, the Netherlands. The data for this study was collected in a similar manner as the first study, but draw special attention to the requirements of the population. A third study had a qualitative study design and was focused on the teachers form a secondary school for slightly mentally disabled pupils in Hengelo, in the East part of the Netherlands. The data of this study was collected using semi-structured interviews with teachers (n = 15) and documents about bullying- prevention programs practiced in this school.

Here, we will focus on the results of four focus groups meetings (n = 14) that were conducted with social workers from various organizations in Twente, in the province Overijssel, the Netherlands. The results from the focus groups indicate that there is a lot of variation among social workers in awareness, knowledge and skills towards social media in general, and cyber bullying in particular. Social workers have a lot of questions, and would like to develop more expertise how to deal with cyber bullying, as well as how to signalize these problems sooner without breaking privacy codes and agreements in relationship to their clients. The behaviour of parents raises a whole range of questions for social workers. According to the social workers parents are feeling insecure concerning media savvy. Sometimes parents interfere with the problems of their children on social media and they - aware or unaware - make things worse. Social Workers indicated that they prefer to work more closely with other disciplines such as teachers or police officers to improve prevention and intervention practices. We recently finished the data collection of all sub studies. During the 6th conference we would like to present in more detail the issues raised by social workers as well as how to move forward with a future study focusing on prevention and intervention strategies.
This study aims to discuss the right of education and promotion of access through students’ social services policy in states universities. Based on the deductive method and bibliographic research, this study deals with the doubts raised by the capacity of social responses through students’ social services in order to attenuate inequalities as consequence of socioeconomic crisis impacts on universities, after 2010, particularly to students from vulnerable social groups. In this context, this study will use theoretical typologies developed in the field of education in the context of the welfare models focusing on the public expenditure on education and student support systems among some European countries. Also raise a debate regarding the challenges put to Social Workers in this particular field of action and the implications to its practice. It is important to question if Social Work can contribute with the integration of students in this level of education considering the respect of human rights and social justice. The reflections suggest that students’ social services in states universities have an important role in the context of socioeconomic crisis, especially for countries in which are requested tuition fees regardless the social condition in order to attenuate social inequalities and contribute to the access of students from vulnerable social groups in higher education.
In the current context conceptualized as a society of uncertainty and risk, exacerbated by the impacts of social, global economic and financial crisis, we are witnessing the wider debate around the entrepreneurial activity as a privileged strategy to address the scenarios of structural unemployment and precariousness labor.

The present research, takes place under the PhD in Social Work in ISCTE-IUL, aims to contribute to the understanding of the Social Entrepreneurship as a strategy in the integration of the most vulnerable social groups in the (re) discovery and development of (new) potential and capabilities of the population, as part of the mission of the social worker. The aim is also to develop a thorough discussion of the limitations of this approach in solving such problems and how this can be seen as a further expression of individuation policy trends.

It recommends, in terms of methodology, the use of a mixed approach, to make a triangulation of qualitative and quantitative methods, and in deepening understanding of the social worker practices supported in Entrepreneurship logic. In particular, we intend to study the Entrepreneurship programs with participation of social work developed in Portugal. The presentation will fall on an exploratory analysis of the first data collected.

**Keywords:** Social Work, Social Entrepreneurship, Innovation, Unemployment.
Material objects and artefacts and their relationship to social work practice and identity have attracted little attention in social work despite their ubiquity in all aspects of our lives. This paper draws on a recently published article proposing that the relationship between the material world and social work is often neglected in conceptual and theoretical investigations of the discipline and in discussions of our experiences in practice. The paper introduces some theoretical perspectives on the qualities of artefacts and considers the ways in which artefacts have been understood in social work research to date. It suggests that noticing when and how social workers engage with artefacts may contribute to the development of our understanding of social work’s relationship with the non-human world and offer new insights into aspects of social work identity and practice.
Experiences of older female breast cancer patients and older male prostate cancer patients: a qualitative investigation to gain insight and improve psychosocial support

Birgit van Ee
Friday 26th August, 10.30-12.00
Room: Bovenfoyer links

Although there is a large and growing number of older patients with cancer in the Netherlands, as well as in other Western countries, research on medical and psychosocial interventions mainly focusses on younger patients. The gap of knowledge that is created is disconcerting, especially considering the shift in Dutch society from professional to informal care. Social networks become more important, and higher rates of self-efficacy and self-reliance are expected from patients themselves. However, it is questionable if older patients with often complicated medical histories as well as psychosocial situations are able to cope with these societal requirements. Because these patients are often overlooked in scientific research, we do not know how they cope with cancer and how they experience the support received.

Our study aims at gaining more insight into the experiences of patients aged 70 years or older with cancer and the support they receive from professionals, family members, and their broader social network. In case of a mismatch between the received care and support needs, targeted social interventions can be developed from the study results. Social Workers are able to play a significant role in the provision of psychosocial support to these vulnerable older patients with cancer, while making use of the social networks of these patients. Moreover, this qualitative research approach can be a valuable method in social research in general.

Semi-structured interviews were conducted with 21 female patients with breast cancer and 22 patients with prostate cancer. The interviews were transcribed at verbatim, coded, and analyzed with the KJ-Method. This qualitative approach has the ability to provide in-depth insight into complex psychosocial phenomena like the experience of their disease by older patients with cancer. By incorporating the experiences of professionals and family members, complicated interactions and relational processes become even more visible.

The research results indicate that many of the interviewed patients cope reasonably well with having cancer. Most patients appear quite resilient and self-reliant. They receive varying amounts of support from children, partners, other family members, or friends. However, many patients also take care of a partner themselves. Caring for another person can strengthen self-worth, but also creates an extra burden in an already vulnerable population. Another finding is that not every patient is willing to ask for help. Especially men are reluctant in telling their children about their disease. They do not want to bother their offspring, and wish to maintain their children’s view of their parent. All these factors make having cancer in an increasingly self-reliant society a challenging experience. Some people will find their way and may not need extra help, others do need practical, emotional, or social support. Social Workers can be of immense value in creating effective networks around older patients with cancer, or by supporting these patients themselves. This qualitative approach offers insight into the specific areas of concern, but also into the strengths and vitality of older patients. Even in a difficult situation, older patients can be an example and a major source of support in our society.
The concept of liquid modernity proposed by Zygmunt Bauman suggests a rapidly changing order that undermines all notions of durability. It implies a sense of rootlessness to all forms of social construction. This concept of Bauman will be endorsed with an ethnography of the life of an Iranian refugee born in 1984.

In September 2015 I completed the Master Cultural Anthropology with a ethnography on the life of Mostava, an Iranian refugee who was smuggled into Holland at the age of eight, without his parents. His life is characterized by uncertainties concerning many social forms (family structure, institutions, home and belonging). He grew up in a liquid time, where being rooted or having the feeling of belonging was not able to take any form nor shape. He was uprooted: being pulled from his accustomed soil, which had consequences for the development of his identity. The geopolitical situation at the time of his birth, the social and political circumstances of his homeland Iran and the personal choices of his parents that led to this event, will be briefly treated in the first part of the lecture.

The second part will focus on Mostava’s integration as a Dutch citizen, which took place from the 90’s until today. Circumstances on which he, as a child, had no influence but was forced to relate to.

The social workers of Nidos, the organization in Holland that takes responsibility for these unaccompanied minor refugees, are balancing between the systemic world (rules, protocols, policies) and the social reality refugees children are living in. In the political discourse of the 90’s it seemed that the social workers were more or less gatekeepers for the nation-state. Having (sometimes unknowingly) a role and position in the system where rules of ‘who gets in or not’ are played hard. In a way these social workers had to operate in societies characterized by fragmentation, warring forces and diffuse identities. I will illustrate this discourse with several alienated situations that took place in the life of Mostava.

In the third part I will discuss the contemporary time, where a large group of new unaccompanied minor refugees are coming to Europe and Holland. The circumstances and problems of refugees are perhaps the most rapidly swelling issue of human suffering in the world. Zygmunt Bauman states that the production of ‘human waste’-or more precisely, wasted lives, the ‘superfluous’ populations of migrants, refugees and other outcasts-is an inevitable outcome of modernization.

Have we learned from Mostava and many other refugee children in the 90’s?

In the extension of this problem I will try to answer the questions raised in this 6th International Conference on Sociology and Social Work. Are the contemporary welfare models working for refugee children? How will they integrate in a social network or an civil society if they are (in a certain way) not welcome? And what is the responsibility of Social Work in this polarizing discourse?
Presentation 37

How do incarcerated juvenile delinquents experience the amount of influence they have over their own treatment and their treatment goals?

Charlotte Vissenberg, Kitty Jurriu & Lieke van Domburgh
Friday 26th August, 10.30-12.00
Room: Bovenfoyer rechts

Influence on treatment and treatment goals increases motivation for and participation of incarcerated juvenile delinquents in their treatment, which improves treatment outcomes. E-health interventions are becoming more and more widespread. These types of interventions appear to be more attractive for adolescents and to be a better fit to their needs compared to more traditional forms of interventions. Furthermore, these types of interventions seem to make it easier to encourage adolescents to have influence on their treatment (goals) and also seem to provide professionals with more opportunities to do so. However, in juvenile detention facilities (JDFs) the use of ICT and internet by juvenile delinquents is restricted and only allowed under supervision to prevent abuse. Little is known about the ways incarcerated juvenile delinquents experience the influence they have on their treatment and how ICT might play a role in their participation and decision making regarding their treatment. This study aims to further explore these topics and to provide professionals with tools to increase participation among these adolescents.

A literature review was conducted to gather existing e-health interventions targeting children and adolescents. Also, a qualitative study was conducted consisting of semi-structured in depth qualitative interviews ($n = 10$) and a focus group discussion ($n = 7$) with incarcerated juvenile delinquents. In addition, professionals ($n = 3$) were also interviewed. Data was coded and analyzed with QDA Data Miner using framework analyses.

The literature review resulted in a list of dos and don’ts when designing or implementing e-health interventions. The qualitative study shows that the majority of the adolescents does not know what their treatment entails or what their treatment goals are. Professionals indicate that it is difficult to actively involve juvenile delinquents in their treatment. The majority of the adolescents thought that they did not have enough influence on their treatment or could only exert influence by behaving according to the rules of the JDF. The adolescents indicated that an app might increase their influence and understanding of their treatment by showing them how they were doing, where they were at in their treatment, providing them with the opportunity to reread their treatment goals in their own time and practice certain aspects of their treatment (e.g. aggression regulation therapy, learning how to plan or an online buddy for substance abuse). Both professionals and adolescents would like to chat and email with each other. The professionals thought an app might be a suitable tool to more actively engage adolescents and their parents in their treatment.

The adolescents also thought an app might decrease their dependency on professionals in their daily life in the JDF. They wanted to use an interactive app to ask permission for telephone calls with friends and family, make their own appointments with professionals (dentist, hairdresser), to see which activities are being organized, to vote (e.g. when making choices about TV channels or activities), and to manage their JDF bank accounts. At this moment, they always need a professional to arrange these things for them.
Family group conferences (FGCs) are meetings in which families and other social network members are present to make a plan for a problem encountered by one of their family members (e.g. debts, homelessness, a need for care or difficulties with the upbringing of children). An independent coordinator helps to organize the conference and is also present during a part of the conference. However, the families design and execute their plans by themselves. FGCs aim to increase the influence of families in their care and to encourage their participation in decision making. In this way, FGCs contribute to the recent transitions in social work by stimulating self-reliance and own decision making among clients thus making clients less dependent on professional care.

Methods
A mixed methods study was conducted, consisting of both qualitative and quantitative research methods. The aim of this study was to evaluate the satisfaction with FGCs conducted from August 2013 until July 2016 and to determine the conditions for successfully organizing an FGC. The participants and the professionals (n = 4178) filled out a questionnaire directly after participating in an FGC. After 6 (n = 554) and 12 months (n = still unknown) the respondents were contacted by phone and asked about their experiences and the conditions for successfully organizing an FGC. In addition, 40 semi structured in depth qualitative interviews were conducted with participants (n =30) and professionals (n = 10).

Results
At this moment, only the measurements that took place directly after participation and after 6 months have been analyzed. The 12 month measurement and the qualitative study are currently being conducted and will be analyzed in May. The first results indicate that the participants are satisfied with the FGC, resulting in reasonably high average grades on a scale from ‘1 to 10’: a 7.6 for the FGC, a 7.9 for the coordinator present at (parts of) the FGC and a 7.7 for the plan made during the FGC. Furthermore, most participants indicate that the FGC resulted in positive outcomes for the person the FGC was organized for, such as more social interaction with other social network members and an increase in social support. Finally, because of the FGC, the social network now contributes to solutions for the problem. When an FGC has less positive results, this seems to be caused by a lack of motivation and capability of the social network members to provide the needed help and support. This indicates that social support is one of the main conditions that facilitates the success of an FGC.

During the conference we will present the results mentioned above, as well as the results of the 12 month measurement and the results of the qualitative study. We aim to further elaborate on the long term effects of FGCs and to provide an in-depth understanding of the conditions for successfully organizing FGCs, thus providing professionals with tools to increase self-reliance and own decision making among their clients.
Given the circumstances: how to optimize practice-oriented social work research

Martine Ganzevles
Friday 26th August, 10.30-12.00
Room: Bovenfoyer rechts

Background
As of February 2016 this PhD study addresses the question how Dutch Universities of Applied Sciences (UAS) conduct research on Social Work and live up to scientific and practical claims. The study is supervised by prof. Tine van Regenmortel Academic Collaborative Center Social Work – Tilburg university, prof. Jaap van Weeghel Academic Collaborative Center Mental Health Care – Tilburg university and dr. Daan Andriessen of the research group for Methodology of Applied Research at Utrecht University of Applied Sciences. Traditionally the gap between theory and practice in social work is seen as a problem of bringing the results of academic research to the world of practice. This assumes that academic researchers know what problems in the field of social work are and can develop explicit knowledge that is useful for practitioners. However, we know that this linear model of innovation is often not the most effective one. A useful alternative has been developed over the past years in the form of practice-oriented research in which the research goal of developing new knowledge is often combined with the goal of improving practice in local situations. Nevertheless, it is a challenge in this type of intervention and evaluation driven practice-oriented research to manage the balance between rigor and relevance. This research aims to contribute to the elaboration of methodologies used by UAS that are both rigorous and able to produce results with viable validity that are useful in practice.

Aim
Contribute to an insight on dilemma’s and motives of social work researchers in choosing and applying research strategies that live up to scientific and practical claims(descriptive); defining promising research methods and strategies and; provide guidelines how to choose the most appropriate design given the circumstances.

Methods
Systematic literature review

- Analysis of publications of research by UAS; create an inventory and typology of the methodologies used
- Online asynchrony focus groups
- In-depth interviewing (via self-confrontation method)
- Analyzing and defining promising strategies
- Observing and participating in promising strategies

Hypotheses
Due to a strong link with the professional field researchers at UAS not only have methodological motives / considerations when choosing research strategies but also practical motives / considerations (improving practice)

- There will be a strong participation from practice in the research in various roles
- The research designs used will be highly qualitative or mixed
This paper explores the ways in which trainee social workers in the UK classified the category pair service user/social worker in their accounts of practice. In analyzing which types of referential strategies were deployed and how these communicated aspects of both sets of identities, this research uses Critical Discourse Analytic tools (Fairclough, 1995) to enable the researcher to explore the wider ideological origins and effects that these classifications have upon practice. In essence, there is no neutral way in which to represent a person as all of the linguistic choices that we make as social workers will draw attention to aspects of identity associated with certain kinds of discourses. In drawing on data from the lead authors doctoral studies (2014), the accounts of trainee social workers in the ‘becoming social worker’ is where researchers can best glean a sense of how identity within this category pair is bound up.

Studies in categorization have contributed to how the ‘client’ or ‘service user’ has been presented in case talk (see Hall et al., 2003), and Hall et al’s (1999) early research demonstrated how social workers accounts encompassed processes of categorization which were enacted in culture and produced detailed formulations and descriptions of the service user. Notwithstanding that ‘client’ categorization is an important source of professional knowledge and thus central to professional intervention, it also encompasses moral dimensions, stereotypes and judgements such as the ‘hysterical’ client (see Riemann, 2005, Scourfield and Pithouse, 2006).

This paper critically analyses four themes and unpacks how this category pair and its associated classifications inevitably become a means for social workers to organize their societies. Referential strategies will also signify the norms of conduct in the routine of discursive practices in social work. Thus any account will provide a backdrop to characteristics associated with each of these social identities and signifies wider social discourses that represent situated roles and ideologies. These inevitably become part of the shared knowledge base and representations of the social worker and ‘client hood’ identity.

Here, each account of social work is viewed as crafted and assembled and certain characteristics associated with the social worker and service user identity will be foregrounded over others. Thus this research grasps more fully the way the category pair is constructed and mediated through cultural (discursive) and social practices. More importantly, how this reveals both subjective and institutional/organizational sets of knowledge, values and beliefs.
This paper explores the historical development of mental health social work by exploring its various incarnations, revealing both simultaneously and discretely social, legal and psychiatric characters. Mental Welfare Officers, with only ad hoc training, had their roots in the Poor Law, while Psychiatric Social Workers worked in child guidance clinics and mental hospitals, with the first training course in 1929 at the London School of Economics. Their functions were merged as a consequence of the Seebohm Report, which introduced the concept of generic social work and led to the creation of unified local authority social services departments in 1971, and arguably led to the loss of specialist mental health skills. The Mental Health Act 1983 created a new statutory Approved Social Worker role now reconfigured and opened up to allied professionals and renamed the Approved Mental Health Professional.

There have been numerous mental health policy developments in the United Kingdom during the 1990 and 2000s, with major implications for mental health social work. For example, the 1999 National Service Framework for Mental Health mandated services across England which commonly included the setting up of multi-disciplinary teams managed within Mental Health Trusts. Some mental health social workers are directly employed by Mental Health Trusts, some employed by Local Authorities while, since 2006, some Local-Authority employed mental health social workers have been seconded to National Health Service settings. Mental health social work also takes place outside these settings in the private, voluntary and independent sectors.

Mental health social work and its characteristics remain complex Functions include the provision of relief, statutory elements, support on admission to hospital and in the community, multi-dimensional social assessment with professional thinking influenced by psychiatry and psychoanalysis, while upholding social perspectives and looking for least restrictive options. This paper seeks to explore these perspectives and concepts and to question the social, legal or psychiatric character of mental health social work.
Contemporary social professionals are in a long tradition, with a rich harvest of approaches, methods and practices of social work.

That harvest is not taken for granted. Place, content and values of social work are also always been the subject of battle. In this paper we describe a number of areas of tension throughout the history of social work.

It is not a historical description, but a historicazation of a number of recurring fundamental questions and areas of tension in social work. We distinguish four issues: ‘unity or diversity’, ‘individual or collective’, ‘autonomous or social plaything’ and ‘paid or voluntary’.

We speak of 'issues', because there are topics that are constantly the subject of debate and changing opinions. We use the term 'tension' to indicate that these issues go hand in hand with tensions not only in (theoretical) discussions about social work, but also occur in the practice of everyday life.

Social workers are constantly subjected to this matter, sometimes even without knowing it themselves. By reflecting on those issues and areas of tension, this paper is not only to make them visible, but also to make them more manageable. A brief characterization of the four areas of tension is as follows:

* Unity or diversity: Social work is referred to as 'a house with many rooms'. What are the different 'rooms' (roots or mean stream) of social work? Unity and diversity are diametrically opposed to each other, or are they to be reconciled?

* Individual or collective: interventions of social professionals often have an individual orientation, a collective orientation or a combination of both. What are the different interpretations of these orientations or perspectives in separate historical periods?

* Autonomous or social plaything: is there such a thing as a sustainable core of social work? If so, is social work able to get that core to stick or is it constantly extradited to social interests?

* Paid or volunteer: the relationship between professional and volunteer/citizen is in social work extremely topical right now, but already from the start of the social work it played a crucial role. One of the questions in this: are professional and voluntary effort additional to each other or does it displace each other?

Finally, in this paper we briefly go through the history of the professionalization of social work. We find, that over time this was a turbulent course.
The European Commission (2010) and the European Parliament (2009) have requested improved data on violence against women to contribute to the aim of ending violence against women. This paper considers what contribution social services across the EU 28 can make to improved data collection and how to ensure that these contributions accurately measure the extent and nature of domestic violence as it is encountered in practice.

Social services responses to gender-based violence in the European Union are varied and limited for two reasons. First, social work practice and organisation is very different across the EU member states, with variations in theoretical paradigm, cultural and academic influences and socio-historic legacy (Taylor and Sharland, 2015). This renders cross-country comparison difficult. Second, social services usually respond to the effects of domestic violence (such as substance misuse, mental health needs and child protection interventions) without necessarily acknowledging or screening for the cause. At present there is very limited quantitative data available on the social work responses to domestic violence across the EU despite its prevalence in contemporary practice.

The value of large-scale administrative data collection is under recognized in social work. Walby et al (2014) in their reanalysis of British Crime Survey Data have demonstrated the power of data to both hide and simultaneously reveal the extent of gender based inequalities. The mechanisms of data collection pivot on a set of assumptions, these need to be critically examined to ensure that violence is not under measured or gender sidelined. Social services in Europe should be able to contribute to this project but what has emerged so far is a reluctance to acknowledge the extent of domestic violence. A failure to count domestic violence renders it invisible (Romito, 2008). The paper concludes with proposals on how to introduce basic data collection on domestic violence in social services across the EU 28.
This paper is concerned with rethinking social work methods and research, specifically within the context of ‘controversy’, a reoccurring theme within social work since the emergence of the profession. As a consistent feature which permeates the contentious terrain social workers and service users inhabit, ‘controversy’ is entangled within environments of uncertainty, complexity and chaos. With this in mind, the acknowledgement of ‘controversy’ as unfolding in an intricately performative manner is crucial. Therefore, rethinking research methodologies equipped to utilize ‘controversy’, diving inside the detail and movement of conflict will potentially enrich current understandings and areas of practice. Drawing from the extensive work developed and conducted within the interdisciplinary field of Science and Technology (STS), this paper argues for the application of ‘controversy analysis’ as a research methodology. Specifically, with the aim of exploring what it means for social work “to live, to know, and to practice in the complexities of tension” (Law & Hassard, 1999). Approaches within STS have embraced the notion of ‘controversy’ as a conceptual space and place worthy of detailed investigation. In particular, initiated by the work of Actor-Network Theory (ANT) scholars Michel Callon (1986) and Bruno Latour (1987), controversies should be approached as ‘empirical occasions’. Utilizing, ‘controversy analysis’ as a teaching, research and public participation method has allowed STS scholars to reveal the entanglement of public debates and disputes within various locations. For example, by mapping controversial issues within climate change (Venturini & Guido, 2012) and food technologies (Beck & Kropp, 2011), the composition of controversy is uncovered, revealing much in regards to network relations and associations. With this in mind, various questions and lines of inquiry spring to attention in regards to the application of ‘controversy analysis’ within social work research. What would controversy mapping in social work entail? Who would classify as implicated actors in such an endeavor? Where would the space and place of controversy emerge? How might engaging with controversial issues enrich conversation with the public? As Venturini (2012) suggests, researchers must delve into complicated spaces when searching for controversies, where ‘collective life is most complex’ with ‘the largest and most diverse assortment of actors’ where ‘alliances and opposition transform recklessly’. In such a location, ‘nothing is as simple as it seems’ and ‘everyone is shouting and quarrelling’. Subsequently, controversy may offer the potential to reveal the hidden performative detail of collective life. However, recent literature searches confirm social work has yet to engage and apply ‘controversy analysis’ as a methodological approach in contemporary research. Such directions would rethink traditional and classical research approaches within social work and benefit social workers, service users and the public. As the profession and public continue to be situated within uncertain, complicated and chaotic environments, embracing ‘controversy’ might be a worthy notion. Thus, applying this approach creates potential to engage with ‘controversy analysis’ not only through research, but as an interactive participation method in order to stimulate democratic public engagement alongside fresh waves of resistance.
Current literature in relation to contact for Children in Care reveals that there have been a number of theories that have informed the current notion of contact and these are underpinned by psychological and psychosocial assumptions about identity development (Winter and Cohen, 2005). These have included the maintenance of the ‘mother-child’ bond (Clarke and Clarke, 1976); the need to maintain contact to avoid ‘genealogical bewilderment’ (Sants, 1964) and the importance of continuing socio-genealogical connectedness (Owusu-Bempah and Howitt, 1997) and most importantly Bowlby’s (1960) theory of attachment. These psychological and psychosocial assumptions have informed not only the type of research undertaken but also the methodology used (see Cleaver, 2000; Macaskill, 2002; Selwyn, 2003 and McWey and Mullis, 2004).

A further theoretical notion that has informed the current understanding of contact is the family which Smart (2007) has described as the optimal expression of kinship and relatedness. Yet this notion in and of itself is socially constructed, and has the irony of not just being built upon by personal experience but also wider societal expectations that are communicated via the taken for granted prioritisation of family, which is illustrated in everyday language, images and ideas (Gillis, 1996 and Morgan, 1996:238).

This paper will highlight that the empirical research methods that have been used to understand and explain the phenomenon of contact have been dominated not only by socially constructed notions in relation to the family and children, but also by a positivist approach where scientific techniques are used to explain and understand the dynamic of contact which can be described as a complex interaction where there are a range of agendas, interpretations and expectations that take place.

An argument will be made for the use alternative methodological approaches that place the child or young person at the centre of the research project. In particular attention will be given to tools such as Hart’s ladder of participation (2008) which actively promotes empowerment and respect of children and their role in research. Additionally, the methodological approach of triadic interviews will be posited because it allows researchers the opportunity to gain a “more holistic and multi-dimensional understanding of the problem” (Brownhill and Hickey, 2012 p.370), thereby capturing the complexities of contact which can be interpreted as an interactional process built upon the foundation of existing relationships, and which is aimed at maintaining or possibly enhancing what is already present.
PARALLAL SESSIONS 4
Friday – 26th August
14.30 – 16.00
Both as profession and discipline, social work is founded to promote the values of human rights, social justice, democracy, and gender equality. In this paper, we argue that the current “refugee crisis” in Europe poses many challenges for social work to maintain these values in practice. The challenges arise from the circumstance that these values – as crucial they are for the identity of social work – are genuinely Western while the bulk of the refugees originate from countries dominated by Islamic and or traditional ethnic values vastly incompatible to the values that social work actually promotes.

This fact, however, is hardly reflected in the discipline. Like for many politicians and media commentators, social work academics tend to consider the “refugee crisis” mainly as a matter of human need, humanitarian aid, and global injustice. The sheer amount of newcomers poses problems only in terms of redistributing resources and mobilizing willpower. The bigger problem for the discipline as well as for the commentators appears to be the increasing support for right-wing populists (such as Sverigedemokraterna), the rise of xenophobic movements (such as PEGIDA) or the restrictive and exclusionary politics of certain Eastern European countries (such as Hungary). In other words, if the refugee issue is a crisis then not so because of the refugees themselves but the inappropriate reactions in the host countries. That way the “refugee crisis” is framed as a matter of racism/antiracism. As a consequence of this binary framing, critical, sceptical or cautious voices easily ran risk of getting labelled as potential racists, themselves.

Within the framework of racism/antiracism, any association of refugees with social problems becomes in delicate itself, not to mention any reference to the incompatibility between Islamic and Western values (in particular gender roles and gender equality but also submission to freedom of speech and freedom of religion).

While this may be a minor concern for media outlets or politicians, it is a tangible and pressing issue for social workers to deal with these factually occurring problems. They sign up to their vocation because they want to help exposed groups through concrete actions. However, their daily work experiences often run counter their beliefs and perceptions, when clients disrespect the personnel, when female workers are treated as sexual objects, when clients’ traditional values prohibit social workers’ attempts to promote human rights for individuals (e.g. clan-collectivism, religious intolerance, homophobia).

Against this background, the aim of this paper is to pose some questions to the discipline:

Can the framework racism/antiracism provide guidance for (and not hamper) practitioners when dealing with problems of the kind mentioned above or must it be amended with other frameworks? To what extent does the "refugee crisis" require the discipline to reformulate its normative self-description? How can practitioners uncover and address problems with refugees without being accused as nationalists or racists? How can female social workers maintain respect and be protected from offensive behaviour?
The best of both: integrating the methods of shared decision-making and motivational interviewing to activate clients in community social work teams

Leontine Groen, Jannet de Jonge-de Haan & Carolien Smits
Friday 26th August, 14.30-16.00
Room: Papenstraattheater

Introduction
Empowering clients to control their own lives has become a policy goal in recent years. In the Netherlands and in countries worldwide citizens are increasingly expected to take responsibility for their own lives. This implies a change in attitude of both citizens who are confronted with life’s challenges and the professionals involved with them. As part of this development clients are encouraged to be involved in the decision-making about their lives through shared decision-making (Leving, 2015). Shared decision-making aims at reaching decisions that reflect what is important in the lives of clients (Elwyn et al., 2012). The assumption is that clients will be more compliant when they are explicitly involved in the decision-making since they reach decisions based on a deliberate consideration of the pros and cons of different equivalent options. The theoretical shared decision model has recently been enriched to incorporate elements of complex issues that make decision making particularly difficult: e.g. the client’s and professional network. Shared decision-making can thus facilitate the development of informed preferences regarding potential courses of action. Many issues at stake in the practice of community social work teams however require behavior that is difficult to achieve. Motivational interviewing can help clients in reaching their intrinsic motivations to change (Rollnick, Butler, Kinnersly, & Mash, 2010). Shared decision-making and motivational interviewing are both relevant in situations where behavior change is needed and the appropriate course of actions depends on the specific preferences of clients (Elwyn et al., 2014). Combining both methods seems promising in reaching decisions about courses of action and carry them through. We developed a stepwise method that supports professionals in this process with their clients. It combines elements of shared decision-making and motivational interviewing. The combined method incorporates techniques of motivational interviewing in the steps of shared decision-making. The current exploratory study addresses the feasibility of the new method: the evaluation of the professional training of the method and the evaluation of the application of the method in professional practice.

Methods
The members of all community social work teams in Zwolle were trained in the new stepwise method (n=92) during a face-to-face course consisting of three sessions of three hours. We evaluated the use of the combined method through questionnaires with social work team members (response rate 34%) and semi-structured interviews with social workers (n=5) and clients (n=5).

Results
The training appeared to be feasible to the social workers. Social workers experience the combined method as a useful tool in practice. The steps of shared decision-making help structuring the difficult consultations with clients and their networks. However, actively involving all network members during conversations remains difficult. The combined method and the findings of the evaluation of the community social work teams will be presented at the conference.

Conclusion
The combination of shared decision making and motivational interviewing appears to have potential for social professionals who are working with community living clients with complex life’s challenges. The newly developed method may support these professionals in working towards empowerment and personal control of their clients. Research is needed to further develop and evaluate the new method.
Presentation 48

Interprofessional social teams: prevention and early interventions. A longitudinal qualitative study among these teams in several municipalities in Holland

Ard Sprinkhuizen
Friday 26th August, 14.30-16.00
Room: Papenstraattheater

There is a huge reconfiguration ongoing in the way social work is arranged in the Netherlands. Keywords are more generalistic and less specialist, more in the frontline and neighborhoods and less in 'institutions', and more preventive and interventions on base of early signs instead of curing and caring where it went wrong. A lot of these changes are executed in interprofessional social teams. In this Presentation we present recent results of a longitudinal qualitative study among these teams in several municipalities in Holland (region North Holland). The research incorporates focusgroups among a large diversity of professionals in social work and among public servants. Questions we are trying to answer are if the goals of preventive interventions are being met, what (other, new) professional skills are necessary and if the clients and neighborhoods are supported in better ways than before.

Zou je hier nog mee uit de voeten kunnen? Eventueel kan ik ook iets anders vertellen. Dan zou het meer over m'n eigen phd gaan en over de 'reconstruction of a generalist social work practice'.
Late modernity as expressed through governmentality, and the technologies of practice required for its administration, frames the relationship of contemporary social work with families subject to child protection interventions. This study explores how discourse analysis as a qualitative method can be effectively utilized to examine technologies of practice generating documentary artefacts. Interrogating texts at the level of their vocabulary and the grammatical construction of sentences can reveal new insights into how written language is subtly deployed to reinforce marginal identities in child protection practices. The United Kingdom, in common with many post-industrial countries, has a mandatory system of Child Death Reviews or Serious Case Reviews (SCR) which are conducted whenever a child has died or been seriously injured due to maltreatment. These case reviews are designed to enquire into the events surrounding a child’s maltreatment and to identify any inadequacies in service response with the objective of learning lessons so as to improve policy or practice and reduce the risk of reoccurrence. Uniquely in the United Kingdom those conducting case reviews are required to involve family members in the investigation. In order to examine how the contributions of families are portrayed the research employed discourse analysis to study the representations of family members and the construction of their views across 58 Overview Reports of Serious Case Reviews. These reviews were all undertaken in England and published in an online national repository during 2014. The discourse analysis revealed that family contributions were commonly set out in a separate section from the main body of the Overview Report and were superficial in the majority of instances. The convention of report writing within a positivist paradigm powerfully limited the representation of family voices. Even when family voices were reproduced, these were usually passivated in contrast to the portrayals of activated professionals. However, the study also discovered a small number of instances within Overview Reports which illustrated how family contributions could be integrated into deliberations in ways which engender deeper more complex understandings of deficiencies in child protection systems. Taken as an exemplar, this study also demonstrates the efficacy of discourse analysis in revealing how textual conventions embedded within technologies of practice constrict the emergence of authentic articulation of the perspectives of marginalized people.
Marian Foley
Friday 26th August, 14.30-16.00
Room: Bovenfoyer links

There is emerging evidence to suggest that women with mental health histories are more vulnerable to rape and less likely to receive an appropriate police response for complex reasons. Within mental health services, women are more likely to report feeling unsafe and report rape and other sexual offences committed against them. The importance of separate sleeping accommodation for men and women has long been a key response to enhancing women’s safety. This research study explored serious sexual offences committed against women in psychiatric units.

This paper will present findings from an exploratory study of sexual violence offences committed against psychiatric patients, including those on s17 leave from hospital at the time of the offence. The study focused on serious sexual offences involving a victim who was an inpatient on a psychiatric ward at the time of the offence. The researchers obtained this information by lodging a Freedom of Information request with a local police force. We requested information on all relevant offences recorded in a five-year period. Aggregate data was then analyzed to determine how the experiences of this group of women conformed to traditional stereotypes of ‘real’ rape and ‘ideal’ victims.
Background
Older adults have been studied in social sciences as a marginalized group characterized by poverty, decreasing competencies and care dependency. Modern western society, with its emphasis on economic costs and benefits and its segregation of generations, reflects various negative stereotypes of older adults. However, with ageing of society and the growing proportion of well-educated and well off older adults society's view of old age seems to diversify. Indeed Dutch policy stresses citizen participation and self-sufficiency for all age groups. The question remains, however, how different generations view ageing, in particular its (potential) positive aspects.

Methods
Exploratory qualitative research. Between 2012 and 2015 five measurement cycles resulted in 36 semi structured interviews and 5 focus group interviews with respondents of different generations. Interviews were guided by an interviews guide and topic list. Respondents were recruited using the snowballing technique. Purposeful sampling involved generation (18-40 years; 40-60 years, 60 plus), gender, education and professional background. All interviews were taped and verbatim transcribed. Coding was done by two independent researchers, agreement on individual codes was achieved by discussion. Data analyses was done by measurement cycle. Findings led to adaptations of subsequent cycles.

Results
Many respondents found it difficult to name positive, rather than negative aspects of ageing and old age. Data analyses resulted nevertheless in 6 themes that reflect positive aspects of ageing: (1) enjoyment and appreciation (2)Experience (3)Contributing and reciprocity (4) Self- efficacy (5) Vitality/initiative (6) New phases of life. Themes most frequently described were Enjoyment, Experience and Reciprocity. No major consistent differences were found between generations. However, Experience was less frequently described by the oldest generation. Furthermore, women stress positive aspects at a personal level, whereas men emphasize economic aspects at a macro level (society).

Conclusion
Although reflecting on positive aspects of ageing may be novel to individuals of all generations, most of them can distinguish various positive aspects. Young, middle aged and old adults describe various benefits associated with ageing. These positive views may diversify and mellow negative stereotypes. Current Dutch policy and professional education may contribute to this differentiation by focusing on aspects of life such as enjoyment, experience and reciprocity.
Our view on mental and physical health in society and the way we handle care, have changed drastically over the last couple of decades. The total institution and the hospitalization of the ‘sick’ resulted in a countermovement, which argued that the individual is sane but submerged in an insane society. Patients became citizens. Nowadays, the discourse of care and social work finds itself somewhere in between these two extremes. On one hand, there is a societal acknowledgement of the necessity of professional care for people who can’t fully function in society as it is. On the other hand, modern social work derives from the ideal that patients can develop themselves into active and self-reliant citizens, provided they get the necessary care.

The main focus of our research is to understand the way in which social work tries to improve the physical and/or mental health of people. This is accomplished by studying the intervention ‘kwartiermaken’. Kwartiermaken (Quarter making) is an intervention used in the Netherlands by welfare organizations to support mentally and cognitively impaired citizens. Kwartiermaken develops activities that can be seen as a synthesis of the belief that the individual needs to adapt to society and the idea that society needs to adapt, in order to be accessible for all.

To understand the way kwartiermaken can improve the health of participants, a programme theory was developed. A programme theory specifies a chain of causal assumptions (pathways) linking the intervention’s resources, activities, intermediate outcomes and ultimate goals. To develop this programme theory we conducted interviews with participants and professionals and did a literature review. These data were analyzed using qualitative methods and we were able to define two main pathways that explain how kwartiermaken may contribute to the health of participants:

**Pathway 1** (pathway of social support): In this pathway kwartiermaken recognizes and accepts the participant as (s)he is ‘by adjourning’ existing norms and by offering ‘hospitality’. A temporary ‘niche’ is created, which can be characterized as a safe homogenous surrounding based on strong ties. In this ‘niche’, the participant feels recognized and included and the development of self-esteem is bound to the experience of inter-subjective acceptance. By ‘repairing’ identities, which have been ‘spoiled’ through a lack of recognition, kwartiermaken aims to develop self-esteem and improve health.

**Pathway 2** (pathway of social capital): In this pathway kwartiermaken allows participants, through improved self-esteem (pathway 1), to make their own choices in the temporary safe niche and to, ideally, dissolve the niche by becoming self-reliant citizens. When possible, social isolation is prevented and social inclusion is realized by working on a network of weak ties of the participant; the participant will become embedded in a broader social surrounding by performing (unpaid) work and other kinds of social activities. The societal participation and integration has to lead to improved health.

In the near future we will further investigate these two pathways, using an ethnographic study in two social welfare organizations that use kwartiermaken in the Netherlands. Relevant questions are: Which pathway is effective for which group of care-receivers? Is the pathway of social support enough to improve a client’s societal participation and integration? How can societal participation be linked to an improved feeling of health? Is the pathway of social capital achievable for all groups?
A growing number of social workers’ clients belong to cohorts of baby boomers that actively contributed to social changes in the ‘60-s and ‘70-s. These older adults are used to define and shape their public and private life. This is in contrast with social workers’ default framing of older adults as vulnerable and passive receivers of support and care. This frame hinders also the development and use of adequate and tailor made interventions and methods. Social work bachelor programs play a crucial role in reframing older adults as a diverse group of citizens claiming influence and a say. We propose a frame that depicts older adults as co-creators of services and support.

The proportion of vital older adults is growing and the share of the frail older adults is relatively decreasing. In today’s ageing society an increasing number of older adults as critical consumers ask for tailor made products and services (EC, 2015). Some want to go beyond the consumer role and act as co-producers actively designing new products and services (Waycott et al., 2013). Indeed, several older adults have already initiated new supportive community co-operatives. This affects the work of social workers in communities. In the near future, we expect social workers to provide less hands on support and more involvement in co-creating tailor made services and support with instead of for older adults. Moreover, social workers are invited to participate as partners in citizens’ initiatives and collaboration with volunteers will increase. A majority of these volunteers are over the age of 65.

Therefore, we invite social workers to reframe their images of older adults as frail and needing adults into a new frame that gives room to older adults as active, capable and responsible member of society. This new frame will enable social workers to involve older clients actively as partners in the development, implementation and evaluation of services and support. The core concept in this new frame is co-creation. We define co-creation as a practice of professional interactions between social workers, older adults and other stakeholders facilitating older adults to define needs and choices as well as design and implement services and support. Social work educational programs can work as a practice of co-creation. Based on our experiences in an applied gerontology program and research program, we propose methods to: (1) involve older adults as co-producers of courses; (2) collaborate with older adults in development of study guidelines and assessment; and (3) evaluate systematically programs with formal representatives of older adults. These methods counter inadequate and negative stereotypes of older adults into more diverse and positive images of older adults. This practice of co-creation has an impact on social work students as well. Such a culture shows them the value and benefits of framing older adults as active, capable and responsible member of society. This is of help in establishing collaborative relationships with their future clients.
Lisa Armstrong  
Friday 26th August, 14.30-16.00  
Room: Bovenfoyer rechts

The 2011 Census in England and Wales reported that there are 5.4 million people who provide unpaid care to a family member, friend or neighbour. The Care Act 2014 provides additional rights to carers in assessment and support processes. A key tenet set out in the Care Act and HM Government’s Carers Strategy (2014) is the emphasis on the carer’s physical and mental health in their role as carers. This seeks to address the challenges faced by social workers wishing to engage with the complex needs of carers as a service user group. This presentation will also explore carer’s views on citizenship and their changing social capital in relation to the role of the carer, their rights and responsibilities.

This presentation will examine the emergent themes from the first stage of an ongoing research project examining the impact of changing legislation and policy on the life of carers in a county in Southern England. The study has been designed in two parts which are broadly quantitative and qualitative. The methodological tool for Part 1 is an anonymous questionnaire (available in paper and web-based forms) which has distributed to carers in conjunction with carers support organizations. This will gather demographic data, Likert-type responses, free text commentaries and word matrices. The questions focus on the carers’ perceptions of the caring role and the impact the role has on their lives. Respondents are also asked for their views on experiences of legislative change and thoughts on equality and citizenship.

Preliminary results have been generated from those attending a series of drop-in sessions run by carers support charities which encompass general carers groups as well as condition-specific groups. All the drop-in sessions have taken place in normal working week hours. Early analysis of demographic data suggests that the drop in groups favour attendance from carers who are female and no longer work because of caring commitments or are post-retirement age.

Initial memo-ing and coding of the results suggests that the following themes describe the common perceptions and experiences of the studied population. Respondents stated that they felt “Depressed”, on “Duty”, “Not Equal to the Cared For”, and felt that their “Life is on Hold”.

Observations from the data and the drop in sessions would suggest that many people experience a significant change in their levels of social capital when they become carers. These changes are variable and dependent upon the individual’s pre-existing social capital and the consequent change may be positive or negative in nature. It is noted that drop-in sessions and carers hubs provided by carers charities are considered as a positive for the individuals attending them as they provide an alternate community.

The results of this initial analysis will be used to inform and develop questions for the semi-structured interviews to be completed by approximately 15 people in Part 2 of the study which seeks to explore deeper the developing themes.
Social relations are important for health. Does this also mean that social work interventions contribute to the health of the participants? Insights from social epidemiology lead us to expect this. Practice reports suggest this. But there is hardly empirical evidence for the relation between social work and physical and mental health. That is why in 2014 the Department of Public Health of the Academic Medical Center / University of Amsterdam together with Movisie (Netherlands Center for Social Development) and MOgroup (trade organization for social work) started a two year research project. To evaluate whether and how social work interventions contribute to health.

The research project can be qualified as a theory driven evaluation of two social interventions which goal it is to strengthen the social network of vulnerable people. The two interventions are Natuurlijk, een netwerkcoach! (A network coach for sure!) and Kwartiermaken (no translation, see http://www.kwartiermaken.nl/english).

Starting point of the research project was a conceptual model that connects social work with various health dimensions. In the first year of the study, this model was used to construct a program theory for each intervention. We collected qualitative data from participants, implementers and developers of both the social work interventions in order to build the program theories. The program theories of both interventions reflected various mechanisms or pathways for the health contribution of the interventions. Recognition, social support, coping, network connections and personal development were reported in turn to be related to self-esteem, more healthy lifestyle, less stress and other dimensions of health. In the second year of the study these insights will be deepened by (and confronted with) empirical data gathered through interviews with participants, clients and volunteers and through ethnographic methods.

In the paper we present the model, the social interventions and their program theories, the first results and conclusions in order to discuss

1) the ways in which social work, not only by professionals but also by volunteers, contributes to the health of participants, clients and volunteers;
2) how the model used may help to evaluate and validate social work practices from a public health perspective.
Every academic field is in an on-going quest in search of an identity. Höjer (2015) states that in Social Work two transformative practices set the agenda: professionalization and academisation (Höjer, 2015). Three ‘arenas’ characterize the social work knowledge domain: practice, education and research (Höjer, 2015). Social Work is a professional and educational field with a long and strong tradition. When it comes to academic identity, however, it is a young, developing discipline with an increasing impact, though still in search of beacons and borders.

In our contribution we focus on this academisation (through research) from the perspective of the sociological influence on the development of a social work research identity. We take our own research work at the University of Antwerp association as a case example to investigate and systemise the particular approach we are currently developing towards social work research.

The Master Social Work and Welfare Studies at University of Antwerp is imbedded in the Department of Sociology. Since 10 years now we are bridging between sociology and social work. Using the inspiration, traditions and body of knowledge of the social sciences and connecting them with the emerging academic tradition in social work, we to shape our education and research.

In the book project “Een Caleidoscoop van Sociaalwerkonderzoek – een sociaalwetenschappelijke benadering. // A Kaleidoscope of Social Work Research – a Social Sciences Approach.”, published (in Dutch) in March 2015 we searched for the specific identity of conducting Social Work research within the context of a sociology department. We connect to specific case examples from the Antwerp research practice and systemise both the methodological approaches used and the position and perspective of the social work researcher.

Concluding, we present our vision on what social work research can be, related to the social sciences. In our approach we define social work research in close relation to the sociological scope on social relations and the relation between people and society. By doing this we contribute from a research practice perspective to the current academic debate on the identity of social work research.

*The contribution is based on cooperation of the presenter with prof.dr.Peter Raeymaeckers and prof.dr.Kristel Driessens, both University of Antwerp, master programme Social Work.*
For two decades critical theorists in the Netherlands have turned themselves firmly against market forces and bureaucracy in social work. It proved to be a Don Quixote fight. Now more than ever, managers and bureaucrats determine the welfare discourse in the Netherlands. Although the system is problematic, the real issue is not the debunked system itself, but how critical social workers position themselves towards the system world. Both the angles of analyses and the attitudes are sheerly oppositional. Also the rapidly changing ‘society’ requires ‘new units of analysis’, ‘new roles for social work’ and a continuation of the dialogical turn. In this respect, social work theorists Pease, Tsang, Lorenz and Roscoe all presented new dialectic posts in social work. To get the stalled critique in motion again we continue with these dialectic models. First, we will analyse the contradictions within Dutch social work using Hegel’s dialectic model (thesis, antithesis, synthesis). Secondly, we will analyse under what conditions critique in the Netherlands and beyond became stalled. Thirdly, to get the immobilised critical post in motion again, we restore the contours of a ‘new’ dialectic social work model that, according to us, is still too abstract and lacks social imagination. Finally, we sketch the outlines for an interpretation of this model.
This paper informs about how Czech students of social work imagine their future professional activities and what their potential priorities are after the graduation. Theoretically, we have embedded our empirical survey (online questionnaire survey) in the framework of paradigms in social work. Based on the main goals of social work recognized by the International definition of Social Work (social change, problem-solving and empowerment/liberation) three paradigmatic approaches have emerged which Payne e.g. (Payne 2012) has presented in terms of 1) maintenance — aiming at social functioning and integration in the existing society, 2) (reflexive) therapy — aiming at personal growth and copying and 3) transformation- social reform - aiming at social change and just/fair society. Since the most recent publications put the emphasis on a further expansion of additional possible paradigms and with respect to the theological milieu of the social work study in our faculty we have enlarged this typology with two more approaches in social work (spiritual and research oriented) and finally we have added a “traditional” pattern of social work (“archetype”) in the list. Each of these paradigms has been operationalized in empirically observable items.

We have collected 138 forms off the 288 forms sent to all students of Pastoral and social work in 2015. In the sample 15 % were males and 85 % were females. Response rate has reached 48 %. Main results show that the therapeutic paradigm has ranked highest in the future professional expectations. More than ¼ of the students has decided for this item in social work. The so called archetype of social work has been placed on the second position followed by the spiritual paradigm. 21 % of respondents identified themselves with what we call a traditional pattern of social street work, helping people in difficult life situations and conditions. A few less students have opted for the spiritual element in their social work practice (17 %). Social reformist and activist paradigms have been less supported (11,6 % and 9 % respectively). On the lowest positions the counselling (maintenance) and research have been placed. Up to 4 choices were eligible and the combination of the first three items in the result list (therapeutic, archetype and spiritual) has been most frequent (up to 29 %).

Our results show that there may be disparities between the future professional wishes and expectations and the labour demand in social services. Students did not see themselves as counsellors and representatives of maintenance of social order but in the Czech social work practice this is exactly the sphere where most graduates will find their jobs. Even though our school is open to non-believers the spiritual dimension in social work has been recognized among our students which might be an effect of the faculty specialization in theology and pastoration.
In contemporary civil societies social work is no longer the exclusive prerogative of social work professionals. Active citizens, their networks, associations, social entrepreneurs, corporations and professionals with a different background take up professional social work responsibilities as well. In this complex field of multistakeholder involvement, conflicting interests and dynamic processes of self-organisation, social work professionals tend to operate more and more as social brokers; they are no longer indispensable by virtue of the services they offer to citizens in need of help or empowerment, but they are indispensable because of their ability to activate supportive networks and connect the needs of citizens in vulnerable circumstances to the supportive opportunities of others. Simultaneously, they mediate between the needs of citizens and the bureaucratic demands of (local) government institutions.

As streetlevel bureaucrats social work professionals pick up coordinating responsibilities where government withdrawal from welfare state arrangements becomes problematic. Is this shift from social service to social broker professionalism an appropriate answer to transitions in our welfare states? On basis of local research findings in Dutch cities we try to answer this question from the perspectives of (networks of) citizens, social professionals and local government professionals. By clarifying the changing perspectives and interrelationships between governments, citizens en professional organizations in the field of social work we want to explore the new conditions for meaningful dialogue between these actors.
Empathy is a crucial aspect of social work practice, which has significantly been impacted by neoliberalism over recent decades. Because of these changes, the classic Rogerian conceptualization of empathy is (and should be) challenged. In this paper, I argue that social work practices should be informed by the anthropological perspectives on Verstehen, of, amongst others, Clifford Geertz and Pierre Bourdieu.