

# Rapid Changes in Social Work Practice in the United States: The Importance of a Multifaceted Educational Approach to Meet These Changing Issues

Thomas Chalmers McLaughlin

Thomas Chalmers McLaughlin, Ph.D., is an associate professor of social work at the University of New England in Portland, Maine USA. He was honored to be a visiting Fulbright Professor within the faculty of social work at Masaryk University in the spring of 2008. His research focus includes the changing demographics of the profession of social work, the intersection of social work practice and cost effectiveness and how social work practitioners' roles impact the quality of care that is provided. Dr. McLaughlin holds a Ph.D. from Union Institute and University in social welfare policy and a Masters degree in social work.

## Abstract

This paper explores the rapid changes in social work practice among people with mental health and substance abuse issues in the United States. As the field of practice changes within these two areas, there is a strong need for social work practitioners to have a well-rounded person in the environment orientation to working with clients and families. This study explores the perceptions of social workers on preparedness to practice in four areas of social work which have experienced the greatest changes during the past five years. The results suggest that social work practitioners who have a strong foundation in practice from an empowerment-based person in the environment perspective feel they are well prepared to practice in these four areas. Several key concepts and recommendations for social work education conclude the article.

## Keywords

workforce, social work practice, changes in practice, multifaceted approach, United States, mental health, substance abuse

## Introduction

The American health care system is comprised of two important elements. A national system of limited care is provided by the federal government known as the Medicaid system. Medicaid is a system which is needs based and requires participants to qualify for these services based on income, disability and other factors. In general, clients are eligible for Medicaid if they are in poverty, which is defined as an annual income of less than \$14,000 a year, or are children of a female head of household who is in poverty or is disabled. Accordingly, most able-bodied males are not eligible for Medicaid coverage. The second system is based on private insurance which is financed

by a system of employer contributions and employee payments. Costs associated with private insurance make it nearly impossible for all family members to be covered. One study in 2006 suggested that nearly 30 percent of the American workforce does not have health insurance and as many as 20 percent of all Americans do not qualify for the Medicaid program. This means that nearly 70 million Americans do not have access to health care in the United States.

Within this system, there has been a growing urgency to contain the costs of health care, specifically within the mental health and substance abuse treatment arena. Cost study data suggests that mental health and substance abuse

treatment are the most costly components of the health care system and significant efforts have been made to curtail or limit the amount of service available to clients in need and to create systems of care which push these types of treatment to less in-patient services and more cost effective community-based services. At the same time, the states and federal government's tax base has shrunk in the past 10 years, whereby services that have been generally available, have been reduced or eliminated. This means that a percentage of those clients who should be receiving some form of services are now on the streets.

Currently, the U.S. health care system provides high-quality, technologically advanced acute care, but the ability to meet chronic care needs is limited because the service and financing systems are complex and are fragmented into numerous mini-systems (Berkman & Harootyan, 2003). As a result, the American system has an overlapping and confusing array of service providers, ranging from the federal government to state and local governments, the proprietary sector, the voluntary sector, and the family. As with all aspects of community-based health care, social work practitioners are on the front lines of providing the bulk of the mental health and substance based services to community members in need. Their work at all levels of the health care system has been in a constant state of change as governments and communities struggle with the costs associated with health and mental health care.

One major change has been the creation of more community-based services and the delivery of mental health and substance abuse care through a variety of community-based programs. Clients with severe and persistent mental illness and chronic substance abuse issues move in and out of health care systems more rapidly than in the past, and their interaction with social workers is likely to be limited time-wise and episodic (Shortell, Gilles, & Devers, 1995; Volland, 1996). The decentralization of expensive in-hospital treatment that was once done only on an in-patient basis, increasingly complicate the ability of social workers who work with clients and families to decipher the eligibility requirements of different programs

and thus their ability to access and use the system of care effectively (Berkman, 1996; Shortell et al., 1995).

For example, a client who has been discharged from a psychiatric hospital and placed back into the community must qualify for community-based services upon discharge. This system of qualification depends largely on adequate community and family connections, as well as an understanding of the available social service network in order to integrate and access these systems. Social workers, working as discharge planners, must adapt their practice models and intervention strategies to meet the changing eligibility requirements and systems in their work with clients.

Community-based networks link service providers to a continuum of health care that includes: acute care, rehabilitation, home care, and community social services. There are more social health services provided in neighborhood agencies (community centers, housing projects, and churches), where social workers are visible in every facet of service delivery, working as providers in new models of health and mental health practice. Many of these services are based on fragmented models of care, which raise concerns about accessibility, efficiency, and comprehensiveness (Berkman & Maramaldi, 2000).

New roles and challenges for social workers have been created by the radical transformations in health care delivery and in the chronic mental health and substance abuse conditions in these populations. The increased use of pre-certification requirements by insurance companies and Medicaid has served to complicate an already complex system and to limit some clients' access to health care (Berkman, 1996). Navigating among these often disjointed services demands a working knowledge of health care systems and resources, which is daunting for many clients who are challenged with mental health or substance abuse problems (Gardner & Zodikoff, 2003). Regardless of their specialty, social workers in health care will be challenged to attain a deeper understanding of the rapidly changing political, economic, social, and cultural contexts that is affecting health care delivery to older persons.

### Consumer-Centered Care

The philosophies of consumer-centered care and consumer direction have grown increasingly popular in mental health and substance abuse services. Representing a continuum of approaches based on levels of consumer involvement in designing and implementing their own care, consumer direction “has become part of the lexicon among state and some federal policymakers” (Stone, 2000, p. 8). Consumer-centered services specifically prioritize the needs of clients over the needs of professionals. Consumer-directed support empowers clients and their families with increased choice and control over their own care (Naleppa, 2003; Robert, 2003). This growing emphasis on consumer-centered care and consumer direction has led to the development of standardized measures to assess consumer satisfaction with mental health and substance abuse services (Geron & Little, 2003). As individuals and their families become more responsible for decision-making, social workers are challenged to provide education and support about psychosocial issues in adjusting and responding to illness and necessary role changes.

### Method

This study explored the rapid changes within four key areas of social work practice and examined how graduates felt they were adapting to the changes within the field based on their level of preparation and education at the Masters level. The Center for Workforce Development, Whitaker, 2006 report suggested that 84 percent of social workers felt that they were adequately prepared for practice after the completion of their Masters studies. These results remained consistent throughout the careers of most social workers. Given the rapid changes in the mental health and health care systems and the increasing reliance on client-centered care, we chose to test alumni’s assumption of the level of preparedness to be based on specific practice populations that have seen the greatest change in practice methods and financing over the last five years. We identified these areas based on the literature and changes observed within the practice field. Only those areas that have seen dramatic changes in the

practice – e.g. stricter eligibility requirements, proscribed methods of treatment, prequalification of clients for services, changes in number of treatment sessions or elimination of treatment methods – were included as rapidly changing practice areas.

While the NASW survey looked at practitioners overall satisfaction with their levels of preparation, we were interested in exploring this further and delving into the practice with specific populations. Our hypothesis is that a strong strengths-based educational foundation would translate into social work practitioners reporting higher levels of preparedness, which would be irrespective of the rapid changes in the field. As such, practitioners would be prepared with the skills and concepts to meet clients as they were, rather than change their philosophy of working with clients and families with mental health and substance abuse issues.

### Study population

The study population consisted of 687 alumni of a small private university in the Northeast United States who hold a Masters degree in social work. This school was selected because of its reputation for approaching social work education and practice from a purely strengths based, empowerment or social activation philosophy. As such, the school does not tailor its curriculum to evolving practice methods and models in the field, but instead focuses on preparing Masters level social work practitioners to work with clients and families from a multifaceted approach. This focus centers around the person in the environment and within the legislatively and capitalist economy constructed health care systems, rather than a focus on specific interventions and treatment methods.

The data suggests that alumni live in 23 states with the majority, 74 percent, living in the northeast region of the country. 887 alumni were mailed a 6 page questionnaire in 2003 and again in 2007. The same questions and data were gathered from the respondents. Respondents were given three weeks to complete the surveys. In 2003 a sample size of 294 usable surveys were returned and in 2007 a sample of 322 usable surveys were returned.

**Table 1: Comparison of mean scores of the paired sample tests, by year of survey**  
**Criterion: Working with people with substance abuse problems**

Respondents by year	n	M	SD	t-value	p
2003	255	1.34	.63	13.091	.000
2007	294	1.21	.82		

Looking at the data in total, the mean age of the respondents was 46 years old and 84 percent of the sample was female. Close to one-third (28.9 percent) earned annual incomes between \$35,000 and \$45,000, whereas almost another third (29.9 percent) earned between \$25,000 and \$35,000. Nearly two fifths of the sample (39.3 percent) reported an increase in income after earning their MSW degree and the average increase in salary was \$10,000 annually, after completing their Masters degree. The sample was predominantly white (90.6 percent), and the majority of the respondents worked either in the public (28.3 percent) or the private non-profit, NGO sector (33.3 percent). Twenty percent worked in a private practice. This study sample compares well with Whitaker, Weismiller and Clark, 2006, study of members of the National Association of Social Workers. These authors noted that the mean age of the NASW respondents was 43. 88 percent of the survey respondents were women, and 88.5 percent of the respondents were white. The study sample also reported comparable representation in the workforce with 28 percent in the public sector and 24 in the private non-profit, NGO sector and 27 percent in private practice.

**Study Variables**

The critical predictor variable in this analysis references the differences in the social work practice environment between 2003 and 2007. In this study, we did not provide a definition of the different populations or changes in the practice environment but rather simply asked the following question.

“After earning your MSW degree, how well prepared were you to work with the following populations?”

We used this form of question because this strategy not only presents the respondent with the extreme positions with regard to the definition of the different practice areas, but also offered the option of a middle-ground response that they could specify individually. Based on this strategy, we identified four domains of practice for consideration in this study. These were based primarily on the four areas of practice which have seen the most change in practice methods, availability of funding and overall changes in approaches to meeting the needs of clients within these populations. The questions requested that respondents state the degree to which they felt prepared to practice within these domains, but did not ask if they actually worked within these domains.

Responses were based on a five-point scale with 1 = extremely well prepared and 5 = poorly prepared. Thus, in all instances the lower the score, the more appropriate the responses represented the scale.

The database was separated by responses to the questions in the 2003 survey and those in the 2007 survey. Using a paired sample t-test model, responses between the two samples were compared.

**Results**

The four domains that were reflected in the literature and debated changes in the social welfare policy systems were examined in relation to the respondents’ definition of preparedness to

**Table 2: Comparison of mean scores of the paired sample tests, by year of survey**  
**Criterion: Working with mentally ill children and adolescents**

Respondents by year	n	M	SD	t-value	p
2003	250	.748	1.132	10.447	.000
2007	251	1.01	.89		

**Table 3: Comparison of mean scores of the paired sample tests, by year of survey**  
**Criterion: Working with adults with severe and persistent mental illness**

Respondents by year	N	M	SD	t-value	p
2003	249	.751	.960	12.344	.000
2007	264	.842	1.01		

practice for a particular population in the field. Tables 1 through 4 represent the findings.

Table one suggests that social work practitioners feel well prepared to practice with clients who have substance abuse problems. The *t* tests that compared the mean scores of the samples, reveals that the relationship is highly significant. It is clear that while the methods of approaching substance abuse treatment has changed, social workers feel that their education has prepared them well to work with this client population.

Changes in children's mental health system have been focused exclusively on benefit eligibility and programming issues. Many children and families who once qualified for services are now no longer eligible for treatment. As a result of these changes, many of those who remain eligible for treatment are sicker and have greater needs than the population who was eligible for treatment in the past. As such, practice methods and intervention techniques have changed dramatically in the past 10 years. Within this context, table two suggests that social work practitioners reported feeling extremely well prepared to work with mentally ill children and adolescents.

Table three displays the strongest correlation between the two samples. It is important to note that changes within the treatment processes and systems for adults with severe and persistent mental illness have seen the greatest change over the past five years. De-institutionalization of mental hospitals and highly restrictive service delivery systems has frustrated policy makers and practitioners at all levels. Re-

spondents here suggest that they continue to feel "extremely well prepared" to practice with clients who have severe and persistent mental illness.

Mental health and substance abuse crisis programs have also seen significant changes in the past five years. Due to the changes in eligibility requirement and the provisions of how social work services are provided, crisis programs have in many cases become the programs of last resort. Crisis calls for service in the Northeast have increased nearly 25 percent in the past three years, with a majority of those calls coming from clients who are suicidal, coping with mental illness, or who require the basic needs of food, clothing and shelter. The nature of the work has thus changed significantly. However, even within this changing environment, social work practitioners report that they feel well prepared to practice with clients who are in crisis.

In summary, the data suggests that social work graduates feel well prepared to practice social work within these rapidly changing populations and treatment methods.

### Discussion

Several key knowledge areas are essential to effective social work practice with people suffering from mental health and substance abuse issues in a rapidly changing social, political, and health care environment. Social workers involved in mental health and substance abuse are challenged to continuously build on their knowledge of basic mechanisms of mental health treatment and the impact of illnesses and treatment on individuals and families (Gardner

**Table 4: Comparison of mean scores of the paired sample tests, by year of survey**  
**Criterion: Working with people who are in mental health crisis**

Respondents by year	n	M	SD	t-value	p
2003	235	.796	1.02	11.941	.000
2007	220	1.14	.843		

& Zodikoff, 2003). As diagnosis and treatment become more specialized and in many cases proscribed, social workers must know about diagnosis-specific psychosocial issues across the range of medical specialty areas. As such, now more than ever it is essential to apply a holistic person in the environment approach to understanding physical and mental health, one that takes into account an individual's complete needs and individual strengths, his or her coping capacities and social support resources (Berkman, 1996; Netting & Williams, 1998).

In addition, it is essential to understand the workings of health care systems, financial structures, and processes (including prospective payment and managed-care systems), as well as the availability of public and private resources that support health maintenance and rehabilitation (Berkman, 1996). Social workers must be familiar with eligibility requirements for these resources or at the very least know where to obtain the information. This requires a strong foundation in social welfare policy analysis and practice. From this foundation, social workers must also be able to know how to disseminate the information effectively to clients and their families.

#### Practice Skills in Mental Health and Substance Abuse

Social work practitioners in mental health and substance abuse must strengthen their core foundation skills and develop new skills to keep pace with the velocity of societal change (Volland & Berkman, 1999). Bio-psychosocial assessment, counseling, and case management over the continuum of care, family practice, and advocacy for the needs of individuals and their families will remain the essential practice skills of social workers in mental health and substance abuse treatment care (Volland, Berkman, Stein, & Vaghy, 2000). In some areas, social workers will find new ways to accomplish familiar tasks. This suggests that educational preparation should focus on developing those skills of assessment, advocacy and empowerment based person in the environment practices. As the field evolves, social workers will adapt to new modes of information technology and integrate the knowledge of rapidly deve-

loping scientific advances in mental health and substance abuse treatment. This will enhance our ability to address the psychosocial implications of such discoveries. Additionally, as evidence-based knowledge on psychosocial interventions is disseminated more rapidly in our information-intensive environment, we will be expected to modify and adapt our practice skills and intervention techniques at a rate of change much faster than we have experienced in the past. This means that social work educators should enhance research and program evaluation methods which prepare social work practitioners to conduct, critically evaluate and disseminate research and evaluation.

#### Clinical Case Management

In the midst of dramatic changes in health care, it is a challenge for mental health and substance abuse treatment social workers to define their roles and their unique contributions to other health care professionals (Netting & Williams, 1998). It is suggested that social workers are uniquely qualified to perform two basic overlapping roles in social welfare settings (Berkman, 1996). Social work clinical specialists teach clients and families about health and health promotion, counsel and advocate for individuals and families to help them better manage treatment, and collaborate with multidisciplinary health care teams about psychosocial issues, patient and family management, treatment adherence, and ethical issues. Social work case managers engage in education, counseling, and social brokerage designed to guide individuals and their families through the health care system and gain access to essential resources. In an increasingly fragmented service environment, social work case management can ensure integration and promote "seamless service" across the continuum of care (Berkman, 1996; Naleppa, 2003).

#### Advocacy and Empowerment Skills

Social workers must intervene actively on multiple levels to ensure the development and delivery of "a just and quality" system of care for clients and their families (Lee & Gutheil, 2003). Practitioners are ideally positioned to advocate within mental health and substance abuse treatment systems to balance the desire for

cost-efficiency and successful outcomes with services that best meet the needs of clients and their families. In today's constantly changing mental health and substance abuse treatment environment, practitioners must feel comfortable shifting among and integrating their roles and skills in micro-level, meso-level, and macro-level intervention.

#### Future Directions and Implications for Social Work

Many of the demographic, social, and economic trends that have been described are expected to continue well into the 21st century in the United States, as will evolutions in mental health and substance abuse practice in social work. The expansion and diversification of the client population will most likely generate increasing demand for these services. There will be continued growth of consumer-directed care in physical, mental, and long-term care. The ability of clients and families to take control over their care will be balanced, however, with the cost-effectiveness of services and the needs of the larger population. In all cases, social workers will remain on the front lines of these issues and will need to have adaptable skills and practice methods to help in a changing world.

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# Social Work in Socially Excluded Areas Aimed at the Practical Prevention of Social Pathology – České Budějovice

David Urban, Alena Kajanová

David Urban is a doctorate student in a combined program at the Faculty of Health and Social Studies at the University of South Bohemia in Ceske Budejovice. He is an assistant professor at the Department of Supervision and Practical Training at the Faculty of Health and Social Studies, as well as in the Department of Practical Theology at the Theological Faculty at the University of South Bohemia in Ceske Budejovice. He predominantly deals with problematics of the Roma minority. Contact details: Kanovnicka 12, 370 01 Ceske Budejovice, e-mail: durban@zsf.jcu.cz

Alena Kajanová is enrolled in doctorate studies in the department of Social Work and Social Policy at the Faculty of Health and Social Studies at the University of South Bohemia in Ceske Budejovice. She deals in particular with Roma minority issues, subculture and social anthropology. Contact details: Brilice 175, 379 01 Trebon, e-mail: ali.kajanova@email.cz

Both authors are members of the research team of the GACR project #403/07/03356, "Quality of life, life expectancy and health from determinants of health for Roma residents in the Czech and Slovak Republic."

## Abstract

This article deals with the present situation at socially excluded Roma sites in Ceske Budejovice. Social exclusion is currently one of the most discussed topics in the field of social work with the Roma minority, and in social work in general.

The article presents the issues from several perspectives, including those of the excluded individuals. It attempts to capture and concretely describe individual aspects of social exclusion and other phenomena typical of the described locales.

## Keywords

social exclusion, socially excluded localities, Roma people, social work

## 1. Introduction

Social exclusion (particularly in connection with the Roma minority) is a term in Czech professional discourse. However, even in the media it is continually discussed, as its problems directly concern not only the affected individuals but also society at large.

In the field of social work, social exclusion pertains particularly to preventative programs, as well as wider methods to resolve the issues, which are often in the jurisdiction of non-governmental bodies. These are most commonly aimed at the areas of unemployment, education and other social pathological phenomena.

The aim of our article is to describe the role of these organizations in specific cases in socially

excluded sites in Ceske Budejovice. In doing so, we attempt to define possible inadequacies in institutional provisions. We selected Ceske Budejovice in part because we are based here, thus we have a greater awareness of the situation. Another reason was to include this regional capital city into the research project "Quality of life, life expectancy and health as determiners in the health of Roma residents in the Czech and Slovak Republic", in which we worked, as field researchers in the collection of data, directly with socially excluded families. The data was collected through the method of a structured interview with residents of socially excluded localities and workers from organizations based there. This included public administration officials, which had Roma

as their target group. Further, we used the complementary method of observation.

Owing to the scope of the problem of social exclusion, we focus especially on the area of social pathological behaviour, which impacts on the cause and effect of this phenomenon.

### 1. The problem of social exclusion and socially excluded localities

The European Union defines social exclusion as “the process (in some cases a state) where certain individuals, families, in some cases groups or an entire area (communities) are limited in their access to resources that are necessary for participating in the social, economic and political life of the society” (Navrátil, 2003: 6). Among the multi-dimensional causes of social exclusion, poverty is foremost (low income and dependence on social benefits), low level of education, long-term or repeated unemployment, dependence, derelict environment and often also ethnic classification and the connected discrimination (Mareš, 2003).

The risk of social exclusion increases in cases of individuals and groups that have a combination of the above mentioned (i.e. additional) factors (Marada, 2000). In the Czech Republic, this especially affects the Roma minority.

Social exclusion is devastating as much to the affected group of residents, as it is for society at large. On the one hand, it is evidence of inefficacious solidarity, as well as presents a potentially threatening and explosive situation. People, who we identify as socially excluded, are often susceptible to mismanaged crisis situations (Navrátil, 2003: 34–35).

According to official estimates there are about 300 socially excluded Roma localities in the Czech Republic, with more than 80,000 people living there (Gabal, 2006). Resolving the problems are complicated by the dynamic proliferating potential of these localities, as well as their diversity.

#### 2.1 Socially excluded sites in Ceske Budejovice

According to official estimates, about 3,000 Roma, predominantly from eastern Slovakia, live in Ceske Budejovice. There are also several families from Ukraine and Hungary (Kostohryz, pers. 2007).

From the analysis of socially excluded Roma sites (Gabal, 2006), three sites with entirely distinct structures and arrangements emerge from

within these city localities. The first of these is made up of V. Volf Street in the Máj housing estate, where the Roma minority is generally represented to a greater degree due to natural placement together because of the more affordable housing. The housing estate is institutionally well secured. The buildings are newly renovated; nevertheless, particularly from the view of social pathological phenomena, it is known as one of the most problematic locales of the city. The second site is the city-lodging house for rent dodgers on Okruzni Street in the city outskirts. The last site described in the report is located on Vrbenska Street. It contains social housing in old panel buildings, approximately a 15 minute ride on public transportation from the city centre<sup>1</sup>.

### 3. Socially excluded sites in Ceske Budejovice from the perspective of the occurrence of social pathological behaviour

The term social pathology is often used as a descriptive concept for unhealthy, abnormal, generally unacceptable behaviour, known as being a danger to society or negatively sanctioned forms of deviant behaviour (alcoholism, prostitution, gambling, excessive use of drugs, criminality).

However, it is necessary to understand the “pathology” of these behaviours as relative. Opinions about what can still be considered “normal” and what cannot are deeply cultural and historically determined (conditional). Further, Svoboda (2008) mentions the fact that what in one culture is recognized as pathologic, need not be understood as such in another.

For most residents of socially excluded sites it reaches a cumulation of socially pathologic behaviour (gambling, youth drug use, prostitution, extortion, theft).

#### 3.1 Socially excluded sites of V. Volf Street, Housing Estate Máj

*“In Ceske Budejovice, the Máj housing estate is considered the most problematic, as there is a high concentration of drug addicted residents”* (Slivka, pers. 2008).

The Máj housing estate was the subject of the research project, “Segregation in the Czech Republic: status and development, causes and consequences, prevention and correction” (2006). In

its final report, it states that a growing concentration of socially disadvantaged residents, mainly Roma, came to the Máj housing estate in the 1990s, particularly to the buildings on Volf Street. An important mechanism to the concentration of socially disadvantaged and Roma is the progressive decrease in the value of buildings in the area. In certain buildings, the price of an apartment is less than 500,000 Czech crowns. Central city homeowners, including those who were given their property back in the process of restitution, take advantage of the price difference and offer socially disadvantaged residents flats in Máj as compensation. In this way, landlords move current tenants out of their houses. The flats located on V. Volf Street are practically unsellable.

According to the researchers of the aforementioned project, social solidarity within the community is very weak. Anonymity and unwillingness was also expressed in the course of the field work of "our" project. The greatest number of interview refusals we received was from the Máj housing estate residents.

The locale has mainly traditional housing estate criminality (primarily auto and cellar theft). Unemployment is twice as high here than the average in Ceske Budejovice. This is possibly one of the reasons, which can explain the large amount of drug addicts in the area. *"In the Máj housing estate even today, Roma children walk around with bottles of toluene, they don't even try to hide it. It isn't such a trend as before, but it still frequently occurs"* (Mařáčková, pers. 2008). According to social workers from the organization South Bohemian Streetwork (Brejcha, 2006), the use of pervitin amongst Roma is widespread in the area, and as a result there is little interest from the users for the services that the organization offers.

Roma themselves, judge the area as unsafe: *"I don't want my son to go clean there. There are needles everywhere."*<sup>23</sup>

Recently, the South Bohemian region attempted to control the area with the help of Roma police assistants. However, it was unsuccessful due to a lack of applicants for the posts (Slivka, pers. 2008).

### 3.2 Socially excluded site Okružní, Trival

Trival is a city lodging house for rent dodgers. Its name is nevertheless misleading, as the residents that are processed here come directly from

a number of socially disadvantaged individuals waiting for a flat. Paradoxically, while some of those individuals have drug problems and are in debt, and in this way they get into problems that grow into delinquency issues, there remains a mutual distance between both groups, rather a definite "relationship hierarchy" occurs even more markedly.

Accommodating family members is restricted by the barred control of a security guard. However, during the research we came across cases where individuals in the household were staying illegally.

In Trival, there is a high degree of overconsumption of alcohol and tobacco products. What is very problematic, are cases when a mother is also an alcoholic. Often they smoke in front of children, who from a very early age experiment with smoking and at a young age become chronic smokers. Another factor is light drugs (marijuana) and more recently also pervitin. As injection needles were found in the communal hallways, a discussion is underway for having social workers from the K-centre come to the boarding house.

Several men, but mostly women, are addicted to automat gambling. A common occurrence is that in one day an individual will lose all the social support money meant for the entire family, leaving no money for food for the children.

In the area, there is also extortion and according to social workers also prostitution; however, it is unsubstantiated.

### 3.3 Socially excluded site Vrbenska

The site is comprised of panel buildings with small-sized apartments measuring 29 square feet (24 m<sup>2</sup>) for the socially disadvantaged (Gabal, 2006). There is a resident initiative, for residents on their own, to maintain good housing standards in the building and the neighbourhood:

*"Outside here, there mustn't remain even a cigarette stub. The young are taught to put it in the rubbish bin."*<sup>24</sup>

From the point of view of social pathological phenomena, they do not seem to manifest here. It is not as dramatic as in comparison to other buildings in socially excluded sites. There are incidents amongst residents of marijuana use in the younger generation; yet, we did not record any abuse of hard drugs, nor serious criminal

offenses (leaving aside outstanding payments for rubbish tax and fare dodging on public transportation). Several residents complained about meter theft, claiming that some other residents were stealing other residents' electricity.

#### 4. Institutional framework in the work with the Roma community in Ceske Budejovice

The first condition for social work with Roma is, according to the "Implementation Plan", to fulfil the "Concept for Roma integration 2006 –2009", with a view taking in the complexity of the problematic situation and also how to comprehensively try and resolve it. Work with the socially excluded Roma community exceeds the competence of the Ministry of Labour and Social Affairs. Rather, it is an inter-departmental affair. Prominent initiatives and advisory boards are the Inter-ministerial Commission for Roma Community Affairs and the Government Council for National Minorities. The condition for the success of all steps undertaken is mutual cooperation at all levels; unfortunately, is not a well-established practice.

Within the scope of social work with Roma ethnic minority, there is invariably more affirmative emphasis for field social work. It enables direct, concrete and individually aimed intervention, as well as preventative action. For this, organizations within the framework of the non-governmental and non-profit sector fill an important role.

The town council of Ceske Budejovice established in 2004 the function of Roma coordinator (David Kostohryz). In the city community plan for the 4 years following its inception, one of the given priorities was assisting the Roma minority, particularly through intervention programs.

According to David Kostohryz (pers. 2007), the city does not have any partner – i.e. an organization, which is comprised of more than 50% Roma. However, the city supports the activities of non-profit organizations engaged in working with Roma. These are the Salesian Youth Centre and the City Charity. The two institutions mentioned are dedicated to working with children and adolescents from disadvantaged families and families at risk of social exclusion, mainly Roma children.

The author of this article worked with the Salesian Youth Centre (SaSM) within the

project "Motivational factors in Salesian work with Roma youth" (Project coordinator), which mapped a variety of activities offered by the centre and investigated the motivation of Roma to participate in the program of SaSM. There were a variety of possible activities at the centre, further to the question of motivating Roma to participate in the program of SaSM.

The City Charity further offers counselling for women and girls in distress. According to L. Kolářová (pers. 2007), the clients are very often Roma women.

The southern Bohemian region established the function of a Roma advisory officer (Roman Slivka). This person is also involved in the Roma civic association *Nevo Dživipen*, which is orientated both on activities for children, the publication of a Roma newsletter, and projects such as "You can borrow, but you must return," which works on preventative issues such as the question of high interest loans and extortion.

At the primary school Máj, which due to the high proportion of Roma children, is labelled a "Roma school". There are three assistant teachers who provide tutoring. Some time ago, the school was put in the media spotlight for implementing a tailor-made programme, which divides students according to learning abilities.

4.1 The Salesian Youth Centre – home for children and adolescents Ceske Budejovice  
The Salesian Youth Centre has officially<sup>5</sup> operated in the Ctyri Dvory parish since 1995. From 2006, it was registered into the school register as a legal entity within the Ministry of Education, Youth and Sports. The personnel consist of teachers and volunteers (the majority of them university students).

The centre offers various leisure programs, particularly for informal groups of socially disadvantaged or children and adolescents at risk, and also for organized leisure-activity groups. A large portion of the offered activities are aimed at Roma as the target group. Initially, the planned collective programmes was for non-Roma and Roma children, however it did not prove successful. Therefore, all leisure-time activities, as well as the club, function in parallel.

Low-threshold provisions provide children and adolescents a safe environment, where they can spend their free time. At the same time, it

functions as preventative in the realm of socially pathological phenomenon (addiction, criminality, etc.).

The organization's mission is "to contribute to the entire development of children and adolescents by means of the preventative system of Don Bosko, leisure time activities and social work" (Annual Report, SaSM, 2006).

#### 4.2 Section on Roma

The Section on Roma is dedicated to Roma children and adolescents between the ages of 6 and 18, predominantly from site of the housing estate Máj. The activities of the Section on Roma are divided into tutoring, Roma oratory (within the centre and the housing estate Máj) and a Roma club, which has 4 employees from the centre and 9 full-time volunteers.

The terms for admission are based on the age of the child, observance of SaSM rules and a service fee of 100 CzK per person for the entire school year. Last year, 91 clients participated in the programme.

Tutoring takes place twice a week for primary school children, including preparatory classes. For the most part, tutoring does not operate as it does in school, rather in the form of games (word games, counting games, active games, etc.). Emphasis is placed on the development of Czech vocabulary and maths.

Roma oratory and the Roma club every week offer two afternoons filled with a wide variety of leisure time activities, such as various sporting activities, ceramics and arts and crafts, two music groups and computer activities. Other activities occur intermittently (sporting tournament, carnival, Christmas festival, and so forth).

Once a month on a regular basis, weekend activities take place (for example, trips or film screenings). Furthermore, holiday activities include urban camps and camps in the countryside.

From 2005, social work has been conducted in the field and is divided in street work and the leisure activities with children. In working with the Roma community, it is not possible to separate the children from their background, i.e. their family, relatives. Thus, the centre cooperates with the families of Roma children, as well as with teachers and the authorities.

From November 2008, field workers from *Streetwork* have come into the Máj housing estate, in cooperation with the Salesian Youth Centre. At

this time, the centre established the low-threshold club for Roma children and adolescents, which should mainly fulfil a preventative function.

#### 4.3 Low-threshold Centre for Children and Adolescents Srdíčko – Jiloro

The low-threshold club for children and adolescents, led by the České Budějovice's City Charity<sup>6</sup>, has been in operation since November 2005. It operates directly in the lodging house for rent dodgers on Okružní Street. The lodging house functions as a sort of a step before asylum or life on the street.

The mission of the project is to enable children and adolescents from socially disadvantaged environments to acquire the experiences and corrective models of social behaviour that they lack, while trying to support the acquirement of positive models from within the family. The work is not limited only to activities with children, but the opposite. In as much as possible, it attempts to work with the entire family. Further, the parents have access to social-legal counselling.

The client target group consist of children and adolescents that live in the lodging house. At present, there are 35 clients, nearly all the child residents of the locality.

The club's program is divided into morning and afternoon sections. The morning section functions as a kindergarten, aimed at class preparation. In the afternoon, alongside free time activities, children may also select from class preparation, arts and crafts, dance and theatre circles or various sporting activities (gymnastics, boxing, football). There are regular organized events at Easter, Christmas, St Nicholas, etc. Presently, a playground is to be built in the garden.

The club is comprised of a large room, which functions as a play room, kitchenette and a gym and ceramics studio, which are in the basement. The game room is equipped with computers with educational programs, games, and creative tools.

Besides the long-term clients, Roma children from other parts of the city also use the facility at times. They come to the centre to visit their relatives, who reside at the lodging house.

The lodging house is mainly financed by the Ministry of Labour and Social Affairs – EU, intervention programs, grants from the southern Bohemian region and the Ceske Budejovice city council. It employs 5 workers, including Roma.

#### 4.4 Eva Counselling Services for Women and Girls in Distress

Eva counselling services is a project by the Diocese charity of Ceske Budejovice. Besides helping victims of domestic violence, it is mainly aimed at socially disadvantaged women and Roma women. Women from the above mentioned sites are clients of the counselling service.

#### 5. Conclusion

Ceske Budejovice has a relatively small share of the national Roma minority. It has avoided severe manifestations of extremism, however, there are socially excluded sites that have the associated problems, which call for a comprehensive solution.

As was mentioned above, Ceske Budejovice's organizations oriented at Roma as their target groups work mainly with children and adolescents and operate predominantly in the field of prevention and organizing leisure-time activities for the target group.

Interviews with employees of the organizations and civil servant employees show, that the coverage and offer of services is sufficient in the area of organizing leisure time. On the other hand, it was stated that Ceske Budejovice is lacking in, for example, assistant Roma police and also assistants in the schools.

A further shortcoming is evident in the low motivation of Roma drug users in visiting the K-centre. It is debatable whether, for example Roma field workers, would help address the situation.

All of the experts that were contacted agreed that Ceske Budejovice faces problems in the area of social pathology and a lack of staff, but when compared to other cities (Ostrava, Teplice, etc.), the situation in this region is much better.

#### Footnotes

- 1 On the basis of the field findings through the project, "The Quality of Life, life and health expectancy from the perspective of health determinants in the Roma population in the Czech and Slovak Republics", and on the basis of interviews with local experts, the building on Pekárenská Street in Česke Budějovice may also be considered a socially excluded site.
- 2 Statement based on testimony of the respondents obtained in the course of research for the project, "The Quality of Life, life and health expectancy

from the perspective of health determinants in the Roma population in the Czech and Slovak Republics".

- 3 Statement based on testimony of the respondents obtained in the course of research for the project, "The Quality of Life, life and health expectancy from the perspective of health determinants in the Roma population in the Czech and Slovak Republics".
- 4 The Salesian Centre has operated privately in Ceske Budejovice from 1980.
- 5 The City Charity also runs a low-threshold club for children and adolescents on Jirovcova Street. The children visitors come mainly from Roma families living in the vicinity of Palacky Square (authors note).

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Mgr. Zdenka Dohnalová ▪ [zdenka.dohnalova@socialniprace.cz](mailto:zdenka.dohnalova@socialniprace.cz)

# The Coexistence of Different Concepts of Social Work within One Facility<sup>1</sup>

Jana Havlíková<sup>2</sup>

Jana Havlíková, Ph.D., studied sociology, social policy and social work at the Faculty of Social Studies, Masaryk University in Brno, where she also received her Ph.D. in sociology. Currently, she works as a researcher at the Research Institute of Labour and Social Affairs.

## Abstract

The aim of this paper is to address the likelihood and implications of different social work concepts within a social service providing agency. Analysing two case studies focused on residential social services, we have identified the presence of several concepts of social work, and investigated the type of interaction between two different social work concepts – administrative-professional and philanthropic – in both facilities. These concepts were embodied in two types of official positions within the organisational structure: social workers and social service workers. We describe how different social work concepts influence the cooperation between their protagonists, and discuss their observed and potential implications for the quality of the service provided to clients. Finally, we present some suggestions for improving the quality of care under this specific setting.

## Keywords

social work conceptions, frontline workers, residential social services, case study

In spite of being involved in the research of the provision of social services only a few years, what continues to surprise me is the marked discrepancy between the defined role of the social workers in agencies providing social services and the defined role of a social worker, who tries to pass on professional tertiary education to future holders of this role (as myself). Therefore, it seems to me that the endeavours of Musil (2008) are very useful not only for workers, but also their senior managers, agencies, etc., for perspective and reflection on potential approaches to the role of social workers in organisations providing social services and for society in general. Musil's (2008) defined concepts of social work-administrative, professional and philanthropic – are, as the author states, ideal types, whose presence in practice would be difficult to find. Most of the concepts of social work are more or less close to one type, or may be a mix of two or all three types. We applied this typology as the basis for the analysis of specific concepts of social work in providing residential social services for the homeless. The aim of this paper is to highlight the possible existence of different concepts of social work within one providing facility and to discuss the causes and effects of such a situation.

In the context of two case studies of organisations A and B providing the aforementioned residential social services<sup>3</sup>, we firstly identify the presence of various concepts of social work and its bearers within one organisation. Subsequently, we describe the cooperation between holders of different concepts of social work and discuss the observed and expected consequences for the care of clients and for the professionals. In the conclusion of the text, we submit for discussion ideas for changing the existing cooperation of these concepts aimed towards raising the quality of those social services. But before we proceed to interpret the results of the case studies, we consider it is necessary to introduce it in what is presently considered, in the Czech context, to be social work.

## Is social work only an activity of social workers?

Musil's (2008) typology is based on the concept of social work known as "from below". Musil reflects, classifies and arranges observed notions of the public, officials and social workers about what is social work, or the role of the individual who practices the profession of social worker. This view implies a primary definition

of social work, as an activity for individuals in the professional positions of “social worker”. As mentioned by Navrátil (2007b), such a definition of social work is not entirely unusual<sup>4</sup>. A definition of social work exclusively as the “activities of social workers,” was claimed in interviews by participants in our research, as well as participants in workshop discussions<sup>5</sup>. It was a surprise for us that no one inferred a definition of social work from the more general – professional or academic – definition. In particular, some of the findings in the context of our case studies led to the question: What are the possible consequences of the application of a definition of social work, which is associated only with the activities of individuals in the professional role of “social worker” providing social services, especially frontline care? This question is not as trivial as it may at first seem, since the answer, especially at the level of the management of these facilities, has major implications for the practice. It directly affects both the client (especially uncoordinated assistance, risk of unqualified support from the staff in social services, decision-making and information asymmetry, possible complications in the collaboration with other services), as well as staff in other positions than social workers as illustrated below (e.g. lack of qualifications, unsupported adequate further training, and risk of burnout). On the other hand, the identification of social work to the activities of social workers may also complicate the position of social workers themselves, since not having a relationship framework for defining the performance of social work could lead to enshrining one of the activities defined in the job of social worker at a facility. If, for example, the role is largely defined as administrative, it may already become a subject of discussion – whether certain administrative tasks should be assigned to the competencies of these workers and which will actually require professional social work qualifications, whether it will detract from the capacity of these workers in the performance of direct social work, and whether they could be carried out by another worker.

From this perspective, it appears that there is also a direct need in the realm of provided social services that such a definition of social work was expanded, which is not only derived from the work of social workers in particular facilities. Of course, such a general definition of social work

exists. It was created in part by professional associations and in particular by tertiary professional education in the field of social work. International Federation of Social Workers has agreed on the following definition of social work:

*Social work promotes social change, problem-solving in interpersonal relationships and the strengthening and liberation of people to meet their personal well-being. Using theories of human behaviour and social systems, social work intervenes where people come into contact with their environment. For social work the key principles are human rights and social justice. (Definition: <http://socialnivevue.cz/item/definice-socialni-prace>)*

Defining the field of social work in the Czech academic environment, in particular represented by the work by Navrátil (2007b) and Musil (2004) and both of these authors in 2000, it then also contains the localisation of activities of social workers into relationships with the individual and his environment as defined by ISFW. The purpose of this activity is not primarily social change, but to support the social functioning of the client. An emphasis only on the social functioning of a client, according to Navrátil (2007b), distinguishes social work from other fields and disciplines of human activity. In the context of perspectives of social functioning as defined by Bartlett (1970), later Navrátil and Musil (2000) defined the subject of intervention of social workers. This subject of the activities of social workers according to them is the

*interaction between the capacity to manage the client and what the environment expects from it. Its aim is to promote the social functioning of the client by helping to restore or maintain a balance between more or less sufficient coping capacity and this capacity makes more or less reasonable demands on the environment. (Navrátil, Musil, 2000: 140)*

Navrátil and Musil (2000) further stress that a step, which should essentially be preceded by its own choice of specific targets and intervention methods for social workers in the client's

situation to restore or maintain their social functioning, is assessed according to his or her life situation. The term “life situation” is designated as “specific, individual configuration” in the life situation of the client, i.e. “barriers and conditions of their social functioning” (Navrátil, Musil, 2000:142). The assessment of life requires communication, a relationship and implies an individually “tailored” intervention (compare Navrátil, 2007a).

However, it is questionable how much this definition is determining for the practical performance of social work in facilities providing social services. We consider Musil’s (2008) typology beneficial in the fact that it does not try to cover up the existence of such concepts that are common in social work practice, which according to the academic definition can be difficult to identify as social work – see the administrative and philanthropic approach. It allows one to grasp and think over the current state of understanding of social work practice, which is slowly penetrated by the concept of professional social work, which is the academic definition; in our opinion, it is the closest and is not created from scratch, but competes with the previous concepts. In this sense, we apply the concept of social work as defined by Musil (2008) in the text below.

### **The concept of the role of social workers in both facilities**

In both agencies we have identified the same basic organisational scheme – a hierarchical structure based on job positions: the head of the establishment, social workers and staff in social service<sup>6</sup>. The definition of the role of social workers in organisation A slightly differs from the definition of organisation B, namely to the extent that administrative activities were part of their job.

Social workers in organisation A contributed substantially to the formulation of policies in the provision of frontline care (in developing methodologies), and further decided on the type of intervention in a clients’ situation – creating (with them) their individual assistance plan, assigning to the clients a so-called key worker, helping them in their contact with the authorities, and in particular granting staff in social services (PSS)<sup>7</sup> specific guidance on working with clients during their service work, as well as checking on the PSS. The position of social

workers in this organisation, therefore, was at the border-line of executive-leadership and the provision of frontline care, but with a focus on the first type.

*Thus, for a social worker what is especially needed is making visits, e.g. to courts, doctors, bureaus, helping to create individual plans for clients and just trying to help them be included in life, and I do not know what else. (PSS A)<sup>8</sup>*

As will be shown, up till now the job description of a social worker from organisation A is almost identical to the work of a social worker in organisation B. The defined role of a social worker in both organisations differed in the area of assigned administrative activities. Whilst in organisation A, most activity were administrative operations associated with the provision of services, such as creating contracts for accommodation, rental income payments and charges due from clients and so forth, to the responsibility of the director of the facilities. In organisation B, the following activities were also part of the job of social workers.

***Researcher: If you could, try and describe what are the key tasks or main responsibilities for someone in the position of social worker.***

*SP B: Well, it definitely is counselling, social counselling, and socio-legal. I cannot really say much about, because if it is a legal matter, then in practice I try to refer people to an actual law firm for a solicitor. Thus social counselling, in part some psychological counselling or advice; however, in complicated cases, I would delegate. Otherwise, a considerable component definitely concerns the payment of providers here, both so that they have things paid for here, and also so that they get into the habit, that they are aware of those obligations which they must follow in order to gain this ability to take care of their things, having their things sorted. As I said, it is a considerable component, because I have nearly 35 clients, and ensuring that every person has properly made their payment for that month is not an easy matter within this timescale.*

Social workers in organisation B perceived their role of ensuring the provision of social services partly as administrative and partly as advisory. The administrative activities carried out are primarily related to securing accommodation for clients in residential facilities. These administrative tasks are related to accepting clients into the facility, resolving acute situations (transport to the hospital, the pension of a deceased client, etc.), the dismissal of the client from the facility and also receiving monthly payments from clients for services rendered. Then it is through social counselling that a social worker would intervene in the life situation of clients in areas of job seeking, housing and dealing with their debt. On the contrary, psychological and legal counselling was considered beyond their competence and they referred clients to other authorities. Social workers in facility B saw their role as rather as a “caretaker”:

*Here, everyone is an administrator, associated with this being a place where a hundred people live; thus, one must operate with keys, money, with beds, and such things, but it obviously should not be exaggerated, I think. (SP B)*

It appears, however, that rather than given a choice, it was partially imposed in the position which they accepted:

*Since the new year, I have not processed even one individual plan, because actually in the amount of administration, and in that we are dealing with what is currently the most urgent, that there is no space to deal with the current problems of clients. (...) I regret that it is this way, because I think that it certainly seems as a complaint for those in social work. I'm not here to carry out the work of an administrator. (SP B)*

The causes of the prevailing administrative activities seen by these social workers were due to the ratio of social workers to clients. Following the recent increase in the number of clients per social worker, it was commented upon to the effect that systematic individual social work with clients through an “individual assistance plan” had been completely set back. If it is present at all,

then only as a formal matter of enforced standard quality of social services (Law no. 108/2006 Coll.; Annex 2 to Decree No. 505/2006 Coll.; implemented 2002). Interviews both with social workers, and with the director of facility B, further revealed the presence of internally contradictory concepts of social work at a management level. Even though the facility director expressed in interviews with researchers a positive interest for individual work with clients, and some of his steps were aimed in support of this approach among staff, the substance of their work had a focus on administrative work; yet, this was not a problem for the director. Furthermore, social workers reported that organised conduct of administrative matters is valued positively by management and vice versa.

*If I put things in order, at the same time it begins to bear fruit. Although in my view, the job is more and more bureaucratic, however I would say that I deliver in some cases better results or perhaps I'm somehow given more praise from management, or as it was before even before but in another sense. I would say that the work is more precise. (SP B)*

Although social workers reported that contact with a client when dealing with administrative matters also then provides a potential opportunity to pursue individual social work; however, they had doubts, whether after all there had been a large shift of their activities beyond the qualification of a social worker and social work itself. Already, social work was perceived as a specific field of human activity that incorporated within its framework cooperation with other disciplines. While some expressed hope that the current large number of clients is only a temporary matter, which was caused by insufficient funds available to organisation B.

The position of social workers in the organisational structure of both agencies is largely autonomous. They worked with clients independently; however, considered it useful in specific intervention approaches to seek advice – from colleagues, the director – if necessary within the framework of supervision. Furthermore, it was shown that social workers perceive their work as professional and individual, which although is governed by general rules; nevertheless, indi-

vidual acts cannot be defined in advance according to a set of rules – in contrast to the activities of staff in social services. Social workers perceived their activities as mechanical operations, while recognising that the PSS are closest to the clients and provide them with daily emotional and other support, among other things.

In both organisations, there was also consensus on the necessary level of education of social workers, i.e. requiring a relevant higher professional or university education. Thus it appears that the concept of the work of social workers in both organisations ranged between administrative and professional approaches. Also in organisation A, although the social worker was less burdened with administrative tasks, more extensive individual work with clients did not occur, because it had been delegated to the PSS to perform the role of key workers (see below).

#### **Social work – nonprofessional social workers or the role of staff in social services?**

In what follows, we will present the organisational capacity and substance of staff who work in the social services. PSS organisational positions in both facilities displayed very similar features. Therefore, we surmise that this is an indication of a characteristic model in the provision of residential social services of the residential type.

The staff in social services in both organisations performed three basic types of activities. First, activities related to around-the-clock functioning of the given facility. Second, individual work with clients under the directive of social workers in the role of formal (facility A) or informal (facility B) key personnel, but also according to their own judgement based on daily contact with clients. Lastly, securing social rehabilitation or activation programmes for clients. These activities were managed with the help of sets of working methods, which consisted of checking on the compliance at home of a number of clients in the surveyed services. Further, there was an indirect individual approach to clients under new management, which was required in connection with the introduction of Quality Standards and work with clients based on a trusting relationship, empathy and dialogue. The aim of this individual work was emotional support for clients, and early detection of

potentially serious problems of clients and the awareness of social workers.

*They [PSS] have as it were the frontline care, so I would sum it up under the term of the practical things, more in relation to the functioning. For example, it is concerned about the issue of vouchers. It is more about the operation, than we are already dealing with here. Rather than things more in depth, it is more about social counselling and they are the closest to those clients, thus the conversations and that practical type of help to those people. (SP B)*

In facility A, part of the substance of the work of staff in social services, i.e. key workers, was also intentional and conscious cooperation with the client in fulfilling their individual plan. Delegated into the role of key workers lay the “weight of individual planning” (Plachý, 2008: 59), for staff in social services there was no evidence at the time of the initial implementation of Quality Standards which suggest that it was by no means an unusual practice. Plachý (2008: 59), when he referred to experience of the social services, he also mentions that the role of key workers is firstly committed to staff in social services; however, it was shown that this role was not compatible with their “work responsibilities and job description”. Therefore, this practice was abandoned. Individual planning, however, requires relevant professional education (compare Gajová, Sobková, 2007, Navrátil, 2007a), which the PSS generally do not have. Thus, not only in terms of the PSS workload, but their qualifications, and as we will show below, the decision-making skills in the area of work with clients in connection to the role of a key workers and staff in social services appears to be unsuitable.

*Well, now there [in the new PSS job description], was absolutely everything from maintenance to safeguarding possible failures, to putting everything in order. In the afternoon shift, we were actually responsible for everything. (...) For example, even moving furniture when clients changed, so sometimes difficult things. (...) More social work was added, that is for certain, and actually ... we substitute social workers. (...) We should also do individual plans, which*

*I think is purely social work. Clearly, there are incentives to do that... yes, that ... the insights from this, that yes, but ... that we should do it ... completely do it ... the social, I think I mean I'm not qualified to do, for sure. (...) Since I do not have a professional education for it. (PSS A)*

*I had a course to ensure the clients, who required absolutely everything, I was in charge and in fact then these points are then evaluated, whether they were fulfilled or not. And for some it was very difficult. When the client defers everything ... (PSS A)*

In terms of organisational relegation and competencies of staff in social services, they were situated on the lowest rung of the hierarchical system of management present in both organisations. They were directly below social workers, who gave them guidance on intervention and to some extent supervised the interventions carried out, especially through written records filed by staff in social services. Staff in social services did not have formal decision-making responsibilities regarding the assistance provided to clients; they could only inform social workers, or in some instances hand them a proposal for certain measures.

*We have with them [client] care, for example I will come, if I see something or we somehow meet, then I follow up talks with them, discussing their problems, such as what is going on and so forth, and if I can somehow resolve it myself, then I do it. If it was something more serious, then I would resolve it with a social worker, he would instruct me, and ... (PSS B)*

However, in contrast to what was just stated, PSS substituted the social worker in their absence, esp. during night and weekend service, and dealt with acute situations of clients. In this context, we consider it important to emphasise that the qualification requirements for staff in social services were not strictly defined by management of the organisations. A minimum of secondary education was expected; however, relevant expertise was not required. Further training of this staff was given attention, or only in connection with the requirements of Act 108/2006 Coll., about social serv-

ices, where staff was sent on training to supplement the basics of social work. It appears that the original role of staff in social services, conceived to ensure the functioning of the facility, was influenced during the implementation of the Quality Standards, supplemented by components of individual social work; however, its execution was officially subordinated to the direction of social workers, but in practice required professional competency and independent decision-making.

*Actually before the standards and before the field of social work started having to be professional and so on, it was purely about that. Handing out vouchers, having the clients bathe, yes, and it was more like that there was a distance, just mechanical, just to serve. But after the Standards, the work shifted a great deal. Such that, we give clients more attention, we press them more, more of the handling of things. There is more of the care, yes, so I think that those standards did help a lot. (PSS B)*

*Unfortunately, here things are very much focused on social workers. Thus, for example careers, during the whole time I was here, they did not attend anything besides that which involved the entire organisation. In fact, up until last year, thanks to that law, those 150 hours. Otherwise, for carers they do not do anything. Yes, I have already several times urged that staff in social services should also have it too. (PSS B)*

In this context it appears that in the surveyed facilities a significant share of individual social work with clients was shifted to unqualified staff, who managed the functions primarily through their own capabilities and intuition, as revealed in the PSS stories about their work. Most often they sought advice amongst themselves on intervention procedures (in normal situations).

*That we would in detail work on how exactly to compel them ... or force, that is not allowed. How exactly to motivate them, so that they handled it, those very detailed procedures ... no. (PSS A)*

*We are here 12 hours together, so we communicate with each other all the time.*

*Or not always, that is a strong word, but certainly before we get into something more serious, so we discuss it amongst ourselves, it gets resolved like this. When it happens a second time, then you already know what to do it. It is already in such a way a process, that we are not soloists. (PSS B)*

The above also suggests that these employees were reluctantly put into a situation, where among other time consuming activities connected to the functioning of the facility, they were required “philanthropic” social work. This fact, however, was not reflected or valued by a single senior staff in one of the facilities.

### **Cooperation in different concepts of social work in a facility**

From the analysis of the interaction between different types of job positions in both organisations it was shown that in comparison with interactions between other groups of employees, the most intensive were between the PSS and social workers. The apparent reason was that PSS, in addition to ensuring the full-time operation of the facility and to cover additional services (e.g. providing food to non-clients), filled the role of “an extended hand of the social worker”, and their mutual co-operation formed the backbone of social work in both facilities. The high level of intensity of their mutual communication, most often in written form, can further be attributed to an indirect correlation between the competence of employees and the volume of frontline care which they provided: PSS were not given decision-making competences regarding the direction of intervention, dealing with an acute situation of a client, nor appropriate sanctions; however, they were found more frequently in direct contact with clients than social workers, and thus were pressed in numerous interventions to therefore consult with social workers.

*It's true, I would say that they [PSS] are our extended hand, in many ways; I really do not have the capacity here to thoroughly take care of all and to solve everything with them. Therefore, I definitely leave the more practical matters to staff in the social services. Or, when I see that a client has problems, is unhappy about something, I'll write a note, asking them to talk about it.*

*Thus, as I said, an extended hand. Also, for instance, when we need a client to be accompanied to an office, and is possible with the PSS, that there are more of them on one particular day, they have the option to take over for another for a little while, so this also helps us, definitely to a great extent. (SP B)*

Mutual cooperation between the two working positions was succinctly described by one of the PSS staff from organisation B: *social workers do it as if on paper, and we do everything as if physically, practically.* Communication between the two types of workers came from both sides, though it seems that social workers were more dominant in this mutual relationship, which is understandable given the qualifications of each type of staff. In terms of the provision of given social services for clients – a mode of communication where the PSS provides information about clients, often only when asked by social workers, yet they were not provided information from social workers except for guidance on intervention, and all through the impersonal written communication – seemed to be cumbersome with possible negative consequences for the quality of service provided. Overall, it could be concluded from the interviews from the PSS that this “informal domination of the social workers” was taken for granted by the PSS, even if some were partners rather than “subordinate”.

The formal platform within which this “partnership” cooperation could regularly and systematically fall apart, in our opinion could represent the institutionalisation of individual assistance plans; however, in neither of the facilities were the actors used in this way nor understood. In facility A, an individual plan was actually applied primarily as a tool for dominating the PSS staff. PSS, as key workers, were namely in charge of ensuring that the client’s plan was fulfilled, and they felt that they were responsible for his or her “successful” performance. Social workers then checked the implementation of the plan and PSS’ activities were also evaluated.

*The individual plan is drawn by the social worker, and that actually controls the work of that key worker [i.e. PSS], which in effect results from the entries, because that is where we write everything – how we*

*specifically work with the client, i.e. what I do with the client, how I work with him or her. And I have instructions from the social worker as to what I am supposed to do with the client. (PSS A)*

*I get the sense that now from those individual plans, that greatly as a result the responsibility emerges from it and applies pressure. Because there is actually already written: responsible for this, is responsible for that; and you feel greater responsibility. (PSS A)*

In facility B, the dominant opinion on both the side of the social workers and staff in social services was that the individual plans and cooperation with clients in monitoring his or her targets was included only within the competencies of social workers. The staff in social services knew neither the clients' diagnosis nor their history or their individual plans. Nevertheless, they worked with the clients every day; they served as the clients' confidants, and also in part guided the clients' efforts to change their life situation. It thus appears that in this facility, the individual plan was conceived of as an extension to regular assistance to clients, as this unfolded regardless of knowledge or even the existence (see above) of individual plans. It appears, however, that in facility B, at least informally, but rather infrequently, there have been situations where both types of employees work together as equal partners with distinct work orientation in the assistance of certain clients. However, this cooperation took place outside the individual plan.

*Social workers make the individual plans. We cannot even see it, so we do not know what is actually written or not written there. (...) So we do not play any role. By all means, if a social worker writes us to do something specific with the client, we do it. However that is mostly the individual plans. I think there is not many of the points here of what we would as staff in social services do. But maybe I do it without knowing it. (PSS B)*

*Researcher: How do you perceive, for example, that should you have the possibility to sit down with the PSS and discuss the client's case or would it not serve any purpose for you at all?*

*SP B: Well, certainly that happens, when I am here with a client trying to do something. I have a specific case of a man who hears very badly. We absolutely cannot get him to see a doctor. So I have been communicating for some time with one of the staff in social services, and I try in fact to somehow negotiate with him, that when he has the opportunity to see this client more often, to try and have a talk with him. So in this way we deal with it face-to-face, for instance I will come to tell him – yesterday, I spoke with the man, but I think that it did not have much effect, or, I do not know. So, why don't you try speaking with him? So, we certainly also deal with things in this way in individual interviews; everything cannot always be expressed in written form, therefore, we naturally also speak together. (SP B)*

### Conclusion

The above defined role of social worker and staff in social services present at the researched facilities points to the persistence of such a conception of social work that was dominant before 1989, i.e. a profession with a focus on administrative activities. In both facilities examined, however, there was a mental shift in management in the realm of sought-after approaches to clients and their services. This shift occurred particularly in relation to the national Quality Standards and legal conditions for their performance of services. From above, it appears that while Quality Standards contributed to the understanding of the role of the social workers by management of the researched organisations, of increased administrative burden, part of the performance of direct individual social work was the reverse. As a result of such understanding, tasks were delegated mainly to personnel who were inadequately qualified and unequipped with relevant competencies – staff in social services. As we stated above, staff in social services were forced to perform “philanthropic” social work. Although this enables a seemingly quality provision of social services even for the insufficient amount of qualified social workers, our study showed that it also carries many difficulties and risks: in particular, the quick burnout of PSS and unsystematic, often only for acute and material aspects of the life situation of clients targeted intervention

(see Musil et al., 2007 and Musil, Kubalčíková, Havlíková, 2009). The performance role of key workers by the staff in social services, not even holding qualifications and competences in the framework of the generally conceived assistance to certain clients, may also hinder cooperation with other subjects while trying to ensure the provision of comprehensive services.

By naming the activities of PSS as a “philanthropic concept of social work” we used a provocative hyperbole. It is obvious that the entire summary of their work cannot be classified as social work, yet still they were given or took on some activities in the area of social work. In accordance with Göppner and Hämäläinen (2008), it is possible to see the described shift in the scope of PSS work as a process of functional differentiation within the framework of the facilities we researched; a process which for the field of social work is typical, given the complexity and variety of situations that it addresses. However, the authors add that the specialisation of particular types of job positions must be coordinated and should be set to allow optimal fulfilment of the objectives in the assistance or provision of given social services. As shown in the above-discussed examples of attempts at functional differentiation in practice, taking into account the stated necessary conditions for the functioning of such a model of social work, it is not a sure thing.

In our opinion, this new condition<sup>9</sup> requires reflection, both at the level of the organisation’s management and by the social workers. This includes recognising that also PSS perform certain activities that fall within the field of social work, i.e., particularly within the scope of daily interaction with clients, providing primary psychological support and addressing problems associated not only with the clients’ stay at the facility, but also their life situations. It is therefore necessary to facilitate adequate topically-oriented training, and to establish partnership cooperation between the SP and the PSS, in the interest of comprehensive appraisals and continuous updating of the assessment of the client’s life situation and choices for appropriate interventions, in part, provided also by the PSS, who to date are not qualified. Howe (1995) notes that social workers often in their work face people who experience anxiety, and is convinced that with such people it is possible to work effectively and appropriately only if staff

offers knowledge from the field of social relations and with working with people in distress. Clients in residential centres are very likely to often fall between such persons; therefore, all frontline workers, both social workers, as well as staff in social services, should be equipped with the necessary knowledge.

In conclusion, we venture to propose several additional suggestions for discussion on how to improve the care of clients. Together with the aforementioned education, in such a situation it would be appropriate to develop more effective cooperation between different types of job positions in organisations providing residential social services. We should try to establish a partnership between the two types of job positions and to create a platform for their mutual encounters and discussion for cooperation with individual clients. Therefore, it would more systematically utilise the potential of all applied concepts of social work. In the cases examined nonmaterial assistance was provided by “philanthropic” staff in social services and material assistance was provided by “administrative-professional” social workers.

Also to be considered is the essential proportion of the administrative burden on social workers and the maximum number of clients assigned to them. Last but not least, to cultivate each individual concept of social work within the facility: it appeared that the main objectives that was connected to the work of social workers in both facilities, on the one hand, were to thoroughly manage the administrative side of services provided and on the other hand to address acute situations of clients. Social workers scarcely found space, if they even sought it, for individual, comprehensive and continuous cooperation with the client in order to restore their social behaviour. According to the findings made in these case studies, it appears that the stated tendency for an administrative concept of social work at the level of management of the provider organisation is also furthered by the current understanding of the requirements of Quality Standards by both the providers, as well as some auditors of the quality of social services, which may place the centre of “quality” provided social services only in well-led administrations. However, this is time consuming and exhausts needed human resources from frontline care.

Přeložila Nicole Rubbi-Clarke

## Footnotes

- 1 This article was made possible through the support of grant MPS457730090.
- 2 Send all correspondence to: Jana Havlíková, Ph.D., Research Institute of Labour and Social Affairs, Joštova 10, 602 00 Brno, e-mail: jana.havlikova@vupsv.cz.
- 3 These two case studies were carried out in randomly selected residential facilities providing social services of the asylum type in the years 2006 and 2008. The studies were carried out under the scope of the project MPS4577300901, research team Musil, Kubalčíková, Hubíková, Havlíková at VÚPSV (see Musil et al., 2007).
- 4 The identification of social work with work of a social worker contributes also to other useful definition of the activities of social workers in 109 of Act No. 108/2006 Coll., concerning social services.
- 5 The conference *The Role of social workers and society's expectations* hosted by ASVSP on the November 28th 2008 in Brno, workshop: „How can different supporters of various concepts of social work cooperate in practice and how to work together in the future supporters of the various concepts of social work?“
- 6 The designation „staff in social services“ included by the researched organisations was used in accordance with 116 Act No. 108/2006 Coll., concerning social services, for other staff in direct care other than social workers. Prior to this change those workers were addressed as, for example, assistant to social workers or carers.
- 7 Further in the text, this abbreviation will denote staff in social services.
- 8 The labelled „PSS A/B“ and „SP A/B“ identify the basic characteristics of the speaker – whether it concerns staff in social services (PSS), or a social worker (SP), and whether they worked at the time of the research in facility A or B.
- 9 Labelled as „new“ because according to comments by the PSS in both of the organisations it originated only in the context with efforts of the facility that they worked in, to implement national quality standards.

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*Bibliography in Czech language is on the page 68.*

# Latin America's Liberation Movement, Its Opicality, And of Its Possible Application in Social Work

Stanislava Ševčíková

Stanislava Ševčíková (theology graduate<sup>1</sup>) is a postgraduate student in the department of Social Work at Masaryk University, Brno. In her research she focuses on the theories and methods of social work, supervision and work with people, and she also teaches these disciplines.

## Abstract

The author presents the theological movement of liberation in Latin America in the example of the theology of liberation of the Peruvian, G. Gutierrez. This movement is relevant for social workers mainly in that about 80% of Latin Americans are religious. An understanding of concepts of "liberation" from oppressive structures may provide the reader reflective insight into the issues of the Third World and to find a way to help with Czech experiences of poverty.

## Keywords

theology of liberation – Latin America – oppression – poverty – empowerment

## Motto

"The most fundamental question now is: Is it even possible? Or is it a pure utopia? Is there any real solution to the problems of our 'old world'?"

Ignatia Ellacuria, University Rector,  
who was murdered for social engagement in San Salvador 16. 11. 1989

## Introduction

When ordinary citizens of the Czech Republic, as well as also those assisted by professionals posing the question, are asked: What do they know about the Third World? What are the appropriate approaches to the problems of the so-called Third World? What is "proper" help<sup>2</sup>, if it starts to fall apart – many know of the wasted "development assistance" in previous decades, when donated items remained unnoticed at airports for several years, or how it might still be happening today, with shipments ending up in the hands of local dealers<sup>3</sup>. We are talking about assistance at the micro and mezzo level, as in social work.

If a Czech citizen reflects on poverty, they inevitably raise the question whether the so-called "poor" is poor for him or her as a Czech or "only" for someone from Western Europe. According to the UN, the poverty line is measured by having \$2 disposable income per capita per day. This amount is not available to more than half of the world (PRB's Populations Sheet, 2005). What should be done so that people in

the world would no longer be impoverished? On the one hand \$2 may seem small, but compared to the minimum subsistence level in the Czech Republic in 2009, where the subsistence minimum – the amount the state recognised as vital to the survival of individuals – was 2,020 CZK ([www.mpsv.cz](http://www.mpsv.cz)) (the exchange rate for the US dollar in September 2009 was CZK 17 per \$1) or a total of \$119 per month and hence the need to get by on \$4 per day, in a society where a person with no income could barely function within the structures of society (health insurance, social insurance, transportation). The difference between the situation in the CR and so-called third world countries is not as great as first appears<sup>4</sup>. Where does the difference lie between the CR and third world countries?

Another issue evoked in the questions is the subculture of people from cities and the countryside, their lack of education and limited horizons, which this situation carries with it. Perhaps the reader remembers in a Czech village, people for whom "Mr. Engineer", "Mr. Teacher" and others were socially the most important

people that they knew. We also have heard about female circumcision in some African countries, which horribly deforms the female body and also the spirit. For example, recall the romantic film *Out of Africa*, where the chief only allowed the children to receive an education that did not surpass his own level. It is possible to realise from this that it is impossible to judge the level of a country only by the ability to make do on a certain amount of money, but that we also need to take into account the social and intellectual capital of individuals and groups, and the welfare state structure.<sup>5</sup> In the Czech Republic, indeed in most cultures which do not derive from primarily high poverty (compared to e.g. Roma), education is highly valued and enables greater professional realisation, and as such to contribute to the joint task of a responsible course for the future of mankind (Jonas, 1979).

If a aid professional wants to provide informed and reflected assistance, it is necessary to know something about the client. Superficial projection of one's own thoughts and objectives onto another is not a permanent and sustainable option and the cooperation might ultimately be harmful. The following text aims to bring Czech aid professionals the reality of South America through the example of Peruvian liberation theology.<sup>6</sup> It will introduce the influence of previous thinkers on the Peruvian G. Gutiérrez (\*1928), who is considered the founder of liberation theology. Gutiérrez is also the founder of contemporary Brazilian liberation pedagogy Freire P. (\*1921) (1972, 1973, 1994), whose ideas are known to Czech social workers as the antipressive approach, was developed by Freire while working with poor uneducated people in Brazil.

First, I will outline the main themes of liberation theology, of which part of the basis is work in small Christian communities, and summarise the direction of liberation theology after the fall of the Iron Curtain, when the theoretical framework of Marxist sociological theory disappeared.

The relevance of a discussion on liberation theology in the field of social work is dictated by the fact that approximately 80% of the inhabitants of Latin America are very religious, in all denominations (see also Brañas-Garza, Rossi, Zaclicever, 2006). Aid professionals (even if they are not religious) cannot separate the deeply rooted spirituality from other dimen-

sions of humans (especially bio-psycho-social) and assist without an outlook from it or criticise this dimension as non-existent or pathological. With this in mind, IFSW<sup>7</sup> and IASSW<sup>8</sup>, which was adopted in 2004 at the general meeting in Adelaide, Australia's Global Standards for Education in the Social Work Profession, declaring the need to respect the spiritual interests of both workers and clients.

At the beginning of the 20th century, intellectuals in Latin America had greater opportunities to travel and study at American and European universities. Upon their return, they were often very heavily involved with engaging in the welfare of their (economically underdeveloped) countries. From their study abroad they understood that these are rich countries, notably the U.S. (from their perspective, but also because the U.S. is regionally closer to them), which economically exploited their country and transferred profits back to the USA (cf. Mariátegui, 1986).

### **1. Latin America post-1492 and the first mention of the oppression of Indians, liberation theology**

Just as the Czechs do not like to recall the history of Czech statehood after the Battle of White Mountain, Latin Americans' perception of their colonial past is viewed negatively. Nevertheless, they must live with it, and those who want to understand them and assist them, should learn something about their history.

The year was 1492 and Christopher Columbus landed not to India, where he had aimed for, but to a new continent, which for Europe meant the "discovery" of a "New World", but for local residents represented a "conquista" (conquest) – economically, politically, and "humanly"<sup>9</sup> in their being labelled as barbarians. Christian missionaries were present in Latin America ever since 1492, and from 1620 there are recorded conflicts between the missionary church and the colonial view of European civilisation (Dussel, 1988), where it is the missionaries who defend the Indians, who under the duress of slave labour, were forced into weakening conditions and premature death. Leading Argentine-Mexican theologian and philosopher E. Dussel (1989) refers to the first liberation theology, when in 1511 Antonio de Montesino first spoke out about the oppression and enslavement of Indians and called these

acts the sin of the Spanish nation. A year later he was allowed back to Spain, where he defended the Indians so successfully that the Spanish king and the Holy Roman Emperor Charles V ordered the improvement of conditions for Indians in the colonies.

### 1.1 The first liberation theology

In Peru, there is a Dominican priest who is considered a saint, Spaniard Bartolomé de las Casas and later bishop of the poor Diocese of Chiapa, who was the author of *History of Indians* and who preached on the inhumane treatment of the indigenous inhabitants. Las Casas in 1514 inclined to the side of the Indians, in that it turned away from the colonial view of slavery and conquest, to the protection of the human dignity of Indians. In places where the Indians were forced to work for the white conquerors, there was frequent lack of food, the killing of Indians “slowly” in hard labour for the reckless search for gold and other natural resources. According to Las Casas, the Indians were dealt with as “animals without dignity” (Gutiérrez, 1988). Las Casas considered the ruthless plundering of the country as theft. In today’s Latin America, Las Casas is considered a pioneer in the struggle for human rights, the fight for independence, and as an example in lawmaking, and not least of all as a prophet.

Another important figure of Peruvian liberation theology was an Inca noble and translator for the Spaniards, Felipe Huamán Poma de Ayala (1534 až 1619). He wandered for 30 years around his native country and he wrote about his experience from his travels in *Nueva Corónica y Buen Gobierno*<sup>10</sup>, in which he described the conquistador’s cruel and inhumane treatment of the Indians, with whom he met personally or heard about on his journey.

The Spanish priest and theologian Francisco de Vitoria (1485–1546), is also considered very important. He developed the legalistic/theological view of the “fundamental equality of all people”, which has also spread to other countries. In Europe, it was speculated that the Indians were not (similar to Africans) complete human beings. Inhumane treatment of American Indians, their murder and exploitation through slave labour led their supporters to the idea “to reconcile law and fact” (Gutiérrez, 1980) and to outlaw this type of inhumane treatment. De Vi-

toria cultivated these ideas in sermons, lectures at universities and in various letters.

The Peruvian intellectual and politician José Carlos Mariátegui (1894–1930) gave a significant impetus to the development of Peruvian liberation theology. He became a Marxist after studying in Europe. He founded the Socialist Party with his own programme, and spoke of the “natural propensity of Indians to communism” (Mariátegui, 1986).<sup>11</sup>

Finally, amongst those who influenced liberation theology, is the writer and friend of G. Gutiérrez, José María Arguedas (1911–1969), who from Gutiérrez’ figure conceived his character of the priest, wrote about the culture of Indians in the mountains and the Spanish culture in cities, and with a strong preference for Indians.

The second liberation theology is according to Dassel’s theology (1988), when Peru fought for its independence (early 19th century); however for the purpose of following text, need not be included.

### 1.1 Third liberation theology

In the 1960s there emerged in a social context liberalisation and general hope for the second Vatican Council’s movement of liberation theology. The roots were in their own history, the so-called “first liberation theology”.

In 1971, Gutiérrez published his breakthrough book *Theology of Liberation: History, Politics and Salvation*<sup>12</sup>. Liberation theology arose as an attempt by theologians and Christian communities to pursue not only orthodox theology (the doctrine of justice), but also orthodox practice – the consistent theological principles in practice, so that “oppressed people” were able to work on personal and social advancement and development. This does not primarily concern economic development, but spiritual development. Social scientists have used the similarity in the description of Europe’s society in the 19th century described by Marx, with the reality of Latin America in the half of the 20th century. Marxist terminology is used without including the Marxist ideology of class hatred. Trying to construct their own Latin American system of “socialism” based on the elimination of oppression and poverty. Liberation theology in the Church environment in Europe and the entire North was not met with support and enthusiasm. The Polish Pope John Paul II and his Prefect of the

Congregation for the Doctrine of Faith J. Ratzinger (now Pope Benedict XVI) had their experience with the communist regime and strongly condemned the instructions and everything that could lead to further hatred and violence (compare the two instructions of the Congregation for the Doctrine of the Faith, Secretariat 1984 and 1986).

In 1959, the first meeting of Latin American bishops took place in Brazil's Rio de Janeiro, the following year in 1968 in the Colombian Medellín, in 1979 in Mexico's Puebla, and in 1992 in the Dominican Republic's Santo Domingo. These meetings of bishops led to a wave of hope across the entire continent, because there the bishops with their theological advisers publicly subscribed to the option (the preferred choice)<sup>13</sup> for the poor and the youth, and named the causes of poverty: structural sins and institutionalised violence. From today's perspective it may seem obvious to us, but at the time the Church structures were largely confined to the rulings of oppressive structures from which these leaders often came. That for the "people", who are also strongly religious, the bishops were speaking for the "people" (80% of society), expressed the support and legitimacy of their claims. The theory of development (by analogy from the development of the Third World and against the theory of dependence in the 1960s), where a person also has an eschatological (relating to things in the future) dimension, meaning that human actions have an impact in the future, not only on the individual himself, but for the entire humanity – that is on all of us.

Liberation theology with Christian communities forms a new<sup>14</sup>, humane culture that takes humanity and its fragility seriously, and highlights three dimensions of liberation: from sin, from poverty, and from political oppression. The fact that the social engagement of the Catholic Church was not welcomed amongst the ruling elites of Latin America, as evidenced by Archbishop Romero in San Salvador. This conservative man, as he was known to be, who defended the rights of peasants to establish agricultural cooperatives and publicly spoke about the wrongs committed against the people, was murdered in March 1980 in the middle of worship. Similarly, the entire community of Jesuits were murdered at the Central American University in San Salvador on the 16th November

1989, They had been regarded as the "critical conscience of the nation". The Jesuits founded at the University a centre for research of public opinion with regular surveys (Sobrinho, 1990), which in that time of manipulation of the news and media coverage was a unique and courageous act, and greatly resented by the ruling "right". Likewise, all across Latin America people were murdered and kidnapped for the above-mentioned reasons (helping the poor), and many other (ordinary) people, priests, monks and nuns, local and foreign.

Liberation theology in some respect lost its power after the fall of the Iron Curtain, which erased the divided world between two spheres of power. Currently, liberation theology deals with themes of spirituality, environmental issues and the protection of the world with a focus on ethics.

## 2. The basic theory of liberation theology

### 2.1 Poverty in the Third World

#### 2.1.2 Definition and different concepts of poverty

Poverty is a daily reality of the Third and Fourth<sup>15</sup> World. This reality of "otherness" of the poor, those characterized as "alienated", who seek daily subsistence, are essentially non-existent to the upper and middle classes. The term poverty is used in various senses: The poor suffer from isolation from active employment, without access to basic social services and civic, social, and cultural life. The poor fight most commonly against malnutrition, a singular diet (e.g. beans), and deprivation. Poverty is a condition that can be characterised as the deprivation of basic human needs, which includes food, drinking water, health care, shelter, education and access to information<sup>16</sup> (compare United Nations Report on World Social Situation, 1997).

We can talk about poverty as cyclical and structural. Cyclical poverty is caused by disasters, without external assistance the stricken people would die in approximately 10 days. In 2000 36 million people were impoverished. Structural poverty is often described as persistent living in inadequate physical and mental conditions and cultural poverty. In 1999, 828 million people lived in such conditions.<sup>17</sup> The essence of inequality in the world is the reality

that some structures in certain societies, particularly the Third World are often so oppressive that it is virtually impossible to break free from them in any way.<sup>18</sup>

In Latin America, we can also distinguish between urban and rural poverty, people in rural areas and cities are distinct, particularly in lifestyle and the existence or absence of traditional structures. The city, with its slums, is characterized by high crime, alcoholism, drugs, prostitution and violence in all forms (De Gonzalez, 1987).

Incas understood the concept of “poor” as one who had no relatives who could help in distress. This is true today, money is not as important as the family (cf. Wachendorfer, 1984). Theologian G. Gutierrez, who as one of the first Peruvian priests who lived and worked with people from the slums of Lima, emphasized the destructiveness of poverty, which destroys the moral values and character of man. Poverty is not a coincidence but is structural, affecting group and social strata. The poor are a social class affected by the same symptoms that destroy the core of a person, his self-alienation. This is one of Latin America’s assets, for social class refers to the poor, rather than for example, as labourers or agricultural workers. G. Gutierrez, as well as other theologians and social scientists beginning with medieval missionaries, highlight violations of human dignity of the poor. The world of the poor has its own laws, structures, and traditions (Gutierrez, 1988). All these laws are aimed at one aim – to survive – because only they know what “hunger, disease, illiteracy, and lack of freedom” means (Gutierrez, 1980: 735). The reality is that 80% of society live “on the edge” of society, excluded from all its benefits. These people live in their own way in a parallel world, in their own familiar structures, “excluded” from the social and economic life of the wealthy, even if the rich comprise only 20% of society.

### 2.1.2 The historical power of the poor

The poor, according to Gutierrez, wish to be heard. They found a “new historical consciousness” (Gutierrez, 1987), are aware that they have a role in history, and until that time they were inaudible, without a voice, and their footprint in history was not recorded. They are looking to find a fairer society. They began to understand

that it concerns the whole of humanity, to be lifted to a qualitatively new level of being. It is from these considerations, full of the poor’s desire to change structures in society towards the end of oppression. It should also be said that the poor on the other hand, are not able to handle money. There are reports of those who say they came into some money, but very quickly lost it, especially in the lifestyle of “here and now” (Weber, 1999) and in generosity towards others, who all the same would not repay, so they “ate and drank” until there was nothing – and when there was no more, it was the end of the friendship.

Poverty is also associated with the theme of “development”. In liberation theology, it is not about development, that a man should be rich materially, but a development where “the more one has, means the more one can be” (Gutierrez, 1990), a qualitatively new dimension to life without the accumulation of wealth (see also Fromm, 2001) and the “exploitation” of the weak. According to Gutierrez (1990), the wealth and “development” of the North results in unjust and unequal access and overexploitation of natural and human resources in the poor South.<sup>19</sup>

### 2.2 Options for the poor and youth

Poor Indians in Latin America are very religious – this religiosity is manifested in every second of everyday and festive days, in their meetings in Christian communities. Yet ordinary people cannot believe that they believe in the same God as the rich, who for their way of life found rational reasoning, for example, that the poor are “the mob” or that they must be satisfied with such small and low wages (e.g. minimum wage was only enough for 14 days of bottled water in an area where drinking water was not available). For theologians who have made this “option for poverty”, it is important that people were able to preach the love of God, which is not expressed in empty words, but in deeds. Because Christ was poor, it is necessary to build solidarity with the poor and help them to achieve a decent way of life.

Similarly, Latin American bishops expressed options for young people, at their assembly in Santo Domingo in 1992, seeing as young people make up more than half of the continent and are therefore its future.

### 2.3 Recognition of another person in his "otherness" and empowerment

The dominant view of society (read Euro-American) is that poverty is bad, and the poor have themselves to blame for their poverty, because they are not hardworking. This view is also shared by the middle or upper class people, who pursued working and improving the literacy of the poor, such as the Brazilian P. Freire (1972, 1973, 1994). These members of the middle class were able to transform their initial negative attitude towards the poor and started working with people in slums and rural areas. Through this they were able to achieve solidarity and literacy for the majority of the Latin American continent. The effort for the recognition of human dignity, not only rich people, but also poor people in its diversity and otherness has proven to be necessary. In the 16th century it was the missionaries who drew attention to the otherness and the rights of Indians, who had no other way to defend themselves. In the 20th century, the situation was repeated for the poor "without a voice" were supported vocally by its (mostly) educated "representatives" who were able to see the poor as the poor and at the same time were able to use the resources of the world's rich and powerful (education, media, universities, psychology).

Empowerment, or authority (Oxford, 2008), means the enabling and strengthening of individuals and communities to improve their living situation, to make independent and informed decisions, including in political participation.<sup>20</sup> People, who for generations have not seen any way to escape from their own poverty (e.g. in understanding the past, dealing with the present, and planning for the future), received and continue to receive support from aid professionals, so that they would be able to do so.

### 2.4 Social Justice

Latin Americans also emphasise social justice. Reflected in the large increase in the amount of refugees from war zones, lack of drinking water for much of the population, environmental pollution, cutting down of rain forests, unequal distribution of resources and the feminisation of poverty, as two thirds of the planet's poor are women (Oxford, 2008).

### 3. The solution to the impasse? Community movement (social)

Liberation theology is primarily a community theology. Basic social (communities) were crucial for further direction and increasing literacy of the masses, and is now the cornerstone of community development in Latin American society (compare Oxford, 2008). The concept of community for Latin Americans, however, is an environment where people can support each other and can trust each other. They can join together and achieve some goals (e.g. gaining legally occupied land for a house in a slum) (Gutiérrez, 1985). The credibility in the community does not need to remain in the country of origin, but may be delegated to the level of international cooperation and understanding.

### Conclusion

In the presented text, I tried to summarise the roots of liberation theology, its influences, and fundamental issues that appear in the work of the founder of liberation theology, G. Gutiérrez. In the Czech context, this theme is not frequently encountered and encompasses liberation philosophy (Dussel), pedagogy (Freire), and psychology (Martín-Baró, Montero). Liberation movement developed primarily in Latin America (but its advocates also work amongst African-Americans in the U.S. and Cambodia) and give us insight into the soul of Latin American people in Peru, the descendants of the Incan empire.

I think that one way Czech citizens or aid professionals can help these countries to recover from poverty, progress, and to view the future with faith, through meso-level institutions such as "partner cities" or villages, where an entire community cooperated with another municipality or city in a third world country. Similarly as municipalities have a partner city in Italy or Sweden and maintain relations with these partners, in particular, cultural ties, it would be possible to develop a partnership with a municipality or city in poorer parts of the world at the community level and with the given municipality cooperate in all areas that are possible (construction, social and health areas, cultural exchange). I can imagine that according to the size (Czech), either a voluntary or part-time coordinator would be responsible

for communicating with the partner community in the Third World and in different ways help them in their community through the development of voluntary cooperation of some members of the Czech community in the Czech community. The cost on the Czech side, other than energy and the acquisition of information, does not need to exceed the standard adoption at a distance and yet still can develop a feeling of belonging and co-partnership between the Czech and partner communities on the other side of the world. This is, of course, only a proposal, which to my knowledge has not yet been implemented anywhere and there has not been developed a detailed time schedule or manual for such an activity, including the identification of appropriate community partners with whom it would need to have the help of some NGOs and charities which are already operating in the Third World. This proposed community activity certainly does not exclude an individual engagement in the sponsorship of children's education or other activities supporting equality movements (fair trade, clean clothes, etc.).

### Footnotes

- 1 Contact for the author: E-mail: ssevco@fss.muni.cz. For the inception of this article I want to thank Professor Martha Zechmeister-Machart, CJ., who was the supervisor of my thesis and inspired me to give greater thought to this issue, amongst others.
- 2 In our situation frequently "adoption at a distance" means actually legally sponsoring a child, where the "adoptive parent" has no rights over a child. Despite this, sponsored children for the "adoptive parents" in the Czech Republic (according to my experience as well as TV coverage) consider them as if they were their own children, i.e. including them in the wills.
- 3 I received this information from personal communication with people coming from the Third World and from staff who worked there. In development assistance after WWII, it was not uncommon that a "white man" (a technical term of the superior approach white people took to people of a different skin) came into the village and built a well in the place, where he himself decided to build it without having consulted the appropriateness of the location with local people. However, the villagers did not use it. We can regard this conduct of the villagers as emotional, but the fact remains that they are more home in their country than a "white man".
- 4 Later analysis showed that in terms of the distribution of wealth in Third World countries, it is not about individuals who must make do with \$2, but most of the working population of the country.
- 5 In Europe, it was the result of the fight of workers' groups and trade unions for better conditions, particularly manual workers attached to it medical care covered by public health insurance, and other pillars of the European welfare state model.
- 6 The selection of Peru was a result of choosing the "founder" of liberation theology, G. Gutiérrez.
- 7 The International Federation of Social Workers.
- 8 The International Association of Schools of Social Work
- 9 In the sense of running down almost all of the Indian population through hard labour, to which they had imported black slaves from Africa, who have this challenging work such as managing plantations. Furthermore, it was a removal of human rights of the Indians, suppression and destruction of their own culture. Dussel, 1988.
- 10 New Chronicle of Good Government (author's translation).
- 11 This propensity was derived from the period before the conquest of the Inca Empire, which had a fixed rule, "property for life", which everybody received at birth of the soil topus (2,700 m<sup>2</sup>), the girls received half, so that they were able to have a livelihood. Each family was allowed by the Inca State, a number of llamas. The Incas also built reservoirs, which they drew their livelihoods in times of crop failures and emergencies. In the Inca state, there were public works for the state (Wachendorfer, 1984). The Indians also had the habit of working when necessary to maintain life in a society that is self-sufficient.
- 12 G. Gutiérrez used the term "liberation theology" for the first time publicly in June 1968 in Chimbote in Peru, where he held his public lecture. This lecture was published in Montevideo (MIEC, Pax Romana in 1969 under the title Ha-

- cia una de la liberation theology up till this time, the designation of theology in Latin America, or the so-called Third World designated theology or development theology or revolution theology. At first, the concept was published in the circles of intellectuals; however, the use of this term been around.
- 13 Option or choice (from lat. optatum = wishes, aspirations). The Church decided to support and defend the interests of the poor and young people, instead of the rich minority ruling in the oligarchic society.
  - 14 The communism in the Czech Republic brings to mind the concept of "socialism with a human face", which was ended by invasion forces in socialist countries in 1968.
  - 15 It concerns the poorest countries with GDP below \$400 per capita, i.e. sub-Saharan Africa, Cambodia, Bangladesh, and Afghanistan.
  - 16 UN 1997 Report on the World Social Situation, Part Two. CORE ISSUES, Chapter VI.: "Extreme poverty is often characterized by malnutrition, hunger, illness and illiteracy; absolute poverty is usually associated with lack of access to productive resources and discrimination in or exclusion from the work place, educational opportunities and the political process. Nonetheless, the income dimension is at the core of most poverty problems, and poverty frequently arises from a lack of sufficient income to purchase a critical minimum of goods and services for active participation in society. Understanding the relationship between economic growth and poverty reduction and income inequality therefore provides a key perspective on the problem of global poverty and prospects for its eradication." "Between 1987 and 1993 the overall incidence of poverty in transition and developing countries fell slightly, from 30.0 to 29.5 per cent, but the number of the world's poor rose from 1.23 billion to 1.31 billion. The overwhelming majority of people living on \$1 a day or less are located in South Asia, sub-Saharan Africa, the countries of Indochina, Mongolia, Central America, Brazil and the hinterland provinces of China, with the incidence of poverty particularly high in sub-Saharan Africa, South Asia, and China." In: www.un.org.
  - 17 www.kirche-brunsbek.de/aktuell2/armut.htm
  - 18 For example, automotive and textile industry have most of its subsidiaries in the so-called Third World. For instance, Sao Paulo is the largest German industrial city. If, for example, a car came out of the region, the cost of the product would be increased and would be in the first world (formerly the "West" and the U.S.) and second world (transition countries of Central and Eastern Europe) uncompetitive and therefore unsellable, leading to downfall of the company. It is therefore necessary to change the "structure", which the exploitation of hired personnel in the Third World allows for example, such a variety of consumer movements (the successful campaign for so-called clean clothes in recent years in Western Europe, where consumers themselves protested against inhumane and even slave conditions of production clothing, imported from these countries). More for example on [www.hubpages.com/hub/Buying-a-new-car-The-State-of-the-Motor-Industry](http://www.hubpages.com/hub/Buying-a-new-car-The-State-of-the-Motor-Industry), [www.cleanclothes.org](http://www.cleanclothes.org).
  - 19 Its external debt already repaid, but the North still denies that it owed something the South, and the unequal position of the South in trade relations. (cf. [www.stwr.org/aid-debt-development](http://www.stwr.org/aid-debt-development)).
  - 20 This situation is possible to imagine the closer you examples of clients and patrons in Old Rome. Low-born plebeians would have been a boon to his master, and there was a relationship between underprivileged patron and client. For this patron relationship was not disadvantageous, because a large number of clients manifested his power and wealth.

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Přeložila: Nicole Rubbi-Clarke