

SOCIAL POLICY

AND

SOCIAL WORK

IN TRANSITION

Volume 1 Issue 2

November 2010

CONTENTS

SPECIAL ISSUE: Exclusion and inclusion in social work and social policy	5
--	---

VIRVE-INES LAIDMÄE, TAIMI TULVA, MILVI SEPP, ÜLLE KASEPALU

MIDDLE AGE AND ATTITUDES TOWARDS AGEING IN ESTONIA.....	15
Introduction	16
Study material and research methods.....	20
Findings.....	25
Discussion	34
Conclusions and recommendations	38
Commentary	40

MARE LEINO

EXCLUSION, INCLUSION AND GENDER IN ESTONIAN SCHOOLS	45
Introduction: About the research problem.....	45
The research and results.....	47
Discussion: Before and now.....	51

IAN CUMMINS

DEINSTITUTIONALISATION: MENTAL HEALTH SERVICES IN THE AGE OF NEO-LIBERALISM	55
Neo-liberalism.....	56
Deinstitutionalisation and the development of community care.....	57
Conclusions	70

ALEKSANDAR BOZIC

THE INFLUENCE OF THE THIRD SECTOR IN CHANGING THE WELFARE SYSTEM AND SHAPING SOCIAL POLICY IN BOSNIA AND HERZEGOVINA.....	75
Research Background	76
Methodological approach	78
Research results	79
Conclusions	87

KARMEN LAI, BEQA TOLIASHVILI

COMMUNITY-BASED PROGRAMME FOR WAR-AFFECTED CHILDREN:
THE CASE OF GEORGIA.....92

- Introduction.....93
- Effects of the war on children93
- Well-being of children94
- Community capacity building.....95
- The ecological approach96
- The programme of application of99
- crisis psychology in practical situations99
- The Study100
- Results.....102
- Discussion111
- Conclusion.....113

HELEN VOVKOGON

THE PLACE OF DRUG ADDICTED PEOPLE IN UKRAINIAN SOCIETY:
STIGMATIZATION AND REHABILITATION119

- Introduction.....120
- Stigmatization of addicted people in Ukrainian society120
- Ways of fighting the stigmatization of addicted people.....130
- Conclusion.....134

INTRODUCING THE CONTRIBUTORS TO THIS ISSUE..... 137

SOCIAL POLICY AND SOCIAL WORK IN TRANSITION (Call for Papers)..... 140

SPECIAL ISSUE:

Exclusion and inclusion in social work and social policy

EDITORIAL

The European Union has announced the year 2010 as the European Year for Combating Poverty and Social Exclusion. This volume is devoted to the same theme and presents a collection of articles addressing various aspects of poverty and social exclusion and the ways to combat them.

The phenomenon of poverty has some special connotations in Eastern Europe. After the collapse of socialism and fall of the iron curtain countries of Central and Eastern Europe found themselves lagging far behind Western Europe both in terms of material wellbeing as well as their welfare systems. Societies in Eastern Europe perceived themselves as poor compared to their Western neighbors. In 1990s the problem of poverty was largely conceived as a developmental disadvantage that affected societies as a whole. This fostered the agenda of catching up and became one of the driving forces of development. However, on the other hand, this constant comparison with Western Europe and over-generalisation of the poverty problem emptied any agenda for more specific anti-poverty strategies. Indeed, if everybody is considered


poor, it becomes largely pointless to speak about specific persons and groups affected by poverty and about the ways how to help them. If poverty indeed affects the whole society, poverty reduction strategies must aim at large-scale social change rather than addressing individuals and groups. Obviously, it was a myth that all were equal in poverty. There were clearly socio-economic differences in these early days of transition and it is a false perception that there ever was an equal starting position for all. But social scientists often lacked the necessary tools (e.g. large-scale representative surveys) and hence the data to describe the problems with sufficient details.

The transition period that started in the early 1990s has also been a period of recognition of the problems of poverty and social exclusion in Central and Eastern Europe. During the years of high economic growth it became obvious that the benefits of growth do not distribute equally across society. It also became obvious that economic growth does not automatically solve all social problems. Even during the years of very high growth and high general employment, the problems of unemployment for some groups (e.g. youth and disabled persons) persisted, indicating that the roots of these problems are deeper than just the economic cycle. On the other hand, many rapid changes taking place in society put high demands on capacities of people to adjust to these changes. While high economic growth enlarged the social budgets of governments, quick changes increased the groups with different adjustment problems.

At the same time, over the years social scientists in Central and Eastern Europe have become better equipped with tools and data to describe the prevalence of various problems and to assess the effectiveness of policy responses adopted by governments in attempts to address them. The social portrait of societies in the Eastern part of Europe is becoming much clearer. What we see is perhaps not al-

ways surprising, but it does show that societies learn from their own experience rather than from textbooks. Poverty and social exclusion in Eastern Europe have many facets and different causes. It is not only a problem of low incomes or unequal distribution of incomes. Social exclusion is often a reflection of weak social ties, family breakdown, discrimination, self-destructive behavior or regional disparities. Increasing diversity and division of labour are significant structural causes of social exclusion. Paradoxically, the economic crises of 2008 and 2009 also led to greater legitimization of the problem of poverty. The depth of the crises hit all layers of society, but not all of them equally. In many Eastern European countries the financial sector, real estate and construction sectors were most severely hit, sectors which had boomed before the crises. It thus became a crisis of young over-indebted men, who previously were considered as the prime winners of economic development. While full account of the winners and losers of the crisis still needs to be drawn in the crisis aftermath, it seems that the turmoil has influenced the dominant perceptions about problems of poverty and unemployment. In societies with a high degree of division of labour it is not always possible to be a master of your own fate, as your fate is highly dependent on the fate of others. It is this high degree of mutual reliance that forms the basis of social cohesion, referring to the classical work by Durkheim.

The starting point of the European Year 2010 is the recognition that poor and marginalized groups exist also in rather affluent European societies. It is the recognition that even in societies which at the world scale shall be categorized as wealthy, there are many people living with such low resources that they can not afford even the basics; there are groups that continue to be marginalized due to their ethnic origin or other grounds. Over the last 20 years, the gap between Eastern and Western Europe has clearly narrowed, and not only in terms of relative income levels, but also in



terms of recognition of the problems of poverty and exclusion. While many comparisons in respect of living standards still work in favor of Western Europe, the picture is more diverse in respect of distribution of incomes, unemployment and other social problems, and neither Western nor Eastern Europe form a homogeneous group as regards the patterns of poverty and social exclusion.

Sometimes it has been claimed that it is easier to be poor among the poor than to be poor among the rich. While the context of poverty and exclusion has its relevance, it is obviously in both cases a very unpleasant experience to feel yourself without resources and power to influence the situation of yourself and your family or to find yourself turned away by the rest of society. It is therefore a continuous challenge for social policy to recalibrate the policy focus on those in greatest need and to develop specific programs and services for those most severely affected by problems of poverty and exclusion, but equally to develop more cohesive communities capable of enhancing the well-being of all members and preventing exclusion.

LAURI LEPPIK
co-Editor

IN THIS SECOND ISSUE

The theme of the second issue is exclusion and inclusion in social work and social policy. The second issue contains six articles.

BOZIC analyses the role, position and influence of the third sector in shaping social policy in Bosnia and Herzegovina. Basing his findings on interviews with representatives of NGOs and local municipalities, Bozic relates the emergence and early agenda of the majority of NGOs in Bosnia and Herzegovina to the post-war situation after the breakdown of the former Yugoslavia. In these cir-

cumstances many NGOs were filling the gaps of the public sector by providing humanitarian aid and social services at the local level. Bozic indicates that through this involvement NGOs gained the trust of the population and gradually became recognised as partners of local municipalities in social policy planning and service delivery.

LAI and **TOLIASHVILI** describe the capacity building in crisis psychology in Georgia after the armed conflict in August 2008. Based on a literature review, they firstly discuss the devastating effects of the war on children and then present the situation in Georgia following the armed conflict, with a high number of displaced persons, including many children. To support psychosocial recovery of children affected by war, a training programme for teachers was initiated with the aim to develop capacities in applying crisis psychology methods

at schools. As the survey conducted by the authors indicates, the most frequent post-traumatic stress symptoms of children affected by war are upsetting traumatic memories, flashbacks, anger and irritability and various somatic problems. While after the conflict high expectations were placed on teachers to provide psychosocial help to traumatized children at schools, many teachers are tackling with the feelings of fear, sadness, anger and desperation themselves.

CUMMINS explores the policy of deinstitutionalization in the UK and USA, whereby large psychiatric hospitals were closed, to be replaced with a system of community-based mental health services. Cummins reviews how policy ideas shaping the process of deinstitutionalization historically emerged and how it was influenced by neo-liberal agenda.

He indicates that while based on progressive humanist aims and enforced by the criticism of abusive nature of institutional care, the actual effects of deinstitutionalization have been largely poor. These failures are related to implementation of the policy within the framework of neo-liberal reforms and under the agenda of cost containment. As a

result, the community-based mental health services remained largely underfunded and poorly organized, many mental health patients drawn into the criminal justice system,

indicating a shift towards punitive responses and leading to the further marginalization of severely mentally ill people.

LAIDMÄE, TULVA, SEPP and KASEPALU take a look at the attitudes of middle-aged persons towards ageing based on a survey that they conducted in one rural municipality in Estonia. More specifically, they analyse the attitudes of middle-aged people towards their elderly parents and taking care of them, while looking also at how they regard their own ageing and what preparations they have made to prepare for life in advanced age. Their analysis reveals that the positive approach

towards ageing, where ageing is considered as normal and old age as a natural stage in a person's life, clearly prevails over the negative attitudes, whereby elderly people are considered a burden to society. On the other hand, while at the cognitive level many middle-aged people are well aware of the need to prepare for their own ageing, only a minority of them had started any specific preparations, e.g. to adjust their home environment.

LEINO discusses academic achievement and school problems of girls and boys in Estonian schools. She notes that while the academic achievement of girls has on average been higher than that of boys, the gender gap in prevalence of school problems appears to narrow down as

revealed by indicators like repeating the class and school drop-out. The long held stereotypes that girls are eager students, while boys are problematic, are confronted with the evidence that girls and boys are increasing more equal in their bad behaviour.

VOVKOGON investigates stigmatisation and rehabilitation of people with drug addiction in Ukraine. Reviewing the results of earlier studies which have analysed the attitudes of journalists about drug addicts and the coverage of the drug addiction problem in the mass media, she indicates that many journalists in Ukraine tend to have strong prejudices against people with drug addiction problems, which influences the formation of stereotypes about these

people in public opinion. Vovkogon argues that in tackling the problem of drug addiction, punitive and medical approaches prevail in Ukraine. She describes how stigmatisation of drug addicts becomes a part of the problem and an obstacle towards developing solutions. She concludes that destigmatisation is a necessary precondition of tackling the problem of drug abuse and effective rehabilitation programmes need to be developed.

LAURI LEPIIK
co-Editor

INTRODUCING THE EDITORIAL BOARD

Editors

Professor MARK DOEL, PhD, MA (Oxon), CQSW, Emeritus Professor of Social Work, Sheffield Hallam University (UK), co-Editor. Mark Doel is a registered social worker with 20 years' practice experience in the UK and the US. His research expertise is in qualitative methods and his spheres of interest are practice education, social work practice interventions and methods (especially groupwork), the involvement of service

users, and international social work. He is widely published and his latest book is *Social Work Placements: a travellers' guide*, (Routledge (London)). Professor Doel is co-Director of the MSW at Tbilisi State University, he co-edits Groupwork journal (Whiting and Birch) and he is one of the leaders of the EU-Tempus project, *Advancing the three-cycle system of social work education in six European countries* (ACES).

doel@waitrose.com

Professor IAGO KACHKACHISHVILI, PhD, Professor of Sociology, Head of the Department of Sociology and Social Work, Faculty of Social and Political Sciences, Tbilisi State University (Georgia), co-Editor. Iago Kachkachishvili leads courses on Contemporary and Post-modern Social Theories as well as Methods of Social Research. He conducts various research projects concerning the problems of education policy, ethnicity, social protection and inclusion,

HIV/AIDS, safe sex and reproductive health. Iago Kachkachishvili has been involved in the development of social work education in Georgia since 2005 and is in charge of administering social work study programme at TSU. He is the Project Coordinator for an EU-Tempus project in Georgia, *Advancing the three-cycle system of social work education in six European countries* (ACES). He is also the Head of the NGO 'Institute of Social Studies and Analysis' (ISSA).

iagok@yahoo.com

Professor LAURI LEPPIK, PhD, Professor of Social Policy, Tallinn University (Estonia), Lauri Leppik is an expert in social policy, with focus on social security policy. His research interests relate in particular to the adequacy and sustainability of social security schemes, disability policy and European social policy. He is a

member of the European Committee of Social Rights, a committee of independent experts to supervise the application of the European Social Charter. He is also a Director of the Institute of Social Work at Tallinn University and a Head of the Social Work PhD program at the Institute.

leppik@tlu.ee

Dr TETYANA SEMIGINA, PhD, MSW, Associate Professor, School of Social Work, National University 'Kyiv-Mohyla Academy' (Ukraine), co-Editor. Tetyana Semigina teaches courses on Community Work, History and Philosophy of Social Work,

Social Policy. Her research interests cover implementation of innovations in social work, policy and practice of combating HIV/AIDS. Tetyana was involved in the international projects aimed at strengthening social policy and social services in Ukraine.

tv_sem@ukma.kiev.ua

Board members

Professor BRYCE JOHNSON, Professor Emeritus, Southern Oregon University (USA). Professor Johnson received his BA in Sociology from Whitman College and MA and PhD in Sociology from the University of Oregon. His teaching areas include Research Methods, Sociology of the

Family, Deviant Behavior, Statistics, and Sociology of Death and Dying. He taught abroad in Hungary, Croatia and Ukraine. He received Fulbright Fellowships twice and served as a CEP lecturer once. He lectured for three years in the Social Work program at UKMA in Kyiv.

brycepdx@comcast.net

Professor NADIYA KABACHENKO, PhD, Head of the School of Social Work, National University of Kyiv-Mohyla Academy. Her spheres of interest are social work with homeless people, gerontological social work

and social policy. She is the Project Coordinator for the EU-Tempus project in Ukraine, *Advancing the three-cycle system of social work education in six European countries* (ACES).

kabachenko@ukma.kiev.ua

Professor GIEDRE KVIESKIENE, PhD, Professor of Education in Vilnius Pedagogical University (Lithuania). Giedrė Kvieskienė is an expert in social policy, with a focus on child welfare and positive socialization. Her research interests relate in particular to crime prevention and rehabilitation. She is the Project Coordinator for an EU-Tempus project in Lithuania, *Advancing the three-cycle system of social work education in six European countries* (ACES). Prof Kvieskienė was the member of the

European Consul program, based on research on policies and practices teaching sociocultural diversity (2006-2009). She is also the Director of the Social Communication Institute in Vilnius Pedagogical University and Lithuanian CIVITAS International coordinator in the "CIVITAS INTERNATIONAL" world network. She is a member of a Socrates project, *New Modules of Activism in European Social Work* and creator of a module on Cultural Diversity and Migration.

giedre@vpu.lt

Dr BOGDAN LEŠNIK, Associate Professor at the Faculty of Social Work, University of Ljubljana, Dean of the Faculty, and Editor of journal 'Socialno delo'. His particular expertise is psychoanalysis (he is also the President of the Psychoanalytical Society of Slovenia) and group anal-

ysis. His latest publication is *Foundations of Psychoanalysis: Notes to the Concepts* (Založba I*cf., Ljubljana). Bogdan Lešnik's fields of interest include epistemology and social work in emergency situations. He is also involved in several international academic and developmental projects.

bogdan.lesnik@fsd.uni-lj.si

Professor JONATHAN PARKER

is the Associate Dean of Social and Community Work and Director of the Centre for Social Work and Social Policy at Bournemouth University. He moved to Bournemouth in 2006 after 11 years at the University of Hull where he was one of the founders and director of the Family Assessment and Support Unit, a practice placement agency attached to the University, and latterly Head of Department of Social Work. Jonathan has practised in a wide variety of Social Work posts with people with Learning Disabilities, as a hospital Social Worker, in a generic field

work team before specialising with people with dementia and as an Approved Social Worker (mental health). Jonathan's research projects focus on practice learning, workforce planning, theories and methods in Social Work, and dementia care. He is currently conducting cross cultural research on learning and practice with colleagues in Southeast Asia. He has published widely, including sixteen books and numerous academic papers. Jonathan is the co-editor of the highly successful series of Social Work text books *Transforming Social Work Practice* and editor of the *Journal of Practice Teaching and Learning*.

parkerj@bournemouth.ac.uk

Professor DARJA ZAVIRŠEK,

PhD, Professor of social work and the Chair of the Department for research of social justice and inclusion at the University of Ljubljana, Faculty of Social Work and the chair of the Indosow - International Doctoral Studies in Social Work. Since 2002 she is honorary professor of the University of Applied Sciences Alice Salomon, Berlin. She has established the Eastern European Sub-Regional Association of the Eastern European Schools of Social Work as part of the IASSW. She serves the IASSW since 2003, currently as the member

at large and the chair of the International Small Projects Committee. She writes on gender, disability, ethnicity and history of social work and was the co-editor of the following book in the last years: *Sustainable Development in Social Work: the Case of a Regional Network in the Balkans* (2005), *History of Social Work. Between social movements and political systems* (2006), *Women and Citizenship in Central and Eastern Europe* (2006), *Ethnicity in Eastern Europe: A Challenge for Social Work Education* (2007). Currently she is researching social parenthood in different societies.

darja.zavirsek@fsd.uni-lj.si

MIDDLE AGE AND ATTITUDES TOWARDS AGEING IN ESTONIA

Abstract

The objective of the study was to analyse the views and attitudes of middle-aged people towards ageing, their assessments about their health, fears and expectations related to it and whether there are factors related to the approaching old age that inhibit middle-aged people from retaining satisfaction and balance of mind also when ageing. A questionnaire survey was used for data gathering. The survey was carried out in 2008 in Puhja rural municipality in Estonia. The study indicated that women have more factors that influence their satisfaction and state of mind negatively. It became also apparent that old age is beginning to be re-evaluated – it is not considered any more as an overwhelmingly gloomy phase of life. Two contradictory views were apparent in relation to ageing: on one hand elderly people are active members of society and can influence society themselves; on the other hand they are ill and frail; old age is associated with poverty and exclusion. Successful ageing and coping in old age requires re-evaluation of current attitudes and way of thinking and following a healthy way of life.

Key words:

successful ageing; middle-aged people; attitudes towards elderly; preparation for ageing; self-perceived health status; gender aspects of ageing.

Introduction

Ageing is a universal phenomenon. In order to adjust to old age and achieve 'normal ageing' preparations have to be made already in middle age. According to Statistics Estonia on 1 January 2010 the Estonian population was 1 340 000, and whereas the proportion of children in the population decreases (ca 19%), the proportion of elderly people (60+ years) shows a growing tendency, making up ca 21% of Estonian population.

The problems related to the ageing of the population can be listed as follows: ensuring elderly people can cope, the precondition of which is constant income in the form of pension; ensuring harmony between generations; avoiding discrimination of inhabitants and transition to an active senior policy.

The approach to ageing is especially important from the standpoint of elderly people as concepts of ageing influence the meaning given to old people, how ideal ageing is depicted, in which cases it is possible to take into account the opinions voiced by elderly people and which are their rights and duties (Walker and Maltby, 1997; Marin, 2001; Bond and Corner, 2004). The overall approach to ageing influences the understanding of ageing at the level of state and local government (Koskinen, 2008). It is necessary to pay more and more attention to elderly people and the social and health care services offered to them, so that they can cope as long as possible in a safe home environment.

Ageing concerns middle-aged people more than other age groups as they see their future in old people. A person's relationship with ageing changes with his or her own ageing (Gothóni, 2008). Middle-aged people could change the attitudes and opinions about ageing in society more positive. Together with elderly people, middle-aged people could get interested in ageing because of their mutual concern about whether the system of social services for elderly people and the quality of specific services is adequate by

the time they reach old age, and at the level that would satisfy their expectations and needs. In our sample we included middle-aged people (aged 40-60), corresponding with Levinson's principles of dividing life span into phases (Levinson, 1978).

The theoretical premises of the research were based on three concepts: successful ageing in postmodern society; life-span approach; and attitudes of middle-aged people towards ageing.

The approach to ageing dominating in modern industrial society has been complemented by a new type of approach to ageing in postmodern society (Fontane and Solomon, 1995; Walker and Maltby, 1997; Rowe and Kahn, 1998; Marin, 2001; Bond et al., 2007). Finnish social scientists have characterised successful ageing as follows: central is the psycho-social and socio-cultural ageing model; old age is viewed in the context of social integration and activity; ageing is a unique phase of life with its developmental tasks and crises; old age is separated from retirement; old people are a heterogeneous group; old people are viewed as a resource in society and they can influence the society; ageing is influenced by the generation the person belongs to as different generations have different needs and wishes (Koskinen et al., 1998). The socio-cultural approach views ageing as a positive historic, cultural and social phenomenon (Koskinen, 2008). It is important in which society a person is ageing and how younger generations (including also middle-aged people) relate to ageing members of that society. In the framework of new, successful ageing policies, the questions of how to satisfy the needs and wishes of the growing number of elderly had to be re-evaluated (Torres-Gil, 1992). The new concept of ageing views old people as a resource and emphasises their independence and individuality (ibid.).

Life-span. The current study is based on the division of life-span into phases according to Levinson (1978): middle-aged people from 40/45 years up to 60/65 years and elderly people from 60/65 years until death. In 2008 there were 166,642 men and 194,652 women aged 40-60 years in Estonia; this is about 27% of the

population. The ratio of men and women in this age cohort is equal to the Estonian average (ca 46% of men and 54% of women) (Statistikaamet, 2008).

Social scientists who have studied the life-span have found that the life-span of a human being is influenced by the quality of human relationships throughout their life (Blocher, 2000). Developmental change is taking place throughout the life-span, concerning psychological, social and physiological areas. Therefore, in order to understand one person's life, it is necessary to analyse the comprehensive context of his or her past and present situation (ibid.). In the life-span of a human being there can be several crises, and most attention has been paid to the transfer to middle age or mid-life crises. The main developmental purpose of this crisis is to cope with successes and failures associated with aspirations; it is necessary to cope with whether one has achieved one's goals or not (Lefrancois, 1996). During middle-age, life becomes more controllable as many important decisions of previous years (having children, starting a family, finding a job) have been made. Children have become more independent and rely less on their parents. People have also more financial possibilities in these years. During these years many every-day activities stop being compulsory (e.g. looking after children) and become more a matter of choice (Drentea, 2005). With retirement one of the most important tasks of human's life – going to work – can end and free-time activities can change. Presuming good health and reasonable financial income, retirement can bring even more flexibility and freedom when compared to middle-age (Drentea, 2005). It has been stated that in today's ageing process an elderly person lives longer, more healthily and is financially better off than previous generations. Sigelman and Shaffer (1995) contradict the negative stereotypes of retired persons as 'useless, old, boring, annoying, sick and unsatisfied with life'. The authors list among reasons why people are satisfied with their lives in old age the disappearance or decrease of previous stressors. Older persons are now more devoted to domestic life, live more healthily, whereas new activities compensate for losses when ageing. Old age is not viewed in terms of shortcomings, but there is an emphasis is on achieving

a new quality of life. This all helps to understand why many old people are enthusiastic about their lives and their satisfaction with life is as high as in the case of young adults (Sigelman, Shaffer, 1995; Burns, 2000).

When growing old people become more dependent on their social networks; they use in every-day life more behavioural patterns that have developed throughout their lives and show less interest for changes and new trials. This confirms that conservative values (traditions, comfort and safety) become more important in time, and openness to changes decreases (Schwatz, 2007). The life-span used to be earlier more clearly divided according to age and life-years: childhood, youth, working age and pension age. Nowadays these phases are not so distinct from each other. A person in pension age, who has reached the so-called third phase of life, can work at the same time, as adult learner he or she can be simultaneously employee and student and can also be caregiver for relatives and for grand-children. Many roles can be integrated simultaneously (Gothóni, 2008).

In most studies focused on ageing the research object is the quality of life of elderly people, their satisfaction with life and attitudes towards ageing (Marin, 2001; Bond and Corner, 2004; Gabriel and Bowling, 2004; Foos et al., 2006; Reich et al., 2008). The novelty of the current study was in ageing being studied on the basis of the subjective opinions and assessments of middle-aged people. Middle-aged people, and especially their attitude towards ageing, are a scarcely researched area by scientists. There are more specific studies; e.g. on the topics of health and stress in different phases of life, life-cycle income, intergenerational support, care-giving in family, ageing as a woman's issue, etc (Aldwin, Levenson, 2001; Ross, Mirowsky, 2002; Vanderven, 2004; Westendrop, 2006; Barry et al., 2008; Brandt et al., 2009).

Researchers have studied whether beliefs about ageing influence health. Empirical findings confirm that beliefs about ageing are associated with health behaviours and outcomes (Sarkisian et al, 2006). Persons who are 50-years and older and whose attitudes

towards ageing are positive, experience less disability. Older adults with low expectations for ageing are more likely to report sedentary lifestyles and less likely to report seeking health care for age-associated conditions (Sarkisian et al., 2005). A significant correlation was found between subjects whose attitudes towards old age in the present were negative and those who subjectively defined their health as bad (Ron, 2007). Positive attitudes towards ageing are important for quality of life, as positive attitudes towards ageing prolong life (Positive attitudes, 2003).

In Estonia little attention has been paid to the concerns of middle-aged people (Kiik, 2007). Our research is one of the first studies to analyse the opinions and attitudes of middle-aged people living in Estonia about approaching old age and health concerns. We selected three study areas as we thought these characterise best the attitudes of middle-aged people towards ageing.

The research objectives were:

- To analyse the attitudes of middle-aged people in relation to the main indicators of the concept of successful ageing;
- To characterise the attitudes of middle-aged people towards elderly parents and taking care of them;
- To study to what extent middle-aged people have made preparations for adjusting to ageing.

Study material and research methods

Research process

The survey of middle-aged people was carried out by Tallinn University, Institute of Social Work, in spring 2008 in Puhja rural municipality, which is an average Estonian municipality, in terms of its size and the number of residents (2413 persons 01.01.2008).

Data gathering

The study was carried out by using a quantitative method – an informed questionnaire survey. Questionnaires can be used for data gathering about behaviour and action, knowledge, values, attitudes, beliefs, views and opinions. Carrying out in-depth interviews would have been too time-consuming and sending questionnaires by mail would have deprived us from the individual contact with the respondents.

In the first place a sample was formed for the current study. In Puhja rural municipality there are 326 men and 336 women between ages 40-60. Since the objective was to retain the ratio of men and women to reflect the residents of the municipality, the sample was formed in case of men and women according to an age-defined list, by including in the sample every third person, starting counting from the third person on the list. The sample included 112 women and 108 men. The questionnaires (220) were given personally by the researcher to the respondents, giving at the same time an overview of the research objective, clarifying requirements for fulfilling the questionnaire and answering questions. The respondents completed the questionnaires at a time suitable for them and brought them to a previously specified place (municipality government, libraries, local shop). The number of returned questionnaires was 210: from 107 women and 103 men.

The questionnaire contained several open-ended questions and also those on which the respondent could freely comment. The answers to open-ended questions were analysed by thematisation and were used to illustrate the statistical analysis. The questionnaire started with a section of general data (gender, age, education, marital status, etc), then came statements about attitudes towards successful ageing, followed by questions that looked into the children's role in helping elderly parents, preparations for ageing, and the feelings and opinions of the middle-aged respondent about their own ageing.

The reliability of data is guaranteed by the fact that in addition to the questionnaires we can also use the answers to the open-ended questions and the comments added to the questions. In addition, the answers to the statements of the concept of successful ageing are in strong correlation and the Cronbach's alfa is 0.6.

Two hypotheses were raised for the research

- First hypothesis – the attitudes of middle-aged people towards ageing and old age are mostly negative and have not been replaced by the concept of successful ageing – is the negation of Marin's (2001) statement that 'old age is being re-evaluated as part of the life-span: it is no longer seen as a hopeless phase of life, but instead negative attitude towards ageing and old age has been replaced by the concept of successful ageing'.
- Second hypothesis – middle-aged people know that preparation for ageing should start early, but some of them have made no conscious efforts for that – is based on Taimi Tulva's idea that 'it is reasonable that preparations for ageing start already in early age, but this way of thinking is not yet wide-spread in Estonia' (Tulva, 2007).

It was hypothesised, too, that the attitudes and every-day life of middle-aged people depend in large extent on their gender. Therefore, the entire research data is analysed in terms of men and women, trying to consider the gender differences of ageing. The data has been coded: woman – 1; man – 2.

The following aspects are analysed in our work using different opinions and evaluations, with which the respondents agreed or not:

- Sentiments and opinions about ageing: questionnaire contains 8 statements that characterise successful ageing (old age is normal and natural state in a person's life; old people are ill

and infirm; elderly person is active member of society; old age causes poverty and exclusion; old age begins with retirement; elderly people have the same needs; elderly can influence society; elderly are a burden for younger because of the need to take care of them).

- The health and mental state of middle-aged people is evaluated using the following indicators: 1) Evaluation of one's health condition (from very good to very bad); 2) Evaluation of one's state of mind (from very happy to unhappy); 3) Evaluation of deterioration of health when ageing (yes, no, don't know); 4) First emotions when thinking about own ageing (fear, emptiness, sadness, indifference, etc (no, yes) and death, angst, sadness or fear (no, yes).
- The attitudes of middle-aged people towards their ageing are characterised by the agreement with the following statements: adult child is duty-bound to support his parent who is unable to work; elderly people cope with their lives independently in their homes, and what action is taken when it is necessary to nurse an elderly person.
- Preparation for ageing: economic preparation (making a life insurance contract or testament; saving money; joining the II pillar of the funded pension), health conscious preparation (giving up alcohol or smoking; going to medical check-ups, going on a diet to normalize body weight; practising sports; staying outdoors for a long time), constructional preparation. The funded pension is an additional support to state pension, with the aim to offer additional income in pension age. The working person saves for his pension himself by paying 2% of his gross salary to the pension fund. The state adds to this 4% out of the 33% of the social tax paid on the basis of the employee's salary.

When developing the system of successful ageing we relied on the ideas of Koskinen et al. (1998). In order to assess the strength of statements a Likert scale was used. Every statement was

accompanied by a 5-point scale that began with 'agree very much', progressed with 'don't know' and ended with 'do not agree at all' at the other end of the scale. A Likert scale was used because it can give information about both the strength and content of the statement. Questions that characterised preparation for ageing were accompanied mainly by no/don't know/yes answers.

Quantitative data that was received was analysed using comparative frequency distribution (the answers of men and women were compared). In order to see the differences in the opinions of the two parts of the sample (men and women), Pearson's correlation coefficient was used. To show different types of attitudes towards ageing and find out to what extent different assessments or situations can influence changes in state of mind (i.e. whether a person feels happy or not), we also used correlation analysis.

Description of the sample

107 women and 103 men aged 40-60 years participated in the study. The average age of men was 49.8 and for women 50.8 years. More than three-quarters (76%) of middle-aged people were married or lived in cohabitation. One-third were single people, widow(er)s and divorced people, whereas there were more single men and widowed and divorced women. Most participants were Estonian (85%), the rest were Russian or another nationality.

Findings

Opinions about successful ageing

There were 8 statements about the concept of successful ageing in the questionnaire: three positive and five negative (table 1).

Table 1. Answers of middle-age men and women about the statements of the concept of successful ageing, %, R and p, 2008

Statements (totally agree or agree)	Overall division	Men N=103	Women N=107	R	p
Old age is normal and natural stage in person's life	97	95	98	-	-
Elderly person is active member of society	55	53	65	0.13	0.05
Elderly can influence society	55	57	53	-	-
Elderly are ill and infirm	41	47	36	-0.12	0.05
Old age causes poverty and exclusion	26	34	17	-0.15	0.03
Old age begins with retirement	20	23	18	-	-
Elderly form similar, homogeneous group, they have similar needs	15	14	16	-	-
Elderly are a burden to take care of for younger people	34	36	33	-	-

On the bases of the general division it can be concluded that the attitude of middle-aged people towards ageing is positive, although not very strongly. The answers to the first statement 'old age is normal and natural stage in person's life' show strong agreement. Also to the other two positive statements every second respondent answered with yes. Most of the respondents disagreed with all of the five negative statements. The negative statement that respondents agreed with most was that 'elderly are a burden to take care of for younger people' (34%) and that 'elderly are ill and infirm' (41%).

Table 1 gives also an overview of the differences in the attitudes for men and women. The statement 'old age is normal and natural stage in person's life' was evaluated by women and men most highly. Men and women agree also that 'elderly are a burden to take care of for younger people'. But there are several attitudes in terms of which women are more positive. Among women there are less those who think that 'elderly are ill and infirm', and those who find that 'old age causes poverty and exclusion'; at the same time there are more respondents who think that 'an elderly person is an active member of society'. We see that women agreed with positive statements to the same extent or somewhat more than men. In the case of negative statements it becomes apparent that they are somewhat less widespread among women. On the bases of these results we venture to conclude that women have more positive attitude towards old age than men.

In order to emphasise contradictory types of attitudes, we conducted correlation analysis of the inside connections of opinions on the basis of Pearson's R.

Two clearly contradictory attitudes become apparent. On one hand the different statements grouped around 'Elderly person is active member of society'. This statement has positive correlations with statements like 'elderly can influence society' and 'old age is normal and natural stage in person's life'. At the same time there were negative correlations with statements that 'elderly are a burden for society', that 'elderly are ill and infirm', that 'old age causes poverty and exclusion' and that 'old age begins with retirement'.

Another attitude that had a lot of correlations with different statements was 'elderly are a burden to take care of for younger people'. The respondents who agree with this statement tend to agree also with the statements that 'old age causes poverty and exclusion', that 'elderly are ill and infirm' and that 'old age begins with retirement'. And on the contrary – they don't agree with statements that 'old age is normal and natural stage in person's life', that 'elderly person is active member of society' and that 'elderly can influence society'.

A person's point of view is an important factor as agreeing either with positive or negative statements about ageing reflects the overall state of mind and approach to life. As we might expect, among the respondents with positive attitude there are more happy people ($r=0.23$, $p=0.001$) and those who don't worry that their health deteriorates in the future ($r=-0.20$, $p=0.004$).

Middle-aged people and their elderly parents

The independent coping of elderly people, as seen through the eyes of middle-aged people was studied with a statement 'elderly usually cope themselves with their independent lives at their homes'. This statement brought positive reactions from both men and women, among women 73% agreed, among men 65%. The respondents could answer the question who should be responsible for elderly receiving assistance with every-day activities if necessary, by choosing in the questionnaire up to three answers among the following: state local government; spouse; children and heirs). Middle-aged people thought that the responsible parties should be in the first place local government and children (71% of all respondents). There was a notable difference between the answers of men and women in terms of children's responsibility ($p=0.03$). Children were considered to be responsible by 78% of women and by 64% of men. One woman explained the responsibility of local government with the opinion that 'since a person has worked for 30-40 years and his income tax has been allocated to local government, then the municipality should help the person when he grows old'.

91% of the middle-aged respondents had children or grandchildren. The middle-aged have to take care of their children and help them enter independent life, but assist also their parents who need help. 58% of respondents had elderly parents who needed help, for whom they are ready and willing to care for (90%). In terms of caring for parents there were differences among men and women: almost all women were ready to assist (96%), but 83% of men ($r=0.23$, $p=0.000$). Helping was seen in very different

activities: house-keeping tasks, gardening and farming, storing fire-wood, taking to a doctor, bringing medicine, going to shop, visiting a graveyard, doing repairs, using the internet, mowing a lawn, with transport, financially, just by giving advice and help, in everything where help is needed and which the elderly person cannot do alone. But only women stated that they would help in doing laundry, preparing food, cleaning the house, washing in sauna and nursing an elderly person in bed. As one man said: 'I'm ready to help my parents, but not to nurse them'. Women add: 'I help parents in everything that is necessary and the opposite would be unthinkable'.

There was in the questionnaire also a task consisting of solving a situation: 'how would you act when your elderly parent has to stay in bed and needs long-time nursing'. The respondents had to choose one suitable behaviour. Women were more ready than men to nurse their parent either at their home or at parent's house. Men were more willing to pay for nursing or find if necessary a place for their parent in a nursing home. 11% of respondents didn't know what to do in order to solve the situation.

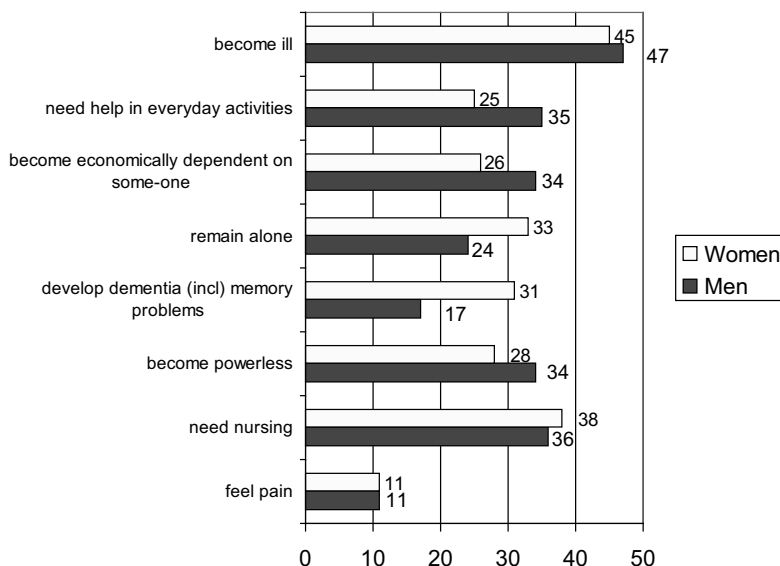
When answering the statement 'adult child is obliged to support his parent who needs help and is unable to work (Family law §64)' there was a difference between men and women. Female respondents elaborated their agreement as: 'this parent raised me'. It is a partly unexpected outcome that respondents thought that children do not have to support their elderly parents who are unable to work and need help. Among women as much as 27% stated so. One of the women, one explained: 'Family and children/grandchildren – of course they help their parents, but this cannot be made an obligation! The economic and medical condition has to be taken into account, also the need to take care of children who go to school'.

Ageing from the point of view of middle-aged people: preparation, attitudes and fears

When thinking about their own ageing the middle-aged male respondents and female respondents felt different emotions ($p=0.01$): 44% of women referred to such feelings as fear, emptiness or sadness. Men stated firstly indifference (34%); women noted also an open answer 'something else', which was complemented by the following statements: 'feeling of inevitability'; 'ageing is a natural process'; 'calm'; 'god won't leave me'; 'glad expectation as with the new experience come grandchildren'; 'natural time for oneself and the family'; 'mixed feelings'; 'there is time to do what you want, so I don't see any negative emotions'. In addition, we asked about feelings that were experienced when thinking about death. Among men and women 64% stated angst, sadness or fear.

The middle-aged respondents were asked what worries or scares them most in terms of ageing. The answers are presented in figure 1.

Figure 1. Fears of the middle-aged when thinking about ageing, %



Most often, almost half the respondents were worried about deterioration of their health. Women were almost two times more scared than men of developing dementia in an old age. Women were also more afraid of remaining alone. Men were more afraid than women of becoming economically dependent on someone, becoming powerless and needing help in everyday activities.

General opinion about preparations for ageing was studied with a statement 'preparation for ageing should start already in youth in order to avoid crises related to ageing'. 65% of women and 58% of men 'agreed' or 'agreed very much', so middle-aged people are aware that one needs to prepare for ageing. Preparations for ageing can be done in many ways. In the survey the questions were about economic, health and construction (property) related preparations for ageing that the middle-aged people had made. Results are presented in table 2.

Table 2. Preparations of the middle-aged for ageing, %, 2008

Type of preparation	Has made at least one preparation		R	p
	Men, N=103	Women, N=107		
Economic preparation				
Incl. signing life insurance agreement	8	6	-	-
Making a testament	14	5	0.16	0.02
Saving money	18	15	-	-
Joining pillar II of pension insurance	25	53	-0.29	0.000
Health preserving preparation				
Incl. giving up alcohol	18	4	0.24	0.001
Giving up smoking	34	8	0.33	.000
Going to medical check-up during the last year	33	44	-0.13	0.05
Keeping a diet in order to normalize weight	6	22	-0.24	0.001
Taking up sports	11	21	-0.15	0.03
Staying more outside	25	32	-	-
Construction related preparation	27	21	-	-

In terms of economic preparations most middle-aged people had joined the pillar II of pension insurance (40%), whereas twice as many women had joined it than men. Men had on the other hand made a testament more often. Only a quarter (24%) had made construction related preparations, whereas the answers stated mostly renovations at home. Men gave such examples as: 'I lost the door blocks', 'we built the house with only one story', 'we made one bedroom also on the ground floor'. In terms of health-preserving preparations, both men and women had often gone to the doctor during the previous year. Women had been more than men on a diet to normalize weight and done sports. Men stated more than women giving up alcohol and smoking. This can be explained by one woman's statement: 'I have never smoked and drink only little alcohol'.

People consider health as one of the most important values. Almost half of the middle-aged women respondents thought their health was good or very good, one-third of men gave the same evaluation. It follows that middle-aged women evaluated their health more highly than men ($r=0.14$, $p<0.04$). 60% of respondents stated their evaluation how they thought their health would change when ageing, the others answered to this with 'don't know'. The larger part (90%) of those who gave an evaluation thought that their health will certainly deteriorate with age. Men and women had different opinions about how their health would change when ageing: men were more pessimistic than women. Health deterioration was noted by 61% of men and by 47% of women.

There was a big difference between men and women in terms of whether they will take up a new hobby or participate in the activities of some society/ association when they are old. Women answered both of these two questions more positively. Three-quarters (76%) of women but less than half (45%) of men would take up a new hobby ($r=0.32$, $p=0.000$). Among middle-aged women, half consider it necessary to participate in the work of some society, association or hobby circle when in old age, among men only 15% think this way; this is three times less ($r=0.29$, $p=0.000$). When a

person reaches pension age, she or he can decide whether to keep on working or stay at home. 42% of the middle-aged respondents planned to work and 26% to stay at home. A third did not know how they would act.

Feeling of happiness and attitudes towards ageing

Feeling of happiness is an indicator that characterises collectively a person's welfare, satisfaction with life and state of satisfaction loaded with positive emotions (Diener, 2000; Easterlin, 2001; Litwin and Shiovitz-Ezra, 2006).

As researchers have found the state of happiness correlates positively with many indicators that are important for the society (Diener and Biswas-Diener, 2008). We were therefore interested whether the feeling of happiness and satisfaction with life in middle-age helps to create positive assessments of ageing. More than half (55%) of the middle-aged people in our study were rather or very happy. The difference in the attitudes of women and men are noticeable: 64% of women gave positive assessment and 46% of men ($r=0.18$, $p<0.01$). Thinking about the future state of mind, every tenth person said that they do not have to become unhappy with age; at the same time, 40% of the respondents stated that they will have a happier state of mind when ageing or that it will stay the same as now.

Thinking about the future, how important is a person's feeling of satisfaction in middle-age, i.e. can its influence transfer to old age? By using correlation analysis we study below which attitudes and activities related to old age are associated with a middle-aged person feeling happy and content. The analysis is based on the Pearson's correlation coefficient R and the likelihood of occurrence corresponding to it (p). In most cases $p<0.01$.

- The feeling of happiness is related to positive attitude towards ageing in which case it is thought that 'the elderly can influence society', 'they are active' and 'can manage independently with

their life' ($r=0.23$). And the contrary – when the assessment is more towards discontentment, it is considered that 'the elderly are ill and frail' ($r=0.26$). Amongst women discontentment is especially strongly connected with the statement that 'old age causes poverty and exclusion' ($r=-0.50$) and also with the attitude that 'the elderly are a burden to take care of for the younger ones' ($r=-0.26$), the reason for which is probably the fact that women are more often in the role of care-givers. At the same time women still view positively taking care of their parents, e.g. the feeling of happiness had very strong correlation with the statement that 'adult child is obliged to support his parents' ($r=0.24$).

- The influence of women's higher emotionality and level of stress was apparent in many ways. When the first reaction when thinking about ageing was fear, emptiness or sadness, then this attitude correlates negatively with the feeling of happiness, especially for women ($r=-0.33$). Women's feeling of happiness is also influenced negatively, although to a lesser extent, when thinking about death as they feel already at middle-age anguish, sadness or fear ($r=-0.20$).
- The influence of the state of health was to be expected. When health assessments are positive, then people more often also feel happy, the contrary correlation of which was one of the strongest of the analysis ($r=0.49$). Dissatisfaction with life is strongly correlated with fear that health worsens with age; this was especially apparent for women ($r=-0.39$).
- When thinking about ageing women are emotionally disturbed by the thought that there could be situations in old age when help is needed in every-day activities ($r=-0.24$).
- How one feels is also influenced by whether preparations have been made in order to ensure good health – like going to a doctor for check-ups or doing sports. Amongst women respondents, an important factor for ensuring happiness was the ability to keep to a diet in order to normalize weight ($r=0.23$).

- As to economic preparations, the feeling of satisfaction is influenced by such factors as joining the II pillar of the pension system and concluding a life insurance contract. For men constructional (property) preparations were important ($r=0.24$).
- When thinking about future meaningful free time activities and self-fulfilment are important for women's feeling of happiness: i.e. they plan to take up hobbies in old age and participate in the activities of some society, association or hobby group ($r=0.28$).

It can be said in conclusion that middle-age women have considerably more factors than men that contribute or inhibit their feeling of happiness.

Discussion

The word 'old' carries with it many negative connotations, because many people assume that old age is accompanied by troubles and problems. Ageism conveys negative attitudes, which are prejudicial as they are based only on age (Lefrancois, 1996). Nevertheless, we can state on the basis of the research results that the overall attitude of middle-aged people towards ageing is positive. This corresponds with Marin's (2001) view that old age as part of the life span is being re-evaluated: it is no longer seen as bleak phase of life; rather, a negative attitude towards ageing and old age has been replaced by the concept of 'successful ageing'. Different results were yielded by Kiik's study (2007), where the answers of middle-aged people reflected a negative attitude towards elderly people. One of the most widespread myths about ageing is that elderly people are frail, senile, powerless and have no sex-life (Tulva, Viiralt-Nummela, 2008). The fact that two-fifths of the middle-aged respondents agreed also in the current study with part of this prejudicial statement, i.e. 'elderly are ill and infirm' reveals the negative side of attitudes towards the elderly. Elderly people have also been seen as a group that are a burden to society and need to be cared for (Johnson, 1995; Fontane, Solomon, 1996).

More than half of the middle-aged people in this study considered elderly people to be active members of society and that they can influence society; but there are also different opinions. According to '2008 Integration monitoring' 71% of middle-aged people thought that they themselves have no possibility to influence the society. Alienation correlates strongly with age; among people aged 60-75, about 80% says that they have no possibility to influence society (Estonian, 2009).

In the current research the attitudes of middle-aged people towards the concept of successful ageing were studied with eight statements and the answers given to them were as a whole positive, somewhat more for women. Correlation analysis indicated two contradictory attitudes. On one hand, if a person views ageing positively, then she or he also thinks that elderly people are active members of society, that they can influence society and that old age is normal and natural stage in a person's life. The other view is that elderly people are a burden for younger people to take care of, that they are ill and infirm and that old age leads to poverty and exclusion.

We assumed that middle-aged people are aware that preparation for ageing should start early and 62% of respondents agreed with this. People are aware of it, but some respondents have made no conscious preparations to adjust to ageing. In Estonia 46-52% of people are worried about securing their old age (Saar, 2005), but on the basis of this current study almost every third man and fifth woman has made no economic preparations for ageing.

Middle-aged people thought that elderly people can usually cope themselves with their independent lives at home; but when an elderly person needs help, then children and local government should be responsible for that. It is characteristic of Estonian culture that parents take care of their children and children look after their elderly parents. When asking about the support of adult child for a parent incapable of work, then two-thirds of the middle-aged respondents agreed, but over a quarter of women disagreed, referring to the economic and medical situation and the need to

care for their children who go to school. The authors agree with these women and think that adult children could (and they want to) take care of their parents, but this should not be an obligation. The situation and the means of each individual family have to be taken into account. Furthermore, as Estonian researchers have found, the ratio of people in Estonia has increased who are worried about the necessity of taking care of their parents and relatives (Saar, 2005).

Although most (90%) of the middle-aged respondents were ready to assist their parents, women were more prepared to help their parents in different activities than men. Our results confirm the data of other researchers. For example, Chrisholm (1999) has shown that there are big differences in the content of help given by men and women to elderly parents. Men help the older generation more materially, in practical works and organise support services (cooking, cleaning, etc). Women do all the above, but engage more themselves and also give emotional support.

The emotions of middle-aged people when thinking of ageing were, in 44% of cases, negative (fear, emptiness or sadness). 32% of respondents noted an answer 'some other', with comments. Ageing was associated firstly with inevitability, calm, relaxation, etc; it was thought that old age is time when there is more time for oneself and family and there was joyful expectation as grandchildren would come. More than half of the middle-aged respondents thought that they were rather or very happy. They do not have the opinion that a person should definitely become unhappy with ageing. This corresponds to Dottie Billington's (2003) view that happiness has no connection with age.

When analysing satisfaction with life and changes in the level of stress at different stages of the life span, researchers have received different results. Some have found that the feeling of happiness increases with age (Easterlin, 2001), others think the correlation is U-shaped, whereas the breaking point is around the 40th year (Oswald, 1997; Waldfogel, 2007). Also studies conducted

in Estonia have shown that the level of stress is highest in youth and old age and what is most important from the point of view of our work – women's level of stress is considerably higher than the same indicators for men (Tekkel et al., 2007; Laidmäe et al., 2008). Also, in the current study, the correlation analysis showed that middle-aged women have much more areas than men that can cause strong stress and influence their state of mind. The feeling of happiness is especially strongly influenced by negative emotions and fears (the thought that old age causes poverty and exclusion; the first reaction when thinking about ageing is fear, emptiness or sadness; people are afraid that health worsens with age; that there could be a need for outside help in an old age to cope with everyday activities, etc). At the same time women are not affected when they have to take care of their elderly parents. Since they find that it is their duty as children, then this need does not disturb their state of mind. On the other hand, this was the case for men, who are prepared to assist (financially and by looking for necessary services), but not do something themselves. Women have thought also more about what they will do in an old age. This is natural as they have more years to live than men. And so they plan to take up self-fulfilling and creative hobbies and participate in the activities of some society, association or hobby circle. It is important to associate in old age with peers, receive support, advice and help from them - especially if there is no longer a husband.

It seems that men's state of mind is not so much influenced by negative emotions, but the state of their health. They also do not plan self-fulfilling activities for the future or participation in the activities of societies or associations. At the moment they have made economic, health preserving and constructional (property) preparations for old age (e.g. made a will, given up alcohol and smoking or renovated an apartment or house).

There is no single answer as to how to age successfully, as people's attitudes and understandings of life are different. Individuality is a factor to be appreciated. The attitude of society towards ageing and old age reflects the maturity and level of ethics of society (Tulva,

2007). All people, especially elderly and middle-aged people, have the task to improve the reputation of ageing and take a favourable stance towards their own ageing.

Conclusions and recommendations

Life demands answers to new questions, the making of new decisions when old age approaches. How to age successfully and cope as an elderly person requires re-evaluation of present attitudes and ways of thinking. Ageing is not a problematic time, but natural process in person's life span. It is reasonable that preparations for ageing begin already in youth as then old age becomes a phase of life where next to the inevitable there are things that the persons can influence themselves.

From this study we make the following conclusions about the attitudes of middle-aged people towards age and ageing:

- Middle-aged people have varying attitudes towards ageing, both positive and negative. The general attitude towards successful ageing is positive, but not very strongly, whereas women's assessments about ageing are somewhat more positive than men's. Old age is considered to be a normal and a natural part of the human life span.
- Respondents generally think that children should take care of their parents within the limits of their means. Nursing is considered mostly a task for women; women were more willing than men to help their parents who needed assistance more and in different activities.
- Middle-aged people do not feel that a person should necessarily become unhappy when ageing. Middle-aged women thought their health was better than middle-aged men. Middle-aged people have an attitude that health worsens with age and this is

stronger for men. At the same time women are almost twice as scared as men that they will develop dementia in old age.

- Middle-aged people are aware of the necessity to prepare for ageing, but this knowledge is not always used in their lives.
- Men and women have different attitudes in terms of hobby activities or belonging to a society or association in old age. Three-quarters of middle-aged women would take up a new hobby, but less than half of men. Half of the middle-aged women considered it necessary to participate as an elderly person in the activities of some society, association or hobby circle, but only 15% of men, which is more than three times less. 42% of middle-aged people in our study plan to work when reaching pension age.

Taking into account the results and conclusions of the study the authors make the following suggestions and recommendations:

- For local government: develop services for elderly people; find a way to pay partly for general nursing at home, even if the elderly person has children/ grandchildren; support training, information days, social gatherings and other possibilities of communication for elderly people, paying attention to free time and spending possibilities that interest middle-aged men; find ways for elderly people to be and feel useful in their municipality or town.
- For middle-aged people to ensure preparedness for ageing: maintain positive attitude to life, be informed about fast-changing life; maintain relations with one's family, close ones, communicate more with relatives; follow balanced healthy way of life: eat properly in order to have normal weight, have regular physical activities; not only work, but take time for hobbies and free time activities; know and plan that it is possible to work part-time as a pensioner; or, when reaching pension age, make a positive and psychologically prepared decision to stay at home.

Commentary

More than a year has passed since the study was carried out and insecurity in the face of the future has increased. Money invested in the second pillar of the pension system is losing its value and the fear of decrease of pension has grown. Greatly increasing unemployment and decreasing economic security have heightened the level of stress for middle-aged people and have worsened their health. Problems are solved with alcohol, family relations have worsened and there is increased demand for social and health care services.

Estonia has adopted a national action plan for decreasing poverty and exclusion, which certainly also concerns elderly people. The objective of the current European Year foresees mostly raising awareness of all parties and avoiding social exclusion. People who are in need, including elderly people who have coping problems, need to be supported by a network of professionals and volunteers. Establishing such networks, organising discussions, training, exchanging good practice and raising the awareness of the general population is supported by the activities of the European Year in all EU member states, including Estonia. It should be emphasised that the more general objective of our society is to contribute to the emergence of a more coherent society, create networks for alleviating poverty and increasing social protection and inclusion and deepen related discussions. In this process ensuring inter-generational cohesiveness and readiness for cooperation have a high priority.

References

- Aldwin, C.M., Levenson, M.R.** (2001) 'Stress, coping, and health at midlife: a developmental perspective'. In Lachman, M. E. (ed.), *Handbook of Midlife Development*. New York: Wiley, pp. 188-214.
- Barry, L.C., Allore, H.G., Guo, Z., Bruce, M.L.** (2008) 'Higher burden of depression among older women'. *Archives of General Psychiatry* 65(2), pp. 172-178.
- Billington, D.** (2001) *Life is an Attitude: How to grow forever better*. Sammamish, WA, Lowell Leigh Books.
- Blocher, D. H.** (2000) *The evolution of counselling psychology*. New York, Springer Publishing Company.
- Bond, J. and Corner, L.** (2004) *Quality of Life and Older People*. Buckingham, Open University Press.
- Bond, J., Peace, S., Dittmann-Kohli, F. and Westerhof, G. J. (eds)** (2007) *Ageing in Society: European Perspectives on Gerontology*, 3rd edition. London, Sage Publications Inc.
- Brandt, M., Haberkern, K., Szydlik, M.** (2009) 'Intergenerational Help and Care in Europe'. *European Sociological Review* 25(5): 585-601.
- Burns, A.** (2000) 'Chapters of our lives: life narratives old low-income midlife and older women'. Paper presented at the 7th Australian Institute of Family Studies Conference, Family Futures: Issues in Research and Policy, Sidney, 24-26 July 2000. Accessed at <http://www.aifs.gov.au/institute/afrc7/burns.html> on August 22, 2008.
- Chrisholm, J. F.** (1999) 'The sandwich generation'. *Journal of Social Distress and the Homeless*, 8, 177-191.
- Diener, R. (ed)** (2000) 'Subjective well-being. The science of happiness and proposal for a national index'. *American Psychologist*, 55(1): 34-43.
- Diener, E. and Biswas-Diener, R.** (2008) *Happiness: Unlocking the mysteries of psychological wealth*. Wiley-Blackwell.
- Drentea, P.** (2005) 'Work and Activity Characteristics Across the Life Course'. In Macmillan, R. (ed) *The Structure of the Life Course: Standardised? Individualized? Differentiated?*, Oxford, Elsevier Ltd, pp 303-329.
- Easterlin, R.A.** (2001) 'Life cycle welfare: Trends and differences', *Journal of Happiness Studies* 2, 1-12.

- Estonian Human Development Report 2008** (2009) Tallinn: Eesti Koostöö Kogu. Accessed at http://www.kogu.ee/public/EIA2008_eng.pdf on April 27, 2009.
- Gabriel, Z., Bowling, A.** (2004) 'Quality of life from the perspective of older people'. *Ageing and Society* 24: 675-691.
- Fontane, P.E. and Solomon J.C. (eds)** (1996) 'Aging Well in Contemporary Society. Part I. Concepts and Contexts. Part II. Choices and Processes', *American Behavioural Scientist*, 39(2-3).
- Foos, P. W., Clark, M. C., Terrell, D.F.** (2006) 'Adult, age, gender, and Race group differences in images of aging'. *The Journal of Genetic Psychology* 167(3): 309-325
- Gothóni, R.** (2008) 'Old and dignified (Welfare of the Aged)'. In Tulva, T. (ed) *Eakate vananemise kogemused Eestis ja Soomes [The ageing experiences of elderly in Estonia and Finland]*, Tallinn, TU Press, pp 7-13.
- Johnson, T. F.** (1995) 'Aging Well in Contemporary Society', pp. 120-130. In Fontane, P. E., Solomon, J. C. *Aging Well in Contemporary Society. American Behavioural Scientist*, 39(2).
- Kiik, R.** (2007) 'Keskealiste mõtteid vananemisest' [Thoughts of the middle-aged about ageing], *Social Work*, 1, 42-45.
- Koskinen, S.** (2008) 'The position of elderly in the Finnish society and approaches to ageing'. In Tulva, T. (ed) *The ageing experiences of elderly in Estonia and Finland*, Tallinn, TU Press, pp 15-43.
- Koskinen, S., Aalto, L., Hakonen, S. and Päivarinta, E.** (1998) 'Vanhystyö' [Welfare of the Aged], Jyväskylä, Vanhystyön keskuliitto
- Laidmäe, V.-I., Hansson, L., Rüütel, E., Leppik, L., Tulva, T. and Lausvee, E.** (2008) 'Socio-economic changes and the health of the population: Estonia in 1993—2003', *The Internet Journal of Health*, 8(1).
- Lefrancois, G.R.** (1996) *The Lifespan*. California, Wadsworth Publishing Company.
- Levinson, D.J., Darrow, C.N., Klein, E.B., Levinson, M.H. and McKee, B.** (1978) *The Seasons of a Man's Life*. New York, Alfred A. Knoff.
- Litwin, H. and Shiovitz-Ezra, S.** (2006) 'The association between activity and wellbeing in later life: what really matters?'. *Ageing & Society*, 26, 225-42.

- Marin, M.** (2001) 'Successful aging - dependent on cultural and social capital? Reflections from Finland'. *Indian Journal of Sociology*, 15(1&2), 145-159.
- Oswald, A. J.** (1997) 'Happiness and economic performance'. *The Economic Journal*, 107(November), 1815-1831.
- Positive attitudes toward aging may prolong life. Human development**, 2003, 24 (4): 39-39.
- Reich, W. A., Harber, K.D., Siegel, H. I.** (2008) 'Self-structure and Well-being in life transitions'. *Self and Identity* 7: 129-150.
- Ron, P.** (2007) 'Elderly people's attitudes and perceptions of ageing and old age: the role of cognitive dissonance'. *International Journal of Geriatrics Psychiatry* 22: 656-662.
- Ross, C. E., Mirowsky, J.** (2002) 'Family relations, social support and subjective life expectancy'. *Journal of Health and Social Behaviour*, 43, 469-489.
- Rowe, J. W. and Kahn, R.L.** (1998) *Successful Aging*. New York, Pantheon.
- Saar, A.** (2005) 'Aeg hoolida inimese muredest' [Time to care about people's concerns]. In Raska, E., Raitviir, T. (eds) *Eesti edu hind* [The price of Estonian success: social security and people's safety in Estonia]. Tallinn, Eesti Entsüklopeediakirjastus, pp. 59-70.
- Sarkisian C.A., Prohask, T.R., Wong, M.D., Hirsch, S., Mangione, C.M.** (2005) 'The relationship between expectations for aging and physical activity among older adult'. *Journal of General Internal Medicine* 20(10): 911-5.
- Sarkisian, C. A., Shunkwiler, S. M., Aguilar, I., Moore A. A.** (2006) 'Ethnic differences in expectations for aging among older adults'. *Journal of American Geriatrics Society* 54: 1277-1282.
- Sigelman, C. K., Shaffer, D. R.** (1995) *Life span human development* (2nd Ed), Pacific Grove, CA, Brooks/Cole.
- Statistikaamet** (2009) Accessed at <http://www.stat.ee/> on May 10, 2009.
- Swartz, S. H.** (2007) 'Value orientations: measurement, antecedents and consequences across nations'. In Jowell, R., Roberts, C., Fitzgerald and R. Eva, G. (eds) *Measuring Attitudes Cross-National*, Gateshead, Athenaem Press, pp. 169-203.

- Tekkel, M., Veideman, T., Rahu, M.** (2007) Health Behaviour among Estonian Adult Population 2006. Tallinn, National Institute for Health Development.
- Torres-Gil, F. M.** (1992) The new ageing: Politics and Change in America. New York, Auburn House Paperback.
- Tulva, T.** (2007) 'Ageing in Estonia and Challenges for Professional Growth'. In Saari, S. and Varis, T. (eds) Professional Growth. Tampere, pp. 448-455.
- Tulva, T. and Viiralt-Nummela, I.** (2008) 'Successful Ageing and Its Reflections on the Background of Life Course Study of Estonian Woman'. In Research articles, Collection of Scientific Papers 2008. Riga: Riga Stradins University, pp. 32-41.
- Vanderven, K.** (2004) 'Intergenerational theory in society: Building on the past, Questions for the future'. Journal of Intergenerational Relationships 2: 3: 75-94.
- Westendorp, R. G.** (2006) 'What is healthy aging in the 21st century?' American Journal of Clinical Nutrition 83 (suppl.), pp. 404-409.
- Waldfoegel, J.** (2007) 'The midlife happiness crisis'. Washington Post. Newsweek Interactive Co. LLC. Accessed at <http://slate.com/id/2161925/> on May 5, 2009.
- Walker, A., Maltby, T.** (1997) Ageing Europe. Buckingham, Open University Press.

EXCLUSION, INCLUSION AND GENDER IN ESTONIAN SCHOOLS

Abstract

In Estonia the academic achievement of girls has been on average higher than that of boys, the result of which is an even higher effort given by girls to be appreciated also among the successful. However, Estonian girls are not a homogenous group: among diligent young women there is an increasing number of so-called problem girls, who repeat the class and/or drop out at school. Now both genders are more equal in a negative way (avoiding school). Girls seem to be tired of inclusive norms: the girls in Estonia seem to want to distance themselves from gender based stereotypes.

Key words

gender stereotypes; school problems.

Introduction: About the research problem

The years of independence in Estonia have created a gender disproportion: the educational level of women has risen faster than that of men. In 2000-2004, 67% of girls and 57% of boys continued their studies in higher education after graduating from general

secondary education (Toomse 2007, 90). The relative academic underachievement of boys compared to girls has been considered a serious problem during the last decade, mostly in the context of equal rights (as if the school system were especially harassing boys); and not only in Estonia or Finland but also in other countries, regardless of the tragic level of concrete indicators. In the context of this theme, British educational researchers use the term 'moral panic', which is used to mark the worry about boys' 'laziness' (Lahelma, 2004). Less reasoning takes place about why girls are so diligent, and why they continue at the same pace, regardless of constant tiredness, headaches and stomach aches related to studying. In a male-centred world the woman is expected to work significantly more to achieve an equal position compared to men (a statement, which has for example been made by Estonian female politicians). It seems that giving an effort starts already at school.

According to tables 1 and 2 it is obvious that Estonian girls are not a homogenous group: among diligent young women there is an increasing number of so-called problem girls, who repeat class and/or drop out of school. This is quite a new trend, so new that researchers do not even discuss it. It is easier to keep thinking in the traditional way: boys are problematic and girls are eager students. Flexibility is needed to change the object of exclusion; it is much easier to believe in old gender roles.

Table 1. The per cent of class repeaters in general education and boys among them

	1995	2000	2006	2007	2008
Class repeaters (%)	3,1	2,9	1,3	1,4	1,3
(and % of boys)	(74)	(71)	(62)	(65)	(62)

Source: Statistics Estonia

Table 2. The drop-out rate (%) among boys

	1995	1995	2000	2006	2007	2008
Estonian boys	65	59	54	55	56	1,3
Russian speaking boys	85	58	45	50	73	(62)

Source: Statistics Estonia

From this statistic one can see that the number of 'problem' girls has increased over 14 years (rates of class repeaters as well as drop-out rates); and among Estonians the percentage of problem girls is bigger. Here the question arises about a gender gap: if girls and boys are more equal in their bad behaviour, are they equal in general? According to these statistics the exclusion from a positive area (education) means inclusion to a negative process (gangs and criminality). The person who values liberty too much (does not bother to go to school, for example) eventually has less liberty in his or her life (simple work means less money and more working hours). Everything (including exclusion and inclusion) has its price.

The research and results

The main impulse for this article comes from secondary data analysis: the latest statistics (www.stat.ee2009), and information from research at Tallinn University (Leino et al 2007). The research method used for this investigation was a questionnaire administered in 2004 (by Marika Veisson, Viive-Riina Ruus, Mare Leino, Ene-Silvia Sarv, Loone Ots, Anneli Veisson from Tallinn University), when 3838 students from Estonian general education schools (7th, 9th and 12th grades) participated in a survey, which was part of a government research project 'School as developmental environment and students' coping'. The idea of this survey was to find out environmental influences at school. Here I will concentrate on three aspects revealed in the current study:

- Girls compared to boys appear to have higher academic achievement;
- Girls have more somatic problems (head and stomach aches);
- Despite everything, girls are more optimistic and do not give up easily when faced with difficulties. In this respect boys are more vulnerable.

In Estonia 98% of teachers are female. One would assume that young men are probably unhappy in such a female-oriented school world where boys receive remarks, reprimands and criticism. But are they? According to our questionnaire, boys are more laissez-

faire about academic success, politeness and discipline. Actually, girls seem to take school very seriously, which starts to affect their health; and this seems to be the case also in other countries than Estonia (Aapola, 1999; Silvennoinen, 1992). Statistically, girls have more headaches (girls 29%, boys 15%), stomach aches (girls 17%, boys 8%), and feel more tired (girls 73%, boys 61%) than boys. About 45% of girls and 42% of boys feel tired already in the morning. Thus, the physiological well-being of boys at school is better than that of girls.

Girls are more diligent and conscientious, while boys (43%) tend to leave something unstudied every day or several times a week more frequently than girls (32%). Also the differences in being absent from school without reason between boys and girls are statistically significant ($p < .01$) according to the χ^2 -test. (Leino et al 2007). The studies of the 1990s in Finland indicated that while girls show the characteristics that are expected from students at school, they are not specifically valued. Girls are praised for good study results, but their success is attributed to diligence rather than talent (Palmu, 2003). On the other hand a boy with good grades is considered to be talented (Lahelma, 2005).

According to the aggregated index of future optimism, Estonian girls are more optimistic than boys. This result is according to the χ^2 -test statistically significantly different ($p < .01$). (Leino et al 2007). Perhaps girls' optimism is magnified by the thought, that one has done everything to be good. The joyful future expectation is not overshadowed even by somatic head and stomach aches. The acknowledged psychologist Daniel Goleman maintains that in certain communication skills women have more experience than men, at least in cultures that resemble USA, where girls are taught to consider emotions more than boys (Goleman, 2001). According to Pittman and Boggiano (1992) people engage in activities for two very different reasons. An individual may be moved to satisfy curiosity or to achieve effectance and control; activities of this kind are regarded as end in themselves, and constitute an individual's intrinsically motivated behaviour. Other activities may be pursued for reward or recognition and are regarded as a means to an end; these are extrinsically motivated behaviours. The over-justification effect, then, reflects a shift in a person's motivational orientation,

from intrinsic to extrinsic, after she or he is rewarded for a particular activity. Because the person no longer experiences a sense of self-determination for initiation or regulation of the activity, continued interest in the task becomes contingent on the promise of further rewards (Pittman and Boggiano 1992, 3).

Thus, it is understandable that girls do everything they can to cope better in their future life. According to Lahelma, girls particularly make an effort to obtain good grades, viewing academic achievement as their resource and even this is not enough, since there are just too many diligent girls. Both girls and boys drop out from school, but the latter do it with more noise. Very little attention is given to when a woman without education copes less easily in life than when a man has similar problems. In general, girls' academic achievement is, at its best, considered to be a 'healthy normality' and an educational problem at its worst (Lahelma, 2005). Since boys are more absent from school, do not do their homework in time and get lower grades compared to girls, it appears that school is just an unpleasant obligation – the real life of boys takes place somewhere else (Boss, 1987). Modern girls might also want to be included in this (boys') normality (without good behaviour and hard work). One part of girls seems to be ready to be excluded from a safe future and from old stereotypes (see tables 1-2).

However, the European Union's written and unwritten norms have had an impact also on post-socialist countries; meaning that, step by step, gender balance is becoming rooted also in Estonia. In many ways the gender issue has become a tangible one (Sunnari et al, 2002). It may be that few of the socially defined characteristics of your gender describe you accurately, but this is perhaps less important than the fact that people believe these assumptions to be true or appropriate and that they act on their beliefs, treating women and men differently, even as opposites (Renzetti and Curran, 1998). The power of beliefs is strong: both girls and boys perceive this probably already very early. According to Lahelma and Öhrn (2003), school achievement of girls is often regarded as a self-evident truth of school. Equally self-evident seems to be the perception that girls' success is not, after all, especially valuable. For high-achieving middle-class girls, their achievement seems to be expected rather than valued – by teachers, parents

and themselves. On the other hand, low-achieving girls are easily forgotten if they are quiet and well behaved or stigmatised. The focus on boys and emphasis on traditional gender patterns in educational discourse does not make the situation any easier for these girls (Lahelma and Öhrn, 2003). The psychologist Liz Connors (1996) adds that girls (generally speaking) might behave better because their mothers expect better behaviour from them. She found in her study that mothers are more sensitive in their relation to girls than to boys: using more emotional words than with boys. With girls one speaks about emotions (I am so sad), with boys less (and more harshly: I am angry). As a result, by the 6th year of age the vocabulary of emotions of girls is richer than that of boys. Already, pre-schoolers - whose emotional vocabulary is richer - can understand the moods of others much better (Connors, 1996). These aspects probably constitute the context of girls' success at school. A researcher from Helsinki University, Tarja Palmu, marks that the empathy of girls is considered to be normal by teachers, but in case of boys it is acknowledged as something unusual. At school boys usually get praised for surpassing the borders of their gender, for example when a boy writes a sensitive essay. In addition, a boy with good writing skills is noticed more than a girl (a well-writing girl is considered to be a norm) and boys are in general acknowledged more for good essays (Palmu, 2003). In short, boys and girls are treated differently at school. Even when girls feel somewhat deeply disturbed by this state of affairs, they have come to accept the situation and do not let their mood drop considerably – as it appeared from the statistics. The moods of girls at school are more positive compared to boys. Girls feel that they are more able to overcome worries (girls 66.8%, boys 51.5%), and believe that in the end everything will be fine. Girls tell themselves more frequently that in life everything is possible (girls 62.1%; boys 52.7%). According to Renzetti and Curran, girls tend to have more knowledge of gender than boys, but are more flexible in their views about cross-gender activities and behaviours (Renzetti and Curran 1998, 64). By observing teacher-student interactions in the classroom over many years, the researchers found that teachers provided boys with more remediation; for instance, they helped boys find and correct errors more often. They posed more academic challenges to boys, encouraging them to

think through their answers to arrive at the best possible academic response. Other studies support these findings: even at very young ages, boys get more praise for the intellectual quality of their work, whereas girls are praised more often for being congenial and neat (Renzetti and Curran 1998, 88). According to this theory boys should have better study results. But the truth in Estonia is, that during the scholastic year 2003/04 there were 669 boys and 290 girls in Estonia who left basic school and did not continue their studies (Pullerits, 2005).

Discussion: Before and now

The 2005 Estonian Democracy Audit states that 'in the field of gender equality, Estonia lags behind other developed countries by about 30-40 years' (Heidmets 2007, 110). According to Soviet ideology and practice, women's employment was a norm and it was supposed to ensure equality between sexes in the Soviet society. In Estonia, women's employment was the highest in the Soviet Union, but their wages remained systemically below the wages of men (Tulva and Tedre 1999, 32). Women's participation in working life was encouraged by day care for children arranged by the state. One could find even 24-hour or the so-called weekly baby nurseries where the child was taken on Monday morning and taken back only on Saturday evening. (Leino, 1999). The Soviet social welfare system, totally controlled by the state, guaranteed an acceptable level of income for everybody (Kikas, 1999). Maybe this is the reason why during the Soviet time it was impossible to talk about significant educational gender disproportions, yet the percentage of women and men with higher education was the same. The gender-stereotypes were the same even in A-B-C books (in 1970s/80s) – not only in Estonia but for example in Finland as well (Palmu, 2003). During Soviet times the gender of the person was not a special issue as people called each other comrades; in the 21st century gender has somewhat become a fashionable theme – probable as one part of human rights. Lahelma calls the actualisation of the gender thematic a 'travelling discourse', which moving from one country to another starts discussions about gender inequality. For example, in Finland people complain about

a general education that is too tough on boys; since girls receive better grades, school is considered to be unjust toward boys (Lahelma, 2005). In Estonia the situation is very much the same: schools are seen as being more sustainable for girls, because they just have better study results; but the price girls have to 'pay' for these good results is usually ignored.

According to the Estonian Statistical Office gender disproportion in higher education has grown year after year during the past decade. This is even higher among adult continuing learners enrolled at educational institutions than among younger students. For instance in 2003 there were 205 women per 100 26-years-old and older men in higher education. Ten years earlier, in 1994 the figure was still 108 (Eesmets, 2004). One cannot yet talk about men being rejected here. Apparently, they are able to find jobs and recognition also with lower education levels. This in turn makes one think about hidden gender discrimination in the labour market (Eesmets, 2004). For women the best guarantee of a normal life is education – at least they seem to hope so. Girls are more included to school maybe because women are (generally speaking) underestimated in post-Soviet society: in Estonia the salary of women is 30.3% smaller than the salary of men, which is the biggest difference in EU (the average gap of salaries in EU is 17.4%) (<http://ec.europa.eu>). The statistics from Tables 1-2 have a strong message: girls might be tired of this kind of normality (good behaviour and best marks), because even eagerness at school does not guarantee financial equality in the future. At least some girls in Estonia want to distance themselves from gender-based stereotypes. Moral panicking in the case of Estonia should, paradoxically, look like this: boys should not be pitied for unsuccessful study; instead efforts should be made to boost girls' feeling secure about the future. However, it is clear that if girls stopped giving such an effort, boys' position at school would improve in itself (and the health of girls will probably improve as well).

References

- Aapola, S.** (1999) *Murrosikä ja sukupuoli* "The puberty and gender". Finland: Ykkös-Offset OY, Vaasa.
- Boss, P.** (1987) 'Family stress'. In Sussman, M.B. and Steinmetz, S.K. (eds.) *Handbook of marriage and the family*. London: Plenum Press, pp. 695-723.
- Connors, L.** (1996) "Gender of infant differences in attachment". Poster presentation. British Psychological Society Development Section Annual Conference, Oxford, Sept. 1996.
- Ees mets, K.** (2004) "Changing of educational level of the population". In Purju, A. (ed). *Social trends 3*. Statistical Office of Estonia. Tallinn, pp. 19-28.
- Goleman, D.** (2001) *Töö emotsionaalse intelligentsiga* "The work with emotional intelligence". Tallinn: OÜ Väike Vanker.
- Heidmets, M.** (2007) 'Where is Estonia?' In Heidmets, M. (ed) *Estonian Human Development Report 2006*. Tallinn: OÜ Print Best, pp. 108-119.
- Kikas, M.** (1999) "Some aspects of minimum income level and living allowance in Estonia." In Tulva, T. (ed) *Estonian Social Welfare at the Threshold of the Millennium*. Tallinn University of Educational Sciences, pp. 51-58.
- Lahelma, E.** (2004) *Tytöt, pojat ja koulukeskustelu: miten koulutuspoliittiset ongelmat rakentuvat?* "Girls, boys and discussion about the school: how the problems of school policy are constructed?" In *Koulu-Sukupuoli-Oppimistulokset*. "The School-Gender- Study results." Finland: Opetushallitus. Moniste 8, pp. 54-67. Helsinki: Edita Prima OY.
- Lahelma, E.** (2005) 'School Grades And Other Resources: The `Failing Boys` Discourse Revisited'. *Nordic Journal of Women`s Studies*, No. 1-12, Month 2005.
- Lahelma, E., Öhrn, E.** (2003) "Strong Nordic women" in the making Gender policies and classroom practices". In Beach, D., Gordon, T., Lahelma, E. (eds) *Democratic Education. Ethnographic Challenges*. Lightning Source, England. pp. 39-51.
- Leino, M.** (1999) "Different opinions as one reason of school conflicts". In Tulva, T. (ed) *Estonian Social Welfare at the Threshold of the Millennium*. Tallinn University of Educational Sciences, pp. 90-96.

- Leino, M., Veisson, M., Ruus, V.-R., Sarv, E.-S., Ots, L., Veisson, A.** (2007) 'Post-socialist school – sustainable for boys or girls?' In Pipere, A. (ed) Education and sustainable development: First steps toward changes. BBCC/ISE annual collection of articles, Vol 2. Daugavpils: Daugavpils University Academic Press Saule, pp. 150-160.
- Palmu, T.** (2003) Sukupuolen rakentuminen koulun kulttuurisissa teksteissa. "Development of Gender in cultural texts of school". Helsingin Yliopiston kasvatustieteen laitoksen tutkimuksia 189. Yliopistopaino, Helsinki. (University of Helsinki)
- Pittman, T.S., Boggiano, A.K.** (1992) Psychological perspectives on motivation and achievement. In Boggiano, A.K., Pittman, T.S. (eds) Achievement and Motivation. Canada: Cambridge University Press, 1-8.
- Pullerits, P.** (2005) "Vaesed mehepojad". "Poor men". Postimees, 24.10.2005, p. 2.
- Renzetti, C.M., Curran, D.J.** (1998) Women, Men, and Society. Allyn and Bacon, USA.
- Silvennoinen, H.** (1992) "Huono-osaisuus ja koulutus". "Problems and schooling". Kasvatus (Education) 3, pp.256-267.
- Sunnari, V., Heikkinen, M., Kangasvuo, J.** (2002) Introduction. In Sunnari, V., Kangasvuo, J., Heikkinen, M. (eds) Gendered and Sexualised Violence in Educational Environments. Oulu University Press, pp. 9-23.
- Toomse, M.** (2007) "Inequalities in Education". In Toomse, M. (ed) Social Inequality. Statistics Estonia.
- Tulva, T., Tedre, S.** (1999) "Transition in Estonia: influences on Women's life". In Tulva, T. (ed) Estonian Social Welfare at the Threshold of the Millennium. Tallinn University of Educational Sciences, pp. 30-40.

DEINSTITUTIONALISATION: MENTAL HEALTH SERVICES IN THE AGE OF NEO-LIBERALISM

Abstract

The policy of deinstitutionalisation (the closure of large psychiatric hospitals and a move towards community-based mental health services) has been a feature of the development of services in liberal democracies. This policy was the result of a series of criticism of the abusive nature of institutional psychiatry. Though the policy has its roots in a body of essentially progressive ideas, the policy was pursued at a time when neo-liberal governments were in power – this is particularly the case in the USA and UK. The anti-statist, individualist themes of the critics have chimed with several tenets of neo-liberal ideas. The results of deinstitutionalization have been largely very poor. Community mental health services were largely underfunded, poorly organized and unable to cope with the demands placed upon them. In addition, other social problems such as mass unemployment, the destructive impact of increased substance misuse combined with the reduction in other aspects of welfare state provision meant that the institution was replaced, for many, by a bleak existence at the margins of urban society. More people with mental health problems were drawn into the criminal justice system.

Key words

deinstitutionalization; neo-liberalism; social exclusion; mental health services

Neo-liberalism

In the West, following World War II, governments largely followed a series of Keynesian economic policies. Governments invested in a range of public services such as health and education. Unemployment was at very low levels for most of the period 1945-74. This period of expansion came to an end with the oil crisis. The rise in the price of oil and subsequent inflation led to a retrenchment in the public sector. The late 1970s and early 1980s saw the election of a series of right wing Governments, most notably those of Margaret Thatcher and Ronald Regan, who were committed to solving these difficulties by reducing the levels of public spending.

In the period of the dominance of Keynesian economic policy, there were always dissenters on the right. The most influential of these was Friedrich Hayek subsequently knighted by the Thatcher government. His influential book, *The Road to Serfdom* was published in 1944. This is an attack on the whole notion of state intervention. For Hayek, the key political value is freedom and this is defined in the Hobbesian negative sense. In the political sphere, Hayek emphasizes that the notion that freedom can be obtained by any government planning or intervention is completely contradictory. Such approaches are doomed to fail.

The Thatcher and Regan governments' economic policies were heavily influenced by Hayek and one of his modern disciples, Milton Friedman. Friedman argued that the control of the money supply was vital to reducing inflation. This approach was characterised by reducing public spending and the level of taxation. For neo-liberals, the role of government was essentially to create conditions in which the market could flourish. Therefore, the state should ideally only concern itself with ensuring the safety of the citizen and the realm. All other areas were most effectively left to the functioning of the market. Any other role for the state was bound to fail because of bureaucratic ineptitude as state employees were not subject to the rigours of a competitive market where inefficient organization naturally failed.

In addition, the expansion of the state comes at the cost of individual liberty. This is most forcibly argued by Novick (1974). State services inevitably reduce choice and allow for greater government interference in the lives of citizens. For Novick, taxation is almost presented as a form of theft. He argues that the highest individual contributors to the funding of government services are those who are least likely to use them. In a minimalist state, individuals make choices about which services they should support. The model here has echoes of Victorian philanthropy.

In the world of practical party politics, governments are coalitions rather than driven by purely ideological considerations. Despite her reputation as the Iron Lady, even Mrs. Thatcher had to make some compromises with the more traditional elements of her party (Gilmour 1992). However, the key themes of the Thatcher project were clear. Levels of direct taxation were reduced, State assets were sold ('privatization') and there was an emphasis on individualism. One area of the State that did not retrench was the penal and criminal justice systems. Wacquant (2009) argues the end of 'Fordism' saw the welfare state being replaced by what he terms 'the punitive state'. This included a shift in the balance between penal and welfare or social programmes and a large prison building programme. The deinstitutionalisation is not a criminal justice programme. However, the responses to its failure reflect the prevailing shift towards punitive responses.

Deinstitutionalisation and the development of community care

This section will explore the changes in mental health policies in England and Wales that have led to the development of community-based services for people with severe and enduring mental health problems. Though the focus is on the UK, similar themes emerge in the North American context. This section will include an analysis of the decline of the asylums and an examination of the crisis that mental health services faced in the early 1990s.

The most influential work in the literature of the crisis of the asylum is Goffman's *Asylums* (1961). Goffman's study of a large state

psychiatric hospital has been seen as a pivotal point. Goffman was concerned with the way that 'total institutions' function. In such institutions, he argued that there was a strict divide between staff and patients. The staff exercised control over all aspects of the patients' daily lives. The institution was so large it could only function if it worked to a strict timetable. The net result was that the organisational needs of the staff took precedence over any therapeutic needs of the individual patients. In this system, all aspects of daily living were monitored - if you were a patient they had to be carried out in front of staff. Two distinct and opposing cultures develop: that of the staff and patients. Goffman argued that patients need to maintain some sense of self, which they do by transgression - often in very minor ways. The staff then interpret these transgressions as evidence of illness or a lack of ability to stay within those ensuring that the individual remains incarcerated. The theme of the individual confronting a repressive and often incomprehensible system was brilliantly exploited by Ken Kesey (1963).

As Pilgrim and Rogers (1999) suggest, the asylum is set apart both physically and metaphorically from its general hospital counterpart. The general hospital was easy to access and usually found in the centre of towns and cities. The reverse is the case for the asylums. These institutions were built on sites away from the main centres of population thus physically separating the mentally ill from the rest of the population.

Scull (1977) sees the rise of the asylums as part of the Victorian response to the problems of urbanisation. In this analysis, asylums along with schools, factories and prisons have a key role to play in social control. Scull argues that as the mentally ill were deemed not to be economically useful, they had to be isolated and removed from society. The net effect was also to serve as a warning to the wider populace of the perils of non-conformity. In addition, this period saw the wider acceptance of a medical view of the causes of mental illness. The asylums therefore were the confirmation of the new status of psychiatry as a distinct branch of the medical profession. Nye (2003) argues that the development of this discourse was part of the wider Enlightenment project. He suggests that 'reason' was seen as the domain of the rich and powerful. The result

was that 'unreason' was thus found among the poor and marginalized – women, the mad and the criminal classes.

Foucault's (1977) analysis of the development of asylums and prisons has been incredibly influential and controversial. At this point, I will consider some of the main themes of his argument. Foucault is concerned with the exercise of power both by individuals and the state. Foucault does not accept the Enlightenment idea of progress and the belief that social problems can be solved by rational means. As Bauman (1997) argues, the changes in this period were as much about the control of emerging groups such as the urban, workless poor, as they were about solving problems. Urban problems were problems of order (Bauman 1997).

In his work both on prisons and asylums, Foucault argues that the development of these institutions represents an ideological shift. For Foucault the 'repressive hypothesis' fails to take account of the creative aspects of power. He sees it as a much fluid force. The focus for state intervention was no longer the body of prisoners or patients but their minds. He argues that this is a more pervasive form of social control. In this analysis, power and the power to punish are much more dispersed throughout the social system. It therefore operates on a number of levels. Foucault terms this ideology of discipline 'savior'. Expressions of this ideology can be found amongst all groups apart from the deviant and it operates as a mechanism of repression both of the self and others. This analysis recognises that it is not only the professions that are involved in the disciplinary mechanism of social control. The disciplinary mechanism becomes an internal one. The physical and psychological geography of institutions mirrored, in a number of respects, the monasteries. For example, incarcerated individuals were not allowed to speak to each other. Cells in prisons, asylums and religious orders were to separate the penitent. The focus of punishment thus became the internal prisoner, rather than the body of the prisoner.

As with the more traditional Marxist analysis of Scull, Foucault argues that the development of these institutions is part of series of bourgeois response to the threat posed by the urban poor. For Foucault, the level of investment required in these institutions is

such that if they did not serve this function they would not have been built. In his writings, Foucault draws attention to the symbolism of the institutions. Bentham's panopticon (Foucault 1977) becomes not just an architectural design but an embodiment of new society, whose institutions form a 'carceral archipelago' for the management of deviant populations be they criminals or the insane. For Foucault, it was this quarantining of the urban poor that was the aim of these institutions. Despite the failure on an individual level of prisons or asylums to create model citizens, they succeeded in warning the rest of the population of the consequences of breaching conventional norms. Foucault has termed these developments as the 'great confinement' This period sees a fundamental shift in attitudes to mental illness and insanity. The outcome, for Foucault, is that the insane becomes the lepers of modern industrial capitalist society. Seddon (2007) in a consideration of the development of policy towards 'mentally disordered offenders' raises the question of how this group, which was seen as potentially treatable or might benefit from developments in psychology and psychiatry, came to be viewed through a prism of risk, management and control. He argues that the 'dividing practices' applied to this group reflect the shift from modernity to late modernity.

The accounts that Scull and Foucault give of the rise of the asylums can be seen as a response to the more traditional view that the asylums with all their faults should be seen as progress on the way to more enlightened treatment of the mentally ill. In this schema, the asylums are part of medical progress and the motives of the reformers are undoubtedly humanitarian and concerned with the relief of suffering (Jones (1960). In this narrative of progress and reform, individuals such as Tuke in York are seen as pursuing an heroic path in the face of the hostility of the wider society. The resulting institutions were attempts to provide safety and succour for a variety of the weaker members of society. In this account, the issue of social control is barely considered, similarly for Scull or Foucault there seems to be no acknowledgement that some reforms might have been the result of humanitarian concerns.

The liberal progressive view of the development of asylums is based on a several key premises about the nature of mental illness and society. As Ignatieff (1985) argues, the orthodox view assumes

that mental illness is an identifiable feature of the human condition. Following on from this basic premise, is the idea that those who are involved in the management of mental health problems are motivated by humanitarian concerns for the relief of the distress of their fellow citizens. The final feature of this model is the acceptance of the dominant position of the medical profession in this process. This is seen as a logical outcome and allows for the application of rational, morally neutral medical knowledge to the symptoms of mental illness. The motor for change is a progressive impulse to find ways of improving services by the application of knowledge. As Rothman (1988) suggests, this leads to a peculiar narrative, in which reformers design new systems, then expose the failings of the new system and eventually replace it with another one. In this account, there is a danger that historical development is seen as linear and teleological. There are a number of implicit assumptions in this narrative: all change is progressive, the current system is the best available and the development of new knowledge will lead to further improvements. In many ways, the criticisms of community care follow a similar narrative structure.

The term anti-psychiatry covers a range of critical perspectives on psychiatry (Foucault (1977), Scull (1977), Laing (1959, 1967), Szasz (1971)). Such is the divergence of views that it would be simplistic to group together as a movement. However, a number of common themes can be identified. The first is a questioning of the assumption that mental illness exists in the way that psychiatrists and medicine suggests. In the critical accounts, there is a sceptical approach which sees mental illness as largely socially caused by the injustices of a capitalist society: poverty, racism, gender discrimination and social inequality are socially constructed. In progressive accounts treatment is seen as a therapeutic intervention, whereas from a critical perspective it becomes part of the means by which capitalist society maintains social order and reproduces the class divisions required to ensure its continued existence.

For Scull (1977) the squalid conditions in the 19th century asylums were inevitable. It would be impossible to think of an alternative as there was no system of welfare payments that existed to support these individuals. In addition, families often welcomed the removal

of a non-contributing member as this reduced the burden on the family as whole. As he points out, most of urban society, apart from a ruling elite, lived a marginalized existence in very poor conditions indeed. In such circumstances, those who could not make any contribution would be seen as an economic danger. For Foucault (1977), the investment in the asylums was justified because of the role they played in social control, not because of the humanitarian zeal of the builders of these institutions. Both approaches argue that what later come to be seen as the failings of the asylums - cruelty, squalid living conditions and inhumane treatment - are, in fact, inherent features of their design.

The revisionist accounts are, in themselves, part of the moves towards the policy of community care. The response has come from both medicine and the humanities. It is hardly surprising that medicine (Clare, 1976; Wing, 1978) has sought to challenge accounts of the development of psychiatry that emphasise the elements of social control inherent in the profession. It is, however, somewhat ironic that the most powerful denouncers of this aspect of the exercise of professional power are psychiatrists themselves - Laing, Szasz, Cooper. The 'medical defense' is based on the clear view that the main aim of medicine is humanitarian and altruistic, i.e. the relief of suffering. Within these accounts, there is an acceptance that certain practices would now be seen as cruel or even amount to torture. However, the argument is that this was the state of medical knowledge at the time. The intention was clearly therapeutic within the definitions of the period. This is not presented as a defense of cruel or inhumane practices. It is, rather, a counterbalance to the post-modernist trend to apply moral codes retrospectively. Wing (1978) and Clare (1976) highlight the role of doctors in pushing forward reform.

The critics of Foucault's work and other revisionist accounts have fallen into two very broad categories. The first focus on what are seen as the fundamental historical flaws in the arguments. Sedgwick (1982) has demonstrated that the links Foucault makes between the decline in the treatment of leprosy and the development of psychiatric asylums does not hold. For Foucault, prior to the 'great confinement', mentally ill people had essentially been

tolerated and allowed to live in society. At certain junctures, he argues that the 'mad' had a status which enabled them to act as commentators on society. The role of the Fool in Shakespeare would be an example of this. Sedgwick argues that this portrayal of the mentally ill as the lepers of modern society ignores the fact that mentally ill people had been held in various forms of custody prior to the period Foucault is discussing. Rothman (1971) highlights the fact that the institutions that are usually described as a response to the problems of urbanisation also developed in the USA, which was an overwhelmingly agrarian society at that point.

A second critical approach to Foucault's work is concerned with the nature of morality and humanity in this discourse. Rothman (1971) argues that, though Foucault's main thesis is conceptually attractive, it has imposed its own schema on a very complex story. He suggests that it is simply not possible to reduce the complex causes of the development of asylums to 'conspiratorial class strategies of divide and rule'. Wacquant put this view more strongly:

'... I empathically reject the conspiratorial view of history that would attribute the rise of the punitive apparatus in advanced society to a deliberate plan pursued by omniscient and omnipotent rulers, whether they be political decision-makers, corporate heads or the gamut of profiteers who benefit from the increased scope and intensity of punishment and related supervisory programs trained on the urban castoffs of deregulation.' (Wacquant, 2009:33).

The founders of such institutions often came from religious backgrounds - for example, Tuke at York - which would appear to be in conflict with their ascribed role as the oppressors of the wretched of the Earth. Ignatieff (1985) argues that the revisionist account falls because of a series of misconceptions about the nature of society and social order. He suggests that accounts that assume that the State holds a monopoly of power over social control simplify the complex ways in which laws, morality and public sanctions combine. A further paradoxical feature is that some professions that become associated with the maintenance of social order appear on the surface committed to a more equal and just society. The revisionist account is based on a premise that social order is mai-

ntained by a combination of moral authority and practical power. Foucault is forced to discount the motivations of individuals – in fact any such consideration would be outside of his analysis. His argument is so concerned with symbolism and process that it does not allow for individual motivation. This is both a strength and weakness. The strength comes from the radical challenge to the liberal progressive view. The weakness lies in the fact that, ironically, Foucault dehumanises staff in institutions. Stone (1982) goes further and suggests that this exposes the ultimately nihilistic streak in Foucault's work. All human relationships are analysed through the prism of power, domination and subordination. This ignores or denies the existence of other factors in relationships such as mutuality, humanity and interdependence.

The revisionist accounts of the rise of asylums are very challenging as they force the reader to consider what is meant by such terms as progress or humane treatment. In addition, though this is not always made explicit, there is a consideration of the history of the institution from the viewpoint of the incarcerated. This is instinctively more appealing than the narrative which sees the history of the asylums as the struggle of psychiatrists to humanise an inhumane system. However, there is a fundamental difficulty with the revisionist accounts in that they appear only to be able to consider or describe human relations in the language of subordination and domination. In challenging the notion of progress, there seems to be a denial of its possible existence whatsoever. For Foucault, the development of the 'surveillance' state seems to lead him to conclude the modernist attack on the custom, tradition and dogma of the ancient regime has led to the erosion of civil rights for most citizens. For Stone (1982), this has had a destructive impact on the development of mental health services and gave intellectual support to the push towards deinstitutionalisation.

Giddens (1991) argues that modernity is characterised by the scope and nature of change along with the emergence of new institutional forms that had not previously existed. One of the core beliefs of modernity is that rationality can be applied to the solution of social problems. Modernity brings with it a series of risks. The pre-modern or pre-industrial community is broken down by the

development of an industrial market economy, which lacks the traditional patterns of authority and deference. This can be seen as liberating as it allows for the development of individualism. However, it is also accompanied by a sense of ambiguity. For example, the modern city can be seen as offering the opportunity for individual self-expression or as a shifting amoral and alienating wasteland. In such an environment, social order and control will become more problematic. The older systems were based on individual, family, kinship and hierarchical ties. Modernity requires a shift to a Weberian bureaucratic approach. In the mental health field, the asylum can be seen as the triumph of this technocratic rationality,

The starting point for the crisis in asylums is usually identified as the late 1950s and the early 1960s. This period saw the emergence of 'anti-psychiatrists' such as Laing, Cooper and Szasz. It would be inaccurate to describe them as a group and only Cooper accepted the label of anti-psychiatrist. However, the themes that emerged in their work challenged the nostrums of the psychiatric profession. Psychiatry finds itself in an unusual position in modern medicine in that treatment can be imposed against the will of the patient. This group of thinkers was concerned to develop a form of psychiatry that would adopt a much more holistic approach which looked at the social causes of distress that their patients were suffering. This would necessarily involve a paradigm shift from the institutional, coercive, pharmacological care that dominated at that time to a voluntary, more psycho-dynamic, social and community-based modes of service. Szasz is an exception here. His arguments stem from a libertarian position which leads to conclude that psychiatric diagnosis is a process, which not only allows the State to restrict the liberty of individuals but also allows others to escape responsibility for their actions.

Scull argues that asylums were never humanitarian institutions and could never be despite the claims of their founders. The rates of admission to asylums had begun to decline in the 1930s. However, in 1954 there were still 154,000 patients in British mental hospitals. The criticisms of these institutions grew in the following decade. Barton (1959) identified the negative effects that institutionalisation could have on patients comparing the behaviour of patients

on long-stay wards to the observations of similar behaviour that he had observed amongst prisoners in concentration camps. Scott (1973) argued that the hospital itself made individuals passive. This meant that they would be unable to cope outside of the institution. This followed earlier work by Wing (1962), which had shown how the process of social withdrawal developed amongst long-stay patients. The majority of patients would fall into this category at this time. Overall the picture is one of a physically, socially and culturally isolated institutions cut off from the main stream of health care and the wider society.

In the UK, the moves away from a system based on institutional care were supported by the nascent service users movements. In addition, the aims and aspirations of these movements chimed with other protest movements in society in the 1960s such as the movement for civil rights, the feminist movement and gay rights. It should be noted that the history of psychiatry - and present day practice - is scarred by its use to abuse women, members of ethnic minority communities and gay men and lesbians. The failings in hospital-based care were highlighted further by Martin (1985). Martin identified the ways in which these institutions had become isolated from mainstream service provision. As noted above, these institutions were geographically isolated from the communities that they served. Within the institutions, wards could become isolated with small numbers of staff in charge of very large numbers of patients. In his study, Martin also highlighted the way that, on the worst wards, there was a lack of leadership from consultant staff. The final factor that allowed for abuse was the isolation of the patients themselves. Martin found that patients with regular visitors were less likely to be abused. The overall picture is a very depressing one: large numbers of patients, little therapeutic work, poorly trained and poorly paid staff, who lack a sense of a professionalism or a commitment to rehabilitation. If the hospital scandals that Martin studied were an impulse in the move towards community care, those policies in themselves have failed to prevent the repetition of such scandals (Fallon 1999), which have often identified similar themes.

The above is part of the liberal interpretation of the rise and fall of the asylums as it rests on the idea that the moves towards community care came about because of a humanitarian impulse to improve the quality of life for those suffering from long-term mental health problems. The most common explanation by policy makers for the decline of the asylums is the development of the new major tranquillisers. As Pilgrim and Rogers (1999) argue, this is a problematic explanation as it does not explain why community care came to an umbrella policy or approach that was adopted across a range of settings, including groups such as people with learning disabilities, who were not actually treated with the medication that was alleged to be at the heart of the revolution. Another barrier that such an explanation has to overcome is the differential rates of the implementation of the policy of deinstitutionalisation.

The general portrayal of the asylum is one of a large dehumanising institution, which acted as a warehouse for the insane. In the literature, there have been relatively few attempts to look at the asylum as a functioning organism. Gittins (1998) is a study of one long-stay hospital - Severalls Hospital in Essex. The value of this study is that it acknowledges the complexity of such institutions and the motivations of the staff. The hospitals were communities and formed the focal point of the working lives of staff. Such institutions were usually the main employers in an area. It was not uncommon for members or generations of the same family to work at the same place. In addition, it is often possible to overlook the fact that despite its many failings the asylum was home for patients.

As Gittins argues, for certain groups the asylum did fulfill its real role:

'It seems that for some, particularly women, the fact that they could withdraw from the outside world, from family time and body time dominated by endless pregnancies, poverty and abuse meant that life in Severalls could provide a time of peace and a possibility of asylum, in the original sense of the word'. (Gittins, 1998: 9).

Scull (1977) argues that following the post-war development of the welfare state, the fiscal cost of maintaining asylums was too prohibitive. He argues that costs had risen in the US because workers

had become more unionised thus increasing wage rates and the unpaid labour of patients was no longer used. The consequences of this policy have been an unmitigated disaster for the mentally ill, who have been abandoned in (Scull's term) 'deviant ghettos'.

Whatever the debates about the causes of deinstitutionalisation, it is clear that it is a policy that has been widely adopted, for example, in North America, Western Europe and Australia and New Zealand (WHO 2001). The same report highlights that long-term facilities are still the most common form of service provision - 38% of countries worldwide have no community-based mental health services. This reflects the variation in the structure and delivery of health services throughout the world (Hicking, 1994; Mizuno, 2005; Ravello, 2006).

The justification for the development of community-based mental health services is founded on a moral and a clinical argument. It is a combination of idealistic and pragmatic approaches. The idealism can be seen in the civil rights arguments that were put forward. Community-based services, it was argued, would by definition be more humane. Lamb and Bachrach (2001) argue that this was based on a moral argument with little empirical evidence to support it. The pragmatic element was one of cost. The idealistic approach did not fully address the issue of cost. It is notoriously difficult to cost health care effectively. The hidden cost of community care meant that large savings were not made immediately. In addition, the initial cost of resettling patients with very complex needs, who had often spent most of their adult lives in hospital, meant that for a short period community care would prove to be more expensive than institutional care.

The Hospital Plan (1962) is seen as the official commencement of the deinstitutionalisation policy in England and Wales. Its aim was to ensure that there would be a reduction in bed use from 5.4 per 1000 to 1.8 per 1000 over a fifteen year period to 1977. The result of the policy can be seen in the fact that in 1955 there were 151,000 patients were in hospital and the figure had fallen to 71,000 in 1984. The policy of deinstitutionalisation can be divided into three distinct sections or phases. This is because the policy

is really an amalgamation of a series of policies aimed at distinct groups of patients.

The first phase of the implementation was the resettlement of groups of patients who had been long-term residents of the large asylums. This process has been portrayed largely as a success, certainly when compared to the media discussion of community care in the late 1980s and early 1990s. Leff and Trieman's (2000) study of 737 resettled patients from Friern and Claybury Hospitals found that there was actually little improvement in the symptoms or social behaviour of the group but that the patients appreciated their new-found freedom. This group of patients were more likely to have been in hospital for longer. The long-term effects of institutionalisation combined with the severity of illness meant that it would be likely that these patients would need the most support to adjust to their new living environment. This work confirmed that the adjustment could be made, but that this could only be achieved with high levels of support from multi-disciplinary teams. This cohort of patients were the most likely to have received the highest level of support. This supports the argument that the move to community care services was about switching the use of resources rather than reducing the level of investment. Lamb (1993) warned that good community care does not cost less. In addition, he suggested that though there were some good services in existence, they had, in fact, only served the needs of a very small proportion of the severely mentally ill.

Langley-Hawthorne (1997) suggests that schizophrenia is one of the most costly illnesses in terms of the impact on the economy. The illness usually has its first onset in early adulthood when individuals are beginning to establish themselves in the world of work or obtaining qualifications in further or higher education. This is clearly a crucial time and disruption can have long-term effects on life opportunities. Schizophrenia is a term that covers a range of symptoms. Any estimate of cost has to adopt a very general approach in an attempt to measure lifetime costs. This would allow for variations in the onset of illness, the extent of the symptoms and the various treatment programmes that are adopted. The overall outcome is a very negative picture. The Office of the Deputy Prime

Minister's (ODPM) report on Social Exclusion (2004) uses a range of measures to demonstrate that those suffering from long-term mental health problems are one of the most marginalized groups in society. For example, amongst people with disabilities those suffering from mental illness are most likely to be unemployed.

The second wave of deinstitutionalisation is the phase that is most associated with the failure of community care. The first group of patients that had been discharged from long-stay hospital had been fully engaged with services - this was, of course, a function of the nature of the regimes that they had endured. Following this group, there was a new cohort of patients. This group had not experienced the same institutional environment. Members of this group of patients were likely to have been in hospital for shorter periods. The weaknesses and shortfalls in the implementation of community care were identified at an early stage (Lamb, 1984; 1988). Baron (1981) highlighted the fact that the public's negative views of mentally ill people was a barrier to re-integration. In addition, the appearance of increased numbers of homeless people, who were clearly experiencing mental distress served to re-enforce this prejudice. Aviram (1990) argued that the crisis in community care in the US reveals the desire of society for social control. For most commentators, apart from those Scull or Foucault who see it as the same policy by different means, community care is seen as a progressive set of ideals. However, it should be noted that the main shift towards community-based services occurred following the fiscal retrenchment of the 1970s and early 1980s.

Conclusions

Galbraith argued in *The Affluent Society* (1999) that public investment is needed in social goods in areas of provision where the private sector will not invest. This provision could be in types of services or social goods for particular groups. If this investment fails to take place the result is 'private affluence, public squalor'. The modern civic and urban landscape has led to the reduction of public space and the policing/ surveillance of those spaces in

more punitive fashion. As Davies (City of Quartz) argues, the architecture of cities excludes the urban poor not just physically, but psychologically.

The paradox of deinstitutionalization is that a policy that has its roots in progressive ideals and an optimistic vision of community cohesion has resulted in a situation where the figure of the homeless, itinerant acutely mentally ill has become a constant feature of the modern urban landscape. If this is not depressing enough, this scar on modern social policy seems to be accepted largely uncritically.

One of the effects of deinstitutionalisation has been to increase the contact between those with mental health problems and the police and prison systems (Robertson, 1988; Singleton et al, 1998; Shaw et al, 2004)). In addition, Barr (1988) argues that the policy of 'zero tolerance', where civic authorities introduce a series of measures to tackle low level public order or nuisance offences, disproportionately impact on mentally ill people. As well as criminalizing homelessness, they serve to further embroil severely mentally ill people in the criminal justice and prison systems. Others have argued that the asylum has been replaced not by the community-based mental health services that were envisaged, but by bedsits, housing projects, day centres and soup kitchens (Moon, 2000; Wolch and Philo, 2000; Wolff, 2005). The argument here is that individuals are physically present in the community but are denied the opportunity to be active citizens. Many of their major social interactions are with professional staff. Other social outcomes such as physical health and employment are very poor (Brown et al, 1999). People with schizophrenia are likely to be the poorest members of industrialized societies (Eaton, 1980). Kelly (2005) uses the term 'structural violence' (adapted from liberation theology) to outline the interplay between economic and health factors combining to restrict the life chances of this group. In the UK, the Office of the Deputy Prime Minister's (OPDM) report on social exclusion highlighted the deeply entrenched nature of the barriers outlined above. In 1998, when launching a new start for mental health policy in England and Wales, the Secretary of State for Health, Frank Dobson, famously stated 'community care has failed' (DH 1998). Unfortunately, the

focus on the response to this has been a legalistic one that ultimately led to the introduction of community treatment orders. This approach does not tackle the fundamental underlying issues. A policy based on the civic values and ideas of a community engagement would be far too effective (Mental Health Foundation 1994). The failure of deinstitutionalisation has led to the further marginalization of people who are severely mentally ill.

References

- Aviram, U.** (1990) 'Community care of the severely mentally ill: is social control a 'necessary evil' in policy making considerations'. *Psychiatric Quarterly*, 61(2), pp. 77-86.
- Baron, R.C.** (1981) 'Changing public attitudes about the mentally ill'. *Hospital and Community Psychiatry*, 32(3), pp 173-178.
- Barr, H.** (2001) 'Policing Madness: People with Mental Illness and the NYPD'. In Mcardle, A. and Erzen, T (eds) *Quality of Life and the New Police Brutality in New York City*. New York. NYU Press.
- Barton, W.R.** (1959) *Institutional Neurosis*. Bristol Wright and Sons.
- Bauman, Z.** (1997) *Postmodernity and its discontents*. New York: NYU Press.
- Brown, B., Birtwhistle, J., Roe, L., Thompson, C.** (1999) 'The unhealthy lifestyle of people with schizophrenia'. *Psychological Medicine*. 29, pp. 679-701.
- Davies, M.** (1992) *City of Quartz: Excavating the Future in Los Angeles*.
- Department of Health** (1998) *Modernising Mental Health Services sound safe and supportive*. London HMSO.
- Eaton, W.W.** (1980) *The sociology of mental disorders*. New York. Praeger.
- Fallon, P. (Chair)** (1999) Report of 'the Committee of Inquiry into the Personality Disorder Unit, Ashworth Special Hospital'. London, HMSO.
- Foucault, M.** (1977) *Discipline and Punish*. London: Penguin.
- Giddens, A.** (1991) *The consequences of modernity*. Cambridge: Polity Press.
- Gilmour, I.** (1992) *Dancing with Dogma: Britain under Thatcherism*. London: Simon and Schuster.
- Gittins, D.** (1988) *Madness in its Place*. London: Routledge.
- Goffman, E.** (1968) *Asylums: essays on the social situation of mental patients and other inmates* Harmondsworth: Penguin.
- Hicking, F.W.** (1994) 'Community Psychiatry and deinstitutionalization in Jamaica'. *Hospital and Community Psychiatry* 45(11), 1122-1226.

- Ignatieff, M.** (1985) 'State, Civil Society and Total Institutions'. In Cohen, S., Scull, A. (eds) *Social Control and the State: historical and comparative essays*. Oxford: Blackwell.
- Kelly, B.** (2005) 'Structural violence and schizophrenia'. *Social Science and Medicine* 61, 721-730.
- Kesey, K.** (1963) *One Flew Over the Cuckoo's Nest*. London: Methuen.
- Kimhi, R., Barak, Y., Gutman, J., Melamed, Y., Zohar, M., Barak, I.** (1998) 'Police attitudes toward mental illness and psychiatric patients in Israel'. *Journal of American Academy of Psychiatry and the Law*.
- Laing, R.** (1959) *The Divided Self*. London: Tavistock.
- Laing, R.** (1967) *The Politics of Experience and the Bird of Paradise*. Harmondsworth: Penguin.
- Lamb, H.R.** (1984) 'Deinstitutionalisation and the homeless mentally ill'. *Hospital and Community Psychiatry* 35(9), 899-907.
- Lamb, H.R.** (1988) 'Deinstitutionalisation at the crossroads'. *Hospital and Community Psychiatry* 39(9), 941-945.
- Lamb, H.R.** (1993) 'Lesson learned from the deinstitutionalization in the US'. *British Journal of Psychiatry*.
- Langley-Hawthorne, C.** (1997) 'Modeling the Lifetime Costs of Treating Schizophrenia in Australia'. *Clinical Therapeutics* 19(6), 1470-1495.
- Leff, J., Trieman, N.** (2000) Long-stay patients discharged from psychiatric hospital. *British Journal of Psychiatry*, 176, 217-223.
- Martin, J.P.** (1985) *Hospitals in Trouble*. Oxford: Blackwell.
- Mental Health Foundation** (1994) *Creating Community Care: Report of the Mental Health Foundation Inquiry into Community Care for People with Severe Mental Illness*. London: The Mental Health Foundation.
- Mizuno, M. Sakuma, K., Ryu, Y., Munakakta, S., Takebayashi, T., Murakami, M., Falloon, I.R., Kashima, H.** (2005) 'The Sasagawa project: a model for deinstitutionalisation in Japan'. *Keio Journal of Medicine* 54(2), 95-101.
- Moon, G.** (2000) 'Risk and protection: the discourse of confinement in contemporary mental health policy'. *Health & Place* 6, 3, 239-250.
- Murphy, E.** (1991) *After the Asylums: community care for people with mental illness*. London.
- Nye, R.** (2003) The evolution of the concept of medicalisation in the twentieth century. *Journal of the History of Behavioural Sciences*, 39(2), 115-129.
- Office of the Deputy Prime Minister** (2004) *Mental Health and Social Exclusion: Social Exclusion Unit Report*. London, HMSO.

- Pilgrim, D. and Rogers, A.** (1999) *Sociology of Mental Health and Illness*. Buckingham: Open University Press.
- Ravelli, D.** (2006) 'Deninstitutionalisation of mental health care in the Netherlands: towards an integrative approach'. *International Journal of Integrative Care*, Vol. 6.
- Robertson, G.** (1988) 'Arrest patterns among mentally disordered offenders'. *British Journal of Psychiatry* 153, 313-316.
- Rothman, D.** (2002) *The discovery of the asylum: social order and disorder in the new republic*. New York: Aldine de Gruyter.
- Scott, R.D.** (1973) 'The treatment barrier: Part 1'. *British Journal of Medical Psychology*, 46, 45-53.
- Sedgwick, P.** (1982) *Psychopolitics*. London: Pluto Press.
- Scull, A.** (1977) *Decarceration: Community Treatment and the Deviant - A Radical View*. Englewood Cliffs, NJ: Prentice-Hall
- Scull, A.** (1986) 'Mental patients and the community: a critical note'. *International Journal of Law and Psychiatry*, 9, 383-392.
- Scull, A.** (1989) *Social Order/mental Disorder: Anglo-American Psychiatry in Historical Perspective*. Berkeley: University of California Press.
- Seddon, T.** (2007) *Punishment and madness: governing prisoners with mental health problems*. Routledge-Cavendish,
- Shaw, J., Baker, D., Hunt, I., Moloney, A., Appleby, L.** (2004) 'Suicide by prisoners'. *British Journal of Psychiatry*, 184, 263-267.
- Singleton, N., Meltzer, H., Gatward, R.** (1998) 'Psychiatric Morbidity among Prisoners in England and Wales'. London, HMSO.
- Stone, L.** (1982) *An Exchange with Michel Foucault*. New York Review of Books.
- Szasz, T.** (1963) *Law, Liberty and Psychiatry*. New York: Macmillan.
- Szasz, T.** (1971) *The Manufacture of Madness*. London: Routledge and Kegan Paul.
- Wacqaunt, L.** (2009) *Punishing the Poor: The Neo-liberal Government of Social Insecurity*. London: Duke University Press.
- Wing, J.** (1962) 'Institutionalism in mental hospitals'. *British Journal of Social and Clinical Psychology*, 1, 38-51.
- Wing, J.** (1978) *Reasoning about Madness*. Oxford: Oxford University Press.
- Wolch, J., Philo, C.** (2000) 'From distributions of deviance to definitions of difference: past and future mental health geographies'. *Health and Place*, 6(3), 137-157.
- Wolff, N.** (2005) 'Community reintegration of prisoners with mental illness: a social investment perspective'. *International Journal of Law and Psychiatry*, 28, 43-58.

***THE INFLUENCE OF THE THIRD SECTOR IN CHANGING
THE WELFARE SYSTEM AND SHAPING SOCIAL POLICY
IN BOSNIA AND HERZEGOVINA***

Abstract

Non-governmental organisations have developed strongly during the past 15 years. In the earlier part of this period the war crucially influenced the orientation of the majority of non-governmental organizations to engage in humanitarian activities aimed to remove or reduce numerous consequences of war. A significant number of non-governmental organizations undertook considerable obligations that should have been realised by the state institutions, such as the provision of various social services to citizens at the local level. With this action, NGOs entered into the challenging process of cooperation with the government; organs of local self-government and their institutions becoming increasingly rooted in society as a significant factor and social capital in providing broad social services. This paper explores the impact of non-governmental organizations in the domain of social protection in Bosnia and Herzegovina and their role in providing better social service programs for welfare and non-welfare users

Key words

non-governmental organisations; social services; partnership; mixed-welfare approach; community social work; local communities; social welfare reform.

Research Background

At the beginning of the 1990s Bosnia and Herzegovina (BiH) was marked with the collapse of Yugoslavia, and experienced independence which resulted with 5 years of civil war. National conflict and the post-war period created serious economic, social and political instability, and brought to light many issues which Bosnia and Herzegovina had been facing for a decade. Dynamic changes within Bosnia's society caused some of the issues, such as post-conflict discrimination and ethnic separation, destruction of the economy, poverty, a high rate of unemployment, inadequate access to health and social care for various social groups at high risk and lack of adequate human rights and legal protection. (UNDP, 2007).

During the war and in the immediate post-war period, over 70% of the population used one or more type of social welfare provision, among which the most important are: humanitarian assistance, financial support, psycho-social support, care, etc. At this time non-governmental and civil society organizations operating in the domain of the so-called 'urgent humanitarian operations,' increased, largely due to considerable financial support by the international community and its funds. In fact, many of the NGOs which emerged at local level — either under the influence or even upon the initiative of international NGOs — were present in BiH during the war, and more so during the period between 1996 and 2000.

With financial and technical support from international organizations that determine the focus of activity, local NGOs have broadened their field of action and were slowly entering the areas where government institutions and organizations had failed to provide the necessary development assistance and services to individuals (social services provision), thus gaining the trust of the population in all parts of the country. This had occurred due to the highly complex and decentralized structure of BiH which effectively created two distinct political and territorial entities – Federation of Bosnia and Herzegovina (FBiH) and Republic of Srpska (RS) – which both enjoy substantial autonomy with their legislative measures. This structure has created divided and uncoordinated legislative sys-

tems of social protection at local and national level, which resulted in an unclear model of social policy that created unequal and ineffective chances in providing equal services for all users.

However, the local non-governmental organization 'interfering' in the business of government, particularly through provision of basic conditions for citizens, led to government institutions propagating the doctrine that non-governmental organizations were against government interests. In fact, that was the time when it could not be expected that civil society could have any influential role in the process of planning and developing public policies.

Political changes during 2000 were a clear signal that a window was opening for the active participation of civil society in creating public policy. In the context of the social welfare system, it was a period when major reform projects started to be implemented under the auspices of international organizations and development agencies. From the very beginning, the international element promoted the concept that civil society plays an important role in comprehensive transitional reform projects towards adaptation of the welfare mixed model in the practice of social policy. A new approach to policy planning and developing partnership relations was fostered during the preparation of the Poverty Reduction Strategy Programme document (PRSP); these were operated by the government structure at all levels, within the working groups and, for the first time, formally included representatives of NGOs.

At the same time, when the partnership between the public and third sector became an apparent further step for social policy progression, there was direct stimulation and promotion of such a concept from the UK Department for International Development (DFID). This organisation financially funded and supported an important reform process which was implemented from 2001 to 2005 throughout BiH in four pilot municipalities of both entities - two in the Federation (FBiH) and two in the Republic of Srpska (RS). The project budget sum was GBP 4 million and was known as 'Reforming the system and Structures of Central and Local Social Policy Regimes.' The main aims of the project were improving social policy planning through strengthening municipalities' social policy management and social service delivery; and developing partner-

ship and community action projects between civil society and municipalities in four pilot areas (IBHI, 2005). Many local government stakeholders and NGOs were jointly involved in developing horizontal and vertical partnerships in social protection, through creating various 'Community Action Projects' that emphasised improving social services delivery for welfare beneficiaries. By the fourth year, all four municipalities had taken over the financing of their activities completely through the municipal budget.

Methodological approach

The objective of this study is to further explore the role, outcomes, function and possible changes which result from partnerships between NGOs and the governmental sector, in terms of social policy and practice in Bosnia and Herzegovina. A qualitative research model was chosen for this study in order to draw out appropriate detail via in-depth interviews. As such, the study is based on an exploratory approach which helps define the issues in a much deeper sense.

In order to explore the role and position of the NGO sector as it relates to the social welfare sector, policy and practice and to evaluate the quality of relationships between NGOs and the local government, semi-structured interviews were conducted with participants from the NGO and public sector. Two local authorities from the social sector (City Administration or Social Work Centre) and eight people from eight different NGOs were interviewed for this study. They were chosen because they have a responsible position in their organizations and have an affirmative attitude towards project activities and a long-term working history within their organizations. They came from diverse NGOs and institutions whose activities at municipality level are addressed to different groups of users, but which are respected in society as organizations which have created various innovative social projects and services provision. Last but not the least, was the highly important factor that all of the participants were engaged in the social welfare sector before the UK Department for International Development (DFID) reform activities started in 2000, in order to be able to provide appropriate

pieces of information concerning the eventual changes that may result from the changes, before and after the reform process.

The research data were analysed thematically. In addition, each transcribed interview was read carefully in order to identify common themes. 'The themes and subthemes are the product of a thorough reading, and reading of transcripts of field notes that make up the data. This framework is then applied to the data, which are organised initially into core themes, and the data are then displayed in terms of subthemes within the matrix and for each case (Bryman, 2004:554). Therefore, respecting this approach, quotes on each theme will be presented throughout this paper as a suitable way to present the data.

Research results

The process of NGO's development at local settings

Development of the third sector in Bosnia and Herzegovina has been closely related to the beginning of the Bosnian national conflict during the 1990s and the post-war period. In principle it has been seen as a highly-regarded activity of various international organizations and communities associating together to establish and support new democratic values, human rights protection and peace-building in countries devastated by conflict. According to this point of view, all of the ten interviewees strongly agreed that such a period made a significant step in terms of social changes. Participant 8 said:

'We got an opportunity to transfer the examples of good practice from developed world into our society and obtained lessons to adapt to the concept of our work and environment.'

The same situation encouraged many of the NGO representatives to take participation within the third sector or even to establish an NGO on their own. A good example of how the presence of international organizations had beneficially influenced the development of the NGO sector in Bosnia and Herzegovina, can be found in the statement of Participant 5, who has launched the fight against

domestic violence together with her female friends/lawyers, establishing a NGO whose main goal was to improve support for women who are victims of domestic violence. She said:

'...We had started observing current legal measures and realized that a victim of domestic violence did not have absolutely any kind of legal protection within our society. Since then, we have decided to show our great devotion regarding modifying legal regulations.'

The specified statement explained how the state in society did have a main role in establishing primary activities that will engage non-governmental organizations in the future.

However, NGO development and its highly recognised engagement did not bring about positive feedback only to the third sector. In fact, it showed importance in creating better public administration, and improving social policy and new services for clients. In fact, such a stance could be extracted from the statement of Participant 2 from the Social Work Centre which presents the main form of public institutions that deliver social services at local level:

'...all these activities of NGO's are being excellently used in order to explore the community needs, for testing potential models of service and to see whether a certain model of quality for our costumers. This can be definitely seen as a positive matter that is being gained from foreign donors, apart from its role in establishing third sector in our society.'

The perception of public authorities regarding partnership relations

Since many of the international organizations in the post-war period were attempting to improve the social and economic situation of Bosnia and Herzegovina, a lot of international funds were invested in various activities and projects which were conducted through the non-governmental sector. However, a gap between the government and NGO sector was becoming visible and cooperation between these two actors was not being established during that period. One of the reasons for such a gap could be seen in the government's distrust towards NGO activities, considering the fact that the impact on the development of civil society came from abroad and used foreign funds; as such, suspicion was becoming increasingly noticeable (Sero, 2007). In fact, ten years were needed to

pass for the BiH civil society to achieve great progress in capacity building as well as to make direct, powerful and organised pressure on the public authorities.

At the same time, rivalry persisted for a number of years between public institutions and non-governmental organizations in the domain of social protection, and it was fuelled by both sectors (Cuk, 2007). Non-governmental organizations perceived themselves as more innovative, more flexible, better equipped and more capable of reacting to the current social situation, while public institutions believed they were more competent, more professional and more reliable in this area. 'As a result of the rivalry, many years have passed with minimum cooperation, which could have improved the system of social protection' (Cuk, 2007:214).

Over the past few years, the understanding and perception of both sectors have changed and different mechanisms were established which have led to consultation, cooperation and partnership. Supporting this point of view, all of the ten participants agreed that the most important changes happened with DFID's activities, by designing the reform process in the domain of the BiH social protection system. The common agreement found amongst all ten participants was aptly expressed by Participant 8:

'It was a precious experience for us to learn some new models of work through support, assistance, training, instructions and guidelines by the expert from England, and that we could have applied learnt lessons in our local community...we think it was the most beneficial matter that could have happened in that transition period.'

DFID plans within the reform process were addressed more to local community actors as social protection is implemented locally through activities of Centres for Social Work (CSW's), since there was the serious lack of cooperation between the governmental and non-governmental sector. CSW's in each entity are responsible for planning and delivering child and family protection, providing generic social work services, and paying social protection benefits' (DFID, 2000:7). Participant 2 from the Centre for Social Work of City Banja Luka states:

'...We received certain funds through the DFID project and the most important segment of DFID activities was developing partnership

relations in the community through the so-called community action projects. Then the CSW applied with a couple of projects...'

The city of Banja Luka was one of several municipalities in Bosnia and Herzegovina which was involved in the DFID's reform system project. The concept of the reform process was based on the idea that, after a few years, the city administration would undertake obligations within its financial plans, devoting a certain portion of funds to the development of the social sector. Participant 2 who is from the City Administration, observed that, apart from NGOs whose work is being demonstrated, there are also non-governmental organizations that acted only in ways that sought to increase the possibility of their being included in the local budget. She explained:

'...literally some of these NGOs expected from us to take all responsibilities in order to completely financing their project activates, without asking the question do they actually provide any positive outcomes from their work....and it is the largest number of such kind of organization that we are dealing with.'

However, Participant 9 — who has long experience within the NGO sector and particularly within her organization for the disabled population — claims that the city administration's point of view stemmed from a lack of awareness of what NGO's could provide after the projects finished; this brings to light a problem that is connected with the shortage of adequate and effective external evaluation. She said:

'...simply, the system of control is not being set up in a correct manner... there are some project coordinators from another organization who have no adequate capabilities of making report in a proper manner, so, and at the end of the day, the city administration will come out with an explanation like "they do not do anything importantly!'

The perceptions of NGOs' representatives

In some communities in BiH in which the process of social protection has made substantial progress over many years, a mixed system of social services has been established. Partnerships between government, non-governmental and private sectors were involved in the provision of social service. As such, the Centre for Social Work signed partnership memorandums with many NGOs from the

local community which they recognised as potential partners, and within its organizational structure established coordinator positions for co-operation with partners (CSW, 2007). Some important steps were taken and most of the interviewees confirmed that some positive changes had taken place around CSW and the city administration. In the meantime, it has opened a significant space for 'recognised' NGOs to collaborate with CSW and its professionals in order to contribute to the improvement of the provision of social services.

A similar experience with either the CSW or other public institutions in the community can be found in the responses of all eight interviewees from the NGO sector. Participant 4 and her organization, which works with drug addicts, signed the memorandum with CSW, and she explained that collaboration based on the memorandum's design works very well, even though the act of cooperating could be improved and extended to a certain degree. According to her, some improvements have been recognised with these public structures in comparison to the period of few years ago. However, some concerns regarding NGO and public sector engagement still exist, and as she highlighted, some of the people from the NGO sector have experienced communication problems with individuals from the public sector due to a misunderstanding and certain doubts for projects that the NGO sector established, along with a fear of competition, which they expressed toward NGOs.

Even though it became natural for many public authorities to see these three sectors as mutually complementary, improving the variety and quality of service provided and ensuring better access to service by beneficiaries, some slight disappointment was still expressed by Participants 3, who worked hard to improve the living conditions for mentally distressed persons. Participant 3 added:

'The partnership is still on the process of development and not being incorporated fully into the practice. In fact, such an approach is based on the willingness of someone to do or change something through the partnership, more then it has been based on the basis of obligations.'

According to this and similar standpoints emerging from the interviews, the current position of civil society in the system of social protection in BiH is seen as sporadic, supplementary and not a particularly obvious or a particularly valued role.

Governmental priorities and non-governmental concerns

During 2004, the agreement on cooperation between the Council of Ministers and the non-governmental sector in Bosnia and Herzegovina was signed in order to affirm the societal values of a partnership between these two sectors, to address a large number of issues and problems in many areas of social life (Coalition Board, 2004).

However, the diversity of issues that take place within the system of social protection in BiH supports Cuk's (2007) statement concerning an ineffective system, which is characterised by the absence of social security for the poor, and a lack of any defined social assistance mechanisms to operate as a part of social security in providing continued existence of persons who are unable to work. Such an approach has increased the concerns regarding inadequate application of the social model, which discourages a broader integration of marginalized groups into the society, as well as uneven levels of development of individual areas, which produces unequal access to rights and resources.

Since the majority of persons and groups at high risk of poverty and social exclusion are beneficiaries of social welfare and protection, one of the interview questions was related to whether the advantage of support was being seen as more obvious with certain social groups, while other socially marginalised groups were neglected. Participant 8 highlighted the fact that even at global level, certain trends allow some social groups to gain greater and greater attention, and they become the priority of many international and domestic decision makers and NGO activist projects, while other groups are left out of focus. Participant 8 also added:

'Now, I think the top issues are Roma communities as considerably marginalised groups in society, and before that in focus were some categories of the disabled. However, when a wave of interest gone away, then the attention of those same categories is being significantly reduced. As long as the fire is on the air, only those who are embraced with the flame, they can expect to receive some service.'

In fact, such a way of thinking was identified amongst three more interviewees as well.

In addition, Participant 6 who is engaged within activity directed towards providing psycho-social support to HIV-infected individuals, also explained his point of view of strange decision-making processes that affect social policy. He commented:

'Even though we have so many years of serious work behind us, we have never ever received any considerable support by the local or public authorities... I do not know what more should be done so that they can start recognizing the importance of this problem. Seems to me that the reaction only comes up when someone who is on this important decision making position, or any of his/her family member, is being hit with a certain problem.'

Apart from the misunderstanding that can be emerged by authority respect to a certain problem, Participant 4 observed another possible reason which affects inequality within better integration processes of NGO's in terms of policy designing:

'It is really difficult to identify who really works well and who does not, because there is no an official body which should filter out the results and quality... It seems to me that those who are louder, and perhaps work less but who put much greater efforts on bothering and demanding, are actually those who receive much greater attention for their project activities by authorities and foundation groups.'

Fundraising

A recent survey estimates that, in total, 10,000 registered civil associations/NGO's and 70 foundations have been in operation in BiH. However, only half of these are genuinely active (ICVA, 2007). According to the same source, the total estimated income of the NGO sector in BiH creates 4.5% of GDP while consumption of the NGO sector amounts to 2.4% of GDP. It is close to 1/5 of the participation of the BiH industry in GDP.

The majority of newly established organizations built their operations and their sustainability on international donations and projects supported by international foundations and organizations. Leaders of civil society organizations are quite worried regarding the trends of relative decrease in foreign funding of non-governmental

sectors, and the sectors' increasing financial dependence on local sources (Sero, 2007).

Besides the potential financial resources which can be generated by the municipalities' budgets for financing programs and projects, eight of the ten interviewees confirmed that for operating social projects, they also applied for funds from governmental institutions at state level, such as the Ministry of Health and Welfare or the Ministry for Family, Children and Youth. This model of financial support from government funds reflects the European Union approach. State funding of NGOs varies substantially, ranging from 20% in Slovakia to over 70% in Belgium and Ireland (Hantrais, 2007). The Independent Bureau for Humanitarian Issues (IBHI BiH, 2007) carried out a survey in 2007 concerning financial support for citizens' associations/non-governmental organizations by governmental institutions in BiH. Data collected from 100 institutions provided a general overview of the total funds allocated by relevant government institutions for the non-profit sector. It found that government institutions — including the Ministries that participated in the survey — planned a total allocation of 25,272,014 Euros for citizens' associations/NGO's by the end of 2007 (IBHI BiH, 2007). It is interesting to note that 29% of the 100 respondent institutions allocate funds on the basis of a public tender, of which the majority are municipalities. Of the institutions which stated they do not use public tenders, 43.8 % (14 in total) allocate funds on the basis of individual requests, and the submission of programmes at the point when the budget is being prepared, 12.5 % (4 in total) do not use tenders because of the low amount of funds being allocated, while 43.8 % (14 institutions) did not provide an explanation (IBHI BiH, 2007) .

Although there are determined efforts of government institutions to create efficient cooperation with the non-governmental sector through periodically financing some programs and projects, five participants expressed serious dissatisfaction in relation to inadequate support by the state institutions.

Non-governmental influences within the policy decision process

Attempts to overcome the lack of common and comprehensive mechanisms of social planning include a new approach fostered by

the European Union and the United Nations, in which government, private and third sector have to act in an effective partnership. All of the eight interviewed NGO participants confirmed that periodically they have been invited by government institutions regarding participation in decision-making processes; especially in finding solutions to current social problems. All of the ten participants explained that individual consultative bodies have been established, including the participation of some of the representatives from the non-governmental sector. However, such participation does not always bring positive feedback. The NGOs' participation in the process of making decision is sometimes seen as limited, because government organizations engage NGOs merely in order to meet the demands of the international community, without serious intentions.

These consultative bodies are not established as permanent bodies, but rather bodies established on an ad-hoc basis to deal with specific objectives. This limits their effectiveness (Trbic, 2007). In most cases, the participation of organizations in a process implemented by state bodies is subject to pressure such as the provision of funding by international organizations.

Conclusions

The analysis of the interviews for this study and the literature review indicate that there are some changes in the area of social protection in Bosnia and Herzegovina. With regards to this, the transformation process has been seen particularly as significant in the development of civil society and in helping numerous non-governmental organizations to break into a new field of work, such as social protection. The considerable efforts by NGOs to formulate and apply new models of provision in the social field have not always been accepted or well-regarded by the governmental sector. At the same time, DFID launched the reform process of the social protection system based on establishing close partnerships between the governmental and non governmental sectors in the area of social protection. Transformations have been created at local level, particularly within the communities that gained the opportunity to be chosen to participate in the reform process.

This new approach in the field of the social welfare has focused particularly on the relationship between the NGOs and some governmental organizations, both at local and at state level. All of the ten interviewees in the study confirmed that communities in the city of Banja Luka have benefited from this collaboration. Beneficiaries have been able to get involved in some new provision of social services as a result of this collaboration. To a certain degree, these partnerships have also influenced social welfare policy and practice. The biggest transformation has been seen in the broader openness of local public institutions towards the idea of partnership. In comparison to previous years, the Centre for Social Work and the city administration have shown a greater willingness for cooperation with the non-governmental sector with the aim of creating a mixed system of social protection.

Despite progress made through this dialogue, there is still insufficient participation of NGOs in decision-making in the field of social welfare and protection and this results in a diminishing of the position of NGOs in the social welfare system, with inadequate funding and lack of resources. The process of partnership demands transparency and, as time has passed, it has been noted that clear rules and procedures ensuring equal access to resources from public institutions or international donors are not being fully developed. With regards to this, the interviewed participants stressed that the most critical problem has been the absence of a transparent and equitable system for allocation of public resources for programs and projects of the non-governmental organizations.

It was also evident that NGOs have experienced difficulties in this partnership because of the lack of mechanisms to monitor standards of services.

Although this study points to the development of a stronger inclusion of local government in social policy, at the same time, there are systemic difficulties regarding the adequate representation of beneficiary groups and the involvement of new service providers. Nevertheless, the involvement of the non-governmental sector in social protection, despite many difficulties, has not gone unnoticed. It has helped change broad approaches, bring in international standards and modern methods of operation, identify community resources

and help the beneficiaries to be more active and involved. NGOs have become very active in providing services to socially vulnerable citizens and advocating for the rights of vulnerable citizens to social protection. Some of the main lessons that have been learnt through the partnerships are: new knowledge about the concept of partnership, new networks among organizations and professionals from both sectors, and an awareness of the needs of marginalized groups. However, some important aspects of partnership, such as building trust among partners and developing a joint vision, are yet to be realised.

References

- Becker, S., Bryman, A.** (2004) *Understanding Research for Social Policy and Practice*. The Policy Press UK.
- City of Banja Luka** (2005) *Social Protection Development Plan 2005-2008*, Department of Economy and Social Affairs, City of Banja Luka, Bosnia and Herzegovina
- Coalition Board 'To work and Succeed Together'** (2004) *Agreement on Cooperation Between the Council of Ministers and BH and the Non-Governmental Sector in Bosnia and Herzegovina*, "The Centre for Civil Initiatives: Sarajevo, BiH.
- Cuk, M.** (2007) 'Social Protection and Social Exclusion Development of Integrated Social Protection in BiH'. In Sero, F., Cuk, M., Bajramovich, M. (eds) *Civil Society in Strengthening Social Inclusion*. Sarajevo: Swiss Agency for Development and Cooperation.
- Deacon, B.** (2000) 'Eastern European Welfare States: The Impact of Politics of Globalization'. *Journal of European Social Policy*, 10 (2).
- DFID** (2000) *Bosnia and Herzegovina: Country Strategy Paper 2000-2003*, DFID UK. Accessed at: <http://www.dfid.gov.uk/pubs/files/cspbosnia.pdf> on 13 December 2009.
- Edwards, M.** (2004) *Civil Society Polity*: UK.
- Flick, U., von Kardorff, E., Steinke, I.** (2004) *A Companion to Qualitative Research*. London: Sage.
- Global Rights and ICVA BiH** (2007) *Report of the NGO's in the Field of Social Protection: Direction of the NGO's regarding legal adjust-*

- ment in social welfare field in Bosnia and Herzegovina. Balkan Trust for Democracy and the Government of Canada.
- Groves, L.** (2006) Desk Review of Social Exclusion in the Western Balkans. Department for International Development. Accessed at: <http://www.dfid.gov.uk/Pubs/files/socialexclusion-deskreview-aug06.pdf> on 15 February 2010.
- Hantrais, L.** (2007) Social Policy in the European Union. Palgrave, Macmillan.
- ICVA** (2007) The ICVA Directory Analyse of the NGO's. Accessed at: [http://www.icva-bh.org/eng/publications.wbsp?WB_Query=language%3D"eng"&wb_mq=F&WB_StartRec=6](http://www.icva-bh.org/eng/publications.wbsp?WB_Query=language%3D) on 15 December 2009.
- Independent Bureau for Humanitarian Issues (IBHI)** (2002) Employment, Provision of Social Services and the Nongovernmental Sector: Status and Prospects for BiH, Analysis and Policy Implications. Sarajevo.
- IBHI** (1998) NGO Sector Review, The local NGO sector within Bosnia-Herzegovina: Problems, Analysis and Recommendations. Sarajevo. Accessed at : <http://www.ibhi.ba/ENG/pdf/ReviewNGOSector-Situation.pdf> on 17 January 2010.
- IBHI** (2005) Qualitative Study No 3: Employment, Social Service provision and the Non-Governmental Organization (NGO) Sector status and Prospects for Bosnia and Herzegovina Analysis and Policy Implications. Accessed at: <http://www.ibhi.ba/ENG/pdf/ReviewNGO-SectorSituation.pdf> on 16 November 2009.
- IBHI BiH** (2007) Case Study: Governmental Financing of Nongovernmental Organisations. Sarajevo.
- IBHI BiH** (2007) Integrity in Reconstruction-Corruption, Effectiveness and Sustainability in Post-War Countries, Sarajevo.
- Jensen, P.H., Pfau-Effinger, B.** (2005) 'Active Citizenship: The New Face of Welfare'. In I J. Goul Andersen, J., Guillemand, A.-M, Jensen, P.H., Pfau-Effinger, B. The changing face of welfare. Bristol: The Policy Press.
- Kljajic, V.** (2000) Social Work with Children in the Post War Period: The Reform of Social Welfare System. Sarajevo.
- Lund, B.** (2002) Understanding State Welfare: Social Justice or Social Exclusion. London: Sage, Thousand Oaks, New Delhi.
- Milosavljevich, M., Vidanovich I.** (1999) Social Work and Social Voluntary Activities. Belgrad: Center for Social Work and Policy Research, the Faculty of Political Sciences.

- OSCE** (2005) *The Assessment Report of Social Service Delivery in Bosnia and Herzegovina*, OSCE mission to Bosnia and Herzegovina. Sarajevo.
- Reiman, K. D.** (2006) 'A View from Top: International Politics, Norms and the Worldwide of NGOs'. *International Studies Quarterly*, 50, 1, 45-68.
- Rhodes, M.** (2001) 'Globalisation, Welfare State and Employment: Is there a European Third Way'. In Bermeo, N (ed) *Unemployment in the New Europe*. Cambridge: Cambridge University Press.
- Sero, F.** (2007) 'The Role Of Civil Society in Social Inclusion in BiH'. In Sero, F., Cuk, M., Bajramovich, M. (eds) *Civil Society in Strengthening Social Inclusion*. Sarajevo: Swiss Agency for Development and Cooperation.
- Spicker, P.** (2006) *Policy Analysis for Practice: Applying Social Policy*. Bristol: The Policy Press.
- Tendler, J.** (2000) 'Why are Social Funds So Popular?' In Yusuf, S., Wu, W., Evennett, S. (eds), *Local Dynamics in the Era of Globalization*. New York: Oxford University Press.
- Trbic, D.** (2007) 'Partnership-What is to Be Done?' In Sero, F., Cuk, M., Bajramovich, M. (eds) *Civil Society in Strengthening Social Inclusion*. Sarajevo: Swiss Agency for Development and Cooperation.
- Townsend, P., Gordon, D.** (2002) *World Poverty: New Policies to Defeat an Old Enemy*. Bristol: Policy Press.
- UNDP** (2007) *National Human Development Report 2007: Social Inclusion in BiH*. Accessed at: <http://www.undp.ba/index.aspx?PID=36&RID=63> on 18 December 2010.

**COMMUNITY-BASED PROGRAMME FOR WAR-AFFECTED
CHILDREN: THE CASE OF GEORGIA**

Abstract

This paper describes the community based psychosocial programme initiated after the armed conflict in Georgia in August 2008. 128,700 people were displaced within Georgia, of which 38,610 were children under the age of 18, and 5,700 children under two years of age. Estonian experts designed a two day program for teachers on the application of crisis psychology, including intervention and identification of trauma, facilitating referrals to qualified mental health professionals.

The survey analyses the designed programme and reflects the evaluation of trained teachers (N=114) in Gori city. Teachers reported that more than half of the colleagues (62.6%) and parents (53.8%) expressed concern about the disturbed behavior of the children who experienced war trauma. The findings show most of the teachers felt they are more capable to support the children at the school and also to provide advice to parents and colleagues concerning traumatized children. Over half of the respondents (63.9%) have used the knowledge and skills acquired with the training.

Key words

children; psychosocial support; war trauma; well-being; community-based programmes.

Introduction

The lives and well-being of children are influenced by diverse forces; instability, violence, traumatic events, including conflicts and wars have a profound impact on children (Jones, 2002; Sims et al., 2002; Almqvist & Broberg, 2003; Lai, 2008). Worldwide, in modern wars, most of the victims affected by armed conflicts are children and their families (Müller-Brettel, 1997; Barbara, 1999; see Summerfield, 1999; Gupta, 2005; Friedrich, 2008; Attanayake et al., 2009). Globally, it is estimated that over one billion of children live in countries or territories affected by armed conflict – almost one sixth of the total world population. They suffer from both the direct and indirect consequences of conflict, as well as the long-term effects on their development and well-being (United Nations, 2009). Even when children are not at immediate physical risk, they are the most dependent and vulnerable members of the society, and have only limited coping strategies (Trebješanin et al., 2000; Myers-Walls, 2004). There is a growing recognition of the need to promote children's well-being and recovery from experiences of trauma.

Effects of the war on children

War may be seen as an extreme societal abuse and neglect of children. The physical and psychological consequences of an armed conflict may be devastating (Klauber, 1998; see Miller, 1998; Moreno, 2000; Gupta, 2005) as exposure to a sudden shocking trauma tends to affect the psychosocial development of children (Grünbaum, 1997; Moreno, 2000; Almqvist & Broberg, 2003; Kiser & Black 2005; see Ronen et al., 2003; see Attanayake et al., 2009). In other words, traumatic events might have serious threat or harm on children (Klauber, 1998; Dybdahl & Pasagic, 2000; Thabet & Vostanis, 2000; Briere et al., 2001; Goldin et al., 2001; Sims et al., 2002; Pfefferbaum et al., 2006; Stallard, 2006). Research indicates that children of war often show symptoms of severe

psychological trauma, such as sleeping disorders and impairment of their concentration, nightmares, withdrawal, anxiety, aggression (Buwalda, 1994; Walton et al., 1997; Dybdahl & Pasagic, 2000; Hosin, 2001; Gupta, 2005), fear of unexpected sounds and movements (Buwalda, 1994; Sims et al., 2005), clinging behavior, depression (Walton et al., 1997; Hosin, 2001); also psychosomatic symptoms (Giacaman et al., 2007). Indirect effects such as the lack of access to adequate health care, exclusion from social services, disintegration of family and social networks, disruption of the local economies, dislocation of food production systems, have also implications in the health and well-being of children and their families (Winter, 1998; Pedersen, 2002; Sims et al., 2002; Myers-Walls, 2004; see Buchanan, 2006; Shortall, 2008).

Well-being of children

Children's safety and well-being are of a vital importance in any society (Munro, 2005, p. 389). According to Compton & Galaway (1994, p. 13), well-being in its broadest sense refers to what is 'good' for people. Allardt (1981, 1993) relates well-being to both level of living and quality of life. Well-being is a state in which a person's needs are being satisfied. A basic need is something which has to be satisfied to a certain extent in order to guarantee survival, to avoid misery and to maintain an acceptable social life (Allardt, 1981, p. 102).

The child's right to an adequate standard of living is the most fundamental of all rights in the world. The Universal Declaration of Human Rights agreed by the United Nations extends human rights to cover "the economic, social and cultural rights indispensable for dignity and the free development of his personality" (Article 22) and "a standard of living adequate for health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services" (Article 25, 1). According to the article 39 in the UN Convention on the Rights of the Child (1989), child victims of armed conflicts have the right for 'physical and

psychological recovery and social reintegration'; article 6 refers to the inherent rights of all children to life and maximum extent possible to the survival and development of the child. In order to safeguard children's rights and to improve children's well-being and to support those who are in need of protection, we need to find the best way what works most effectively on the best interest of the child.

Community capacity building

Studies on the effects of war have mainly focused on direct impact on the individual child or a family (Miller, 1998; Rousseau et al., 1999), with less emphasis on assessing the strengths of the community for psychosocial support. According to Barnett (1999) and Farrington & Farrington (2005), psychosocial well-being and empowerment can best be ensured through participation and community approaches. Community-based psychosocial trauma intervention programmes have been seen as effective in supporting children and families affected by traumatic events (Müller-Brettel, 1997; Chauvin et al., 1998; Miller, 1998; Summerfield, 1999; Cohen, 2005; Kienzler, 2008). Specialists working with children should be aware of the importance of assisting children to recover from the effects of the trauma to which they have been exposed (Friedrich, 2008, p. 206). Teachers play a crucial role in the holistic development of children; they often provide social cohesion, historical and cultural continuity, and a sense of human security. During and after conflicts the school provides children with a structured setting and the ties between teacher and the child may often provide the only normality they possess (Miller, 1998; Richardson, 1999; Jagodic, 2000).

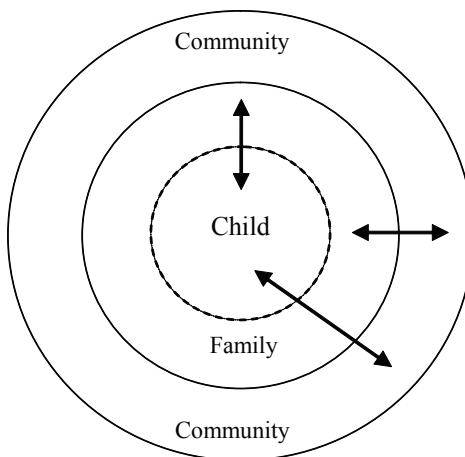
The breakdown of traditional support systems underscores the importance of helping displaced communities to recreate supportive social networks and identifying and developing community resources for support and help (Miller, 1998; see Garrison et al., 1999; Barnett, 1999; see Hosin, 2001; see Allen et al., 2008). Building community capacities to create and sustain

such programmes within own communities are vital to ensure children's well-being (Fernandez, 2007, p. 1368; Attanayake et al., 2009, p. 15). Early screening and identification of traumatized children in school and timely referral to appropriate treatment will likely improve outcomes for many of these children.

The ecological approach

Social ecological approaches recognise that psychological assistance to war affected children often occurs in a social milieu, including teachers and the wider community (see Walton et al., 1997; Winter, 1998; Almqvist & Broberg, 2003; see Chase, 2008). This perspective highlights the importance of the dynamic interaction between children and the environment in which they live (Bronfenbrenner, 1979). Belsky (1983) has also emphasised the importance of the existence of the local support systems for the child. Figure 1 shows the relationships between children, their families and their communities.

Figure 1. Relationships between children, their families and communities (see Friesen & Brennan, 2005, p. 296)



Key assumptions about these relationships are that they are: embedded, meaning that the child lives within families, which are located in communities; reciprocal, referring to the perspective that each system influences the other (child-family, family-community, and child-community); and dynamic, meaning these relationships and influences change over the time (Friesen & Brennan, 2005, p. 296-297). Therefore, training of the teachers of internally displaced communities can be an effective way to provide support and help for traumatized children, also identifying and referring to a crisis specialist.

The case of Georgia

The Republic of Georgia has a population of 4.6 million (FAO/UNICEF/WFP, 2009, p. 7), of which approximately 1.1 million are children (UNICEF, 2008, p. 4). One of the largest cities is Gori, the regional capital of Shida Kartli, with 70,000 inhabitants (Europe Report 195, 2008); it is located to the northwest of the capital Tbilisi (47 miles) (see FAO/UNICEF/WFP, 2009, p. 8). Shida Kartli has the highest incidence of poverty (59.4%) of all the Regions in Georgia (ibid.).

Immediately after regaining independence in 1991, Georgia was confronted with several severe internal conflicts in Abkhazia and South-Ossetia. The 1990–1992 South-Ossetia war resulted in approximately 1,000 casualties and displaced around 60,000 people (Pamela, 2008, p. 613) and the Georgian-Abkhazian war in 1993 claimed up to 10,000 lives, displacing around 250,000 people (Toft, 2001, p. 138; Tarkhan-Mouravi & Sumbadze, 2006, p. 292). These armed conflicts resulted in thousands of victims, who included children and their families, but no professional crisis intervention was provided and none developed for traumatized people. In August 2008, due to the new conflict in Georgia, it was estimated that 128,500 people were displaced within Georgia (mainly in the Shida Kartli region, the scene of the conflict), of which 38,610 were children under the age of 18, and 5,700 children under two years of age (UNICEF, 2008).

Displacement causes human suffering such as deprivation, exclusion, exposure to violence (Miller, 1998; Winter, 1998; Berman, 2000; Tarkhan-Mouravi & Sumbadze, 2006; Giacaman et al., 2007), increasing the psychological and physical vulnerability. According to statistics (Georgia National Progress Report 2006, 2007), around 39% of the population was living below the poverty line and 21% in extreme poverty in 2006 which makes it more challenging to reach the ones who are lacking access to fundamental human needs (including help) and to ensure that the best interest of children are protected. UNICEF (2010) stated that "some school-age children find themselves compelled to leave school to help their families earn a living. Economic hardships cause many families to send their children to orphanages (social orphans account for 95% of institutionalised children in Georgia). The absence of a coherent national child protection policy, as well as comprehensive and consistent data, continues to result in considerable drawbacks in protecting the rights of children'.

To ensure psychosocial assistance and long term support for children (and their families), the community-based intervention programme was initiated by UNICEF Georgia one month after the conflict, in cooperation with the Ministry of Education and Science of Georgia and the Ministry of Foreign Affairs of Estonia. Cooperation at ministry level and with different local organizations was seen as an important component of developing a professional psychosocial support system in communities affected by war. The main purpose of this programme designed by Estonian experts was to ensure the psychosocial recovery of war affected children and their families through community approach in building capacities to create and sustain supportive sources of social support and networks.

The programme of application of crisis psychology in practical situations

Returning to school is often the best strategy for children to overcome the difficulties caused by an emergency situation. Going back to school contributes to children feeling they have returned to normality. In September 2008, soon after the conflict in Georgia, most of the children affected by conflict went back to their old schools. Others had to join new schools in the sites to where they were displaced. In emergency contexts, teachers play a key role in facilitating integration of displaced children in schools, as well as in helping children to deal with and to overcome the stress of the situation; this includes identifying potential cases for referral. The overall goal of the initiative was to enhance the psychosocial well-being of displaced, returnee and conflict-affected children by endowing teachers with information to recognize symptoms of shock, and to refer cases in need of intervention.

The programme was implemented in several phases (seven months in total):

- (a) 3-day training of master trainers from different local organisations (e.g., psychologists, social workers, teachers) on the application of crisis psychology in practical situations;
- (b) 2-day training of 1825 teachers from 64 schools in Tbilisi, Rustavi and Shida Kartli region, including Gori;
- (c) supervision and additional training for master trainers and contact/support persons from schools;
- (d) mobile psychosocial intervention. According to the principle of subsidiarity and the right of the child to be provided with the necessary social services to respond to the needs and to promote psychosocial well-being, mobile psychosocial support was provided for intervention on referred cases in the Gori region. A network for trauma management and a referral system were developed between schools and crisis centres.

The Study

Purpose of this paper

The overall aim of the paper is to describe the community-based programme implemented in Georgia after the armed conflict in August 2008. The programme was developed for teachers and other specialists to provide basic knowledge and skills of crisis psychology to identify traumatized children in their schools in order to support their recovery and refer to professional crisis specialists.

In this paper, the central question is: did the designed and implemented programme work successfully and did it enable the specialists to develop sufficient expertise to recognise traumatized children and to provide appropriate support to them? The study is based on the evaluation of trained teachers in Gori city.

Research method

In order to understand how the developed programme (support system) can effectively support and enhance the recovery of the child affected by trauma, it is crucial to conduct a systematic and comprehensive examination and assessment, and to have knowledge about the outcomes of the implementation (Epps & Jackson, 2000; Miller & Bentovim, 2003; Colton et al., 2001). Systematic assessment helps to plan support, gather resources and make other interventions to increase the likelihood that the needs of the children are responded to. It also provides the basis for designing well-targeted interventions. The assessment was planned as a combination of the following methods: a questionnaire with teachers from Gori city and villages who participated in the training; and semi-structured and thematically focused interviews with master trainers and mobile psychologists. The first set of data was collected from the teachers from Gori city and is presented in this article.

Participants

The participants were approached to provide their reflections on the training programme and to provide details about their experiences applying acquired knowledge and skills during the year after the armed conflict. The current study included 114 trained teachers from twelve schools in Gori, i.e. 25% (n=456) from all the trained teachers in Gori. 180 questionnaires were distributed from which a response rate of 63.3% was reported. Six questionnaires were less than half completed and for this reason were left out from the final analysis. Participants were recruited through random selection.

The average age group of participants was 41-50 years. Among respondents, 99% were women and 1% men (the youngest was 20 years old and the oldest 67 years old). Analysis shows that most of the teachers (93%) had university based higher education, 6% had a college and 1% secondary education in the given field.

Data collection

The survey was administered in a school setting, the teacher's workplace. School principals were first contacted by the Gori Resource Center (the Resource Center is the local office of Ministry of Education and Science) and asked to request the teachers to participate in the study, at the same time providing background information about the research. Data collection procedures were carried out from September 29 to October 2, 2009. This data collection setting was deemed the most appropriate and time/cost effective means of reaching this population. The survey included a pilot test of the data collection with a small group of teachers in order to ensure the reliability and validity of the data collected.

The questionnaire starts with the questions about the respondents' demographic data and evaluation of the training, including its usefulness in practical situations. Further on, the questions deal with the respondents' assessment of the post-traumatic stress

symptoms of children affected by the armed conflict, trauma related to this, help and support provided for children, concrete cases in which respondents applied knowledge and skills learned from the training but also teachers' own situations and feelings associated with this war and what possibility they had of receiving help and support for themselves. The questionnaire was available in the Georgian language.

Analysis

The SPSS program was used for data entry and analysis. The descriptive statistics display the general statistics, averages. The statistical comparison between different groups ($p < 0.01$) was studied. The results of the research are presented in the tables, also some quotations from open questions are presented.

Results

Assessment of the training and support system

More than half of the teachers participated in the study acquired basic knowledge and skills on the application of crisis psychology during the two-day training (8 hours) – 73.8%. A quarter of the respondents (26.2%) had passed the three-day training (24 hours) in September 2008 for master trainers. Most of the teachers (79.6%) participated in the full programme and did not miss any part of the training. Comparing the two-day and three-day training, the last mentioned covered these topics in depth: death and death rituals in the family and school; differences between death and trauma; psychological support for the individuals; avoidance of burn-out; personal counselling.

Assessing the training on the scale of 10 (from 0 to 10 where 0 marks total dissatisfaction and 10 marks total satisfaction), teachers evaluated the usefulness of the training a year after on

average 8.21. The lowest mark given was 5 (15.0%), the highest 10 (39.3%), 7 and 8 were marked equally 18.7%, 10.3% assessed the training with a 9 and 6.5% a 6. In general, teachers assessed the training very useful. Supervision training was also evaluated highly – 8.14.

Most of the teachers felt they are more capable to support the children at the school and also to provide advice to parents and colleagues concerning traumatized children and situations connected with it. Table 1 indicates that overall percentages for both children, colleagues and parents are very similar, and more than 70.0% of respondents felt after the training that it had helped them a lot to support children, colleagues and parents.

Table 1. Capability of supporting children and advising colleagues and parents after the training based on the knowledge and skills provided within the training (% , n)

Response category	Children		Colleagues and parents	
	%	n	%	n
A lot	10.2	11	9.3	10
Quite a lot	72.2	78	75.7	81
Hard to say	13.9	15	12.1	13
Not so much	3.7	4	2.8	3
Not at all	0	0	0	0

No one selected the answer "not at all". Over half of the respondents (63.9%) have used the knowledge and skills acquired with the training a lot with children at school and their parents, 12.0% have used a lot and only 2.3% have not used it at all. Some teachers (9.3%) could not tell how much they used the acquired skills in practical situations, 12.0% have not used them very much.

A statistically significant difference emerged between the length of the training and the feeling of being capable to support children at school, $p=0.018$. During the three-day training, respondents acquired more knowledge and skills and therefore more self-

confidence to support traumatized children. A statistically significant difference emerged also between length of the training and the assessment of the training on the scale 0 to 10 (usefulness of the training), $p=0.031$.

In November 2008, after some training in the Gori region, trained teachers ($n=132$) were asked for feedback at the end of the second training day to rank the topics according to their importance. The relevance of the topics discussed in the training were evaluated as following: trauma crisis:

- factors influencing behavior (22.6%);
- late trauma reactions (18.9%);
- aggression of a traumatised person (16.1%)
- developmental and trauma crisis (11,8%)
- post-trauma (7.5%);
- model of stability (8.6%);
- primary and secondary victims (5.7%);
- opportunities for help (4.8%);
- trauma influence on quality of life (1.9%);
- debriefing, defusing and supervision (1.9%).

In October 2009, during this survey, teachers were asked to evaluate the same topics again a year later (useful topics in practical situations). A year later, the three most useful topics were indicated based on the mean:

- (1) opportunities for help (60% agree totally);
 - (2) trauma crisis: factors influencing the behavior (34.5% agree totally);
 - (3) model of stability (40.5% agree totally).
- (See Table 2).

Comparing the relevance of the topics of the training programme directly after the training and a year later, some differences can be seen. A year ago the three most important topics were trauma crisis: factors influencing the behavior, late trauma reactions, and aggression of a traumatic person.

Table 2. Useful topics of the training in practical situations (%)

Response category	Agree	Rather	Hard	Rather	Don't	Mean	Std. Dev.
	totally	agree	to say	don't	agree		
	%						
Developmental and trauma crisis	28.6	45.2	19.0	7.1	0	3.95	.877
Trauma crisis: factors infl the behav	34.5	45.2	17.9	2.4	0	4.12	.782
Late trauma reactions	26.3	47.5	22.5	3.8	0	3.96	.803
Primary and secondary victims	25.3	44.0	18.7	6.7	5.3	3.77	1.073
Aggression of a traumatic person	10.8	41.9	28.4	14.9	4.1	3.62	1.074
Trauma influence on quality of life	36.1	33.7	20.5	9.6	0	3.96	.981
Post-trauma	33.8	33.8	25.0	5.0	2.5	3.91	1.009
Model of stability	40.5	33.3	20.2	6.0	0	4.08	.921
Debriefing, defusing, supervision	24.7	38.3	17.3	19.8	0	3.68	1.059
Opportunities for help	60.0	24.4	5.6	10.0	0	4.34	.973

A year after the training the teachers reassessed the usefulness of the themes. In practical situations with children and their parents, respondents needed to apply skills and knowledge more on opportunities for help; a year previously it was mentioned as one of the least needs (4.8%); trauma crisis: factors influencing the behavior, a year previously was assessed as the most important topic; and the main model of stability, a year before was indicated as of less relevance (8.6%). As can be seen, needs have changed to some extent.

The following were mentioned as the most useful elements of the training: concrete methods about how to start a conversation

with the child; how to create a safe environment for a discussion about trauma, including physical environment; the importance of groupwork; knowledge and practical skills to relieve aggression; and understanding the symptoms of a traumatised child.

As mentioned before, one of the crucial aspects of the training programme was to create a network for a support system for referrals (children who needed intervention by professional crisis psychologists). One component of this network was a contact/support person in each trained school to be a link between the school and the crisis centre. According to the teachers who participated in the study, this link has not been working very well. Almost a quarter of the respondents (22.4%) mentioned that such a system or link was not created in their school. In some schools this system is working well – a lot (16.3%) and quite a lot (21.5%). This system was created in other schools but has not been working effectively – hard to say (20.4%), not so much (10.2%), and not working at all (9.2%). During the implementation of the contact/support person's idea, there were concerns about how it will work in general. For this reason, all the teachers were informed about the referral possibilities in their city or nearby and about the mobile psychologist team for referral of cases.

Situation of the children who experienced trauma

Although the emphasis for this study was on the evaluation of the training programme, some questions asked were connected to the situation of the children affected by armed conflict and the provision of support and help for them, based on the reflection of the trained teachers.

The question "how many children in your class have had serious traumas caused by the conflict in August 2008?" was hard to answer for most of the respondents, but almost a third of the teachers (30%) marked the number of such cases - 4.15 (the average). For the most part, children supported by teachers had a close relationship with a person who experienced war (62.8%), living as a refugee, being displaced (40.6%), being in the direct war situation (33.7%), and having witnessed a bomb explosion (20.3%).

More than half of the colleagues (teachers) at school (62.6%) and parents of the children (53.8%) expressed concern about the disturbed behavior of children who experienced war trauma (compared to the situation before and after the armed conflict in August 2008). Several studies (Buwalda 1994; Winter 1998; Gupta 2005) indicate the negative effects of war on children.

According to the respondents' own experience and from interaction with parents, children experienced several post-traumatic stress symptoms connected with the war. Table 3 shows children's reactions as anger, irritability (65.6%), even guilt and shame in some cases (8.6%), and other problems connected to emotional and social functioning.

Table 3. Post-traumatic stress symptoms of children affected by war, based on the teachers' own experiences and concerns of the parents (% , n)

Response category	Yes		No		Don't know	
	%	n	%	n	%	n
Upsetting memories of the trauma	85.1	86	12.9	13	2.0	2
Flashbacks	51.1	45	36.4	32	12.5	11
Nightmares	25.0	23	42.4	39	32.6	30
Feelings of intense distress when reminded of the trauma	45.4	44	37.1	36	17.5	17
Avoiding activities, places, thoughts, or feelings that remind them of the trauma	39.8	35	36.4	32	23.9	21
Inability to remember important aspects of the trauma	10.6	10	60.6	57	28.7	27
Loss of interest in activities and life in general	15.6	15	69.8	67	14.6	14
Difficulty falling or staying asleep	40.0	38	29.5	28	30.5	29
Irritability or outbursts of anger	53.7	51	38.9	37	7.4	7
Difficulty concentrating	38.9	35	43.3	39	17.8	16
Anger and irritability	65.6	61	28.0	26	6.5	6
Guilt, shame, or self-blame	8.6	8	75.3	70	16.1	15
Feelings of mistrust and betrayal	17.0	16	57.4	54	25.5	24
Headaches, stomach problems, chest pain	43.6	42	33.0	31	23.4	22

A high number of children have felt upsetting memories of the trauma, feelings of intense distress when reminded of the trauma, and difficulties in concentrating. A number of students felt more aggressive than before, or even violent (anger outbursts). Long disturbance can cause clinically significant distress or sometimes impairment in different aspects of life (e.g., social relationships, studies at school, interaction with family, etc). Children who have experienced different post-traumatic stress symptoms may need support and help in order to function well in everyday life. Therefore, respondents were asked to describe cases of children who needed support, and to report the type of support that was provided. Almost half of the teachers (42.7%) remembered some instance of children in need of support where they were able to help, based on the knowledge and skills they learned from the training. Some of the teachers wrote a short description of the case and the help that was provided. The cases teachers referred to were mainly about children in 8th-9th grades. Problems mentioned were connected to breaking things and increased aggressiveness:

'Several children were becoming aggressive after the armed conflict. We referred a couple of cases that needed intervention to the mobile psychologists team and they helped these children and also their families. Children are more peaceful now /.../' (Respondent 67).

One of the crucial aspects mentioned was the expression of feelings. Children were in need of expressing their feelings connected to the trauma but in Georgian society it is not common to express such feelings, neither in school nor at home:

'When children returned back to the school after the war, they all wanted to talk about war. They couldn't express their feelings at home. I rearranged the seating during several classes /.../ We were all sitting in the circle and talked what happened and what kind of feelings we had connected to this war. I learned this from the training. I did not know before that talking helps /.../' (Respondent 101).

Respondents who participated the study referred to the two main pieces of advice given by those teachers who did not participate in the training to children in response to disturbing memories from the trauma. These were, first: 'not to talk and think about bad things'; and second, 'go to church to pray':

'Boy from 9th grade wanted to talk about the war constantly. Colleagues advised him to forget, not to talk about it. It increased his aggression. I listened to him, he expressed his thoughts and felt better afterwards. Other teachers who did not come to the training were not listening him and also not other children, they just told to go to church to pray.' (Respondent 47).

Teachers who participated in the training encouraged children to express their feelings and emotions, also helped to build up relations with other classmates if there were some conflicts appearing, mainly due to the post-traumatic stress symptoms:

'A child who was under the bomb fire became aggressive with everyone at school. Applying skills from the training, I talked to him and helped him to solve negative relations between him and his classmates' (Respondent 16).

Children wanted to talk about the traumatic event in some cases but they were not allowed to do this at home and also some teachers at school did not listen to them (more especially those who did not participate in the training programme).

Another big concern was related to fear - fear of sounds like planes and helicopters. This was mentioned by children, but also by teachers themselves. In the case of such sounds, the class was interrupted immediately and children lost their ability to concentrate on their studies.

The situation of teachers and self-help

The school and teachers are an important part of the support system for children and also their families. During the training it became clear that teachers themselves needed help in order to recover from the traumatic events and to be able to support the children. Before the armed conflict in August 2008 there was no sustainable system of social services or referral mechanisms and teachers had not had any training in basic crisis psychology. In Gori, there is Biliki, an NGO for trauma management, but not many teachers knew about this organisation and Biliki lacks human resources to deal with all of the children and families in need of help (there is only one psychologist).

In the survey, teachers were asked to mark the feelings they had experienced during the year after the conflict in August 2008. One of the strongest feelings they had experienced was sadness, the mean 4.55, 67.0% agreed totally, see Table 4. Strong feelings were also associated with anger, fear, desperation and powerlessness.

Table 4. Feelings experienced by respondents during the year after the conflict (%)

Response category	Agree totally	Rather agree	Hard to say	Rather don't agree	Don't agree at all	Mean	Std. Deviation
	%						
Desperation	57.1	20.9	6.6	12.1	3.3	4.16	1.186
Shame	22.4	5.3	13.2	15.5	43.4	2.47	1.612
Loneliness	22.0	9.8	17.1	13.4	37.8	2.65	1.590
Powerlessness,	47.3	25.8	9.7	10.8	6.5	3.97	1.264
Fear	67.3	17.3	5.1	5.1	5.1	4.37	1.125
Sadness	67.0	25.3	4.4	2.2	1.1	4.55	.778
Guilt	13.3	6.0	14.5	9.6	56.6	2.10	1.470
Anger	63.2	22.4	7.9	2.6	3.9	4.38	1.019
Disappointment	53.2	13.0	13.0	5.2	15.6	3.83	1.508

Teachers' experiences were less connected to guilt, shame and loneliness. It can be seen that teachers themselves are under some stress.

A statistically significant difference emerged between the teachers whose colleagues expressed concern about disturbed children and between desperation, $p=0.005$ and powerlessness, $p=0.038$. The more teachers heard and had contact with the cases of traumatized children, the more they felt negative feelings.

It was also important to ask who helps and supports the teachers after dealing with the children's situations. Respondents could choose several sources of help in this question. More than half of the teachers (54.2%) do not turn to anyone for help but try to manage by themselves. The ones who receive support can be divided into two big groups - from family (44.0%), and from colleagues (38.5%). Only 1% of the participants receive continuing supervision (not related to supervision provided by this training programme).

Almost a third of the respondents (30.9%) have or know some brochure or book where they can obtain information about support and coping in crisis and trauma situations; 66.0% do not have any; and 3.1% are not sure if they have or not. A statistically significant difference emerged between the teachers who did not have any kind of brochure or book and fear ($p=0.047$). Teachers who did not have any material felt less secure to help children and to cope with the overall situation arising from traumatic events.

Discussion

After the armed conflict in Georgia, schools and teachers were seen as an important resource for the community in order to help and support traumatized children. Ongoing support and contact with the children may be warranted to improve social functioning and a sense of well-being (Chase et al., 1999, p. 385). Well-being

depends on a stable, familiar and secure environment (Winter, 1998, p. 420).

In this survey, analysis of a training program developed for the teachers and other specialists working with children in Georgia highlighted the need to strengthen community capacity, as a crucial component for promoting a child's well-being.

Teachers assessed the training and supervision very useful in practical situations. Most of the respondents felt capable of supporting children at school and providing advice to colleagues and parents. The relevance of the training topics changed over time as the needs changed. Due to the increased aggressive behavior among children affected by war, teachers need to provide a stable environment and also to develop strategies to provide the support and therefore opportunities for help became more important a year later. A functioning network was an important part of the support system. Analysis of the data brings out the challenge: the link (contact/support person system) between the school and the crisis centres is not functioning as effectively as was planned. There can be numerous reasons for this, e.g., a question of motivation of the contact/support person, obstacles within the information exchange, etc. The challenge is to find out these reasons and to provide additional support for this link to start functioning.

Teachers reported high cases of post-traumatic stress symptoms in children affected by war – upsetting memories, anger, flashbacks, difficulties in concentrating, sleeping problems and so on. This has important implications for facilitating referrals to qualified child mental health professionals. According to the reflection and experiences of teachers, children affected by the armed conflict were breaking things and acting more aggressively than usual, especially children from 8th and 9th grades. Children also expressed their need to talk about the traumatic event. Teachers who participated in the training programme allowed children to talk, since they understood the importance of expressing feelings, something accomplished through the training. Teachers who did not participate the training were suggesting the use of prayer and

not thinking about the trauma as methods for coping with the crisis. Authors did not find any research about the effectiveness (or not) of praying. This could be an important topic for research in Georgia.

Teachers themselves were traumatized by the war – the strongest feelings of teachers after this conflict were sadness, anger and fear. It affected them to be in contact with traumatized children. More than half of the respondents did not receive any support from others and tried to manage on their own. Knowledge and skills gave teachers more security and capability to help and promote children's well-being.

Conclusion

Armed conflict systematically destroys environments and ecosystems, posing a threat to children's physical and mental health. Based on the notion of well-being, every child has the right to security and protection; they need a secure environment for growth and they need particular care. The question of well-being is also one of continuity. The results of this study confirmed that mobilization within the community is an important part of the recovery and promotes psychological well-being after the experiences of trauma. This paper presented the initial analysis of the first set of data. It is planned to continue with the evaluation of the process and the impact of the training programme with a mix of research methods, including integrating qualitative, narrative material from teachers in the Gori region, the master trainers and the mobile psychologists.

References

- Allardt, E.** (1981) 'Experiences From the Comparative Scandinavian Welfare Study'. *European Journal of Political Research*, 9, 101-111.
- Allardt, E.** (1993) 'Having, Loving, Being: An Alternative to the Swedish Model of Welfare Research'. In Nussbaum, M., Sen, A. (eds) *The Quality of Life*. Oxford: Clarendon Press, pp. 88-94.
- Allen, S.F., Pfefferbaum, B., Cuccio, A., Jeanna, S.** (2008) 'Early Identification of Children at Risk for Developing Posttraumatic Stress Symptoms Following Traumatic Injuries'. *Journal of Psychological Trauma*, 7, 235-252.
- Almqvist, K., Broberg, A.G.** (2003) 'Young Children Traumatized by Organized Violence Together With Their Mothers. The Critical Effects of Damaged Internal Representations'. *Attachment & Human Development*, 5, 367-380.
- Attanayake, V., McKay, R., Joffres, M., Singh, S., Burkle, F., Mills, E.** (2009) 'Prevalence of Mental Disorders Among Children Exposed to War: A Systematic Review of 7,920 Children'. *Medicine, Conflict and Survival*, 25, 4-19.
- Barbara, J.S.** (1999) 'Helping Children Affected by War: Introduction'. *Medicine, Conflict and Survival*, 15, 352-354.
- Barnett, L.** (1999) 'Children and War'. *Medicine, Conflict and Survival*, 15, 315-327.
- Belsky, J.** (1983) 'The Determinants of Parenting: A Process Model'. *Child Development*, 55, 83-96.
- Berman, H.** (2000) 'The Relevance of Narrative Research With Children Who Witness War and Children Who Witness Woman Abuse'. *Journal of Aggression, Maltreatment & Trauma*, 3, 107-125.
- Briere, J., Johnson, K., Bissada, A., Damond, L., Crouche, J., Gilf, E., Hansong, R., Ernsth, V.** (2001) 'The Trauma Symptom Checklist for Young Children (TSCYC): Reliability and Association With Abuse Exposure in a Multi-Site Study'. *Child Abuse & Neglect*, 25, 1001-1014.
- Bronfenbrenner, U.** (1979) *The Ecology of Human Development. Experiments by Nature and Design*. Cambridge: Harvard University Press.
- Buchanan, A.** (2006) 'Children Aged 0-13 at Risk of Social Exclusion: Impact of Government Policy in England and Wales'. *Children and Youth Services Review*, 28, 1135- 1151.

- Buwalda, H.** (1994) 'Children of War in the Philippines'. *Development in Practice*, 4, 3-12.
- Chase, R., Doney, A., Sivayogan, S., Ariyaratne, V., Satkunayanagam, P., Swaminathan, A.** (1999) 'III: Mental Health Initiatives as Peace Initiatives in Sri Lankan Schoolchildren Affected by Armed Conflict'. *Medicine, Conflict and Survival*, 15, 379-390.
- Chauvin, L., Mugaju, J., Comlavi, J.** (1998) 'Evaluation of the Psychosocial Trauma Recovery Programme in Rwanda'. *Evaluation and Programming Planning*, 21, 385-392.
- Cohen, J.A.** (2005) 'Treating Traumatized Children: Current Status and Future Directions'. *Journal of Trauma & Dissociation*, 6, 109-121.
- Colton, M., Sanders, R., Williams, M.** (2001) *An Introduction to Working with Children. A Guide for Social Workers*. Houndmills: Palgrave.
- Compton, B.R., Galaway, B.** (1994) *Social Work Processes*, California, Wadsworth.
- Dybdahl, R., Pasagic, I.** (2000) 'Traumatic Experiences and Psychological Reactions Among Women in Bosnia During the War'. *Medicine, Conflict and Survival*, 16, 281-290.
- Epps, S. and Jackson, B. J.** (2000) *Empowered Families, Successful Children: Early Intervention Programs That Work*. Washington: American Psychological Association.
- FAO/UNICEF/WFP** (2009) 'Food Security, Child Nutrition, and Agricultural Livelihoods of Conflict-Affected Persons in Georgia'. Accessed at http://www.unicef.org/georgia/Joint_FSALN_Report_27MAY2009final_cfm_web.pdf
- Farrington, J. and Farrington, C.** (2005) 'Rural Accessibility, Social Inclusion and Social Justice: Towards Conceptualisation'. *Journal of Transport Geography*, 13, 1-12.
- Fernandez, E.** (2007) 'Supporting Children and Responding to Their Families: Capturing the Evidence on Family Support'. *Children and Youth Services Review* 29, 1368–1394.
- Friedrich, J.** (2008) 'Children and trauma: A Narrative-Based Playgroup'. *Journal of Poetry Therapy*, 21, 203-217.
- Friesen, B. J. and Brennan, E.** (2005) 'Strengthening Families and Communities. System Building for Resilience'. In Ungar, M. (ed) *Handbook For Working With Children and Youth. Pathways to Resilience Across Cultures and Contexts*. Thousand Oaks: Sage Publications, pp. 295-312.
- Georgia National Progress Report 2006** (2007) Accessed at http://www.unicef.org/worldfitforchildren/files/Georgia_WFFC5_Report_Eng.pdf

- Giacaman, R., Abu-Rmeileha, N.M.E., Husseinia, A., Saabb, H., Boyceb, W.** (2007) 'Humiliation: the Invisible Trauma of War for Palestinian Youth'. *Public Health*, 121, 563-571.
- Goldin, S., Levin, L., Persson, L.A., Häggglöf, B.** (2001) 'Stories of Pre-War, War and Exile: Bosnian Refugee Children in Sweden'. *Medicine, Conflict and Survival*, 17, 25-47.
- Greenberg Garrison, E., Roy, I.S., Azar, V.** (1999) 'Responding to the Mental Health Needs of Latino Children and Families Through School-Based Services'. *Clinical Psychology Review*, 19, 199-219.
- Grünbaum, L.**, (1997) 'Psychotherapy With Children in Refugee Families Who Have Survived Torture: Containment and Understanding of Repetitive Behaviour and Play'. *Journal of Child Psychotherapy*, 23, 437-452.
- Gupta, L.** (2005) 'Children Exposed to War in Afghanistan'. *Bereavement Care*, 24, 31-34.
- Hosin, A.** (2001) 'Children of Traumatized and Exiled Refugee Families: Resilience and Vulnerability a Case Study Report'. *Medicine, Conflict and Survival*, 17, 137-145.
- International Crisis Group Working to Prevent Conflict Worldwide** (2008) 'Russia vs Georgia: The Fallout'. *Europe Report* 195.
- Jagodic, G.K.** (2000) 'Is War a Good or a Bad Thing? The Attitudes of Croatian, Israeli, and Palestinian Children Toward War'. *International Journal of Psychology*, 35, 241-257.
- Jawad, P.** (2008) 'Conflict Resolution Through Democracy Promotion? The Role of the OSCE in Georgia'. *Democratization*, 15, 611-629.
- Jones, L.** (2002) 'Adolescent Understandings of Political Violence and Psychological Well-Being: A Qualitative Study From Bosnia Herzegovina'. *Social Science & Medicine*, 55, 1351-1371.
- Kienzler, H.** (2008) 'Debating War-Trauma and Post-Traumatic Stress Disorder (PTSD) in an Interdisciplinary Arena'. *Social Science & Medicine*, 67, 218-227.
- Kisera, L.J., Mauren T., Black, M.** (2005) 'Family Processes in the Midst of Urban Poverty: What Does the Trauma Literature Tell Us?'. *Aggression and Violent Behavior*, 10, 715-750.
- Klauber, T.** (1998) 'The Significance of Trauma in Work With the Parents of Severely Disturbed Children, and Its Implications for Work With Parents in General'. *Journal of Child Psychotherapy*, 24, 85-107.
- Lai, K.** (2008) 'The Contextual Demands of Children and Families in Contemporary Estonia: Toward Policy Reformation'. In *Ilisley, P., Karing, J., Kerulis, M.* (eds) *Research, Planning and Policy:*

- Emerging Trends in Baltic and Nordic Lifelong Learning. Tampere: Juvenes Print, pp. 41-52.
- Miller, K.E.** (1998) 'Research and Intervention With Internally Displaced and Refugee Children'. *Peace and Conflict: Journal of Peace Psychology*, 4, 365-379.
- Miller, L. B., Bentovim, A.** (2003) 'Assessing Families: The Family Assessment of Family Competence, Strengths and Difficulties'. In Bell, M., Wilson, K. (eds) *The Practitioner's Guide to Working with Families*. New York: Palgrave Macmillan, pp.57-84.
- Miller, T., El-Masri, M., Allodt, F. and Qouta, S.** (1999) 'Il: Emotional and Behavioural Problems and Trauma Exposure of School-Age Palestinian Children in Gaza: Some Preliminary Findings'. *Medicine, Conflict and Survival*, 15, 368-378.
- Moreno, I.** (2000) 'Kosovar-Albanian Children Draw War'. *Peace Review*, 12, 361-367.
- Munro, E.** (2005) 'Improving Practice: Child Protection as a Systems Problem'. *Children and Youth Services Review*, 27, 375-391.
- Müller-Brettel, M.** (1997) 'How Children are Affected by War'. *Peace and Conflict: Journal of Peace Psychology*, 3, 111-113.
- Myers-Walls, J.A.** (2004) 'Children as Victims of War and Terrorism'. *Journal of Aggression, Maltreatment & Trauma*, 8, 41-62.
- Pedersen, D.** (2002) 'Political Violence, Ethnic Conflict, and Contemporary Wars: Broad Implications for Health and Social Well-Being'. *Social Science & Medicine*, 55, 175-190.
- Pfefferbaum, B., North, C.S., Doughty, D.E., Pfefferbaum, R.L., Dumont, C.E., Pynoos, R.S., Gurwitch, R.H., Ndeti, D.** (2006) 'Trauma, Grief and Depression in Nairobi Children After the 1998 Bombing of the American Embassy'. *Death Studies*, 30, 561-577.
- Richardson, A.** (1999) 'Waging War on Children and Youth Through Schooling Disruption'. *Paedagogica Historica*, 35, 698-735.
- Ronen, T., Rahav, G., Rosenbaum, M.** (2003) 'Children's Reactions to a War Situation as a Function of Age and Sex'. *Anxiety, Stress & Coping*, 16, 59-69.
- Rousseau, C., Drapeau, A., Platt, R.** (1999) 'Family Trauma and Its Association With Emotional and Behavioral Problems and Social Adjustment in Adolescent Cambodian Refugees'. *Child Abuse & Neglect*, 23, 1263-1273.
- Shortall, S.** (2008) 'Are Rural Development Programmes Socially Inclusive? Social Inclusion, Civic Engagement, Participation, and Social Capital: Exploring the Differences'. *Journal of Rural Studies*, 24, 450-457.

- Sims, M., Hayden, J., Palmer, G., Hutchins, T.** (2002) 'Young Children Who Have Experienced Refugee or War-Related Trauma'. *European Early Childhood Education Research Journal*, 10, 99-110.
- Stallard, P.** (2006) 'Psychological Interventions for Post-Traumatic Reactions in Children and Young People: A Review of Randomised Controlled Trials'. *Clinical Psychology Review*, 26, 895-911.
- Summerfield, D.** (1999) 'A Critique of Seven Assumptions Behind Psychological Trauma Programmes in War-Affected Areas'. *Social Science & Medicine*, 48, 1449-1462.
- Tarkhan-Mouravi, G., Sumbadze, N.** (2006) 'The Abkhazian-Georgian Conflict and the Issue of Internally Displaced Persons'. *Innovation: The European Journal of Social Science Research*, 19, 283-302.
- Thabet, A.A., Vostanis, P.** (2000) 'Post Traumatic Stress Disorder Reactions in Children of War: A Longitudinal Study'. *Child Abuse & Neglect*, 24, 291-298.
- The Universal Declaration of Human Rights** (1948) Adopted and proclaimed by General Assembly resolution 217 A (III) of 10 December 1948. Accessed at <http://www.un.org/en/documents/udhr/>
- Toft, M.D.** (2001) 'Multinationality, Regions and State-Building: The Failed Transition in Georgia'. *Regional & Federal Studies*, 11, 123-142.
- Trebješanin, Z., Hanak, N., Kopunovic, D.** (2000) 'Serbian Children Talk About War and Peace'. *Peace Review*, 12, 369-373.
- United Nations** (2009) 'New Machel Report Calls for Urgent Action to Protect Children Affected by Armed Conflict. Children and Armed Conflict'. Accessed at <http://www.un.org/children/conflict/pr/2009-06-16215.html>
- UN Convention on the Rights of the Child** (1989) Accessed at <http://www2.ohchr.org/english/law/crc.htm>
- UNICEF** (2008) 'Protection, Support and Care. Humanitarian Assistance for Conflict Affected Children and Their Families'. UNICEF Emergency Response in Georgia, August-October 2008.
- UNICEF** (2010) Overview. Accessed at <http://www.unicef.org/georgia/overview.html>
- Walton, J.R., Nuttall, R.L., Nuttall, E.V.** (1997) 'The Impact of War on the Mental Health of Children: A Salvadoran Study'. *Child Abuse & Neglect*, 21, 737-749.
- Winter, D.D.N.** (1998) 'War is Not Healthy for Children and Other Living Things'. *Peace and Conflict: Journal of Peace Psychology*, 4, 415-428.

THE PLACE OF DRUG ADDICTED PEOPLE IN UKRAINIAN SOCIETY: STIGMATIZATION AND REHABILITATION

Abstract

Earlier research has shown that the level of stigmatization of drug addicted people in Ukraine is high. This stigmatization is visible through public policy, in which the prevailing approach is a punitive one. Such an approach limits greatly the possibilities of integration in society for addicted people who are on the way to recovery.

The existence of programs based on philosophy of help and support, and also on faith in the ability of a person to change, is a noticeable sign that the stigma is diminishing. The development of a professional sphere of helping drug addicted people continues in Ukraine. The non-medical constituent of this help is especially important. The support of the development of this component can be a powerful element of lessening the stigmatization of drug addicted people

Key words

drug addiction; stigma; destigmatization; rehabilitation; mass media; professional network; narcology.

Introduction

Drug addicts face many problems. Among the important ones is the stigma they experience from society. Stigma has been widely researched in the literature. This article focuses on the problem of stigmatization of drug users in Ukraine. It will show how stigma becomes an obstacle to overcoming drug use. The article will further describe one of the ways of challenging stigma: the development of a system of helping people who are dependent.

The development of new social institutions continues in Ukraine. Activity in the sphere of helping drug addicts is part of this process. It is interesting that the field of rehabilitation of drug addicted people develops both on the initiative of the state and from the activity of the public sector (doctors, psychotherapists, businessmen and the addicts).

The existence of programs based on the philosophy of help and support can serve as an index of changes in the attitude of society toward people dependent on drugs; and, therefore, supporting such programs can be a powerful element of challenging stigma.

Stigmatization of addicted people in Ukrainian society

First, it is important to outline the concept of stigma. It is a certain social attribute which discredits a person or a group. This attribute is considered to be an original 'vice' and causes an aspiration to punish. Stigma is determined as a sign of neglect or mistrust which dissociates a person from the others. Stigmatization is a process of selection of individuals among the others on the basis of certain unacceptable deviations from a norm with the purpose of applying social sanctions (Goffman, 1963).

The situation with stigmatization in Ukraine is rather problematic. The evidence of this can be found in the data from different media and public opinion research.

In western societies, the vision of drug dependence as of a disease, rather than a personality defect or conscious choice, is most common. It is in the western culture where the principles of treatment and psychological support of drug addicted people were formulated (WHO). It is also there where the origins of the program of recovery known as '12 steps' exists – one of the key ideas is that dependence is referred to as a disease.

In Ukrainian society 'the drug addicted' are mostly regarded as dangerous people. It is considered better to stay away from them, or even isolate them.

An illustration to this can be found in the results of research conducted by a public organization, Club 'Kviten' in 2000 among the journalists of a number of regional newspapers and TV and radio companies in Poltava. The purpose was to study the attitude toward drug users among those who are forming the public opinion. The method of 'sympathetic distance' was used. This method was used to expose the level of readiness for social contact with persons about whom the only known fact is that they 'do drugs'. An anonymous questionnaire was used. In this questionnaire people were to answer 'yes' or 'no' to a number of questions about the possibilities of contact with a man who does drugs. Questions such as whether the respondents would invite such a man to their home, and whether they would agree to work with him, were listed. The results indicated that, amongst journalists, prejudices concerning drug addicts exist. The respondents would deprive the addicts of their human rights to a considerable extent. It is notable that 73% of the polled marked that they would forbid drug users to have children, and 22% agreed with the statement 'I would not let them be on the loose' (Lytyvnenko, 2000: 9).

It is obvious that the quality of mass media coverage of the problem of drug use has an impact on the formation of social stereotypes. At the moment, information about the threatening stereotype prevails, although the effectiveness of such type of information is doubted rather often. Such information increases the level of fear in an average person. It also increases the stigmatization of drug addicted

people, yet does not affect their behavior. Often the reason for this is their social isolation, and also the addiction itself. That is how the mass media plays an important part in the process of stigmatization.

It is also worth mentioning that the attitude of society towards drug users is, in many ways, ambivalent. This attitude is expressed in the ways in which society tries to control the problem. On the one hand, in Ukraine the problem of drug addiction is mainly handled by the law enforcement authorities (which take the position of control and punishment). On the other hand, it is dealt with by medical and rehabilitation establishments, which take the position of support and help. The latter are controlled by The Ministry of Health of Ukraine, the Ministry of Ukraine of Family, Youth and Sports, and also by local authorities.

These issues, as well as the way in which information about addicted people is handed by the mass media, are better illustrated by the research conducted from October 2006 - February 2007 period by the Academy of Ukrainian Press within the activities of the 'Healthy Politics' Consortium. Within this research, the major internet resources were monitored as a pilot. A full-text search on keywords was used. The keywords used were 'drug addiction', 'drugs', 'psychoactive substance', 'marijuana' etc.

The monitoring elicited several principal media 'frames of reference'. In this case, 'frame of reference' was used by the research team to mark certain schemes of interpretation. The monitoring allowed the researchers to outline four main frames.

First, there is a criminal frame of reference. It is used by one of the most powerful interest groups – by the law enforcement authorities, and therefore, through criminal-judicial rhetoric. It is information about the activities of the law enforcement authorities, spread by the media, that propagates the image of the criminal, irrational drug addict. It is the most widespread scenario – information of this kind comprises 70% of the general number of publications about psychoactive substances. It is also disturbing that, except for the view

on the problem given by the law enforcement authorities, the media usually do not give any alternative interpretations of the facts connected with psychoactive substances.

Second is the medical frame of reference. This frame is promulgated by another powerful interest – the medical faction, which widely uses medical jargon and the concepts of ‘disease’, ‘treatment’ etc. The information given by this group emphasizes ‘incurable disease’, ‘family catastrophe’, ‘hopelessness’ etc. Thus, an excessive attention is paid in the media discourse on the full withdrawal of the non-medical use of psychoactive substances. Also it focuses on what is seen as the sole panacea – the combination of specialized medical help with a strict system of prescribing, licensing and sale of the medical (legal) psychoactive substances. Within this frame of reference, the main idea is that a highly specialized group of professionals alone is able to solve the problem of a ‘doomed personality’. According to the data from this research, the messages given by this group comprise 10% of the total amount.

The ‘victim’ frame of reference is the description given to the problem of psychoactive substances from the point of view of those addicted and their family members. This group is numerous, though publicly inert. The number of people in this group is approximately 2.5-3 million people in Ukraine. It is mostly this group that helps to disseminate another irrational discourse – social passivity and the ‘hopeless failure’ of a person who got ‘dragged in’, ‘thrown overboard’ etc. According to the research data, the messages from this group comprise 4-5 % of all messages.

And, in fourth place, there is a pragmatic frame of reference formed by the newest interest group, which consists of social networks, unions and non-governmental organizations. They have certain professional and financial resources, and are usually established and supported by the international community. This interest group speaks in favour of the so-called ‘harm reduction policy’. This policy seeks to reduce the harm and risks of drug use by advocating prescribing safer, legal psychoactive substances with the aim of replacing the illegal ones. This group is the one that has the st-

rongest connections with the methods recognized and accepted throughout the world. Nevertheless, the impact of this group and the pragmatic frame of reference is only 2-3% of the total media discourse about drugs and drug addiction.

To sum it up, the researchers concluded that one of the least represented groups are the drug users themselves and their family members. From one powerful reference point, perception of this group is controlled by the law enforcement authorities; from another, the medics, it is forced to believe in the incurable nature of drug addiction.

The researchers also stressed that the 'political elite' was not sufficiently represented. The reason for this is that drug users and their family members are never identified by any political force as an electoral resource. Therefore, the problem of 'fighting drugs' was only superficially represented (along with the rest of obligatory social rhetoric) in political programs. So, governmental policy and interest in psychoactive substances is mostly sporadic and populist. The researchers also noted a lack of goal-oriented and well-coordinated activity of the authorities responsible (The Ministry of Health of Ukraine, Security Service of Ukraine, etc.).

As we have noted, according to this research, the most active group in media information is the law enforcement authorities. This group uses 'repressive' discourse and manipulates statistical information on their activities. By doing this, it strengthens stereotypes about drug users, discriminating them and violating their right to choose their way of life.

The 'pragmatic' group is the one that usually initiates journalistic investigations, information queries, and often serves as a public expert on psychoactive substances. Nevertheless, this group is still isolated from the journalists who aim to transform analytic materials into simple, understandable and interesting messages addressed to the ordinary citizen.

Summarizing all the data, the researchers make several conclusions on the real consequences of the policies (including informa-

tion policy) on psychoactive substances in 1991-2005. First of all, stigmatization increased greatly, associated with the withdrawal of drug addicted people from society. Secondly, the number of registered drug users quadrupled during this period. Also, the number of registered people infected with HIV substantially increased. The researchers concluded that in the last few years rigid stereotypes about drug users were formed in the mass consciousness (Voloshenjuk et al., 2007).

The information on the frames of reference that have the greatest impact on the public presentation of the addiction problem (law enforcement authorities and the medical sphere) enables us to draw conclusions about the peculiarities of society's attitude towards addiction and the ways to combat it. So, although Ukrainian society is aware of the need to maintain its stability and protection from those who are addicted, it is not clear in the public consciousness how this protection should be provided. It is not clear whether punishment and isolation should be the main methods, or is it the belief in the ability of an addicted person to change and become a productive part of the society.

At the level of beliefs and values in Ukrainian society, the question of whether an addicted person should be given help or punished is not yet answered. That is a serious obstacle to the development of the rehabilitation arena, the basis of which lies in the sphere of human rights and the belief in a person's ability to change.

Another factor which is also a reflection of the attitude of the society towards drug users is public policy on drug addiction.

The sphere of rehabilitation of drug addicted people in Ukraine is somewhat separated from the initiatives of the state. In particular, there is still no separate law to regulate the field of rehabilitation of addicted people in Ukraine. From time to time, attempts are made to regulate this sphere of help through the law. However, nowadays there is only one legal requirement (legal document) for activities of rehabilitation. It is the Decision of Cabinet of Ministers of Ukraine 'On the development of a network of resocialization centers

for the drug addicted youth'. The document, 'Your victory', describes the organizational basis on which a rehabilitation center can work, but the specifics of the rehabilitation process, as well as the mechanism of controlling the quality of services, are omitted. This document is based on the official recognition of existing practice rather than being a source of norms and standards for it. That is why, although there are a great number of rehabilitation programs, they do not form a unified system. Generally, those addicted and their relatives form the group which is most interested in the development of this sphere. Legal regulation is not a source of practice in this case, but practice itself is in need of legal regulation.

In summary, it is possible to say that there are increasing numbers of institutions and organizations working with the problem of addiction in different forms in Ukraine. Together, they form a ramified system of help, though controlled by several different departments and lacking proper government regulation.

Negative impact of stigma and lack of effectiveness of current policy on drug use

We have tried to describe the current situation in terms of society's attitude towards addicted people. Now, we will focus our attention on the impact of this attitude on the problem of drug use.

Stigma, in one way or another, affects all people who use psychoactive substances, but the most stigmatized of them are the drug users, especially those who use injection drugs (opiates, heroin, methadone).

A certain tradition of fighting drug use and drug addiction exists in Ukraine. This tradition can be characterized best as that of 'fighting drug addicts'. The most widespread methods here are prohibition, pursuit and imprisonment (Alexandrov, 2006).

It is notable that the struggle against drug use continues mostly in the direction of prosecution of people who suffer from drug dependence. In a counterbalance to this, numerous researchers consider that drug use, as well as the HIV epidemic, is impossible to

overcome with punitive and discriminative methods and that there must be action for those dependent on drugs and infected with HIV, and not against them. Such a principle would diminish the stigmatization of the group as a whole, and allow new possibilities for effective measures (IHRD materials, 2003).

Professionals working with addicted people generally subscribe to the psychological view on the effects of stigma. In particular, Lytvynenko (2000) emphasises the connection between stigmatization of addicted people and the current social-economic situation in the country. He notes that different kinds of addiction are widespread in Ukrainian society. Nevertheless, there are socially acceptable types of addiction, as well as the ones that cause fear and aggression; an example of the latter is drug addiction. It serves as a symbol of all the bad things, as the new image of an enemy. A person can project his or her own fear on the addicted; and fear is usually the basis for aggression.

Therefore, in reconsidering the old values and amidst financial difficulties, a need to find social outcasts appears. The stronger the tension in a society and family, the bigger the need to find social outcasts to be blamed for all the problems. Drug addicted people fit perfectly for such a role. They are forced to break the law through their addiction, and they perceive this role as a natural one. The stigmatization of a drug addicted person and his or her feeling of being stigmatized are connected. The stigma of a drug user lowers their self-esteem and leads to social isolation.

Stigmatization of addicted people is accompanied by the stigmatization of their families. A family reacts to the addiction of one of its members. First of all, it might try to hide the fact of drug use in the family by limiting its social contacts. In cases where it is impossible to hide the problem, the family moves to the second phase, adaptation mechanisms, which leads to other psychological problems. With the development of adaptation mechanisms, the family passes to a third stage where it is possible that a family becomes totally isolated, its ties get completely destroyed and the whole family accepts the role of social outcasts. However, adequate ways

of adaptation can also be developed. Neutral attitudes and a shift from the unhealthy family roles that usually maintain drug addiction can serve as an example. Such families are able to develop and normalize their free time activities to restore social bonds and create new ones. 'Family resistance' is often crucial for the prognosis.

The discrimination of people with drug dependence is harmful not only for those who are dependent (depriving them of their self-respect and of social acceptance), but also for the whole of society. Searching for social outcasts does not encourage progress and solving of existing problems (Lytvynenko, 2000).

A slightly different view of the problem is expressed by Meilhs (2003). He stresses that the vision of the problem of drug use in society and the real scale of the problem are not proportionate. This means that public panic about drug users does not coincide with the real threat and does not help to solve the problem. Meilhs notes that it is important to fight drug addiction using all resources available; however, it is important to remain dispassionate while doing so. As an example: the panicky fight against drugs leads many young people to associate drug use with fighting against the world of dullness and against the 'system'.

The panicky perception of drug use promotes the stigmatization of addicted people and is a serious obstacle for their rehabilitation. Various myths which circulate in society negatively affect the anti-drug attempts; in particular, that a person can become an addict after a single use, and that all people are equally vulnerable to drugs.

Such myths are widely used within the anti-drug propaganda with the purpose of preventing the trial use of a psychoactive substance. However, such policy has two obvious flaws. The first is related to the discredit that accumulates in respect of trusting information from official sources; when a person finds out the falseness of a certain part of such information, he or she stops trusting any information such institutions report. The second drawback concerns the excessive influence of this incorrect information - for example,

the impact of the myth that a person dependent on drugs remains dependent forever.

Meilans points out the role of symbolic interactions in the formation of social reality. He cites the well-known Thomas theorem: 'If men define situations as real, they are real in their consequences' (Thomas, 1937: 8). Thus, he makes links with the situation with the law enforcing authorities spreading an image of the criminal frame of reference of drug use. As we noted earlier, according to this frame of reference, the drug problem is framed as a criminal one. In such case most resources would be directed to the fight against the drug mafia, with no real concern about whether it is effective or not. Similarly, using the medical frame of reference, in which drug use is a result of a person's biological or psychological inclination, the main efforts will be concentrated on the exposure of persons with various personality disorders (Meilans, 2003).

Stigmatization is also of relevance in terms of helping people who are dependent on drugs. Many specialists who work in the field of narcology are ashamed of their profession; few can say with dignity that they are experts in narcology. Narcologists, when asked about the choice of their profession, often use explanations like 'fate compelled me'. Obvious is the fatalism and helplessness of such a specialist: 'nothing can be changed, nothing depends on me'. These ideas and feelings resonate with the stigmatized drug-dependent person. It is the sign of stigma experienced by narcologists; stigma is contagious and it affects those who work with addicts as well as the addicts themselves and it is a serious obstacle for the professionals involved in solving problems of dependence.

Often, in order to fight their own stigma, narcologists actively stigmatize their patients (Alexandrov, 2006). That is why it is often difficult to talk about stigmatization with these specialists. It is difficult for them to admit that the images of drug addicts created by them are myths and the stereotypes of behavior and attitude of the medical staff towards the dependent are stigmatizing (Alexandrov, 2006).

Ways of fighting the stigmatization of addicted people

We aim to have established that the level of stigmatization of addicted people in Ukrainian society is high and the term 'drug addict' is associated with the most negative aspects of life. This position is not a productive one and it increases the damage inflicted by drug use on society. Therefore, in order to overcome the problem, it is necessary to take action to remove the stigma.

Destigmatization is commonly seen as either 'destigmatization from above' or 'destigmatization from below'. The former involves providing undistorted information to each member of society, including drug addicted people and their relatives. The latter involves helping drug addicted people and their families to overcome the stereotypes of behavior arising from the stigma (Lytvynenko, 2000: 9).

Researchers and those practically engaged in the problem of drug dependence note the necessity of using a complex approach. The most effective methods of destigmatization are those carried out by representatives of the wider society together with those addicted, including groups of self-help, therapeutic communities, rehabilitation centers, etc (Alexandrov, 2006). Much more work needs to be done in connection with 'destigmatization from below' which involves overcoming drug users' stereotypes of their own behavior and perception caused by stigma. Certain achievements are already noticeable.

Narcological help in Ukraine started to develop by the 1960s, when the department of narcology of the Ukrainian psychoneurological institute was formed. Also, a narcological department was created as a part of the former 36th municipal hospital (Vijevskij, 2008).

According to the data of The Ministry of Health of Ukraine 48 territorial narcological establishments and 4 narcological hospitals existed in 2007. Help available to those who are addicted in Ukraine includes: detoxication (in all narcological establishments), medical consultation (in all narcological establishments), buprenorphine

and methadone maintenance programs, ambulatory rehabilitation programs (they are few, mostly in big cities), stationary rehabilitation programs (approximately 50), therapeutic communities (approximately 20), stationary programs of spiritual psychotherapy and religious rehabilitation (approximately 40) (Vijevskij, 2008: 6). Thus, a considerable part of the programs of rehabilitation is provided by the public sector. Also, often rehabilitation centres co-operate with a social group of 'those who recover', formed as part of the groups of the Narcotics Anonymous (AN) (Lytyvnenko, 2000: 13).

Several types of rehabilitation establishments are spread around the world, and each of them answers some particular needs of clients. The most widespread among them are: detoxication departments (providing urgent medical services), stationary rehabilitation programs (where clients are hospitalized), therapeutic communities (in which the clients live and give high level of devotion to the community; the method is also called 'environmental therapy'), local groups of self-help, methadone programs, ambulatory and consultative establishments, and also employment counseling (Lewis, 2002: 19).

Rehabilitation programs differ not only in their form, but also in the vision of the best methods of helping the client. The most common are: the twelve-steps programs (the basic idea is one of giving one's own will to a 'higher power'), religious programs (based on faith), therapy programs (based on scientifically proved methods of group and individual therapy; theoretical underpinnings vary, from psychodynamic, cognitive-behavioral and client-centered. Programs often combine these methods).

A 'perfect' model of a rehabilitation center or of a coordinated system of establishments is considered to be the one that includes all the steps of the rehabilitation process: from the initial stage of detoxication on to therapy within the limits of a permanent establishment (including individual psychotherapy, group therapy, trainings, etc.), and, then, to the supporting counseling on the separate problems of life in a society (ambulatory help). The practice of

rehabilitation in Ukraine is gradually heading towards such forms of organization. These ideas can also be traced in a number of publications on the problem of development of help to addicted people. In particular, they are formulated in a bill 'Conception of public policy of Ukraine concerning drugs and alcohol', developed in 2006 (Barko et al., 2006), and also in a set of methodical recommendations on the questions of organization and functioning of rehabilitation centers for addicted people provided by the State institute of problems of family and youth of the Ministry of Ukraine for Family, Youth and Sports.

In Ukraine, the rehabilitation programs have a rather formalized system of power and instructions. However, in practice, these limitations can be mitigated, and different workers often replace each other or change their positions; it happens because of the practice of involving former clients to work in the same center (Methodical Recommendations on the Questions of Organization and Functioning of Rehabilitation Centers for the Addicted, 2004).

It is important to pay attention to the fact that the existing rehabilitation centers in Ukraine are separated from each other and do not use any general standard of activity. Until now, no professional association has been created to monitor these rehabilitation programs. There is little coordination of the methods and activities and sometimes the same activities might variously be defined as 'rehabilitation', 'resocialization' and 'treatment'. This does aid the spread of professional approaches.

The instructions of the operating standards for narcological help are not clear and specific. All the medical, psychological and social rehabilitation programs of treatment of drug dependence are included in certain standards ratified in 1998 and 2002. These standards include different methods of detoxication, methadone therapy, psychological rehabilitation programs (12 steps and others). However, specialists in the field emphasize that these standards are almost never used because they are complicated and rams-hackle and there is no control to ensure that the standards are observed (Lytvynenko, 2000: 15).

However, Ukrainian doctors have access to materials from the World Health Organization (WHO), UNAIDS and other such organizations. For example, the National Institute on Drug Abuse (NIDA) worked out general principles (standards) for specialists who work with the problem of addiction. These principles are generally focused on human rights observance and the self-respect of drug addicted people, on the professionalism of services, on the combination of medical care with other kinds of help – psychological and social interventions etc (WHO 2006). These ideas differ greatly from the Ukrainian standards of narcological help.

Thus, in Ukraine, the instructions and standards produced by the state are rather dissociated from practice. However, as in other countries, the personnel involved learn through the process of their experience of work in Ukrainian rehabilitation centers. Certification and professional education is usually obtained afterwards (Lytyvenko, 2000: 5). That is why, despite some complications, a certain system of actions was produced among workers of rehabilitation centers to achieve positive results in their work. It was achieved through practice, as well as through interactions between colleagues, educational seminars and training. For example, the typical forms of work in most rehabilitation centers are a therapeutic group and individual consultation (or personal 'tutorship'). Although the content of these activities may differ from one center to another, the pattern is mostly the same.

Specialists emphasize that an important step to overcome the stigma of those dependent on drugs is deinstitutionalization, for example, by increasing the amount of day rehabilitation centres. It can be implemented, in the first place, by lessening the time of stay of clients in institutions, and - in the second turn - by using modern medical and psychotherapy technologies. Community provision can get more financing and include new developments, such as halfway houses, daycare centres, consultative services, rehabilitation centres. The development of some small demonstration programs may be a way to get started in this direction.

The formation of the institute of social workers would be an important step in the treatment of drug addiction. A way to achieve this could be seen in former drugs users founding organizations themselves, as well as in the support of creation of self-help groups (AA, NA).

In order to diminish the stigma of drug users, it is necessary to provide accurate and useful information on the effects of drugs. It could lessen greatly the panic around drug use. It would also help make treatment of drug use more effective, as young people would have more trust in the information given, and would also have clearer view of possible results of drug use.

The increase of tolerance of the society can happen due to the cooperation of mass media and rehabilitation establishments, as well as due to the state and private support of the non-governmental organizations (Alexandrov, 2006).

It is important to work on improving of the status of people who work with drug users. A great part of this work could involve making the clinics and rehabilitation centres less isolated. Communication between different professionals (medical staff, psychologists, counselors, etc.) is essential in order for them to start to feel proud about their work.

Conclusion

People who are addicted to drugs are one of the most stigmatized groups in Ukrainian society and stigmatization is not only the drug-dependent person's problem, but one for their family members and the specialists working in this field.

The stigma inflicts serious harm on the whole of society. Stigma makes it almost impossible for a drug-dependent person to return to full society and the panic around the problem of drug use greatly complicates efforts to find a solution to this problem.

Destigmatization of addicted people in Ukraine is a necessary condition to overcome the problem of drug use and an effective policy must include two essential elements. First, the public needs accurate information about the real situation in terms of drug use, drug addiction and the ways to overcome it. Secondly, practical assistance is needed to help people with addiction. This should be based on the observance of human rights and faith in a person's ability to change. An important condition for this is both the development of different forms of community-based help, as well as greater collaboration and co-operation between the various separate organizations.

Summarizing the key points raised in this article, the rehabilitation of the people who are addicted is very much in a formative stage in Ukraine. An important obstacle to further development is the fact that Ukrainian society is not ready ideologically for the introduction of programs of help to people who are dependent on drugs – the legal, punitive frame of reference continues to be dominant. In addition, developments are hampered by separation of agencies and programs from each other, the lack of accepted standards of work, and by the poor status of those working in this field.

The system of help is not yet standardized at the state level and there are no professional associations to monitor the quality of services and rules of behavior; and, therefore, no system of sanctions. However, some effective work does exist in this field, and it is important to study the way in which it is regulated.

Further research of the views of different population groups about how the problem of drug addiction and drug use should be solved is important. This could help to improve the current system of help to people who are dependent on drugs and their families.

References

- Alexandrov, A.** (2006) Stigmatization in Narcology. Accessed at http://www.belmapo.by/downloads/psihiatriy/stigmatizaciay_v_narkologiy.doc on 30 March 2010.
- Barko, V., Vijejskij, A., Grojsman, D., Dvorjak, S., Lazorenko, B., Maksimenko, S., Melnyk, M., Poltavets, D., Potapchuk, E., Sannovska, V., Solonenko, I., Shimko, J., Jakymchuk, T.** (2006) The concept of state policy of Ukraine on drugs and alcohol (bill). Kiev.
- Decision of Cabinet of Ministers of Ukraine from 13.06.2002 No 809** 'On the Development of a Network of Resocialization Centers for the Drug Addicted Youth "Your Victory"'. Accessed at <http://zakon.rada.gov.ua> on 30 March 2010.
- Goffman, E.** (1963) *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice-Hall.
- IHRD** (2003) *Unexpected Consequences: Anti-drug Policy Assists the Development of HIV in Russia and Ukraine*. Open Society Institute.
- Lewis, J.A., Dana, R.Q., Blevins, G.A.** (2002) *Substance abuse counseling*. 3rd ed. Pacific Grove, CA: Brooks/Cole.
- Lytvynenko, V.I.** (2000) *Alternative Centers of Rehabilitation of People with Drug Problems in Ukraine*. Poltava.
- Meilahs, P.** (2003) *The Dangers of Moral Panic on the Drug Problem*. Kredo-New, 1.
- The State Institute of Problems of Family and Youth of the Ministry of Ukraine for Family, Youth and Sports** (2004) *Methodical Recommendations on the Questions of Organization and Functioning of Rehabilitation Centers for the Addicted*. Kiev.
- Vijejskij, A., Dvorjak, S., Sydjak, S.** (2008) *The Treatment of Drug Addiction in Ukraine and the evaluation of its effectiveness*. Research report. Kiev.
- Voloshenjuk O., Poltavets D.** (2007) *Mass Media Monitoring: Psychoactive Substances: Sources of Information and Comments*. Accessed at <http://www.aup.com.ua/upload/1172239957policybrief1.pdf> on 30 March 2010.
- World Health Organization** (2006) *Basic principles for treatment and psychosocial support for drug dependent people living with HIV/AIDS*.
- Thomas, W.J.** (1937) *Primitive Behavior*. New York.

INTRODUCING THE CONTRIBUTORS TO THIS ISSUE

Ian Cummins, MA Cantab, MA Econ, CQSW. Senior lecturer in social work in the School of Social Work, Psychology and Public Health at Salford University. Alongside the development of community based

mental health services, his research interests are in the field of forensic mental health services with an emphasis on policing and mental illness.

I.D.Cummins@salford.ac.uk

Aleksandar Bozic, MA. Professional social worker from Bosnia and Herzegovina (BiH) who gained his MA from City University, London, UK. Working over the years on implementation of various social projects within public and NGOs sector in BiH, he gained opportunities to expend his professional development through establishing new approaches in social work and mental health. Currently, he has been hired to establish and maintain an innovative service to support vulnerable witnesses within the legal protection sector. His research interests are in

social exclusion, community development, social aspects of mental health practice, the public social services and evaluation of social policy measures. His research reports include Stigma, Social Exclusion and Social Participation in mental health (2009); The local framework for expending services in the domain of family and children's social welfare in a partnership between the government and non-government sectors (2009). He was the head of a national research project on stigma and discrimination in mental health in 2009.

aleksandar.bozic@pravosudje.ba

Helen Vovkogon, MSc social work. Aspirant at the National University of 'Kyiv-Mohyla Academy", Ukraine. She is also a social worker with 4 years' practical experience in Ukraine, mostly in the sphere of rehabilitation of people addicted to drugs. Her spheres of interest are the infrastructure of help to the people with addictions, psychotherapy, organizational analysis and also sociologi-

cal research within different spheres of social work. She has worked as a social worker in a rehabilitation center for people with addiction and was also involved in several projects as a researcher, studying the infrastructure of organizations dealing with the clients of social work in Kiev. She is now gaining postgraduate education in psychotherapy and working on her sociology dissertation.

lvovkogon@gmail.com

Karmen Lai, MSW. Social work lecturer at Tallinn University, Institute of Social Work. She is also a vice-president of the Estonian Traumatic Stress Specialists Association. Karmen Lai started her social work practice experience with abused and neglected children. Currently she is teaching courses on child protection and social work with families. Her main research areas are assessment of children in need and child protection and child well-being. She

is actively involved in promoting of children's well-being in Estonian society, being involved with the work of several organizations, such as Estonian Social Work Association, School Social Work Association, Tallinn Children's Support Centre. Karmen Lai was working in UNICEF Georgia in the team of child protection after the armed-conflict in August 2008 and initiated the programme of crisis psychology in practical situations.

karmen.lai@tlu.ee

Professor Beqa Toliashvili, PhD, Professor of Psychology at Gori State University (Georgia). He participated in the crisis psychology programme adopted by UNICEF Georgia in cooperation with the Ministry of Education and Science of Georgia and the Ministry of Foreign Affairs of Estonia after the armed conflict in Georgia in August 2008. Professor Toliash-

vili trained teachers from the conflict-affected areas in Tbilisi and Gori region. He also facilitated integration of displaced children in schools as well as their parents after this conflict. The topic of crisis psychology and dealing with conflict-affected children, youth and their parents and developing strategies for coping has had an important part in his research interest.

beka.tol@mail.ru

Virve-Ines Laidmäe, MA. Researcher at Tallinn University, Institute of Social Work Her main research fields have been family sociology, sociol-

ogy of health, sociology of ageing, social network studies; has analysed the impact of socio-economic changes in society on health.

ines@tlu.ee

Professor Taimi Tulva, PhD, Professor of Social Work at Tallinn University, Institute of Social Work. She was the initiator of social work education in Estonia after regaining of indepen-

dence. Her main research areas are gerontological social work, elderly policy, child protection, development of social work as science and profession in Estonia.

ttulva@tlu.ee

Milvi Sepp, MA. Social worker at Puhja rural municipality in Central Estonia. She gained her Masters degree from Tallinn University Institute of Social Work.

milvi@puhja.ee

Ülle Kasepalu, MA. Director of a social housing service in one of the city districts of Tallinn, Estonia. She is also a doctoral student at Tallinn University, Institute of Social Work

ylle.kasepalu@mail.ee

Associate Professor Mare Leino, PhD, Associate Professor at Tallinn University, Institute of Social Work, Estonia. She teaches courses in social pedagogy, research methods, children with special needs. Her research interests are in the fields of

social pedagogy in general education and problem children at ordinary schools. She prefers qualitative research methods, including content analysis and discourse analysis. She has published mostly on educational problems.

eram@tlu.ee

SOCIAL POLICY AND SOCIAL WORK IN TRANSITION

Call for papers

Information on Journal

In 2009, the EU-Tempus 'ACES' project that is implemented by Sheffield Hallam University (UK), Tbilisi State University (Georgia), Kyiv-Mohyla Academy (Ukraine), University of Ljubljana (Slovenia), Tallinn University (Estonia) and Vilnius Pedagogical University (Lithuania) has launched the English-language peer-reviewed journal *Social Policy and Social Work in Transition* (ISSN - 1987-8710).

Articles are welcome from all those who are working in project institutions, as well as by broader audience (professors, researchers, PhD students, practitioners, etc). The Journal covers such issues as research findings and methodologies, best practices in service provision and other applied issues, academic development of social work and social policy, reflections of the transition process and other broad reflections of social phenomena.

Next Issues

Vol. 2 Issue 1 - Theme: **Education and Bologna process**

Papers accepted by 1st August 2010

Vol. 2 Issue 2 - Theme: **Researching the landscape** (research methodologies in social work and social policy research)

Papers accepted by 1st May 2011

Co-Editors

Professor Mark Doel, Sheffield Hallam University, UK

Professor Iago Kachkachishvili, Tbilisi State University, Georgia

Professor Lauri Leppik, Tallinn University, Estonia

Dr Tetyana Semigina, National University of Kyiv Mohyla Academy, Ukraine

Submissions

Articles and enquiries should be sent via email to **Tetyana Semigina**, tv_sem@ukma.kiev.ua

Peer review: All articles are reviewed anonymously by two assessors, and the editors take final responsibility for the decisions that follow.

Financial Policy

No honorarium will be provided to authors. Authors are not expected to bare any costs related to journal publishing.

Language Policy

Articles to be provided in English.

The responsibility for good English should be taken by the author. If English is not the author's first language, before submitting a manuscript we advise contributors to have it edited for language professionally. This step may help to ensure that the academic content of a paper is fully understood by journal editors, reviewers and readers.

Requirements to Papers

- Papers should be between 4,000 and 8,000 words
- Papers should be submitted in .doc or .rtf format, font Times New Roman or Arial, 12, 1,5 spacing, wide margins.
- Papers should have an abstract (around 100 words), 5-10 key words, introduction, main part (methodological part for research paper is a must), discussion and conclusions (lessons learnt)
- Extensive footnotes are not invited in the text.
- Please send two separate files – 1) a cover page file (title of paper, name of author, institution, position, academic degree, sphere of interests, contact e-mail) and 2) an anonymous manuscript file (containing title, abstract, keywords, the main body of the document and a list of references).

Ref erence System

Papers should have all necessary references. The preferable reference style is the Harvard reference system.

References within the text should be cited by giving the author's name and year of publication, eg. (Smith, 2004). Specific page numbers should be cited after a direct quotation (Smith, 2004, p 46). Those works cited in the text (and no others) should be listed at the end of the text in alphabetical order by author's name using the journal's standard conventions.

Where there are more than two authors, the reference within the text should cite the first author et al. and the year: (Smith et al., 2000). The reference list should include all the authors for each publication: Smith, J., Doe, J. and Jones, R. (2000).

Examples of Citations and References

BOOKS

Maurice, M., Sellier, F. and Silvestre, J.-J. (1986) *The Social Foundations of Industrial Power: A Comparison of France and Germany*, Cambridge, MA, MIT Press.

BOOK CHAPTERS

Biddle J. (1991) 'The Instrumental Presentism of John R. Commons'. In Brown, J. and van Keuren, D. (eds) *The Estate of Social Knowledge*, Baltimore, MD, John Hopkins Press, pp. 84-105.

NEWSPAPER ARTICLES

Epstein, E. (2006, February 2) 'Lawmakers Rip Net Giants for Bowing to China Censors', *The San Francisco Chronicle*, San Francisco, CA, p. A7.

The New York Times (2005, June 10) 'An Important Election Safeguard', *New York, NY*, p. 20.

DISCUSSION/WORKING PAPERS

Boeri, T., Conde-Ruiz, J. I. and Galasso, V. (2003) *Protecting against Labour Market Risk: Employment Protection or Unemployment Benefits?*, CEPR Discussion Paper No. 3990, London, Center for Economic Policy Research.

Boeri, T., Conde-Ruiz, J. I. and Galasso, V. (2006) *The Political Economy of Flexicurity*, FEDEA Working Papers, 2006-15, Madrid, Fundación de Estudios de Economía Aplicada.

EDITED BOOKS

Streeck, W. and Thelen, K. (eds) (2005) *Beyond Continuity: Explorations in the Dynamics of Advanced Political Economies*, Oxford, Oxford University Press.

JOURNAL ARTICLES

Schneiberg, M. (2005) 'What's on the Path? Path Dependence, Organizational Diversity and the Problem of Institutional Change in the US Economy, 1900-1950', *Socio-Economic Review*, 5, 47-80.

ELECTRONIC ARTICLES

Rodrik, D. (2002) 'Feasible Globalizations', accessed at <http://ksghome.harvard.edu/~drodrik/papers.html> on March 31, 2002.

Ahrweiler, P., Gilbert, N. and Pyka, A. (2006) 'Institutions Matter but ... – Organisational Alignment in Knowledge-Based Industries', *Science, Technology & Innovation Studies*, 2, p. 39-58, accessed at <http://www.sti-studies.de/articles/2006-01/Ahrweiler-160306.pdf> on April 16, 2006.

CONFERENCE PROCEEDINGS

Sunder, S. (2006) 'Balancing norms and Standards in Regulation of Accounting', paper presented at the Annual Conference of SASE, Special Session on Accounting and Economics, University of Trier, Trier, Germany, June 30–July 2.