The summaries collection for September 2017 session
IUC Dubrovnik School of Social Work Theory and Practice
10.9. – 15.9.2017

Transversal topics:

Long-term Care

Social Work in Natural and Political Catastrophes

Social Work and Activism

Courses:

Social Work and Social Policies

Social Work and Deinstitutionalisation

Social Work with Old Age

Social Work and Spirituality

The list of abstracts is in the alphabetical order according to the name of authors:
(The text is not proof read!)

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Lorenzo Burti

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Title: Psychiatry: crimes and misdemeanors

Abstract: *Peace crimes* (Crimini di pace), a 1975 book of collected essays edited by Franco and Franca Basaglia, provides an interpretation of all forms of institutionalized violence which serve as a retention strategy of our social system. Basaglia expands the propositions of Antonio Gramsci (1891-1937), a leading Italian politician and philosopher, who was incarcerated by the fascists for his ideas and political activities, on the importance of cultural components in the struggle between conservative and reforming forces and the key role of the intellectuals. In this respect, psychiatrists are conceived as being among the "clerks and the government officials" of the dominating group in their own field of activity. In Basaglia's times psychiatry was mostly based in psychiatric hospitals: nowadays community mental health is the gold standard for the provision of services and one may believe that institutional violence is just of historical interest. Unfortunately, this is far from being true: even modern, community-based, services may present severe infringements of human rights, i.e. *crimes*. However, this may only be the tip of the iceberg: in fact, some human-rights abuses are obvious, while some are less obvious. For major human-rights abuses, it is easy to point a finger at defined perpetrators while the less obvious—although equally harmful to the victim—may be difficult to pinpoint. Some human-rights abuses may be structural in nature, and there is no identifiable person or group of people who have caused the abuses: it may be a law, a policy, or a culture, or a systemic underfunding of a service, which has resulted in the abuses. In addition, I contend here that a disposition to produce abuses comes from the very essence of psychiatry, and even psychology, which are, unavoidably, judgmental and regulating disciplines having at least part of their roots in the necessities of conventional communal order; therefore, they are disciplines upon which society bestows prestige, authority, hence: power.

This presentation is the result of more than forty years of personal work in community mental health where I have encountered the ubiquitous, everyday petty abuses by the thousands: they escape being sanctioned, and even acknowledged as such, and certainly warrant special attention and dedicated research. It is relatively easy to condemn the Shoa, the madhouse, electroshock, sordid forensic hospitals, restraints: all those practices that, besides being anti-ethical, are anti-esthetical as well, thus easy to notice.

Inveighing against the abuses that have already been abolished, at least officially, is just a cloying cliché, like preaching against the war, social injustices, political corruption. They are obvious, macroscopic abuses, 'crimes', whose elimination may even become instrumental in the propaganda of contemporary Psychiatry desperately defending its respectability in jeopardy for the annoying lateness of neurosciences to achieve the long-promised, ultimate 'cure' for mental discomfort.

Who cares, then, of the 'misdeeds' (according to the English legal language: the *misdemeanors*), the small abuses, like those of the psychologist who elegantly casts aspersion on the patient in his report by using apparently scientific, actually stigmatizing, terms; an arrogant attitude of the psychiatrist towards the patient and his carers when they are not *psycho-educated* enough; the chuckle of the personnel when the patient behaves awkwardly; the quick drugging of transgressive behaviors for tranquillizing goals?

Besides the necessary political initiatives to introduce, and improve, appropriate mental health legislation to guarantee the civil rights of the mental patients, clinicians and teachers have to painstakingly promote these same civil rights in their everyday practice.

During the presentation, informative examples will be provided of slobby and inconsistent medical records, stigmatizing assessments and interventions, mechanistic, dehumanizing procedures that, unnecessarily, mortify, abase, and profane the self of the individual patient.

Type of presentation: Lecture

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Janet Carter Anand
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Title: Conceptualising Elder Abuse across Local and global Contexts: Implications for Policy and Practice

Abstract: International awareness of the human rights of older people has fueled an interest in the conceptualisation of and legislative response to the abuse of older people in hospitals, community and residential settings. This presentation aims to consider diverse cutural and conceptual understandings of violence toward older people and the relative merits of different international reponses to this human rights issue. A brief exploration of elder abuse: its definition, estimated prevalence and implications of keeping it as a distinct social problem separate to adult protection is provided. How elder abuse is defined at the global and national level by policy makers, service providers and professionals is then compared to local and cutural interpretations and older people's conceptualisation of abuse. Next, a review of the current debates for and against legislative reform is offered. Whilst some countries have opted for specialist adult protection legislation, in the case of the UK, or elder law in the case of the USA, more integrated approaches based on prevention, inclusion, empowerment and community development are explored in Australia, Canada and the ROI. It is argued that explicit legislative gives older adults' better support, helps to increase public awareness of the issues and improves the effectiveness of welfare agency responses. Alternatively, it has been debated that elder abuse legislation may indirectly contribute to ageism and the stigmatisation of older people and result in unwarranted and intrusive government involvement and professional surveillance. Finally, the implications of different ways of conceptualizing elder abuse for social policy reform and social work practice will be actively explored.

Type of presentation: Lecture

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Anida Cmanjcanin
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Title: Deinstitutionalization in BiH: overview of barriers and facilitators

Abstract: Although there is evidence of the existence of state and entity strategic documents that are in line with European standards in disability field, in practice they are not adequately implemented which leads to status quo when it comes to the implementation of the DI process in BiH. In the Federation of Bosnia and Herzegovina, in 2013 there were 25 government residential institutions with 3,282 beneficiaries and 1,616 beneficiaries in 24 non-governmental institutions. For someone to understand the existing system and institutional models of BiH society designed for the benefit of people with disabilities, it is necessary to have in mind the political and national organization of Bosnia and Herzegovina, as established by the General Framework Agreement for Peace of 1995 and the Constitution of Bosnia and Herzegovina. For example, in the Federation of BiH the system for

social protection includes more than 40 ministries and institutions, with frequent overlapping of functions and unclear division of responsibilities and competencies across various levels of the system. The main approach towards persons with disabilities in Bosnia and Herzegovina includes predominant emphasis on segregation and institutionalization. However, there are efforts of local and international organizations in supporting the process of deinstitutionalization in BiH striving for implementation of international human right under which each person has the right to live in the community on the same basis as other people. Positive example is the work of the organization People in Need on the project 'Supporting inclusion of people with disabilities in BiH'. What are other barriers/facilitators for the implementation of DI process in BiH, and how to overcome/strengthen them?

Type of presentation: Lecture

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Nic Crosby

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Title: People not Process. The importance of taking a person centred approach to developing new supports for independent living for people of all ages

Abstract: *Deinstitutionalisation is the gradual relocation of residents to regular, community based housing. It is accompanied by the development of services that support inclusion and participation in the community, and that offers flexible and personal assistance, support, and co-ordination so people can live the lives they want.* (Open Society Foundation, April 2015)Deinstitutionalisation focuses on 'closure' when we should be thinking about the opening up of a new life full of opportunity for those moving on. What does this new life look like? Who are the most important people in their lives? Where do they want to live and with whom? We can only start putting the right supports in place and providing the right housing if we listen to what those who are moving on are saying, and those who speak loudly for 'independent living for all'. We can only make this work if we are genuinely person centred and engage in genuine coproduction (working in partnership with people with lived experience). Working in this way is very different from the current working cultures of most services supporting disabled people. Standing back, admitting that we (the professional) do not know best, and giving the person the opportunity to say how things work best for them, who they wish to live with, what sort of support works for them is a real challenge. To make deinstitutionalisation work in the best way possible we have to embrace co-production at both a strategic and individual level, shape our services and support around what people say works best and have in place systems such as personal budgets that enable people to get the individual supports and home life that they want and choose. Families with a disabled child will often talk about the numbers of different professionals involved in supporting them and in the clear differences and difficulties services have in working together. Person centred working demands a shift from service orientated working to one that is *whole life* in focus, meaning that the whole life of the child and those closest is considered and support offered where it makes sense to the individual, their close ones and the professionals supporting them. Thinking 'whole life', basing work on person centred approaches, co-producing a plan of support, using personal budgets, all these elements together provide both a way of supporting people to move out of institutions but almost more importantly provide a way of supporting younger children and young people in a way that could prevent their needs escalating and needing higher levels of support. Deinstitutionalisation is no simply about closing down, its is about opening up a world for those moving out, and just as importantly it has to be about setting out to *'get it right from the start'*.

References:

Me, My Life, My Family – Crosby, N In Control 2016
A Life not a Service - Crosby, N and Tyson, A In Control 2015
The Right to Life Independently and be included in the community, Lilia Angelova-Mladenova, European Network for Independent Living, 2017

Type of presentation: Lecture

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Anamarija Kejžar
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Title: Breakthrough in home for older people

Abstract: The subject of the presentation is focused in the process of changes in home for older people in Slovenia, in last three years. The process started after big crisis in home and change of management as well as non satisfaction of users and local community, which lead to non trust in home and the quality of services.

The presentation will show the process of establishing quality process, from self-assessment to certifying quality standard E-Qalin, education of staff and involvement of staff and users in new projects. Process of changes lead to the quality in work process, increasing trust in work and living in the home.

There will also be presentation of the innovative applicative project, which was conducted and managed by professor Jana Mali from Faculty of Social Work, University of Ljubljana. Management of the home and Faculty of social work had established the route for ongoiong changes to the user oriented changes, specially focused of people with dementia – developing new working and innovative methods, opening to the local community and developing regional gerontological centre.

Type of presentation: Lecture

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Jana Mali
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Title: Innovations in Long-term care: The case of homes for older people

Abstract: The institutional care of older people in Slovenia is one of the most developed forms of care for older people. The specific role of homes in the existing and future system of long-term care will be presented from the perspective of the implementation of the national strategy of social welfare which highlights the individual treatment of its users, their inclusion in implementing and planning of care as well as in strengthening their independence. On the basis of the survey research which covered all homes for older people in Slovenia, a series of interviews with social workers and residents and field visits to the selected homes which excel in innovative practice, we demonstrate the most evident innovations. Among the most visible ones are social, social welfare and home innovations. The impetus for the emerging innovations depend on the internal factors of care

institutions (orientation of management, changes in the quality of services, personal relations) and external factors (cooperation with local authorities, implementation of the national strategy of social welfare). They also have an impact on the effects of innovations which may be short-term or they have a direct impact on the quality of life in homes for older people. Identifying innovations proves that homes for older people are actively stepping into the area of long-term care which is expected to regulate the future role of homes for older people.

Type of presentation: Lecture

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Shula Ramon

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Title: Re-emerging institutionalisation in EU countries

Abstract: It is striking to realise that even in 2017 a number of EU countries are reporting an increase in the number of people who are staying for longer in settings that are institutionalised and segregated. This includes countries that have previously invested considerably in de-institutionalisation (such as the UK) or were supported by the EU to do so (Greece). I will look in my presentation at the likely reasons for this increase, whether the dissatisfaction from it can be used to introduce more positive change, and what would such positive change need to consist of. This theme is relevant to both mental health and learning difficulties services, and to countries where there is delayed deinstitutionalisation, or countries at the beginning of de-institutionalisation, as well as to countries which have de-instituitonalise most of its total institutions in the past

Type of presentation: Lecture

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Donald N. Roberson, Jr.
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Title: The Role of Recreation, Leisure, and Physical Activity in aging

Abstract: The number and proportion of older adults is increasing across the globe. Older adults have the opportunity to experience more free time due to retirement. Many older adults are utilizing a variety of activities during this new found leisure time. Some seniors are becoming involved in recreation and physical activities that help to meet certain needs or adjustments in their life. They are also choosing previously postponed ways to spend this new free time such as reading books or returning to school or volunteering for various projects. One priority for seniors is to spend time with their grandchildren. These offspring have an uncanny way of motivating and explaining to their kin how technology can improve their lives (Lou, 2010). Also many older adults spend time and resources going on long dreamed of vacations and travel. The popularity of social dancing, gardening, and various exercise classes for older adults is a phenomena worth considering.

Physical culture is a concept incorporating various facets such as physical activity, recreation, sport, health, education, and free time. This extension of human behavior focusing on the physical dynamic often overlooks the aspect of free time and leisure behavior. Too difficult to determine, measure, or control, the academic perspective of free time is often neglected while researchers focus on what one can control, such as sports teams or physical education classes. There is a need within our field to focus more on overlooked topics such as aging and free time from the perspective of physical

culture. One purpose of physical culture, recreation, kinanthropology, and even anthropometric behavior is to create a lifelong perspective of physical activity that extends into old age.

The increase in life expectancy is a significant demographic change for people across the world. Some people are living 25 additional years, from age 60 to 85 in good health. This has resulted in longer life spans, and many older adults are experiencing a more rigorous life than their parents. Gerontologists display interesting statistics that reflect our aging population. For example, in 1990 there were 37,306 centenarians in the USA, in 2000 there were 50,454, by 2020 the prediction is there will be 214,000 (Feldman, 2000). Life expectancy in the USA, because of a variety of reasons, has increased by a full 28 years from 47 in 1900 to 75.5 by the 1990's. However, this is not just a USA phenomenon. In 1970 it was estimated there were 307 million people in the world over 60. There were 500 million in 2000, and in 2020 it is estimated to be one billion (Bee, 2000; Lamdin, 1997; Quadagno, 1999). In addition, we must acknowledge and prepare for the complicated dynamics when India and China, which comprise almost one half of the world's population, begin to reflect similar demographics.

Many older adults are using this retirement time as a platform for various activities from classes they have always wanted to take to personal projects they have always wanted to pursue. What is especially interesting is the potential of recreation and self-directed learning to enable the older adult to adjust to change. This "Sokolish" idea is evident by personal efforts of learning throughout one's life. Yet, there is a special need to re-educate adults concerning the importance of physical activity and to include physical activity as an integral part of one's free time (Yang & Cheng, 2012).

Type of presentation: Lecture, Workshop

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Katarina Sočič

Organisation: Graduated social worker at the Faculty of Social Work Ljubljana, Slovenia

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Title: The decision and moving into a home for older people and associated changes in the relationship between older person and relatives

Abstract: It is a known fact that human is a social being and that for his existence he needs relationship with people. Each of us has and creates a variety of relationships. Our relationships, like humans, are transforming and changing. Most often there are changes in relationships just at life's turning points, when we change first personally. This is usually followed by changes in our relationships with people. Through my years of study and practice, I noticed that the society is aware that leaving your home and moving into home for older people is a tough decision for an older person. It covers a lot of doubts, insecurity and fear. We are all aware that this is a big and difficult change in the life of an older person.

Leaving home and moving into home for older people can also be a big issue for relatives of the older person. It seems to me that there is too little written in the literature on the subject making decision and then moving into institution. Also on the topic of changing relationships between an older person and his family is not written enough. There is not enough stories of older people and their relatives about the issue. There is a discrepancy between theory and practice. In society exists general opinion about moving decision into institution and relationship changes between older person and their relatives. But we often forget that every person is unique individual.

Some experts belive that every person has two homes: childhood home and the home, where they started their own familiy. When they are old, they are forced to look for the third home. When a person moves into home for older people, he must change his own routines and adapt to the ones in

institution. After moving the quality, quantity and the way of interacting with relatives can change, but not in every case. Their social networks are rebuilded. The relatives have important role in life of their older relatives. For older people adapting, accepting new rules and making new habits is a really difficult proces.

With the presentation I would like to emphasize the importance of this issue in social work. I thing that it is important that social workers are aware of changes in lifes of older people and that they can recognize the issue and are able to resolve it. Social worker needs to be trustworthy and he needs to be available for older person and their relatives when they are thinking about moving into home for older people and when they actually move.

Type of presentation: Lecture with workshop

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Lazar Stefanović

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Title: Architecture of Madness

Abstract: A purpose of the examination of institutional architecture lies in a tight correlation between the spatial organisation of madhouses/asylums and perception about mental illness as well as the practices carried out and regimes of living within their walls (Prior 1984). Similarly to the development in terminology used to describe persons that live with mental disorders, words used to mark buildings where these persons were accommodated changed simultaneously. That is to say, with more knowledge of mental illness as such, with the development of psychiatry and especially with the establishment of the rights of persons with mental disabilities once 'madhouses' became asylums, psychiatric hospitals and with the latest trends - 'family-like homes', 'homes for supported living', 'small group homes' etc. Of course, not only the terminology and architecture have evolved, but rather a whole set of socio-economical, medical and legal factors which were intertwined and, in order to be best understood, each of these factors need to be analysed as parts of the whole and not as the entities with separate and independent trajectory of evolution. Lindsay Prior (1984) references to Emile Durkheim and his followers to be meritorious for giving a base for sociological research of space, by claiming that the space, and consequently architecture of the institutions, were "socially produced rather than naturally given".

Scull (1977) claimed that, in contrast to other types of hospitals, "the genuine symbol of madness was a necessity for a special architecture" of these institutions. 28 However, specialised buildings only for accommodation of persons with mental disorders weren't built before the late 18th century.

Some of the aforementioned hospitals such as the General Hospital of Paris (started operating in 1656) and Bethlem Royal Hospital (founded in 1247) were not initially used for incarceration of mentally ill persons. Infamous Bethlem (or Bedlam) was built to be a center for collection of goods to support Crusaders quests (Andrews 1997). It is believed that Bethlem started accommodating insane before the end of 14th century, while the solid proofs of this practice date from 1403 (Porter 2004). The General Hospital of Paris was initially used to incarcerate poor "of both sexes, of all ages and from all localities, of whatever breeding and birth, in whatever state they may be, able-bodied or invalid, sick or convalescent, curable or incurable".

Specially designed institutions for confinement started being built in the late 18th century. In the previous chapter I wrote about socio-economical changes that created a need for specialised institutions, as well as an importance of institutionalisation for moral treatment, which was dominant in the 19th century among the psychiatrists. In the following paragraphs I will give examples of

popular architectural solutions which were conditioned by the character of confinement (curative or punitive) and the treatments. What was so special about some of these buildings is that their design sometimes was all in favour of maximization of control of the inmates30, and sometimes in favour of providing a home-like atmosphere for inmates.

The control that was supposed to be established was not only physical, but also emotional (Prior 1984). Prior (1984) claims that creation of the aforementioned institutions marked the beginning of "an era in which architecture, in general, was used as a weapon in the control and care of the body".

This period coincides with the term 'asylum' coming into use. Today, this term is used to designate a government's provision of shelter and safety for a person who has been forced to leave his/her country for their safety or because of war (University of Cambridge 2017). Similarly, in the 19th century this term "suggested a refuge from the pressure of civilization" for an insane person (Yanni 2007). In the following chapters some of the most famous and infamous, but very distinct and influential architectural solutions are presented.

Type of presentation: Lecture

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Sue Taplin
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Title: Social Work with Older People at the End-of-Life: a multidisciplinary approach to care

Abstract: "The nature of health and social care is such that, for many, the quality of the service received is dependent upon how effectively different professionals work together" (Thomas et al, 2014). Indeed, "it is not possible for any one professional to have sufficient knowledge and skills to respond to the requirements of individuals, groups and communities in situations of complex need" (Irvine et al, in Thomas et al, 2014, p 1).
Social workers have a key role to play in work with older people, as their practice is based on a social perspective that takes into account how different aspects of a person's life "work together to help them flourish or oppress or overwhelm them" (Vatcher and Jones, in Thomas et al, 2014, p 184).

This is of particular relevance to social work with older people at the end-of-life, where clear communication and effective multi-professional collaboration are essential, as there is no second chance to 'get it right'.

In this presentation I will explore the concept of palliative care in relation to older people, highlighting the challenges and complexities of a multidisciplinary approach, and I will suggest ways in which different professionals can enhance and complement the care given to individuals and families at the end of life.

Reference:

Thomas, J, Pollard, K and Sellman, D (2014) (second edition) *Interprofessional Working in Health and Social Care – Professional Perspectives* London: Palgrave Macmillan

Type of presentation: Lecture

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Veronica Timbalari

Organisation: Association Neoumanist MOLDOVA

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Title: Association Neoumanist MOLDOVA

Abstract: Neoumanist Association for Education is an NGO registered in November 2000 in Moldova It has been active for over 14 years and provides support for the elderly population of Straseni region in the Republic of Moldova. NAE provides day care services, assisted living and home care to over 270 seniors in the district of Straseni with the following goals:

- To improve a quality of life for vulnerable elderly population;
- To help the elderly attain satisfactory and a decent standards of living;
- To increase and improve community interactions.

NAE has developed four major resources to support the elderly to meet the previously outlined goals:

- Since 2003, Rasarit Day Care Center has been providing hot meals, laundry, washing facilities and a friendly environment for seniors to socialize.
- Since 2005 Spectru Home provides a 24/7 assisted living facility.
- Home Care, started in 2007, and Mobile Meals Delivery, started in 2012, serves the elderly in surrounding villages who, due to disabilities or distance, are unable to visit Rasarit Day Care Center.

All these projects stand for qualitative long care for elderly persons.

LONG TERM CARE IMPACT

- Reducing malnutrition among elderly, by providing warm meals and food packages.
- Stress reduction among elderly
- Elderly became active members of the community
- Personal Hygiene improves
- Home Care project identified elderly with disabilities, with no support and with houses in deplorable conditions. They were helped by offering them a social place to live in the Home for elderly.
- Developing handmade skills for creating products that can be sold on the local market, as an extra income and get more financial independence.

The final thing our organization wants to achieve is to prove that Aging can be beautiful either for seniors and for the community as well.

Type of presentation: Lecture

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Lorenzo Toresini

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Title: No restraint: a provocation for the future

Abstract: Restraint has always been fundamental to Psychiatry. As a practice, it both underpins and confirms the entire theoretical apparatus upon which Psychiatry is based. The whole history of institutional psychiatry presupposes the indisputable need for and therapeutic benefits of tying psychiatric patients to their beds. And if you ask a psychiatrist why they continue to use this practice, the reply will invariably be that it is 'for the patient's own good', in order to keep them from harming themselves. This ideology and practice recall Hannah Arendt's concept of the 'banality of Evil'. In fact, there can be little doubt that the nurses and psychiatrists who tie patients to their beds, subjecting them to a form of torture that they would never tolerate themselves, and performing an act of cruelty which violates the most basic sense of humanity, are anything but professional sadists. On the contrary, the vast majority are decent people, reliable parents and good citizens.

Personally, I believe that the majority of the SS were essentially decent people who found themselves in an ethical context determined by the Third Reich's own sense of power, ideology and propaganda, and as a consequence lost all sense of a shared human ethic, transforming themselves into torturers and murderers. The difference between the crimes of the Nazis and psychiatric restraint is quantitative, and not qualitative. Even if we are dealing with different forms of repression – in the case of the Nazis a physical and not a mental repression – their meaning is the same.

Type of presentation: Lecture