Thematic collection of proceedings of the international importance
Latest developments in speech therapy, occupational therapy and social work:
Between Tradition and Transition

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Tematski zbornik radova međunarodnog značaja
Aktuelnosti u logopediji, okupacionoj terapiji i socijalnom radu:
Izmedu tradicije i tranzicije

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PREFACE: BETWEEN TRADITION AND TRANSITION

At the crossroads of centuries, under the influence of technological advancement, the world is moving rapidly. At times, it is really difficult to keep up with the pace of these changes. Traditional patterns of functioning are becoming less functional and increasingly losing their former significance. The experiences we have learned from the past are simply no longer valid, and the word transition, from the political-economic sphere, has moved into all aspects of life.

On the one hand, the world has literally moved on. It moves in the form of migrant waves, triggering global-scale crises. Migrants go through their life, economic, cultural, social and psychological crises. The native population is undergoing similar changes in meeting the wave of newcomers. Both are culturally, socially, economically and psychologically changed through, at times, difficult processes. Numerous governmental and non-governmental organizations define and implement preventative sociological psychological programs to facilitate these painful processes.

At the same time, that same world has retreated and stopped in cyberspace and virtual reality. What once seemed to us a sci-tech distant future is now becoming reality, blurring the boundaries between human reality and the machines that create virtual reality. Overwhelmed by external, real, big changes, young and sometimes older people turn to cyberspace, neglecting real commitments and life. Some new forms of pathologies and addictive behaviors are being developed. The generation gap widens and becomes more problematic to understand and resolve. As a result of these contradictions, the population of late middle and older age, caught in the gap, functions at the edge of economic and psychological existence.

Gerontology centers have never been more numerous, and yet the powerlessness of the population of older age with lower socioeconomic status is increasing. The need for assistance from the outside is increasing, opening up space for the development of new assisting professions. One of the new occupations, officially introduced in the occupational list of the previous year, is defined as an occupational therapist. Occupational therapy becomes necessary in all developmental aspects of problematic functioning: from nursing homes, through medical and rehabilitation centers, to school and preschool institutions.

Another vulnerable category of the population is found in childhood and adolescence. In the new cyberspace, the usual vocabulary is less and less read, and abbreviations and emoticons are increasingly being used. Linguistic-speaking problems are compounded, adding to the need for additional and new speech-language strategies, as well as special psychological treatments.

The problems of peer violence intensify, both in reality and in the virtual world. New lines of counseling and psychotherapy seek to prevent and address the aforementioned problems in all vulnerable categories of society. In all this, the vision of combining the medical and social sciences to order to solve these problems seems more justified than ever before.

These dramatic pictures are only part of a wider mosaic of old and new problems, as well as old and new ways of solving them. This chaotic pluralism requires a clear interpretation. That is why in this collection of papers we have specifically discussed the relationship between tradition and transition, not as an attempt to fix a firm boundary between past and present, but on the contrary - to illuminate through the process of self-reflection the connection between current challenges/responses and previous, time-accumulated experiences. which undoubtedly condition them. This, in our opinion, creates the necessary preconditions for systematizing new theoretical and professional-practical insights and situating them in the existing complex of knowledge within the framework of social work, speech therapy, and occupational therapy.

In this ambitious endeavor, the College of Social Work has had the utmost support of the Chamber of Social Welfare, for which we thank you very much. We would also like to thank a number of foreign and domestic authors who contributed to the conference's undoubtedly high level of theoretical competence.

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CIVIL SOCIETY AND SOCIAL POLICY: CHALLENGES OF (POST)TRANSITION

Abstract: This paper will analyze the link between civil society and social policy in the aftermath of the collapse of socialist systems and the abandonment of the welfare state concept. We will point out the need to create social policy models in this transition period that would rely more heavily on civil society organizations, since existing social policy models are no longer able to provide adequate responses to current social challenges. We base this thesis on the following points: a) current social policy models are inextricably linked to the model of the nation-state; b) the processes of globalization have generated new forms of social problems that transcend national states; c) nation-states have thus become too small to handle large, global problems and, at the same time, too large to solve small problems; d) it is therefore necessary to encourage the practice of empowering civil society organizations within the framework of social policy in order to deal with various social problems more flexibly and effectively. In other words, these are models that rely on individual and group initiatives and capacities to ensure the development and sustainability of social policies, with a minimum of dependence on the state institutional structure.

Key words: *civil society, social policy, transition, nation state, globalization*

Introduction

Our understanding of the relationship between individuals and society, as a relationship of reciprocal commitment in which individuals relinquish their own sovereignty in exchange for the security provided to them by the community, is undoubtedly based on the idea of a social contract. It is a theoretical construct[2] that puts a stop to the medieval interpretation of the "natural" and "political" community as parts of the divine order. In social contract theory, individuals, solely for their own security reasons, come together to overcome a natural state in which everyone is equal and free, but also vulnerable because they are in a state of complete mutual compe-

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[2]Hannah Arendt considers signing a social contract a "hypothetical fiction", a theory whose primary function was to explain "... only a fictitious beginning of society and state" (Hana Arent, *O revoluciji*, Beograd: Filip Višnjić, 1991, p. 149).

tition, in a state of war all against all - *bellum omnia contra omnes*. By concluding a social contract, individuals transfer their natural rights to the community but, at the same time, acquire the right to protection. A social contract is, therefore, a moment in which the boundary between the natural state *(status naturalis)* and the political, civil state *(status civilis)* is definitely fixed. In this sense, society and the state emerge as a result of the mutual consent of individuals, not as part of the original, higher-order.

Although trying to answer the basic questions of the relationship between the individual and society, social contract theorists took different positions[3], they agreed in one: that in this symbolic exchange there was a double obligation - the individual to relinquish his "natural right to all" and - society, that is, the state, to ensure the protection of that individual. The protective "clause" of the social contract is the logical consequence of the radical contingency that this theory indicates - as an individual has a reason for being alone and not in a transcendent sense, it means that he is simultaneously threatened by other individuals who have the same status, so the task of the political community to harmonize them with one another.

On the other hand, at first glance, the superficial differences between these two understandings of social contract theory (and to which, at one time, few paid attention) will turn out to be very significant. The practical-political implications of social contract theory, in line with these differences, will be divided into two directions. On the one hand, Francis Fukuyama points to the connection between Thomas Hobbes and John Lock with thinkers who articulated the political aspirations of the American Revolution[4]. On the other hand, Hannah Arendt finds practical implications of Rousseau's theory in various forms of revolutionary-totalitarian regimes - from the French Revolution to the numerous variations of twentieth-century communist revolutions[5]. From these two types of social contracts, therefore, two

[3] In Hobbes's version of a social contract, society is understood not as an organic totality, but as a set of elements whose basic characteristics exist beyond the whole. Constituent elements of the state are citizens, individuals, who bring their nature into the community. However, the basic question of Hobbes's political theory is how, from this absolute reduction to individuals, to explain a community, since the necessity of that same community is not contained in its basic elements - the citizens. The answer to this question lies in the need for individuals, beyond their own (selfish, egoistic) nature, to constitute a community by the voluntary-rational act. The political community as the final result of the consent of the individuals is the centerpiece and Locke's theories outlined in *Two Treatises of Government*. The central question is - how is a political community constituted? By signing a social contract, Lok concludes. In doing so, individuals leave their natural state in order to preserve life or property. Yet, in his version of social contract theory, Locke will retain the ability of citizens to deny consent to a government that does not meet the goals of the association and does not contribute to the common good - through the right to rebel, thereby irrevocably siding with individualism. A century later, Jean-Jacques Rousseau gave the community its absolute primacy. For Rousseau, the social contract becomes a form of association of free people in order to protect each of them. But unlike Hobbes, who believes that individuals contract with one another and thus constitute a political community, Rousseau takes the opposite view - individuals acquire their individuality only by creating a community.

[4] "The principles that underpin American democracy, codified in the Declaration of Independence and the Constitution, are found in the writings of Jefferson, Madison, Hamilton, and other American founding fathers who, in turn, derived many of their ideas from the English liberal traditions of Thomas Hobbes and John Locke" (Fransis Fukujama, *Kraj istorije i poslednji čovek*, Podgorica: CID, 1997, p. 172).

[5] "Not only in the French Revolution but in all the revolutions that followed its example, ind-

different ideological models and, consequently, two types of politics are developed[6].

This introductory theoretical situation of the individual-society relationship is not intended only to consider the history of a term but also allows us to systematize the development of the modern concept of society/state, as a precondition for understanding the genesis of social policy, which culminates in its own articulation in the form of a social state. The social states, as a complex institutional framework and mechanism, "which is the political result of the basic consensus formed on the care and responsibility for the basic safety and well-being of the members of the community, that is, to guarantee a specific catalog of their economic and social rights"[7]. In this sense, the social contract paradigm is a welcome guide to interpreting the dynamics of the modern world, once again at a turning point. For it is undoubted that the late twentieth century brought about profound changes that called into question all that made modern societies so attractive - above all the promise of a community based on a just order in which, among other things, mechanisms were put in place to protect vulnerable groups[8]. The final victory of liberal democracy and the collapse of the communist bloc, with the Soviet Union at the helm, not only brought about the collapse of the socialist state in the East but, at the same time, caused the withdrawal of welfare states in the West. This, at first glance, the paradoxical outcome has opened up a horizon of new challenges. The crisis came from victory. The neoliberal concept has become the dominant model for most societies in the (post)transition period.

The main feature of this period is the constant withdrawal of the state. Permanent passivity, in which the former socialist states have continuously declared themselves incompetent for solving numerous problems (thus limiting their own responsibility, efficiency, and effectiveness), has created the impression of a serious incoherence of social reality and the impression of dramatic social unpredictability"[9]. But it also gave the impression that citizens were left behind in the face of imminent risks. This, of course, creates the conditions for redefining the individual-society relationship, that is, for redefining the social contract paradigm and for adopting a different perspective, a perspec-

ividual interest emerges as a kind of common enemy and takes all theories of terror from Robespierre to Lenin and Stalin as something that goes without saying that common interest is automatically and that he is constantly at enmity with the self-interest of every individual citizen" (Hana Arent, *O revoluciji*, Beograd: Filip Višnjić, 1991, p. 67).

[6] In the first case, in which collectivity is interpreted as a subsequent result of the consent of individual wills, consent (as we saw in Locke's theory) is not unconditional, since individuals always retain the right to non-consent, the right to rebel. Such a model of social integration, characterized by dynamic, unstable equilibrium and immanent pluralism, will become the framework within which liberalism will be constituted. In the second case, collectivity rests on a presupposed generality from which the singularity of the individual is just derived. In such a model, the individual is completely subordinated to the collective. This pattern will become the basis for the construction of collectivism, that is, of various forms of communist/socialist societies.

[7] Zoran Stojiljković, "Za i protiv socijalne države", in *Savremena država* (ed. Vukašin Pavlović and Zoran Stojiljković, Beograd: Fakultet političkih nauka i Konrad Adenauer Stiftung, 2008, p. 28.).

[8] See more at: Milorad Đurić, "Globalna nejednakost i lokalna solidarniost: novi pristup socijalnoj politici", u *Socijalna politika u Srbiji na raskršću vekova*, Beograd: Visoka škola socijalnog rada, 2019, p. 33 – 53.

[9] Petar Nastasić, Milorad Đurić, *"Kraj istorije" i(li) život u fluidnom svetu,* Paradigma No. 2, Beograd: Visoka škola socijalnog rada, 2019, p. 29.

tive which, with the aim of elementary social protection of individuals, implies a different civilization status, a bottom-up order, through initiatives associations of citizens.

Our aim in this paper is to emphasize the need to establish in the (post) transition period social policy models that would rely more heavily on civil society organizations since existing social policy models are no longer able to provide adequate responses to current social challenges. We base this thesis on the following points: a) current social policy models are inextricably linked to the model of the nation-state; b) the processes of globalization generate new forms of social problems that transcend the frameworks and capacities of nation-states; c) nation-states become too small to solve global problems and, at the same time, too big to solve local problems; d) it is, therefore, necessary to strengthen civil society organizations in order to make social policy more flexible and effective. In other words, these are models that rely on individual and group initiatives and capacities to ensure the development and sustainability of social policies, with a minimum of dependence on the state institutional structure.

The theoretical and social significance of this topic is more than obvious: after the withdrawal of the socialist state and the welfare state, it is necessary to thaw social self-reflection in order to identify possible forms of action in the new situation through understanding and interpreting the (post) transition state. And the effort to understand the current situation inevitably leads us to thematize the relationship between social policy and the nation-state.

Social Policy and the State: A Short Retrospective

Social policy is largely and always defined by its epoch. In this sense, it is impossible to understand a particular socio-political conception outside the context of a particular social, historical and political constellation. In other words, we must establish a retrospective vision of the link between social policy and the state, which would include the development of solidarity over the past three centuries. It is only in the historical view of this relationship that it is possible to shed light on the conditions of the individual's expectation of being protected by the community.

Although primordial forms of group solidarity were also present in earlier human communities (original families, fraternities, clans, and tribes), the integration of these communities is based on, Dirk would say, mechanical solidarity and collective consciousness, and one cannot speak of differentiated form of protection in the system of total social relations. However, with the development of society and the creation of special (sub) systems, arise obligatory forms of helping. Thus, already in feudalism (based on personal loyalty to the ruler), we find certain forms of helping those who, due to certain life circumstances, find themselves outside the scope of feudal protection. In such cases, the only help could come from the church, i.e. only the church had institutionalized resources to provide elementary social assistance.

In post-feudal, absolutist monarchies, a different understanding of the moral obligation to help people in need is formed. This kind of help could be expected by all subjects. The paternalistic concern of the monarch towards his "children" had the effect of raising some of the general well-being, includ-

ing the emergence of rudimentary forms of public health and social protection.

However, only the revolutionary movements in the late eighteenth and early nineteenth centuries clearly articulated social issues. The political revolution in France, the industrial revolution in England, and also the philosophical revolution in Germany will raise questions of freedom, equality, and solidarity on the agenda of history. Thematizing these social values will determine policy over the next two hundred years. The universality of these values will also affect many political movements and organizations - from labor movements to national emancipation movements. In this sense, social issues become - state issues, and citizens no longer have the status of subjects, but the status of beneficiaries of different state services. Finally, the legitimacy of the state order begins to be measured by the degree of success in realizing these key values.

In this way, the social state emerges as a result of the strongly manifested tendencies of political entities to establish equality within the legal and economic system, that is, to establish and secure basic social rights. Appearing in the second half of the nineteenth century in Germany, the social state became an institutionalized framework for protecting the socially disadvantaged parts of the population[10].

On the other hand, the October Revolution in Russia in 1917 and the establishment of the Soviet Union, as the first socialist state, undoubtedly meant, at least initially, the promise of prosperity and well-being for all. The formation of the first socialist state was the inspiration for many left-wing political movements, but also a challenge for the capitalist world. After the Second World War, a large number of liberal-democratic states implemented serious social reforms - the Welfare State was born[11]. The welfare state was based on the idea of solidarity in the distribution of income for the benefit of the poor and the unemployed, as well as the idea that health insurance and education should be provided for all citizens.

In the general sense, the Welfare State represented a pinnacle in efforts to, in the context of free-market and private property, practically realize the ideals of equality and solidarity. Social democratic parties across Europe have become the main political carriers of this idea[12]. Social policy is based on a complex network of state institutions. This also changed the character of the state - from a

[10] The first attempt at legal systematization is found in Germany, at the initiative of Emperor Wilhelm I, who asks parliament to pass laws to ensure workers against sickness, accidents, and old age. The adoption of these laws has inspired other states to establish similar legal frameworks for social security. This is also considered as a starting point in the constitution of the social state model in Europe.

[11] The idea of establishing a Welfare State is attributed to Lord Beveridge, who in his report Full Employment in a Free Society, submitted in 1942, analyzed the problem of the relationship between social security, the free market, and private property. However, the term Welfare State was first used by William-Temple, Canterbury Bishop, as the antithesis of the Power State.

[12] The program of the Social Democratic Party of Germany defines the social state as "… a great civilization achievement of the twentieth century. It complements civil liberties with social and civil rights. And that is why, in our view, democracy and the welfare state are linked. The social state has freed millions of people from the anxieties of their origins, protected them from the harshness of the market and provided them with the opportunity to live. It is the basis of economic dynamics that create our well-being (…) In order to renew this promise of security and prosperity in our day, we are developing a social state that will act preventively" (Aleksander Petring, *Socijaldemokratska čitanka 3* u: *Socijalna država i socijaldemokratija*. Beograd: Fondacija Fridrih Ebert, 2012.).

political system organized to exercise and maintain power to a system that takes care of the material and every other kind of existential security of its citizens.

But, in parallel with the rise of social care for citizens, costs have also increased. This created continued discontent with the neo-liberal politicians, who saw such an oversized role of the state as a dramatic threat to the basic liberal postulates - freedom and individualism. In their view, any strengthening of the state inevitably leads to egalitarianism which, in turn, impedes essential economic and social progress. In their perspective, the social state emerges as a serious threat to freedom, by implementing state power into spaces that have traditionally been regarded as spaces of citizen sovereignty. In this way, the social state is in crisis so that the most developed countries of liberal capitalism (Great Britain, US) begin to abandon this concept during the 1980s[13].

At about the same time, in 1989, the Berlin Wall, a symbol of the Iron Curtain, fell, and one after the other the Communist regimes collapse in the socialist states of Eastern Europe. This epochal event not only marked the end of ideology but also marked the beginning of profound structural changes that would overwhelm the political, economic, social and cultural aspects of these societies. These changes we will call - the transition.

The simultaneity of both transitions was intensified by another phenomenon that further threatened the concept of the social state - globalization. The intersection of social policy and nation-state (which, as we have seen, has resulted in a social state) has made this alloy extremely sensitive to the changes brought about by the accelerating process of globalization. Ulrich Beck points to this: "A nation-state is a territorial state; i.e., its power is based on a particular locality (on controlling membership, current legislation, border protection, etc.). The global society, which has taken shape in many (not just economic) dimensions in the model of globalization, is undermining the importance of the nation-state. The nation-states now face a multitude of social circles, communication networks, market relationships, and lifestyles, and none are inherent in any particular locality. This is evident in each of the pillars of sovereignty: tax collection, police responsibilities, foreign policy, and military security"[14]. And in social policy, too. In other words, the process of globalization is the third and perhaps most serious factor in creating a (post) transitional environment in the modern world.

State and Society: the Consequences of a Revolution

The state, in the modern sense (after the collapse of the medieval Christian normative system), is establishing itself as a functional unity of different institutions, the aim of which is to create and implement political decisions. At the same time, society becomes instrumentalized by the state as a new basis for legitimizing the normative order, given that previous integrative patterns have been relativized. Talcott Parsons will define this synthesis of state and society as a social community: "The core of

[13] Ana Cekerevac believes that "… the welfare state crisis is a logical consequence of over-dimensioned social programs" (Ana Čekerevac, "Novo shvatanje socijalne politike" u: *Godišnjak*, gr. 3 Beograd; Fakultet političkih nauka, 2009, str. 360)

[14] Ulrih Bek, "Viruelni poreski obveznici" in *Globalizacija – mit ili stvarnost, sociološka hrestomatija* (edit. Vladimir Vuletić), Beograd: Zavod za udžbenike i nastavna sredstva, 2003, p. 133).

society as a system is the structured normative order by which the life of the population is organized collectively. In order, these nuclei contain values as well as differentiated and specifically stated norms and rules, all of which require cultural references to gain meaning and legitimacy (...) We will call this whole society, in its collective aspect, a social community"[15]. The social community necessarily implies the functional management of an area, in other words, a closed territory. "The power-territory-force complex is of such importance," Parsons continues, "that what is commonly understood as a society, if at a high degree of differentiation, will generally always be organized as a unified collective, that is, being politically organized society"[16]. In other words - the state. Territoriality thus becomes a condition of the possibility of maintaining the normative order of the social community.

On the other hand, "society is that type of social system, in any universe of social systems, that achieves the highest degree of self-sufficiency as a system in relation to its environments"[17]. It is clear, therefore, that society is a restricted, self-contained, self-referential, and self-sufficient system. The self-sufficiency of a society, for that matter, would have to presuppose the institutionalization of a sufficiently wide range of components to meet all important social demands. This, of course, does not mean that all the roles of all members take place within society, but that a particular society must be able to respond to the elementary demands of its members, at different stages of the life cycle.

In doing so, we have come not only to a well-rounded social system, but also to its environment, which is not only "the other", a mere remnant, but also a condition of existence, a presumption of identity of the social system itself, the basis of differentiation of the social system and environment. The constitutive character of the environment in relation to the social system is not absolute but relative. It is the result of a distinction operation, (self) observation, which attributes to the system the characteristics by which it differs from the environment. This attribution, however, is not arbitrary; it is guided by the principle of reduction of the complexity. Niklas Luman insists on this: "Every system excludes itself from its environment. That's why the environment for each system is different. (...) Therefore, it can also be said that leaving the environment undefined, the system totalizes itself"[18].

With these operations, society draws boundaries towards its own environment, becoming the exclusive space of social experience, the space of the whole and a self-sufficient world of life. This withdrawal of borders is mediated solely by communication: "Any communication in the social system (...) seeks differentiation from the environment and thus contributes to establishing, or changing the boundary of the system. Conversely, boundary assumptions have a function of order for the constitution of elements; they make it possible to evaluate what elements can be built in the

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[15] Talkot Parsons, *Društva,* Zagreb: August Cesarec, 1988, p. 29.

[16] Ibid. p. 216.

[17] Ibid. p. 26.

[18] Niklas Luman, *Društveni sistemi*, Sremski Karlovci: Izdavačka knjižarnica Zorana Stojanovića, 2001, p. 258.

system, what communications can be risked"[19].

The production of the boundaries of society through communication is, at the same time, another name for the production of society. "An elemental process," says Niklas Luhmann, "that socially constitutes as a special reality is the process of communication"[20]. If we accept this Luman thesis, then we must conclude that any change in the mode of production of communication necessarily means a change in the mode of production of social.

Bard and Soderquist also point to this, linking civilization and the way information is distributed: "This means that any technological advancement that significantly changes the preconditions for action and the way information is disseminated also implies a fundamental re-evaluation of old and well-founded patterns of thought"[21]. Technological revolutions in the transmission of information have necessarily resulted in social, cultural and political changes[22]. And the final result of communication (r) evolution becomes a society. A world society. A world society that now includes all communications.

While the advent of printing technology has only further intensified the pattern of explosive expansion, development, specialization, and dominance of collective identities, the emergence of electronic communications and the Internet has produced quite the opposite effect - the implosion, fluidity, and strengthening of individual perspectives. These changes are visible in all aspects of social life - in ecology, culture, security, social policy… These are the areas where the most serious structural disorders occur, the most serious social divisions, which, in turn, influence the creation of different responses in the political field. A common feature is that they go beyond the borders of nation-states.

All this touches on the existential assumptions of the old system of societies/states. The reason for this is to change the relationship between problems and boundaries. Whereas once the problem was located within the borders of nation-states, now nation-states are located - within global problems. In this way, the differentiation of

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[19] Ibid.

[20] Ibid. p. 206.

[21] Bard, Alexander & Soderquist, Jan, *Netokracija, nova elita moći i život posle kapitalizma,* Zagreb: Differo, 2003, p. 37.

[22] The phonetic letter allowed communication to emerge from the temporal and spatial framework that required presence. For centuries afterward, Gutenberg's invention of the printing press brought about multiplicity, identity, portability, reproducibility - characteristics that heralded the modern age. Typographical uniformity also influenced the harmonization of speech and writing, that is, the standardization and consolidation of national languages. The advent of television, on the other hand, has brought about a new kind of change. Similar to ancient mosaics, television imagery represented a radical break with a linear print structure. With television, the road to the global village was established. However, that path was only completed by the final elevation of communications over the ground, the territory. The establishment of satellite communication has definitely severed the link between information transmission and territory. This separation will create preconditions for new forms of personal and social experience. The physical space was no longer a barrier to information dissemination. Television, coupled with satellite communications, has definitely created a global village situation. As in a village, but this time global, people are again involved in the flow of events, that is, they are involved in the flow of complex information structures. Borders and geographical obstacles (seas, mountains, deserts) or political agreements, have become irrelevant.

one system (nation-state) and its environment (a set of other nation-states) becomes less important as more topics become common (global). In this way borders really have a more symbolic meaning, since territoriality becomes a completely atypical principle, an exotic moment of limiting something that has been displaced to other levels of real existence. The inevitable result of this dynamic is a situation in which, as Daniel Bell has already stated, nation-states become too small to solve global problems and too large to deal with local issues. In order for the nation-state system to retain its meaning, certain topics must be permanently excluded, for which the given system is simply no longer competent. A direct consequence is the increasing frustration of nation-states and the undoubted decline of their regulatory capacity.

This reduction in the themes through which the system of society/state is reproduced indicates a need for a different type of organization in order to articulate the newly created state. The kind of "unburdening" of normative centers, that is, agreeing or disagreeing on delegating problems to supranational and subnational levels, opens the space for activating civil society. This space, however, does not possess a unique normative-political order but is composed of fragmented organizations, informal associations, and groups. This is the space of NGOs.

Non-governmental organizations in the fields of politics, law, security, social security, and the economy are an indicator of the situation in which nation-states lose control within their own borders. The activities of non-governmental organizations are an indicator of the fact that civil society does not have its own political order, so all these actors are actually hovering in one specific space, devoid of consistent normative grounding. The absence of normative grounding, then, gives rise to situations in which the action of NGOs seems less like expressing and reproducing any order, and more like implementing action programs. In other words, the aforementioned type of action is not placed in pre-known normative frameworks but is solely based on the specific values that the actors advocate. Therefore, it is not surprising that this type of representation of different interests from opponents is often defined as ideological or "anti-state".

Suspension of the institutional dimension of events at the level of civil society inevitably produces structural tensions that cannot be masked by any semi-spontaneous balance between the state and non-governmental organizations. Therefore, the frustration and distrust that arise in response to an action from this amorphous civilian space should not be underestimated. Frustration and mistrust are the product of the fact that the existing political systems are no longer functional because the essential political dimension has been largely displaced into an area not covered by state sovereignty. In this sense, it is necessary to look at the problem from the perspective of a "new social contract", an agreement between the state and civil society. It is simply not a matter of choice, but an imperative of the future.

Social Policy and Civil Society: Changing Perspectives

The three trends - implosion, fluidity, and individualization - obviously dominated the late twenties and early twenty-first centuries in the field of social policy. The

implosion[23] of the social state is reflected, first of all, in a strong trend of deregulation and withdrawal, with reduction of public expenditures and reduction of capacity to act in the area of social protection. Fluidity, such as "lifting social relations out of local contexts of interaction and restructuring them within an indefinite time-space"[24], is evident in the mobility of capital, precarious jobs, global crises that transcend national borders, as well as migratory movements that further destabilize the societies of emigration, so do the societies of immigration. Finally, the trend of individualization[25] indicates a strengthening of individual responsibility. Fundamentally, the new social policy is based on the idea of the individual's responsibility for own well-being. The role of the state is to help or encourage it to develop its potential. Services are justified by the need to strengthen the capacity of individuals to cope with the dangers (risks) of the market. Individuals, on the other hand, are expected to have an active relationship in protecting their own interests and developing personal strategies"[26]. Individuals are expected to create strategies to strengthen own potentials and to protect themselves from the negative effects of social change (for example, lifelong learning, learning new skills, boosting self-esteem and empowerment).

The intersection of these trends inevitably opens up space for a change of perspective but also for opportunities for multiple transformations that would lead to the profiling of new social policies. This primarily refers to the transformation of the state, which from a system that finances and provides social services through the mobilization of a cumbersome administrative apparatus, must be transformed into an institutional set-up that delegates jobs and contracts with different social service providers. On the other hand, non-governmental organizations must be transformed from actors operating in social policy spheres that are not the focus of the state into partners of state institutions and enter into complex accountability relationships, both towards the state and towards users of social services.

This double transformation does not represent anyone's intention or political decision. These are the consequences of social change that create a new social horizon in which, as Ulrich Beck argues, "the collective orthodoxy of political action is coming to an end"[27]. This is a kind of socio-evolutionary response of the system to new and unexpected environmental changes. In this sense, the stabilization of social action that is adequate to the needs of (post) transition societies is conditioned, first of all, by

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[23] Marshall McLuhan pointed to the implosion phenomenon: "After three thousand years of explosion, fragmentary and mechanical technologies, the Western world is imploding" (Maršal Mekluan, *Poznavanje opštila – čovekovih produžetaka*, Beograd: Prosveta, 1971, p. 37).

[24] Entoni Gidens, *Posledice modernosti*, Beograd: Filip Višnjić, 1998, p. 30.

[25] Ulrich Beck sees as the main reason for the new shift towards individuality that "faced with the uncertainty of the global world, the individual has to make his own decisions. This new form of individualization is the result of the failure of experts in risk management. Neither science, nor governing politics, nor the mass media, nor the economy, nor the legal system, not even the military, are able to rationally define or control risks. As a result, people turn to themselves" (Ulrih Bek, *Svetsko rizično društvo – u potrazi za izgubljenom sigurnošću*, Novi Sad: Akademska knjiga, 2011, p. 82).

[26] Marija Babović, *Izazovi nove socijalne politike*, Beograd: SeCons, 2010, p. 202.

[27] Ulrih Bek, „Virtuelmi poreski obveznici", in: *Globalizacija – mit ili stvarnost* (edit. Vladimir Vuletić), Beograd: Zavod za udžbenike i nastavna sredstva, 2003, p. 137.

abandoning the previous traditional-bureaucratic models of social protection. However, this departure from the overcoming paradigms must be accompanied by the constitution of a new model that will be based on the principle that the number of possible responses depends on the degree of differentiation and complexity of the system. This, in our case, involves engaging and strongly encouraging individual initiatives and actions by citizen associations, that is, creating a hybrid model that could integrate an already weakened state structure with the impulses of civic's bottom-up activism.

This kind of hybrid social policy emerges as an orientation in which governments, local authorities, non-governmental organizations, families, and other actors operate in a space that was once monopolized by the state. In such a model, the state, public administration, recognizes civil society organizations and other actors as partners and cooperates with them - both in the process of preparation and decision-making and in the process of implementation of social programs. The involvement and growing role of civil society is the expected response to the growing heterogeneity of social demand. In addition, NGOs have an undoubted potential in mobilizing local resources. NGOs are more rooted in local environments than organizations of the state. This strengthens their position in the process of changing the "culture" of social policy in (post) transition societies.

Finally, an important part of the mission of social organizations of civil society is the influence on social policy-making. Although it is difficult to accurately quantify the real impacts of civil society organizations and other non-state actors on the process of preparing, enacting and implementing important social policy measures, it is undoubted that they will play an increasingly important role in this process in the future. In any case, the development of hybrid social policy would greatly contribute to the modernization of social protection in Serbia. However, the often vague responsibilities of different ministries and the politicization that occasionally strains the social sector make this area even more fragile. The realization of the vision of a hybrid social policy could certainly contribute to further progress in the process of European integration, reform of the state administration, as well as reaching new generations of experts in this field.

Conclusion

The hybrid social policy model, the intersection of civil society and social policy, represents a possible response of societies in the (post) transition period to contemporary social challenges, i.e., the ability of these societies to form alternatives in the face of increasing complexity in the sphere of social problems. The growing pluralism of topics in the social field and the steadily declining regulatory capacity of the state have made open the question of the effectiveness of social policy in the conditions created by the collapse of the socialist state and the withdrawal of the welfare state.

Our basic assumption was that in such circumstances, existing forms of social protection were no longer adequate and effective and that a new, more flexible and complex model would be needed that would significantly involve civil society organizations. We based this central thesis on the fact that current models of social

policy are inextricably linked to the model of the nation-state; that the processes of globalization have generated new forms of social problems that transcend national states; and that, therefore, much more significant involvement of citizens and their associations in the process of solving current social problems is necessary.

It is essentially an epochal change that has transformed our understanding of the individual-society-state relationship. In order to fully understand the nature and significance of this change, we began our work by analyzing social contract theories that crucially shaped political architecture in the last three centuries. What was common to the different versions of social contract theory was the conceivability of mutual commitment between the individual and society. This reciprocal relationship entailed the renunciation of the individual's natural rights in exchange for the existential security provided by the collective.

This, no doubt, was the basis for the subsequent constitution of the socialist state and the establishment of a welfare state, as models that sought to realize the ideals of equality and solidarity. However, the processes of globalization, triggered by the communication revolution, have compromised the concept of the nation-state and therefore the model of the welfare state. The transition of the социал state into a neoliberal state, a process that definitely became dominant in the late twentieth and early twenty-first centuries, created a strong sense of insecurity among citizens, a sense of being abandoned and left to themselves.

In the conditions of implosion, fluidity and forced individualization, in which (post) transition societies are located, a possible answer is the creation of a "new social contract", that is, the systematic activation of civil society in the field of social activity. In this way, additional actors and resources are mobilized in the process of functional integration and the process of permanent restoration of internal community solidarity is strengthened. This operation creates a kind of hybrid social policy that connects the state structure, citizens and their associations. Although the primacy of the state remains indisputable, the circle of participants in the process of proposing, deciding and implementing social protection measures is expanding significantly. This also increases the level of complexity within the field of social policy and, consequently, increases the ability of society to adequately respond to the increasing complexity of social problems.

In any case, societies in the (post)transition period, and especially those with a socialist heritage, face the serious task of restructuring both theoretical and practical approaches to social challenges. The response of these societies to global and local social risks must include a high level of involvement of community members in implementing the necessary changes. It is also a way for citizens to strengthen their position in this fluid and uncertain world.

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CIVILNO DRUŠTVO I SOCIJALNA POLITIKA: IZAZOVI (POST)TRANZICIJE

Rezime

U ovom radu je analizirana veza između civilnog društva i socijalne politike nakon urušavanja socijalističkih sistema i odustajanja od koncepta države blagostanja. Ukazali smo na potrebu da se u ovom (post)tranzicionom periodu konstituišu modeli socijalne politike koji bi se u značnijoj meri oslanjali na organizacije civilnog sektora, budući da postojeći modeli socijalne politike više nisu u stanju da pruže adekvatne odgovore na aktuelne socijalne izazove. Ovu tezu bazirali smo na sledećim stavovima: a) dosadašnji modeli socijalne politike neraskidivo su povezani sa modelom nacionalne države; b) procesi globalizacije generisali su nove oblike socijalnih problema koji nadilaze okvire nacionalnih država; c) nacionalne države su, tako, postale suviše male da bi rešavale globalne probleme i, istovremeno, suviše velike da bi rešavale lokalne probleme; d) zbog toga je neophodno podsticati praksu osnaživanja organizacija civilnog društva u okviru socijalne politike, kako bi se fleksibilnije i efikasnije rešavali različiti socijalni problemi. Drugim rečima, radi se o modelima koji se oslanjaju na individualne i grupne inicijative i kapacitete, kako bi se obezbedio razvoj i održivost socijalnih politika, sa minimumom zavisnosti od državne institucionalne strukture.

Ključne reči: c*ivilno društvo, socijalna politika, tranzicija, nacionalna država, globalizacija*

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HUMAN RIGHTS IN THE MODERN WORLD WITH SPECIAL EMPHASIS ON SOCIAL WORK

Abstract: The profession of social work is based on the practices that follow social change, development, social cohesion, respect for people and their freedom, and for social stability in having faced with life's challenges. The focus of this professionalism are the principles of social justice, human rights, collective responsibility and respect for diversity. From its very inception, the formation of Social Work has been dealing with human rights. It is strengthening the ties of social work and human rights that is reflected in the protection and promotion of human rights of various groups of people. The largest association of social work and human rights can be seen in various activities of combating social exclusion, promoting the principles of social justice, eliminating various forms of inequality in society, and building partnerships among different social lives in society. In a globalized world, in order to be an international one, it is social work that has to deal with all human rights more, particularly their abuse. The key objective of this study is descriptive analysis of contemporary social work in accordance with human rights which enables social work, in the future, to focus on both the concept of protection and promotion of human rights.

Key words: *human rights, social work, contemporary orientation.*

Introduction

The idea of human dignity is as old as a mankind. Even in African philosophy there is an evident deep respect for human beings, and in ancient Greek philosophy, the idea of equality of all people-the idea of natural right that belongs to every human being. Today, the Article 1. Of General declaration of human rights begins with; "All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood ", which means that all human beings at birth have certain rights, that human rights are guaranteed to every human being on the basis of its existence and can not be confiscated, they belong to every human being equal, of equal importance and are mutually dependent, and are inseparable from an individual. The largest number of

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human rights is directed exclusively to the state, which is restricted by the rights of an individual and required not to interfere, on the contrary it is required to operate on providing human rights. Human rights are the original and inalienable, belonging to all human beings, and the principles of equality and non-discrimination are their base.. They are subjective and given them individual enjoys by virtue of being a human being, derived from the natural state, the moral origin, demand freedom, freedom of thought, religion, peaceful assembly, expression ... Many of the rights enumerated in international agreements, implicitly recognized that we are social creatures that need to live in harmony with each other. The same affection towards human sociality comes from the many social and economic rights. Social rights are part of the broader family of human rights resulting from the need for survival and growth, especially in those periods of human life, when human beings depending on when needed someone else, in situations where human beings need help and care when they are old, but they need to live well.

Our sociability is a basic, worthy part of what we are. Most of our human rights are at the heart of social and their protection depends on minimum adequate access to decent human ontact. However, in the above rights there is an assumption that the most basic social need, has already been satisfied. In documents such as the Universal Declaration of Human Rights there are no mentions of the basic social right to the minimum adequate access to decent, although a worthy approach to the protection of social deprivation, need to make human beings lead minimally decent lives.

In many parts of the world, the right to social deprivation usually goes unnoticed, although it supports many other human rights. Therefore, the law against social deprivation is equally a basic one, like any other, and therefore deserves a more central place in debates on human rights. Because of this, human rights have become and remained a major concern in terms of: protect, respect and treat.[2]

This work stands social human rights out based on the principles of equality and solidarity, which should prevent a man due to unfavourable circumstances, the loss of the basic preconditions for a real belonging to the community.

"Universal Declaration of Human Rights, is seventy years old and continues to be the international Magna Carta of freedom for all people everywhere," Eleanor Roosevelt said. However, before the widow of former President of the United States in 1948, presented the document to the world, there were previous contracts that have recognized the need for all human beings having the unique, equal status.

The idea of human rights has its origins in ancient Greece in terms of protection of individuals against tyranny. Over time, the tradition of natural law has experienced its development in early Christianity and in other religions. The then idea of human rights was philosophical considerations, and did not have much in common with political reality. At the beginning of a new era, the philosophical considerations have gradually come to the world of politics and law.

The abstract idea of human rights began to be progressively realized within

[2] *The United Nations, A Brief History of the Declaration of Human Rights* (1948). Preuzeto 27.09.2019. sa https://www.humanrights.com/course/lesson/background-of-human-rights/a-brief-history-of-human-rights.html

the countries themselves. It is England with Magna Carta / Great Charter of Freedoms 1915 /had the leading role in this development which was a formal, legal document and it was proclaiming and guaranteeing individual human rights. By the Document entitled Petition of Rights of 1628[3] a citizen is guaranteed unvunerability, and the Habeas Corpus Acts of 1679[4] was a decisive turning point for anchoring the idea of human rights in a specific state law.

The first documents that mark the modern understanding of the concept of the concept of human rights, originate from the eighteenth century. Their concept, shape, understanding are the achievements of the modern age. Declaration of the Rights of Man and Citizen[5] of 1789, and the Charter of Rights Act [6]of 1791, are the legal base of a document and the modern concept of human rights. The nineteenth century brought the international protection of individuals, aimed at the struggle against slavery and in 1815, at the Congress of Vienna, the slave trade was declared the violation of European international law.[7]

The legal basis of human rights and contemporary social work

Modern international protection of human rights was created after the World War II in the documents; United Nations Universal Declaration of Human Rights

[3] *Peticija prava* (1628). Preuzeto 27.09.2019., sa http://www.enciklopedija.hr/natuknica.aspx-?id=47878 Glavni je dokument u ustavnom zakonu Velike Britanije koji utvrđuje posebne slobode subjekta za koje je kralju zabranjeno da krši pravila. Peticija je donesena 7. juna 1628. godine, a sadrži ograničenja neparlamentarnog oporezivanja.

[4] *Habeas Corpus Act,* Zakon o habeas corpusu (1679). Preuzeto 28.09.2019., sa https://www.wikidata.org/wiki/Q492004 The laws passed by the Parliament of England, considered one of the most important in the Anglo-Saxon first. It provided protection against arbitrary deprivation of liberty, the executive under the control of the judicial authorities, the basic principles are reduced to ban illegal arrests without a court order, prohibition of long-term detention without evidence of guilt, protection from harassment in the investigation and extortion of statements, laid down the obligation that the arrested person immediately lead to the court which has to make a decision on the justifiability of detention, was entered into the American constitution of 1789 and played a major role in the struggle for independence. The law passed by the Parliament of England is considered as the one of the most important in the Anglo-Saxon law. It provided protection against arbitrary deprivation of liberty, the executive power is put under the control of the judicial authorities, the basic principles are reduced to ban illegal arrests without a court order, prohibition of long-term detention without evidence of guilt, protection from harassment in the investigation and extortion of statements, laid down the obligation that the arrested person immediately lead to the court which has to make a decision on the justifiability of detention, was entered into the American constitution of 1789 and played a major role in the struggle for independence.

[5] *Gregory, F.G.,(2007).,Encyclopedia of the Age of Political Revolutions and New Ideologies, 1760-1815. Antalija, Greenwood.*, str.190. Declaration gives some basic rights to French citizens and attributes it to all people with no exception.

[6] Povelja prava *Bill of Rights7* (1789). Preuzeto 30.09.2019., sa http://proleksis.lzmk.hr/12256/ First ten amandmens of the USA Constituion guarantee human rights and freedom and limit the power of the state .

[7] Paunović, M., Krivokapić, B., Krstić, I., (2014)., *Međunarodna ljudska prava*, Pravni fakultet, Beograd, str. 24.

from 1948,[8] European Convention on Human Rights [9] from 1950, UN International Treaty on human and political rights [10] and UN International Treaty on economical, social and cultural rights from 1966.

Therefore, in relation to the time of issuance, human rights are the rights of the first, second and third generation. The first generation of rights are markedby the end of the eighteenth and early nineteenth century / civil and political rights / second generation marked by economic, social and cultural rights, including the third-generation rights emerged after World War II. Realization carrier of a third generation of the entire community of citizens.[11]

According to the criterion relating to the achievement of the targets of human rights in society, human rights are civil, political, economic, social and cultural.[12] Civil and political rights are primarily related to the relationship of the individual and the state. Political rights are the rights of participation, human rights to participate in the administration of the state and the community. Economic, social and cultural rights are a complement to the complex human rights. The idea of them historically appeared later and was directed to fair and equal treatment for all people. These rights include the human right to work, the right to an adequate standard of living, the right to physical and mental health, the right to social security, the right to a healthy environment and the right to education. Dimitrijević and Popović[13] define human rights as a collection of those rights entitled to people just for being human beings. They are indigenous. Hejvud[14] defines them as modern and secular forms of natural law, but their character is universal as they relate to all people, not just to members of a particular country, race, religion, sex or group. Marković[15] says that Human Rights define the legal status of individuals to the authorities and that they represent a limit that power must not exceed, if organized on democratic principles. According to him, there is no democracy without human rights.

Promoting ideas and values, which carry human rights is one of the basic

[8] *Univerzalna deklaracija o ljudskim pravima* (1948). Preuzeto 1.10.2019., sa http://www.bgcentar.org.rs/bgcentar/wp-content/uploads/2013/02/Univerzalna-deklaracija-o-ljudskim-pravima-1948.pdf The Declaration has 30 articles that afirmate an individual rights, which are not legally obligatory, elaborated by the international contracts, economical transfers, regional instruments of human rights, national constitutions and other laws. The Declaration was the first step in the process of International law on human rights formulating.

[9] *Evropska konvencija o ljudskim pravima* (1950). Preuzeto 1. 10. 2019., sa: https://www.echr.coe.int/Documents/Convention_SRP.pdf The Convention legally framed the idea of European countries about integral protection of human rights and individual political freedom establishing; which, with the rule of law, and according to the Establishing Act of European Council make the base of democracy.

[10] *Međunarodni pakt o ekonomskim, socijalnim i kulturnim pravima* (1966). Preuzeto 1.10.2019., sa http://www.unmikonline.org/regulations/unmikgazette/05bosniak/BIntCovEcSocCulRights.pdf . Pakt je usvojen Rezolucijom 2200A (XXI) Generalne skupštine 16. decembra 1966. godine. Stupio na put into effect on March 23rd, 1976. godine, in accordance with the Article 49.

[11] Dimitrijević, V., Popović, D., (2007)., *Međunarodno pravo ljudskih prava,* Beogradski centar za ljudska prava, Beograd, str. 39.

[12] Paunović, M., Krivokapić, Krstić, I., 2014., op.cit.

[13] Dimitrijević , V., Popović, D.,op.cit.

[14] Hejvud, E.,(2004)., *Politika*, Clio, Beograd, str. 562.

[15] Marković, R.,(2011)., *Ustavno pravo i političke institucije*, Pravni fakultet Beograd, str. 454.

needs for the general population having met them, understand their necessity and learn to respect these norms in everyday life. Only with these standards being adopted, their implementation and the struggle for human rights values-general, international human culture will be preserved.[16]

So even thought they are individually mentioned, human rights represent a whole and they are all equally important. As whole they are one of the fundamental achievements that European civilization was built on. They are the obligation of every state, and the state should insist on them and be their protection, considering that the state is required for every human being under its jurisdictions may .[17]

In the international sphere, human rights are the part of the objective of international law that determines the subjective right of individuals and groups. It formally represents normative subsystem of international law, consisting of legal rules and standards. They are subject to the rights, freedoms, and responsibilities of individuals and human collectives. They provide individuals / collectives certain status and immunity in relation to the power of the state on the one hand, and on the other act in the level of relationships with other individuals and collectives, in the manner and under conditions which the state is obliged to provide. International human rights constitute a minimum standard that states are obliged to incorporate into their national legislation, and many countries today, in their constitutions proclaim fundamental human rights and freedoms, citing the relevant decisions, international treaties and conventions. By the Qualification of universality, the differences between individuals completely lose their significance in the legal basis. States and the international community are essential to the human community which cannot justify its existence without a minimum of ethics, which includes respect for the value and dignity of the people who created them. The fact that human rights is not over and that this process is still ongoing, and it is confirmed that all through the nineties, the countries were considered the main parties responsible for human rights violations.

In relation to the stated above, we could say that human rights are universal, targeted to individuals in a similar, fair and equal social status all people on Earth are worth of them. However, **they are viewed differently in different societies and different countries**, are violated because **of the culture, the political situation**.... Today, in a globalized world with global integration of labour markets, goods and services, there are new kinds of human rights violations, such as that what the International Labour Organizaiton calls, modern slavery.

Social Human Rights, the backbone of this work are: the right to property, to work, to just and favourable conditions of work, the union rights, to social security, to an adequate standard of living, to adequate food, to adequate housing, health, child protection and mothers, the rights of persons with disabilities, the right to education, to cultural identity, to participate in cultural life, to enjoy the benefits of scientific progress, cultural heritage, copyright, social security. Thus stated, are an integral part of human rights, which ensures that each person is provided with basics

[16] Miletić, V., Dakić, J., (2012) *Internet, socijalne mreže i ljudska prava,* (str..771-776)., Visoka tehnička škola strukovnih studija, Novi Sad, *Infoteh-Jahorina, Zbornik*, Vol.11.

[17] Paunović, M., Krivokapić, Krstić, I., 2014., op.cit.

in terms of existence.

Encyclopedia of world problems and human potentials[18] marks the social injustice that interferes with growth and development, hinders or even stops the improvement of living standards, a fair distribution of income, creating opportunities and removing inequalities. The inadequacy of economic growth, imbalances in economic structures and imperfections in the education and training systems, and contribute to worsen unjust conditions in the world.

In addition, it is the social injustice in today's society in terms of racism, the idea that the colour of the skin marks human beings to be treated unequally is a social injustice. Many studies[19] talk about it, and five studies prove that racism is still worse than we think. At preschool age black skin school children are punished more frequently and more severely due to bad behaviour, black children represent 18% of pre-school enrollement, 42% of which was suspended once, 48% were suspended several times. It is all about disproportionate punishment of children and adults and this study proves that racism is definitely there in America. The idea that the people are treated worse on the basis of real or perceived socio-economic status is social injustice. Five studies prove that sexism in the workplace and in everyday routine life, says women are considered "lower pole" or inferior to men. Top stories of social injustice in the 2017/18 year show that the country / USA / is moving backwards in some matters of social work. However, the reason why many of these stories stand out is the fact that none of them have been resolved at the time of writing. Apparently the biggest story in the said time is movement MeToo in which women reveal a history of sexual harassment, abuse and overall sexism which they are faced with. The story lasted for months, and the movement on social media, expanding the life of likes. According to this study, one in three women worldwide has experienced sexual partner violence. This problem continued ii was a prominent theme in 2018.[20] In addition, there are social injustices around different issues / LGBTK, age, disability, religion ../.

Batak[21] states that poverty in the world of today is injustice. Among the poor are single mothers who work 20-hour shifts, people sleeping in their cars and families living on food stamps. The same author notes that one of fifteen children is dying of hunger in developing countries and people around the world suffer from lack of water, fertilizers, food, medicines and many everyday needs.

There are five ways of social injustice actions [22] which give data that there are more than 800 milion people, or 11% of human population suffer chronic hunger.

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[18] *The Encyclopedia of World Problems and Human Potential* (2000)., Union of International Associations, Publisher: K. G. Saur Verlag. Preuzeto 27.09.2019., sa https://uia.org/encyclopedia

[19] *What are some social injustices in today's society?* (2019). Preuzeto 27.09.2019., sa https://www.quora.com/What-are-some-social-injustices-in-today-s-society.

[20] *The Top Social Justice Stories of 2017 that will Define 2018.,* (2018). Preuzeto 29.09.2018., sa https://www.ssc.wisc.edu/soc/racepoliticsjustice/2018/01/22/the-top-social-justice-stories-of-2017-that-will-define-2018/

[21] Batak, P., *Top 5 Injustices in our world today* (2015). Preuzeto 29.09.2018., sa https://prezi.com/rugapkvyxwvs/top-5-injustices-in-our-world-today/

[22] *Five ways to fight social injustice Responsible Business* (2019). Preuzeto 10.10.2019., sa https://www.responsiblebusiness.com/news/africas-news/five-ways-to-fight-social-injustice/

Due to social injustice and discrimination, the poor have limited access to health education, medical services and other services. In 2017 there were around 300 million workers in extreme poverty and lived on less than 190 USD per day. Thirty percent of people living in poverty in the UK, living in a family where at least one person is a disabled one.

In the cited study, fair treatment of workers would have been: to offer free access to comprehensive, impartial information on workers' rights as essential, assistance by supporting unions demanding fair treatment from public and private employers, and supporting their families.

When it comes to developing countries, the dominant discrimination is rooted in the exercise of social rights on the basis of sex, race, religion, disability, political views, sexual orientation and ethnicity. Despite all the agreements, everyday seem gross and subtle human rights violations against thousands of people.[23] Many factors contribute to human rights violations in these countries; the collapse of the totalitarian regime, a revolt of nationalism, xenophobia and anti-Semitism with the established democracies, but also set new challenges to the United Nations

For human rights expression being combined of two words; the struggle for dignity and fundamental freedoms, both civil and political rights must be accompanied by economic, social and cultural rights. Therefore, social work serves human development by respecting the following basic principles: every human being has a unique value, every individual has the right to selfcomplience to the extent that does not jeopardize the equal rights of others, has an obligation to contribute to the welfare of society and every society regardless of the form should function in a way so as to provide maximum benefit to all members.

Therefore, social work in the world is expected to provide the best assistance without unjust discrimination, is expected to respect the basic human rights of individuals and groups expressed in the Universal Declaration of Human Rights of the United Nations and other international conventions set forth by the Declaration. As social work being devoted to the principles of social justice, so it has the responsibility for individuals, groups, communities and societies in their development and resolution of personal-social conflicts and the consequences of these conflicts. In addition to the above social work is expected to make ethically justified decisions, while respecting the Ethics of Social Work-the principles and standards that have been adopted at international level.

As in recent years the profession of social work professionals is becoming more global, so it is based on Human Rights, which deals with a number of problems and challenges faced by urban and rural communities throughout the world. Global dealing with inequalities in health, poverty, the increasing number of orphans, gender-based violence associate different countries social work creating transnational cooperation.

The above principles put special responsibility to the profession of social work

[23] *International Federation of Social Workers Human rights Information* Type: PolicyTopic: Human Rights (2012). Preuzeto 10.10.2019., sa https://www.google.com/search?ei=UJmdXdmnEp2Wjgbki-Y6oAw&q=prevodilac&oq=prevodilac&gs

in carrying out the responsibilities of social workers in order to improve the social issues of human rights around the world. Therefore, they deal with common human needs, working to prevent or mitigate the problems of individuals, groups and communities, and to improve the quality of life for all people. The value of their work has an emphasis on the unique value of each individual in accordance with the theory of human rights. Social workers often work in conflict situations, and they are required to provide their national codes of ethics and international ethical principles and standards demonstrate respect for all, regardless of their previous behaviour. With their work understands solving problems, he recognizes and fully realizes civil and political rights, which are inseparable from the enjoyment of economic, social and cultural rights.

As a result of their specific roles and responsibilities in the world, social workers are the conscience of the community. Therefore, a system of values, training and experience of social workers require taking professional responsibility over to promote human rights. As advocates of change, they are often at the forefront of the movement for change.[24]

Because of this the Social Workers Across Nations / SWAN / program was launched, which provides social workers the mechanism that your expertise and skills in parts of the international community and to develop relationships, support and cooperation in international affairs worldwide. International Federation of Social Workers / IFSV / was founded in 1956 as a global organization that strives for social justice, human rights and social development by promoting social work, a model of best practice and facilitating international cooperation. IFSV have official representation in the UN, Geneva and Vienna. The Committee of the UN represents the interests of social welfare, which include aging, mental health, social development, family, human rights, indigenous issues, migration, financing the development and status of women. During 2015, the country adopted a set of goals to end poverty, protect the planet and ensure prosperity for all in the new agenda of sustainable development. Each objective has specific goals to be achieved over the next 15 years. They agreed that to achieve these objectives it is necessary to involve governments, the private sector, civil society and individuals. The organization has seven member associations in more than 128 affiliated countries, representing over three million social workers. It provides global voice of the profession of social work and has a prominent role in the United Nations with special consultative status by the Economic and Social Council and the Children's Fund of the United Nations, working closely with the World Health Organization, the Office of the UN High Commissioner for Refugees and the Office of the UN High Commissioner for Human rights. Participation in these important entities allows the social welfare to encourage social development.

IFSV North America, the Canadian Association of Social Workers that seeks to strengthen the profession by mutual cooperation in the region. The framework of cooperation still operates on the basis of the Memorandum of Understanding signed in 2012. Among the partnerships there are the United Nations and the Conference on

[24] *International Federation of Social Workers Human rights Information (2102) op.cit.*

social work education and social development. 35 years ago, students, practitioners, professors, representatives of non-governmental organizations, associations and other supporters of the social work profession, gather at the United Nations to learn more about innovative projects and issues relating to international social work and the critical role that social work plays on the international scene.

NASV collects professional social workers from different countries to time-limited exchanges. The purpose of these exchanges is to give an overview of the different mechanisms involved in maintaining the support of the professional workforce for social work.[25] As part of the above there is the Tanzanian Association of Social Workers / TASVO / that has developed a work plan to support the exchange of the NASV. Then, the Korean Association of Social Workers / KASV / and NASV are teaming up to acquire knowledge, while American social workers support their national associations. China Association Tip-exchange information on social work with the US including standards of practice, education, licensing, knowledge of the development of social services and the profession of social work and other professional information.[26]

Accordingly, the modern human rights movement indicates all the obvious need of social work, the role of providing protection of human rights at the local, national and global levels.

Conclusion

Given that social work is faced with global social and economic inequalities on many levels, the goal in the future is to create fairer society and world. Both in their daily interaction with the people served by the organization of social services, the social work is facing a challenge to improve human rights, often focusing on one person or family. This upgrade goes into effect; connecting people with resources and services within the social environment, ensuring that social agencies and institutions that provide services to maintain an organizational climate that consciously protects social human rights in the delivery of social services and advocating for the adoption of social policies that reflect the values of social work. International Social Work has firmly established profession of social work on the principles of human rights. It is the Definition of Social Work that confirms the central role of human rights and suggests that the social work profession promotes social change, solve problems in human relationships and empowers people to improve well-being. Improving social work practice and moved on, moved on improving social human rights. Social work profession accepts its share of responsibility for work on combating and elimination of all violations of human rights. To social work remains faithful to its mission and focuses on social change and liberation of people and the alleviation of human suffering individual. International participants are aware of human rights and a solid commitment to the mission of social work, even when the political priorities of climate and other pressures threaten to wipe this out.

[25] *Social Workers Across Nations* (1955). Preuzeto 11.10.2019., sa https://www.naswfoundation.org/Our-Work/International/Social-Workers-Across-Nations

[26] *Social Workers Across Nations* (1955)., op.cit.

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LJUDSKA PRAVA U SAVREMENOM SVETU SA POSEBNOM EMFASOM O SOCIJALNOM RADU

Rezime

Profesija socijalnog rada temelji se na zakonu koji prati društvene promene, razvoj, socijalnu koheziju, poštovanje ljudi i njihove slobode i socijalnu stabilnost u suočavanju sa životnim izazovima. Fokus ovog profesionalizma su principi socijalne pravde, ljudskih prava, kolektivne odgovornosti i poštovanja različitosti. Od svog osnivanja i formiranja Socijalni rad se bavio ljudskim pravima. Jačanje veza socijalnog rada i ljudskih prava ogleda se u zaštiti i unapređenju ljudskih prava različitih grupa ljudi. Najveća asocijacija socijalnog rada i ljudskih prava može se videti u različitim aktivnostima usmerenim na borbu protiv socijalne isključenosti, principe unapređenja socijalne pravde, razne oblike nejednakosti u uklanjanju društva i partnerstva između različitih društvenih života u izgradnji društva. U globalizovanom svetu da bi postao više međunarodni, socijalni rad se mora više baviti svim ljudskim pravima, posebno njihovom zloupotrebom. Ključni cilj ove studije je opisna analiza savremenog socijalnog rada u skladu sa ljudskim pravima, koja omogućava socijalnom radu u budućnosti da se fokusira na koncept zaštite i unapređenja ljudskih prava.

Ključne reči: *ljudska prava, socijalni rad, savremeni fokus.*

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MODERN MANAGEMENT IN THE INSTITUTIONS OF THE SOCIAL WELFARE

Abstract: The emergence of human society, its survival and development have been marked by the need for people to get together. These joint activities exercised the goals that they could not achieve individually. These people's focus on each other, among other things, marks the beginning of the subsequent development of management. Its development has required large groups organizing and multiple tasks managing concurrently. Management is a phenomenon of our time and the necessity of modern life and work. It is the managing approach within various problems solving that is the basic characteristic of modern management. Without it functioning and development. could not been operated effectively. As a result, the role of management and a manager has become increasingly important and complex simultaneously with the management principles devising. It is not disputed that the quality of social services is directly dependent upon the organizational structure and the careful application of effective control method, because quality representation of the above contributes to its greater functionality. Regularly reviewing the functionality of the existing organizational structure in social institutions and acceptance of change are the key to the success of these organizations. Today's findings show that any investments in the development of these institutions are not as same as having investing in knowledge. These findings are the result of large and rapid changes in the external and internal environment of modern social welfare institutions. It is knowledge, innovation and continuous learning of new that are being placed in the forefront of development. Because of this, modern management is the art of managing the social welfare needs in order to users of social care institutions having benefited of it.

Key words: *Social Welfare Foundation, management, modern knowledge.*

Modern management in social services facilities

The emergence of human society, its survival and development has been marked by the need for people to get together. These joint activities exercised the goals that they could not achieve individually. These people's focus on each other is the beginning of the subsequent development of current management. Its development has demanded the organization of larger groups and its managing of multiple tasks simul-

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taneously. As a result, the role of management and the manager has become increasingly important and complex, but at the same time the principles of governance have been rooted. .It is not disputed that the quality of social services is directly dependent on the organizational structure and the careful application of effective control method, because quality representation of the above contributes to its greater functionality. Regularly reviewing the functionality of the existing organizational structure in social institutions and accepting the changes are the key to success. Today's findings show that no single investment in the development of these institutions does not equal an investment in education. These findings are the result of large and rapid changes in the external and internal environment of modern social welfare institutions that put knowledge, innovation and continuous learning of new in the forefront of development. Due to the stated, modern management is the art of both social needs and welfare of the citizens managing in the foreground of development. Key words: Social service welfare, management, modern knowledge

Introduction: Social protection protects persons in situations of social need. It is part of the social security system of society in order to protect individuals and groups when they are in social risk. Social protection programs are support for the most vulnerable, and its bases are the principles of respect for the integrity and dignity of users, non-discrimination, the principle of the best interests of the least restrictive environment. Therefore, the basic principle of social protection is respect and indivisibility of human rights. It operates a system of economic, political, educational, legal and other measures and activities in the social environment and institutions. Its aim is to prevent the causes of social cases on an individual and group level, providing conditions for intervention, when difficulties that prevent personal and social functioning occur. Then the social welfare benefits in terms of social needs set the leading role. Social protection with the help of social assistance benefits and guarantees services needed for the existential minimum.

This assistance is contained in the regulations, measures, programs and services provided by the state, institutions or individuals. It serves to help individuals, families or categories of residents who have no or little access to other sources of income or services necessary for a decent life and participation in social and cultural life of the community.[2] This organized activity is of public interest, and its purpose is to provide assistance, strengthening of independent and productive life in society, individuals and families, as well as preventing the formation and elimination of the consequences of social exclusion.[3] Groups of beneficiaries of social protection are different and most often people who for various reasons do not have the financial resources for basic needs. Have greatly to older persons who are due to exhaustion, illness and disability, and without the support of a family environment, referred to the use of appropriate rights and social welfare services including the provision of basic living con-

[2] Radovanović, J., *Socijalna pomoć kao sistem socijalne sigurnosti,* Pravni fakultet, Niš, 2013., str.12. Sistem socijalne sigurnosti u Srbiji sastoji se iz: 1.sistema socijalnog osiguranja, 2.sistema društvene brige o deci i porodici, 3.sistema društvene zaštite boraca, vojnih invalida i civilnih invalida rata i 4. sistema socijalne zaštite.

[3] *Zakon o socijalnoj zaštiti,* Sl. glasnik RS, br. 24/2011, čl.2.

ditions [4] large number of minors, children with disabilities originating out of financial poverty. First National Report on Social Inclusion and Poverty Reduction in RS.[5] in adults and elder users marks a disability, disrupted family relationships, behavioral problems, domestic violence, victims of trafficking in children and young people, disrupted family relationships, behavioral problems, lack of parental care and disability

To be an effective one, social protection system implies the existence of a developed network of social welfare institutions, whose aim is the realization of rights and provision of services, protection, performing developmental, advisory, research and other professional activities. In this regard established institutions for children and young people and institutions for adults and older people are established aiming to work closely with similar organizations in the world, and for achieving common professional interests and improving social services, together in associations. In these institutions, administrative and managerial tasks often overlap, but both jobs require skills in modern management activities and can be grouped into five components: planning, organizing, command, coordination and control. Social work managers networks are guided by the standards of management and governance practices.They suggest that the management deals with governance, management and control of human beings .

On the other hand, their task within the management consists of a cooperative effort to achieve certain goals. Altogether is considered as a collective use of human resources and materials in an effort to achieve a known target. Social protection as a collection program reduces the consequences of socially recognized risks such as illness, age, disability, unemployment ... It is aimed at the social status of citizens improving both on personal, family and wider social level, in order to strengthen social cohesion, fostering independence and the ability of people to help themselves. Its provision is aimed at providing assistance and taking measures to prevent and eliminate consequences of such a situation. In the center of the problem of social protection are some social circumstances, economic or other crisis that have wider and significant impact upon social welfare and social work as a profession.

Social factors such as global economic trends affect the survival and quality of certain social services. These times require alternative resources finding to facilitate the development of the full potential of individuals and society as a whole. Project financing, among others, imposes itself as one of the alternative financing possibilities of practical activities in the field of social work.[6]

As the center of the mission of social work principles of social justice, human rights, social responsibility and respect for diversity, and the role of professionals in the field of social work are reflected in the intervention when the current situation at the level of persons, families, groups or the entire society, is considered a necessary one for development improving and when there is poignant passive role of a social care

[4] *Nacionalna strategija o starenju* 2006-2015, Beograd, 2000, str.16.

[5] *Prvi nacionalni izveštaj o socijalnom uključivanju i smanjenju siromaštva u RS*, 2011, str.150

[6] Širin, M., Vejmelka, L., Matančević, J., Projektni menadžment u socijalnom radu i socijalnoj politici: nove mogućnosti financiranja u praksi, *VII Simpozij Hrvatske udruge socijalnih radnika*. Praksa socijalnog rada iz perspektive korisnika i stručnjaka. Zadar, 2015.

system user.[7]

According to the stated above there is the social security provided to individuals unable to work and without means of subsistence and for individuals and families whose work cannot provide sufficient funds to meet basic needs.[8] Social protection takes place within the social work profession that is practiced within organizations, and its task is carried out by social workers determined by the nature of these organizations. The core of these organizations is to emphasise on social justice, without which there would be little need for social work and social workers. Social workers derive their knowledge in the knowledge base of human behavior and social systems. The application of knowledge and skills in order to achieve the objectives of the moral sense permeates this profession and defines her role in society.

The knowledge used by social workers in their daily work also depends on where the organization of the work is performed. Family centres require specialist knowledge of social workers on specific therapeutic techniques; in hospitals, social workers are required to have knowledge of specific diseases and their impact on the ability of individuals to live independently. Knowledge of some of them has a wide professional identity that is beyond the specific work roles, but the nature of their work results in a greater identification with the organization rather than to the profession. Consequently, many of them believe that their professional identity is limited by the organizational role.

The reason for this is the first and most common definition of organization that emphasizes their rationality and nature focused on the objectives, but there is a sense that these professionals are gathered in child welfare organizations in order to achieve a common purpose and create structures and processes that are necessary to achieve that purpose. All in all, the uniqueness of social work is to provide human services to certain values and to store these values. In addition to the values, knowledge of social work professionals is applied to the skills of critical thinking, research, policy development, consultation and networking.

In this sense, social workers bring unique awareness and capability in organizational practice. The professionals, managers, support staff and leaders are the key sharers in social welfare organisation. Organizations that employ highly skilled people, rely on the transmission of information and their knowledge, classifying them in terms of professional and organizational capabilities.[9]

To ensure stated above the institutions of social protection in the form of social welfare centers, institutions for housing, shelters, reception centers have been set up. .... in which the social security system needs to respond to the changed socio-economic conditions of the citizens, to support the vulnerable and marginalized individuals and groups who need organized assistance, as well as citizens who are unable to share in the economic activity for ensuring their existence. As for the social protection and the social work profession is engaged wthin social work changes, so these with the

[7] *Socijalnazaštita*,ljudskaprava.org/index.php/sr-yu/zakoni/socijalna-zastita,pristup, 25.09.2019.

[8] Zakon o socijalnoj zaštiti i obezbeđivanju socijalne sigurnosti građana, Službeni glasnik, 101., Beograd.

[9] Social Work in Organisations; https://www.corwin.com/sites/default/files/upmbinaries/15611_02_Hughes_ch_01.pdf, pristup, 2.10.2019.

help of modern management, accompany these changes and their development ,monitor social cohesion and promote social stability, considering that modern management can solve many problems.

When we talk about management, it should be noted that its beginnings as a science appeared in the late eighteenth and early nineteenth century, and are linked to Towne, who, even in 1886, expressed the need to create special management science. This author has set up basic questions of the manager transactions and his tasks, and he said that management wass the right way to combine the key people in an organisation.[10] One of the initial definition of management was given by the pioneer management, Fayol.

This definition has been used as the basis and guidiance by a lot of later theorists in their efforts to define and explain the concept and importance of management. According to Fayol, management is the process of forecasting, organization, command, coordination and control. It is a process or function that includes business management. This definition, with more or less adjustment has been used for many years by treating management as a process which allows reaching the goals of planning, organizing and controlling resursa.[11] Until then, management has been a set of skills and today it is the most important capital of each manager in exercising control role, where the key knowledge on how to work with each other and with other people.[12] Once, in the conventional management work, order and discipline were the principles by which other people's intentions were carried out, now there are work, order and discipline are being the principles that are used to implement my own intentions." [13] Most of the modern definition shows the management as a complex process of directing a group of people in the execution of certain functions and tasks in order to achieve predetermined common goals, wherein the process involves a number of different sub-processes, such as planning, organization, human resources, management and control. The goal of modern management is making decisions and taking actions in modern conditions of operation, based on the knowledge of managers, which brings greater efficiency because of the efficiency of operation, achieving management actions managers largely depends on the performance of the institution and its employees. In relation to this definition, management has a threefold function: firstly, the management of the separate scientific discipline of multidisciplinary character, dealing with problems managing certain jobs, enterprises, and social systems.

Second, management is viewed and defined as a complex process of specific tasks managing, undertakings or systems to achieve common goals more efficiently . Third, the management can be seen as a special group of people whose job is to manage the execution of duties and tasks performed by other people, for the effective achievement of planned, joint aims.[14] Contemporary social welfare institutions require

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[10] Erić,D., *Uvod u menadžment,* Ekonomski fakultet, Beograd, str.106.

[11] Stanić, M., o.c.

[12] Heler,R., *Manager's Handbook* /Priručnik za menadžere, prevod prvog izdanja s engleskog/, Profil, Beograd, 2009., str.9.

[13] Đuričin, D., Janošević, S., Kaličanin, Đ., *Menadžment i strategija*, Ekonomski fakultet, Beograd, 2012., str.14.

[14] Jovanović, P., *Kako postati dobar projektni menadžer*, http://pmc.edu.rs/sta-je-menadzment/,

constant management actions to evolve in a complex and dynamic environment. Good governance is the cornerstone of success, a life management is to achieve tasks in order to achieve life goals.

Because of this, this control in institutions of social protection is a necessity, it is a basic feature of modern management that solves a variety of problems, regulates the operations and functions efficiently. In an increasingly more specialized and complex work of the modern era, access control is a social process and management responsibility. Sveibi [15] argues that modern managers have a high level of organizational competence and because they have less contact with service users. Regardless of academic specialization, managers are usually employed due to their organizational skills. In his management role, they focus on the maintenance of organizational functioning in accordance with the organization's goals for human services.

Their role is not so much in the service, how to ensure the organizational context that allows others to provide services. Modern managers are involved in activities such as recruitment and supervision of staff, resource management and financial management, coordination of information systems and reporting to higher levels. In the institutions of social protection objectives of the stabilization of the crisis, ensure security, growth and improvement of the condition, maintenance, rehabilitation and palliation. In these facilities, modern management is a multi-organ that represents the process of tasks being carried out, with the help of other people.

Key people, managers work in managerial and executive positions, planning and realizing goals. They use an analytical approach in determining the needs, costs, profitability and financial projections. They plan goals and objectives, define organizational structure, selected staff, managing the entire process and control every aspect of the action plan. The methods they apply are the open methods of coordination; mediation between the user and the family; the creation of an integrated system of long-term care; implementation and monitoring of national and international social policy; application of proper care and procedures in their implementation.

Accordingly they are expected to make some rational business decisions. Because, in the context of the organization, management appears as a way of increasing the level of organization and that these institutions and others link to more effective and efficient manner.[16] In social care institutions that provide care, education, training for certain work activities and health care, in the first place there is the planning and determination of needs and existing risks to be answered to. Given that effective planning is crucial in providing support for the protection and aging, the goal is to stabilize the consistency of the stability. In these institutions, modern management provides effective and efficient fulfillment of the objectives in terms of planning, forecasting, organization, command and control of the stated above.

Given the role of social welfare centers consisting of the organization in a way that provides access to services for those who need it, with particular attention to vul-

pristup, 20.09.2019.

[15] Sweibi, K. E., *The New Organizational Welth: managing and Measuring Knowledge-based Assets,* Bernet-Koehler, San Francisco, 1997.

[16] Stanić, M. Sličnosti i razlike u definisanju menadžmenta, *FBIM Transactions,* Vol. 6/2/, str.134-149.

nerable groups. Vulnerable groups are at greater risk of discrimination, inhuman and degrading treatments. These facilities require modern management which is a feature of effectively responding to individual and social consequences of the tragic historical events and the destruction of society, since this management prevents the negative impact of the especially vulnerable groups such as children and young people, women and the elderly. In his contemporarity it focuses on individual work, work with families or small groups. The aim is to target changes in personal functioning and social relations.

In addition to changes in personal and family functioning, management focuses on changes at other levels, in order to facilitate the social functioning of individuals and families. In this work the modern manager must have the characteristics of organization, commitment, competence, must be innovative and creative, and above all must have the skills of dealing with people and the ability to motivate staff. His management creates and maintains the internal environment where individuals, working together in groups, can effectively work to achieve common goals. Basically, their management is a skill action making, which means the development of skills, adapting knowledge to solve social problems, which depends on the effective and efficient functioning of [17] in institutions for the elderly, care for the health and provision of health conditions is a growing need for a form of health care incurred as a result of aging and all a larger number of patients. In these institutions reflect modern social management skills to manage these social needs. It defines the overall objectives for supported living and rehabilitation, bringing rational decisions based on the right diagnosis of the problem, examination of alternative solutions, analyzing and comparing these alternatives and selecting the best as a base for handlers'conducting business activities.

Life needs of people with disabilities are greater than the needs of the general population, because they need the help of society, individuals, families, support of different services in society for being able to deliver regular life activities and needs, or at least part of it-and it is comprehensively expressed by the UN rights guaranteed by convention.[18] Modern management in institutions of social protection, in addition to management educates these people in relation to the philosophy of independent living. The traditional form of care for people with mental and intellectual disabilities with accommodation in social welfare institutions. They are designed to provide users of health services, social protection and meet the basic needs of life. These institutions provide opportunities for occupational and other therapies that besides the therapeutic effect, give users a sense of inclusion in society.

In these facilities, modern management business includes the collection of important information, business strategies creating together with his associates, creating business plans, conduct policy analysis with the environment. The reason for this is an imperative requirement for mental health care system being protected like any

[17] Dillip, M., Social work Administration, https://ddceutkal.ac.in/Syllabus/MSW/Paper-6.pdf

[18] Janković-Jovanović, A., *Obezbeđivanje zdravstvene zaštite osobama s mentalnim smetnjama u skladu s ljudsko-pravnim standardima*, Udruženje pravnika za medicinsko i zdravstveno pravo Srbije – SUPRAMInstitut društvenih nauka, Beograd, 2017.

other human rights. This indicates that rapid technological development emphasizes the improvement of efficiency, it is imperative and in need of control methods and the use of modern management. Given the scope of duplication of activities and number of individuals who carry out these activities, the management becomes today, more and more important as the universal means and the necessary tools of the modern world.

Conclusion

Modern management in social welfare institutions is a versatile body that represents the process of carrying out the tasks with the help of other people. Managers work on key management and executive positions, planning and realizing goals, while using an analytical approach in determining the needs, costs, profitability and financial projections. They plan objectives and tasks, defining the organizational structure, the selected personnel, and manage the entire process control every aspect of the activity plan. Accordingly they are expected to make the rational business decision. In social care institutions that provide care, education, training for certain work activities, forecasting it is the management that means planning, organization, command and control of the above. In this regard for normal functioning, modern management is required to ensure the effective and efficient fulfillment of objectives. Given the role of social work centres, the modern manager must be an organized, determined, intelligent, competent, and creative innovative individual. He must possess the skills of dealing with people and the ability to motivate staff.

In the institutions for the elderly, social management reflects modern management skills operations for social needs of the elderly, bringing rational decisions based on the right diagnosis of the problem, examination of alternative solutions, analyzing and comparing these alternatives and selecting the best. In institutions where people with mental and intellectual disabilities, modern managerial job, with analysis of the environment, includes the collection of important information, business strategies creating, business plans making and its policy conducting. The reason for this is an imperative requirement of mental health care system being protected like any other human rights. Welfare institutions in which the vulnerable groups are subjected to discrimination, inhuman and degrading treatment, require modern management which is a feature of effectively responding to individual and social consequences of the tragic historical events and the destruction of society.

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MODERNO UPRAVLJANJE INSTITUCIJAMA SOCIJALNOG DOBRA

Rezime:

Savremeno upravljanje u ustanovama socijalne zaštite je svestran organ koji predstavlja proces izvršavanja zadataka uz pomoć drugih ljudi. Menadžeri rade na ključnim menadžerskim i izvršnim pozicijama, planirajući i realizujući ciljeve, koristeći analitički pristup u određivanju potreba, troškova, profitabilnosti i finansijskih projekcija. Oni planiraju ciljeve i zadatke, definišu organizacionu strukturu, izabrano osoblje, upravljaju celokupnim procesom i kontrolišu svaki aspekt akcionog plana. U skladu s tim, od njih se očekuje da donose racionalne poslovne odluke. U ustanovama socijalne zaštite koje pružaju brigu, obrazovanje, obuku za određene radne aktivnosti, predviđajući da uprava razume planiranje, organizaciju, komandovanje i kontrolu navedenog. S obzirom na njegovo normalno funkcionisanje, potreban je fakultet koji će osigurati efikasno i efikasno ispunjavanje ciljeva. S obzirom na ulogu centara za socijalni rad, savremeni menadžer mora biti organizovan, odlučan, inteligentan, kompetentan i kreativno inovativan. Rukovodilac mora da poseduje veštine za rad sa ljudima i sposobnost motivisanja osoblja. U institucijama za starije osobe, socijalni menadžment je taj koji odražava moderne veštine upravljanja društvenim potrebama starijih osoba koje donose racionalne odluke zasnovane na ispravnoj dijagnozi problema, ispitivanju alternativnih rešenja, analizi i upoređivanju ovih alternativa i odabiru najboljih . U institucijama gde postoje ljudi sa mentalnim i intelektualnim teškoćama, savremeni menadžerski posao, sa analizom okruženja, uključuje prikupljanje važnih informacija, kreiranje poslovnih strategija, poslovne planove i vođenje kreiranja politika. Razlog za to je imperativni zahtev da se sistem zaštite mentalnog zdravlja zaštiti kao i bilo koja druga ljudska prava. Institucije socijalne zaštite u kojima postoje ranjive grupe izložene diskriminaciji, neljudskom i ponižavajućem postupanju, zahtijevaju moderno upravljanje koje je odlika efikasnog reagovanja i na individualne i na društvene posljedice tragičnih istorijskih događaja i uništenja društva.

Ključne reči: *fondacija socijalne zaštite, menadžment, savremena znanja.*

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SELF-EVALUATION AS A MECHANISM OF CONTROL IN SOCIAL PROTECTION

Abstract: By setting off, Social protection law created the means necessary for mechanisms of control in social protection of Republic of Serbia, as means of both establishing and monitoring quality. Self-evaluation as a mechanism of control in this area was firstly prescribed as a standard of minimal implementation of internal evaluation or self-evaluation of service quality in social protection by Regulations guideline of close conditions and standards of service in social protection. Internal evaluation or self-assesment, as a basic internal regulative mechanism which concerns monitoring of one's own activity and it's quality comparison, according to regulated standards, has not reached it's full potential. By going into motion, Law of Monitored Inspection, permitted inspectional services to request reports of self-assesment according to lists of control, everytime it's assesed as there is a need for the aforementioned. Inspection of Social protection recognised this as a mean of overcoming the shortage in personnel capacity, both in order to improve the extent and quality of control, and to fulfill obligations required by the aformentioned law. Subject of the matter is the analysis of self-evaluation as a mechanism of control, and it's abundance in the system of social protection, from the point of improvement of quality and efficiency in terms of inspection of social protection. The aim of the author was to point out the experiences, possibilities and difficulties in implementation of self-evaluation as a mechanism of control, by analyzing the reach and abundance of self-evaluation, in collaboration with monitored subjects and inspection of social protection, according to reports of established norms, required for the use of self-evaluation.

Key words: *social protection, mechanisms of control, self-evaluation.*

Social welefare quality control concept

„The purpose of establishing control mechanisms in social protection is the development and sustainability of quality in this area. In order for the services to be of high quality and meet the needs of users and their best interest, it is necessary to establish control in all stages of development and the provision of services: in the phase of establishing the service – by controlling the fulfillment of prescribed conditions and standards; during the verification process, that the service has met the required crite-

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ria to be officially available on the market provider (licensing, accreditation); as well as as subseqently, continuously, in the process of providing services, in order to ensure thecontinuity of the achieved level of quality of service"[2]. The concept of the establishment of quality defined by the Social protection law is based on the standardization of social protection services, licensing of professionals and social protection organizations for providing social protection services, as well as accreditation of training programs, support in the providing services and performing activities of social protection (supervisory support) and quality control. „The regulatory framework defines control mechanisms within this system, and they should ensure, in the most efficient and effective manner, the establishment and maintenance of quality, as well as legislation itself[3]".

Control mechanisms are „a decision-making system that guides effective and efficient identification of targeted services for at-risk groups. Otherwise they can be explained as the general rules and procedures for registering users and social welfare services[4]". In the context of Eurointegration processes in which Serbia currently is, at the level of European Union, there is no directive on this issue, generally aims at defining of common quality criteria, which should be applicable at the national level, while respecting national specificities and differences. Based on these solutions, and also on the legal provisions, the Regulation of detailed conditions and standards for provision of social services were adopted[5]. By it minimum standards for the provision of ten social care services are prescribed[6]. Compliance of the requirements and standards prescribed in this Regulation is a prerequisite for obtaining a license for the provision of social services, regardless of whether the service is provided within the public, private or non-profit sector[7].

In order to establish the licensing process in the social protection system of the Republic of Serbia in 2013, a normative framework was established. "Licensing is one of the ways that is inevitable in the overall improvement of the quality of the social welfare services, as the possibility in which way the social protection system can affects the quality[8]". Licensing of professionals in the social protection system is currently underway [9]. Unlike the licensing of professionals in the social protection sys-

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[2] Biljana Zekavica *„The establishment and sustainability of quality control services in the social protection"*, doctoral dissertation, Faculty of Political Sciences, Belgrade, 2016, p. 44

[3] Biljana Zekavica *„The establishment and sustainability of quality control services in the social protection"*, doctoral dissertation, Faculty of Political Sciences, Belgrade, 2016, p. 35

[4] Bilson E. and Gotestam R. *„Improving standards of child protection services - a concept"* UNICEF Innocenti Centre (Florence: UNICEF I World Bank), 2003, p. 52

[5] „Official Gazette of Republic of Serbia", No. 42/2013

[6] Accommodation services (residential care accommodation, small residential community shelter, respite care); daily services in the community (daily stay, help at home, guesthouse, personal child escort); support services for independent living (supported housing, personal assistance) - Rules on detailed conditions and standards for provision of social welfare, Official Gazette of RS, no. 42/2013

[7] Biljana Zekavica *„Regulation of detailed conditions and standards for provision of social services"*, Social Policy, Institute for Political Studies, no. 2/2013, p. 54

[8] Biljana Zekavica *„Licensing of Ssocial protection organizations"*, Social Policy, Institute for Political Studies, no. 3/2013, p. 75

[9] In the year after the establishment of the basis for this process, all professionals in the social pro-

tem, the licensing for the provision of social protection has not reached its full scope and purpose[10] – the establishment of quality in this field. Although well conceived, licensing organization of social protection is not a sufficient way to control the quality of services that can ensure compliance with technical requirements and standards of service providers throughout the period for which the license is issued, which is also prescribed by the Law[11]. It is necessary to provide constant monitoring and control to continuously follow the legality of work and compliance with the conditions and standards. The Law of Social Protection prescribes two forms of supervision: control of professional work and inspection supervision. Although necessary, supervision of professional work is not most precisely defined and does not include all controlled entities in the social protection system of the Republic of Serbia[12].

Moreover, in everyday life, no supervision is done over professional work, although, by the Law, it is responsibility of the ministry[13]. Inspection control in our country is the only control mechanism that, by regulation, includes all providers of social protection services, regardless of who is the founder. It is under jurisdiction of the ministry responsible for social policy, as delegated tasks carried out by the competent authorities of Autonomous province of Vojvodina and the City of Belgrade. However, due to certain deficiencies, this type of control is not effectively implemented. An insufficient number of social security inspectors[14] in relation to the large number of supervised entities[15], as well as the fact that the inspectors of the Ministry of Social Protection carried out the procedures of licensing social protection organizations, make that the number of inspectors engaged in these activities far below the required minimum, which greatly limits the implementation of inspections. For this reason, the inspections are not carried out on a continuous basis, but mostly through emergen-

tection working over a year, got the so-called "zero-license", and in the next six years were collecting in the prescribed manner the points needed for license renewal, in 2019 was established and exam for the license.

[10] Since the beginning of the licensing process (2013) issued a total of 521 licenses for provision of social services, of which the largest number of private homes for adults and the elderly (253), while only 34 residential care institutions for accommodation of adults and older people whose is the founder of the Republic of Serbia or Autonomous province of Vojvodina i and 7 institutions for accommodation of adults and older people with intellectual disabilities in difficulty in communication, whose founder is the same as the previous group, has implemented the terms of the license, of a total of 74. It is important to emphasize the fact that the total number of so-called "state" institutions that have received a license to provide services, only 3 of them are licensed, while the other 38 fulfilled the requirement for limited license, or did not meet all the prescribed conditions and standards for obtaining "full" license.

[11] Article 182, paragraph 2 of the Law of Social Protection

[12] Supervision of professional work, in accordance with Article 167 of the Law of Social Protection, the ministry responsible for social affairs performs the work of the center for social work, institutions for residential care and accommodation centers for foster care and adoption established by the RS and APV, institutions for education children and youth and the Institute for social protection. Absent are other service providers, which means that only part of the service providers are subject to this type of supervision.

[13] Regardless of the regulation, according to the Regulations on internal organization and job classification in the Ministry of Labor, Employment, Veteran and Social Policy, these jobs are not systematized to any organizational unit of the Ministry

[14] 10 at the Ministry level, 4 at the level of the Province and one at the level of the City of Belgrade

[15] 140 social welfare centers, 84 social welfare institutions founded by the Republic of Serbia or Autonomous Province of Vojvodina and 480 other licensed providers of social services

cy inspections regarding the incidents or upon finding out about the existence of an illegal service providers and upon request to determine the eligibility for obtaining a social security service license.

Procedures for handling complaints and appeals by users on the quality of services in social protection, the Ethics Committee of the Chamber of social protection as a way to control the implementation of the Code of Professional Ethics in the social welfare system, establishing a single database - a register of licensed service providers, as well as self-assessment service providers are also important segments quality control services in this area who have made a particular contribution to quality in the past, but it takes more to develop and enhance their roles, custom prescribed and required quality.

The concept of quality control of social services in our country is very well designed, but there are some omissions, gaps and ambiguities same legislation. Even after eight years of implementation of the Law of Social Protection, not all control mechanisms have been put in the place, those that are in place do not work with the necessary capacity and in full scale, while some are not used to the extent possible, and capacity, and can not achieve the desired changes in the quality of services.

Self-evaluation as a mechanism of control in social protection

„Self-evaluation is a basic internal control mechanism that involves monitoring of it's own activities with others, as a source of experience and learning, especially in considering own strengths and weaknesses. It usually precedes licensing and accreditation processes. Typically, the process of self-evaluation is carried out in consultations with users and partner organizations through Intervision evaluative instruments, reviewing complaints and customer complaints, etc[16]". Defined this way, self-evaluation has long been neglected by both social care providers themselves, and the state as a regulatory body. It has not been recognized as a source of experience and learning for a long time, so it has been establishing and developing unacceptably slow. In 2013, Ordinance of detailed conditions and standards for providing services and social protection prescribed standard of minimum implementation of internal evaluation or self-evaluation of the quality of social services[17], as well as the obligation to include customer satisfaction. However, there were no self-evaluation instruments or indicators that would allow service providers to assess the degree of compliance. „Most often, the service evaluation and customer satisfaction surveys performed informally. There is a negligible number of social services providers who apply a standardized questionnaire for monitoring customer satisfaction with the services provided. In these circumstances, users have the ability to evaluate the quality of service, explain

[16] Nevenka Žegarac, Miroslav Brkić, *„Development of local services - to the quality standards"*, The Social Innovation Fund and UNDP, Belgrade, 2007

[17] Article 19 of the Rule book reads as follows: The service provider at least once a year conduct an internal evaluation of the quality of services provided, which includes a customer satisfaction survey, and their representative. Report of evaluation submitted to the founder of the service, institutes for social protection and has professional public.

the reasons of possible dissatisfaction, formulate suggestions for change"[18]. The goal of self-evaluation is to determine compliance of the quality indicators (service standards) and the result is consequently also an indicator for making a plan at the micro and macro levels. For the state, the solution is to offer service providers an instrument for self-evaluation, that will help all service providers to carry out this process in a uniform manner, with the same indicators and measurable and comparable outcomes. Only the results of such self-evaluation should and can be the basis for system-level planning. For this reason, the Ministry of Labor, Employment, Veteran and Social Policy in 2015[19], within the project „Supporting social inclusion of the most vulnerable groups, including Romani people, through more diverse community social services", has produced the document „Monitoring the compliance of neighboring conditions and standards for community services", an instrument for self-evaluation and external monitoring services in the community[20]. Regardless of this possibility offered, the number of those who have met this standard and perform a self-evaluation in the years after this document has remained negligible. According to data from the Republic Institute for Social Protection, since the adoption of the Guideline on detailed conditions and standards for provision of social services, which stipulates this standard, until today, the number of those who have submitted a report on the completed self-assessment is still unacceptably low (less then five). Based on the report of this Institute in 2018[21], reveals that only about 25% of service providers in the reports stated that they met this standard implementation of self-evaluation on an annual basis, but at the same time did not provide them to the Institute, which is also part of the standard.

Regarding the representation of the self-assessment as a control mechanism, that is, the quality standards defined by this Guideline and before the full application of the Law of Inspection Control[22] which provided some self-assessment novelties, is best illustrated by the results of a survey conducted in 2017, on a sample of 181 respondents, of whom 30 respondents were surveyed by a group of service employees who carry out controls or provide professional support, and 151 are respondents from the group of social care providers. For this purpose, two questionnaires were constructed for examining their views on issues defined research goals (representation of self-evaluation, method of its implementation, reasons for absence, the importance of quality control). 41.8% of respondents from social welfare organization think that the self-evaluation of service providers as a quality control mechanism is not sufficiently represented. Even 23.2% have no opinion about its presence or did not answer the question (35.0%), which leads to the conclusion that self-evaluation is not represented in their organizations. Of those who report the existence of the self-evaluation, the largest percentage (30.3%) of respondents from social protection organizations points

[18] Biljana Zekavica „The establishment and sustainability of quality control services in the social protection", doctoral dissertation, Faculty of Political Sciences, Belgrade, 2016, p. 95

[19] through the National Program of the European Union IPA 2012 for the Republic of Serbia

[20] The document, in addition to services in the community living, home care, personal escort the child, community shelter, refers to the services supported housing and personal assistant

[21] Source: Republic Institute for Social Protection - http://www.zavodsz.gov.rs/библиотека/извештаји-из-система/извештаји-из-система-2018

[22] „Official Gazette of the Republic of Serbia", no. 36/2015, 44/2018 –other law and 95/2018

out that it is done through examinations of user satisfaction. To a lesser extent, in 29.4% of respondents, self-evaluation is realized through the work of an expert team constituted to perform regular professional activities in the organization. In addition, 19.3% of respondents carry out self-evaluation by periodic assessments of planned activities, and only 2.5% of respondents carry out self-evaluation according to pre-established procedures. Also, the 63.4% of respondents from the group of employees in the control services generally (36.7%) and predominantly (26, 7%) disagree with the statement that the self-evaluation of service providers is sufficiently represented as a control mechanism for the quality of social care services. It is interesting that more than 1/3 of respondents from this group (36.6%) do not have an opinion on the representation of this control mechanism in the quality control of services. Obviously, these are respondents who do not have enough experience, information, or even knowledge of the self-evaluation as a control mechanism, regardless of the job position they perform.

From the received responses it can be concluded that self-evaluation during that period was not sufficiently represented in the social protection system in order to fully realize the function of the control mechanism. These rare organizations which carry out self-evaluation, carried out in different ways - from examination of customer satisfaction via special teams, to special procedures and established evaluation indicators. Self-evaluation obtained in this way cannot be compared for the simple reason that the procedure is not uniform, standardized, so the results of self-evaluation would in most cases be useless in terms of comparison with other results, or with official standards. From this we can conclude that the quality of conducting the self-evaluation is necessary to establish the missing procedures, or instruments for self-evaluation, which would be universal for all or at least for certain groups of service providers.

Self-evaluation within a social protection organization should be carried out periodically, according to the exact set schedule, as well as due to some special circumstances that may significantly affect the quality of service. As a result, self-evaluation should have an evaluation and assessment in controlled segments, assessing compliance with requirements and standards and quality of services provided. It is necessary to conduct a self-assessment before entering into the official process of establishing compliance with the conditions and standards for the service provision, before starting the licensing process. The research was entered with the assumption that this practice is not sufficiently represented in practice. With the claim that self-assessment typically precedes the licensing process does not match the total of 23.2% of the social protection organization, about 1/3 of respondents have no opinion on this issue, while 46.3% of respondents from this group agrees with this statement. The attitudes of the surveyed employees of the control services are shown in the following table:

Table no. 1: *Attitudes of employees in the inspection services of self-evaluation before the licensing*

Attitudes of respondents towards the claim: Self-evaluation usually precedes the licensing process	N	%
Strongly disagree	6	20,0
Mostly disagree	4	13,3
Neither agree nor disagree	16	53,3
Partly agree	3	10,0
I totally agree	1	3,3
In total	30	100

Only 13.3% of respondents from this group agrees (mostly 10% and fully 3.3% of respondents), claiming that self-evaluation is usually preceded by the licensing process. The difference between these two groups of respondents in terms of agreement with the stated statement (13.3% of employees in the control services: 46.3% of respondetns from social protection organizations agree with the statement) is probably caused by different perception of self-evaluation. It has already been mentioned that 30.3% of the examinees from organization considers self-evaluation as a customer satisfaction survey, and 29.4% have different activities of a professional team. It is assumed that the sample employees in self-assessment control services involves a much broader, more complex process, and therefore, in the majority does not agree with this statement. Although, this information may also mean that employees of the control services do not understand the importance of self-evaluation, but that they only link exclusively to their own decisions when licensing. In other words, they do not care about providers self-assesment, but what they themselves determine in their control.

Besides the obvious lack of instruments for self-assessment there is the dilemma of who should develop them. If they are created by service providers, we may have different perceptions of fulfillment of quality standards. This raises the question whether it is necessary to develop standrdized self-assessment instruments, indicators that would allow service providers to assess the degree of compliance with the conditions and standards. Most, 86.1% of examinees from the social protection organizations and 80% of respondents from the services of holders control functions has affirmative oppinion. To resolve this dilemma, can be useful to us experience of the same system in other countries. For example, the Republic of Croatia, within the framework of the Standard of quality of social services in the field of social welfare, adopted by the Ministry of Health and Social Welfare, defined guidelines for the implementation of standards of quality of service, described the self-evaluation procedure and offered the instrument for self-evaluation of service providers. The instrument contains a set ladder for assessing the degree of compliance, and with each of the quality indicators within the standard, it is possible to enter a rating that is judged to most reflect compliance with the standard[23].

[23] Quality standards of social services in social welfare activities: Instruments of self-evaluation,

Self-evaluation as additional resource of social welfare inspection

The reform of the inspection services in the Republic of Serbia began by setting off the Law on Inspection Control[24]. „The adoption of this Law was caused by the need for substantive comprehensive inspectionoversight reform in Serbia, as well as in other countries (Western European countries, Central, Eastern and South-eastern Europe, the former socialist countries, etc.)"[25]. The aim is the establishment of a proactive role of inspections, with a focus on prevention, data collection and monitoring and analyzing the situation in the field of inspection in the field of inspection, planning inspections based on risk assessment. According to this Law, the inspection is required to collect data and monitor and analyze the situation in the field of inspection in its scope of work (data collection and analysis through checklists, direct data collection, data collected by the authorities and institutions, statistical and other data collection analysis and inspection, administrative, judicial and business practices, etc.). On the basis of findings of the risk assessment, the inspectorate makes an inspection plan (publicly announced). Risk analysis is necessary because of the ranking of the supervised entities by risk, and necessary in the design of inspection control plans, since it is impossible to cover all supervised entities eith control. Risk assessment instruments are checklists, based on which it determines the degree of probability of occurrance of risk due to certain deviations and their harmful consequences. All inspections determine for themselves the criteria specific to the area they cover. Checklists are prepared for all supervised entities are public and available to all controlled entities, and inspectors serve as an instrument for assessing the fulfillment of conditions for conducting activities regulated entities, and to assessing potential risks. Based on the degree of risk assessed, inspections determine the priorities for inspections, and the outcome is that those entities that have been assessed at low risk are less often controlled, and whether those with a high or critical level of risk are identifined in the plans, they are treated as priorities[26].

In accordance with the obligations to the Law on Inspection Supervision, the Social security inspection made 12[27] checklists, containing a list of priority inspection issues and other actions for which the inspection is authorized, evaluated by the severity of possible adverse consequences in particular area accordance with the risk assessment rules, and the subject of matter and scope of the audit, in accordance with

Ministry of Health and Social Welfare Republic of Croatia, Zagreb, 2010

[24] „Official Gazette of the Republic of Serbia", no. 36/2015, 44/2018 – other law and 95/2018

[25] Biljana Zekavica „*The establishment and sustainability of quality control services in the social protection*", doctoral dissertation, Faculty of Political Sciences, Belgrade, 2016, p. 133

[26] Law of the Inspection Control – subject of the Law, a place in the legal system of key novelties, USAID, Belgrade, 2015

[27] For the Center of Social Welfare and the Center for foster care and adoption for the following social services: personal assistant, personal child escort, help at home, daily stay, a small dormitory community, respite accommodation shelters, supported housing, inn shelters, residential care accommodation for children and youth and for adults and the elderly. Checklists for the service SOS telephone for women who have experienced violence, the Center for Protection of Victims of Trafficking, Social Welfare Institute and the Chamber of social protection are not prepared.

the particular service or activity for which the specific checklist has been compiled. Coordinates of the National Commission of the Government of the Republic of Serbia as the competent authority gave their expert opinion, agreed with their content, after which they were published on the official website of the Ministry[28] and are used in the procedure of regular, and sometimes extramural inspection. In the absence of its capacities[29], on the basis of findings and risk assessment on all regulated entities, prepare a plan of inspection control for the next year,[30] the social security inspection since 2016, in accordance with its legaly authority,[31] has began to require supervised entities to submit, once a year, self-evaluation reports on compliance with the checklist and self-evaluation reports, which are conducted in accordance with the contents of the checklist and the risk assessment rules. Based on the analysis performed risk self-evaluation, it determines the priorities in the process (plans include supervised entities of medium, high and critical risk level).

Since the starting off the Rules of procedure on specific elements of the risk assessment, the frequency of carrying out inspection based on risk assessment and the specific elements of the inspection plan in the field of social protection[32] the inspection determines the degree of risk in regulated entities, including other determinants of risk prescribed by this act[33] and, on the basis of the levels of risk thus determined, draws up a monitoring plan for the next calendar year. In order to ensure the best posible implementation of this process and the uniform treatment of supervised entities, the inspectorate conducted trainings for controlled entities[34] during the year 2017. A total of 10 workshops with training and coaching service providers (grouped into several groups – by manufacturing or services) for implementing control list as a mechanism for self-evaluation.

Training included a total of 236[35] social protection organization (social work centers, centers for family accommodation and adoption, beneficiary housing institutions founded by the Republic of Serbia or Autonomous province of Vojvodina, private homes for the elderly, other social service providers). The results made by self-evaluation entities in 2017. were used by Inspection of social protection for determining the priorities of the controls and making the annual inspection plan for 2018.

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[28] https://www.minrzs.gov.rs/sr/node/181192

[29] An insufficient number of inspectors of social protection during the year by inspection include all controlled entities in the system, in order to determine the degree of risk in them

[30] Article 8, paragraph 3 of the Law of Inspection Control

[31] Article 14, paragraph 4 of the Law on Inspection Control

[32] "Official Gazette of the Republic of Serbia" , no. 117/ 2017

[33] The degree of risk is the product of the probability of adverse consequences and severity of these consequences. Indicators for determining the severity of harmful consequences the nature of adverse effects and their extent and probability of harmful consequences - evaluation / self-assessment of the degree of risk to the checklist, illegalities identified in the previous three years, the willingness of the subject to ensure the legality and safety of its operations and procedures and the ability to do so (Article 2, paragraph 1, 2, 3, 4 and 5 of Rule book)

[34] Planned by annual plan of inspections supervision of social welfare inspection for 2017–Ministry of Labor, Employment, Veteran and Social Policy, p. 5

[35] Annual report of the activities of social protection inspection of the Ministry of Labor, Employment, Veteran and Social Policy for 2017 - Ministry of Labor, Employment, Veteran and Social Policy, p. 9

The plan is based on the results of the self-evaluation and is designed so that the supervised entities that are in the high and the critical level of risk are subject of inspection every 6 months until the risk is lowered, and supervised entities that are in the medium level of risk are subject to control every 12 months until below risk below. Results of performed self-evaluation by checklists in 2017 are shown in the following table [36]:

Table no. 2: *Overview of the estimated risk level of supervised entities in 2017*

	SWC, FAAC, licensed services providers, social care institutions for adults and elderly	Facilities for accommodation of children and youth	Institutions for the accommodation of persons with disabilities	Services provided by SWC through separate organizational unit	**IN TOTAL**
Number of regulated entities who have committed self-evaluation	437	11	6	4	**458**
A slight degree of risk	277	8	4	2	**291**
The low level of risk	130	2	/	2	**134**
Medium level of risk	22	/	1	/	**23**
A high degree of risk	1	1	/	/	**2**
The critical level of risk	5	/	/	/	**5**

The Social Protection Inspectorate made the same request to supervised entities in 2018, when the self-evaluation was implemented and the results has reported by 496 supervised entities (of the then existing: 84 institutions of social protection founded by Republic of Serbia or Autonomous province of Vojvodina, 140 social work centers and 442 other licensed providers of social protection services), of which 376 are supervised entities, by their self-evaluation, operates with a negligible degree of risk, 104 with a low, 10 with a medium degree, 4 with high and 2 controlled subject with the critical degree of risk. The analysis of submitted reports on self- evaluation by checklists and this time served as a basis for planning and conduct of inspections in the coming 2019.

Within the reporting deadline for self-assessment on the checklists in 2019, 278 supervised entities reported to the Inspectorate of the Ministry, and another 108 supervised entities reported to the Provincial Social Protection Inspectorate. Analysis of self-evaluation of the degree of risk in supervised entities will be available only at

[36] Data from the annual report on the work of the inspection Social Protection Ministry of Labor, Employment, Veteran and Social Policy for the year 2017 – Inclosure - Ministry of Labor, Employment, Veteran and Social Policy

the end of this year, but it is noticeable that the scope of those who completed a self-evaluation durin this year is slightly lower than in the previous two years.

Ignoring this fact, it is important to emphasize that with the setting off the Law of Inspection Supervision and empowering inspectors to require supervised entities to conduct a self-assessment, the coverage of those who do so is much bigger than in the years before this Act. The social protection system lacks information whether the reason for this is the lack of self-evaluation mechanisms in the previous period, prior to the creation of checklists, or the importance of this control mechanism for the self-controlled entities, which in the case of self- evaluation by checklists is overcome by the request of a social protection inspections. It may be necessary to pay more attention to this standard, or to its fulfillment, while carrying out inspections, and perhaps to emphasize its importance by including it into evidence for the license renewal process.

In any case, the results of a more comprehensive and intensive self- of the supervised entities are invaluable for both the monitored entities and the social protection system. From the self- evaluation, it should and must indicate the supervised entity and the state where these special efforts are needed to avoid the risk, prevent it, and in which direction further activities at all levels they should go in order to give the concept of establishing quality in the system the expected results. The Social Security Inspectorate already benefits from self-assessment conducted in the sense that it has information on the critical points, either at the level of supervised entities, either at the system level, regardless of the degree of objectivity of supervised entities in carrying out self-assessment and reporting. Inspectorate always has the ability to relativize self-evaluation results, or rectify various corrective factors (information from previous inspections, incident situations, acting by the command, the willingness for internal control, etc). However, the benefits of realized self-assessment need to be raised to a higher level of interest and of inspection services. In circumstances where not all control mechanisms are in place, and those that have been established with limited and insufficient human resources, much more attention should be paid to this control mechanism. The State as a regulatory mechanism should consider the current and possible scope of this type of control and, in accordance with this, design and create measures for its improvement. It is possible that the creation of other self-assessment mechanisms beside the checklists would produce a positive step forward. The role of social welfare institutes in relation to this type of control needs to be reconsidered - except that they are authorities to which supervised subject should report about realized self-evaluation, the absence of that in the previous period must be an indicator and initiator of the need for the institute and in this part to activate their supporting role in relation to supervised entities in the social protection system.

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SAMOPROCENA KAO KONTROLNI MEHANIZAM U SOCIJALNOJ ZAŠTITI

Rezime:

Stupanjem na snagu Zakona o socijalnoj zaštiti stvoreni su uslovi za uspostavljanje kontrolnih mehanizama u socijalnoj zaštiti Republike Srbije, kao načina za uspostavljanje i kontrolu kvaliteta. Samoprocena kao kontrolni mehanizam u ovoj oblasti je prvi put Pravilnikom o bližim uslovima i standardima za pružanje usluga socijalne zaštite propisana kao standard o minimumu sprovođenja interne evaluacije ili samoprocene kvaliteta pružanja usluga socijalne zaštite. Interna evaluacija ili samoprocena, kao osnovni unutrašnji regulacioni mehanizam koji se odnosi na praćenje sopstvene delatnosti i komparaciju kvaliteta iste u odnosu na propisane standarde, nije zaživela u potrebnom obimu. Stupanjem na snagu Zakona o inspekcijskom nadzoru, inspekcijskim službama dato je ovlašćenje da od nadziranih subjekata zahtevaju izveštaje o izvršenoj samoproceni po kontrolnim listama, uvek kada procene da postoji potreba za tim. Inspekcija socijalne zaštite je ovu mogućnost prepoznala kao način prevazilaženja nedostatka svog kadrovskog kapaciteta, u cilju unapređenja obima i kvaliteta kontrole, ali i ispunjavanja svojih obaveza prema navedenom zakonu. Predmet ovog rada je analiza zastupljenosti samoprocene kao kontrolnog mehanizma u sistemu socijalne zaštite iz ugla doprinosa kvalitetu u ovoj oblasti, ali i efikasnosti inspekcije socijalne zaštite. Cilj autora je da analizom zastupljenosti i primene samoprocene od strane nadziranih subjekata i inspekcije socijalne zaštite, posredstvom rezultata postignutih nakon uspostavljanja normativnog okvira za primenu samoprocene, ukaže na iskustva, mogućnosti, ali i na prepreke primene samoprocene kao kontrolnog mehanizma.

Ključne reči: *socijalna zaštita, kontrolni mehanizmi, samoprocena, inspekcija*

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RIGHTS OF PERSONS DEPRIVED OF LEGAL CAPACITY AND THEIR PROTECTION[2]

Abstract: Institute of deprivation of legal capacity as the form of deprivation of rights, is often present in our practice under the cover of human rights protection. Convention on the Rights of Persons with Disabilities, ratified and thus the part of the legal regulation of the Republic of Serbia, sets the new legislative frame, especially for the specific protection of the right of persons with disabilities (PWD), in every, so also in the sense of realization of right of PWD to decide on their own life, regardless the level of deprivation of legal capacity. The purpose of the article is the overview of the national normative frame and analysis of the current practice of the centers of social work regarding the initiation of the proceedings of deprivation and regaining of legal capacity of the persons with mental and intellectual disabilities. Changes and amendments of the Law on non-litigious proceeding (2014) should have enable increased protection of the persons deprived of legal capacity. However, data point out that, due to the inconsistent implementation of this Law, protection of these persons is lacking. Medical model of access to the disability is still applied in a considerable measure, by the social workers in centers for social work, as well as by the other participants of the proceedings of reassessment of of the legal capacity. There proceedings are usually initiated by the Court, an often interrupted due to the lack of financial resources for reimbursement for work of psychiatric court experts. In order to make progress in the protection of persons deprived from legal capacity, it is necessary to develop adequate mechanisms for assessment of the capacity of the persons in the procedures related to legal capacity, train all participants in these procedures, strengthen representative roles of centers for social work related to the persons deprived of legal capacity and work on promotion of the national normative frame.

Key words: *legal capacity, procedure, human rights*

One of the fundamental imperatives of all countries, especially those aspiring to the path of joining the European Union, is respect for human rights.[3] The starting

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[3] Sandra Perić, „Anti-discriminatory and anti-opresive practice in socialwork“, *Social Policy,*

point for the realization of basic human rights is the concept of legal capacity, which implies that an adult expresses their free will and activities and thus acquires rights and obligations.

Institute of deprivation of legal capacity, as one of the forms of deprivation of rights, is often present in domestic practice under human rights protection coverage. It is applied when mental or intellectual disability is determined. Disability can match with the lack of legal capacity, but it is not necessarily connected to the lack of reasoning capacity and deciding on certain aspects of own life. In many cases, such disorder brings to the complete or partial deprivation of legal capacity.

Analysis of comparative legal systems can lead to the conclusion that there is a strong tendency towards inclusion of persons with limited legal capacity into regular societal flows. In such cases, not only medical diagnosis, but also comprehensive functionality of user in his surrounding, is taken into consideration, while assessing his capabilities. National regulation, as well as international ratified legal acts emphasize the necessity of trend changing in treating of persons with disabilities, and especially persons with psycho-social and intellectual disabilities. Main obstacle, on the way to realization of rights to independent life and inclusion into community of a number of these persons, is, however, longstanding practice and inconsistent application of adopted regulations, related to longstanding medical model of assessing disability in Serbia. Namely, access which is based on the assessing health condition of user, his diagnosis, weaknesses and lacking, brings to the dominant deprivation of full capacity of persons with disability over the access that is based on the partial deprivation of legal capacity.

This article shall, further on, be proceeded with national regulation in the area of legal capacity of persons with psychosocial and intellectual disabilities, as well as with challenges in its application, determined through field research conducted in seventy one center for social work (hereinafter: CSW).

Legal regulation of republic of serbia in the area of legal capacity

Substantive and procedural norms related to gaining, deprivation and reassessing of legal capacity are set by the *Law on non-litigious procedures*[4] and *Family Law*[5]. According to Family Law, fully legally deprived persons are persons up to 14 years. Partially legally capacitated are persons from 14 to 18, i.e. older minors. According to Article 11 of the Family Law, full legal capacity is gained with 18 years, and such persons are capable to sign the contracts. [6]

Adult person is fully deprived of legal capacity when it is not capable for reasoning, due to the illness or disturbances in psycho-physical development, and therefore not capable to take care of itself and its rights and interests[7] In addition to complete solutions to legal capacity, the legislation also provides for the possibility of

Institut for politicy Study, Beograd, br.2-3/2017, UDK 364-058.17, str 85-99

[4] *Sl glasnik SRS*" br.25/82 i 44/88, „*Sl.glasnik RS*" br.46/95-dr.zakon, 18/2005-dr.zakon, 85/2012, 45/2013-dr.zakon, 55/2014, 6/2015, 106/2015-dr.zakon

[5] „*Sl.glasnik RS*" br.18/2005, 72/20011-dr.zakon, i 6/2015

[6] Zoran Ponjavić, Veljko Vlašković, *Family Low,* Službeni glasnik, Beograd, 2019. (str.367.)

[7] Article 146. of the Family Low

partial deprivation of legal capacity [8]. Adult person which directly jeopardize its rights and interests or rights and interests of other people, due to the illness or disturbances in psycho-social obstacles in development, can be partially deprived of legal capacity. Legal acts that *can or cannot be undertaken* by the person partially deprived of legal capacity shall be determined by the court decision [9]. Such solution is quite limiting for person deprived from legal capacity. Actually, court should determine the sorts of activities that cannot be undertaken by this person, which would mean that all other activities could be undertaken.

Procedure for deprivation of legal capacity is determined by the Law on non-litigious procedure[10]. According to this Law, procedure fro deprivation of legal capacity is initiated and lead by the court ex officio, *as well as upon the proposal of guardianship body* (CSW), husband/wife or partner, child or parent. Centers for social work, that have the role of guardianship body, very often initiate the procedure for deprivation of legal capacity (or, rarely, its reassessment).

Court examines if the adult is, according to the level of its capacity for reasoning, capable to take care of its own rights and interests. Beside hearing of the very person whose legal capacity is being assessed, and other persons determined by the Law, Court has to have also presented the evidence of at least two psychiatrists, which will give their opinion on the spiritual condition and capability for reasoning of the person. On the basis of the presented proofs, Court shall enact the decision related to deprivation of legal capacity. However, beside the psychiatric expertise, *Court has the possibility to search for other proofs*. For example, if the persons with disabilities live in the residential institutions, sometimes social and other workers employed in them, know more about situation and behavior of the person than psychiatric expert; opinion of the guardianship body on functioning of the person in his surrounding can be relevant proof for assessing of legal capacity[11]. However, we have impression that court does not use these possibilities enough and in this way.

Beside the procedures for deprivation of legal capacity, Court also decides on the procedures for reassessing and regaining of the full or partial legal capacity, when there are no more reasons for deprivation or limitation of legal capacity.

Changes of the Law of non-litigious procedures from 2014, introduced the possibility of the Court to decide that person which could be deprived from legal capacity, should be put into the health institution, in the duration of up to 30 days[12]. Changes of the Law from 2014 also introduced that the *Court shall determine the deadline for checking if there are the reasons for further duration of the deprivation. This deadline is up to three years from deprivation*, and its duration shall be set through the

[8] Marija Draškić, *Porodično pravo i pravo deteta,* Pravni fakultet Univerziteta u Beogradu, Beograd, 2015.(str 334.)

[9] Article. 147. of the Family Law

[10] Article.31-44.of the the *Law on non-litigious procedure*

[11] Marta Sjeničić, Marina Jovanović, "Međusektorska saradnja u pružanju usluga i zaštita prava korisnika rezidencijalnog smeštaja", u zborniku radova: *Obezbeđivanje zdravstvene zaštite osobama sa mentalnim smetnjama u skladu sa ljudsko-pravnim standardima*. Udruženje pravnika za medicinsko i zdravstveno pravo Srbije-SUPRAM, ur. Marta Sjeničić, Milan Marković, Institut društvenih nauka, Beograd, 2017. (str.116)

[12] Article 38, provision 1, bullet 3 of the Law

Courts decision[13]. This means that the Court initiates *ex officio* procedure to assess existence of the capacity for reasoning (legal capacity), *if it is not already initiated by some of the interested parties.* If it is initiated *ex officio,* expenditures of the procedure shall be born by the state [14].

According to the analysis from the research conducted during 2019. by the Chamber of social care and the Institute of social sciences, there are no many initiated procedures for reassessing of legal capacity in Serbia so far, and the number of procedures that are resolved by regaining of, at least, limited legal capacity is irrelevant. This fact shall be explained through the forthcoming text.

Beside *Family Law and Law on non-litigious procedure*, there is also other national regulation related to legal capacity issues, which is relatively in line with the international regulation.[15]

Strategy of improvement of the status of the persons with disabilities in the Republic of Serbia[16] represents middle-action plan of activities of all societal actors in the Republic of Serbia for improvement of the status of people with disabilities in Serbia. Since this Strategy was in force from 2005 to 2015, the new Strategy is not enacted until now, even beside trials and forming of working groups for its drafting. We will, therefore mention the basics from the previous Strategy, relevant for the problem of deprivation of legal capacity. A part of the Strategy related to change of paradigm "from patient to the citizen" and contains the map of the process from medical to social model of disability. This map recognizes moving from assessment of inability of person with disability to the assessment of his ability, it emphasizes focus to the community and not to institutions, as well as the inclusion of persons to the community and not their isolation.

Table[15] *Map: from medical towards social model of disability*

ROM		**TOWARDS**
Individual problem		Problem is in the society
Differences in abilities make the person isolated and inadequate		Differences in abilities make the resource and potential which strives to the inclusion
Assessment of inability		Orientation towards abilities
Us and them: exclusion - (non)tolerance		All of us together: inclusion and valuation
Society chooses for "them"		Persons with disabilities decide about themselves

[13] Article 40, provision 1, bullet 2 of the Law

[14] Marta Sjeničić, Zoran Vesić, "Politika zapošljavanja osoba sa mentalnim poteškoćama", *Socijalna politika,* Institut za političke studije, 2-3/2017, UDK 331.5.024.5-056.36, str. 67-84

[15] Marta Sjeničić, Sandra Perić, Zoran Vesić, „Legal regulation of Serbia on deinstitutionalization - what we have and what we need ", in the collection of abstracts: *Mental health of children and youth - current challenges, possible solutions* , from the International Conference of the Society for Child and Adolescent Psychiatry and related professions of Serbia,(Zlatibor 23-26.05.2019.), ur.Vojislav Čurčić, Milica Pejović-Milovančević, Vladimir Borovnica (str 86-87)

[16] *Strategy of improvement of the status of the persons with disabilities in the Republic of Serbia „Sl. glasnik RS*" br.1/2017

Professionals know the best		Persons have different sorts of knowledges
Model of disability which strives to isolation, with the purpose to control or to cure		Model of disability that requires participation in life, requires changes in the surrounding and behavior, i.e. access
Orientation towards institutions		Orientation towards community
Based on mercy		Based on human rights
Patient, i.e. user		Citizen

Through the *Law on ratification of Convention on the rights of people with disabilities*[17], this UN Convention became the part of national regulation, and its provisions has the power equal to the provisions of the national regulation. The content of the Convention points out the change of the direction from, still usual, routine attitude that persons with mental disabilities should be deprived of legal capacity, towards the attitude that persons needing support in realization of their legal capacity, should be provided with such support, instead of depriving them of the capacity.[18] In fact, Convention uses the term *"legal capacity"*, which would be business capacity, translated to Serbian language (having in mind that in Anglo-Saxon law there is no division between legal and business capacity)[19] . However, we believe that, in the translation of the Convention to Serbian language, the term "legal capacity" has been used, for purpose, and not accidentally. Actually, according to the spirit of the Convention, the emphasize is not on legal nor business capacity, but on the capacity for reasoning of person with disability, its capacity to decide on himself or with the support of other person on different issues relevant for him ("*supported decision making*"), instead that somebody else decides on his behalf ("*substitute decision making*").

Lack of legal capacity is essential obstacle to making the decisions, which are perceived as normal, usual by the persons without disabilities: deciding on own finances and property, right to decide where and with whom to live, right to labor, to sign contracts, to raise children, to vote, to make will, to join associations and political parties, and the right to approach courts and other bodies. In this sense, legal capacity is, actually, gate to the other rights. Without provided legal capacity and support, persons with disabilities shall not be able to achieve many things in life, nor equal participation in societal life. State signatories of the Convention, including Serbia, are held responsible for realization of obligation to respect, protect and enable realization of rights of all persons with disabilities to live in the community, with the possibilities of choice that other persons have. They are obliged to undertake efficient and adequate measures to enable possibility of full usage of their rights and complete inclusion into community, to persons with disabilities. These rights are, for example: right to personal freedom and safety[20] , freedom of torture or cruel, nonhuman or degrading treat-

[17] „*Sl.glasnik RS – Međunarodni ugovori*" br.42/2009

[18] Graham Thornicroft , George Szmukler, Kim Mueser, Robert Drake, *Oxford Textbook of Community Mental Health*, Oxford University Press, Oxford, 2011. (str 236.)

[19] Article 12 of the Convention

[20] Article 14 of the Convention

ment or punishment, of exploitation, violence and misuse[21] (Articles 15 and 16 of the Convention), right to independent life and inclusion into community[22], right to enjoy highest possible standard of physical and mental health[23], right to work and employment[24], right to the adequate standard of living [25].

Related to question of taking into consideration reasoning capacity of persons with mental disabilities, the *Law on patients rights*[26] is extremely important. In the Article 15 it regulates right to patients consent to medical measure. Patient has to right to freely decide on everything that concerns his life and health, except in cases when it directly jeopardizes life and health of other persons. In general, no medical measure can be undertaken without patients consent. According to the Article 44 of the *Law on health care*[27], medical measure can be undertaken, against the will of the patient, legal guardian of the child, i.e. person deprived of legal capacity, only in exceptional cases, determined by the *Law on the protection of persons with mental disabilities*[28], and which are in line with physicians ethics. Beside the cases of obligatory hospitalization, this Law regulates also voluntary hospitalization, but in an inadequate way: among other things Article 20 regulates that person with mental disabilities, which is not capable to give the consent, can be put in psychiatric institution upon the request and with the written consent of the member of the closer family or persons legal representative. This provision can not be considered as voluntary hospitalization, and it does not respect the capability for reasoning and principle of supported decision making.

Review of the research related to improvement of mechanisms of legal capacity assessment

During 2019 the research was conducted on the sample of 71 Centers for social work[29] (out of 170 CSW in total) and City center for social work of the City of Belgrade (out of whose 17 departments, thirteen participated in the research)[30]. The goals of the research was analysis of the protection of the rights and interests of the users deprived

[21] Article 15 and 16 of the Convention
[22] Article 19 of the Convention
[23] Article 25 of the Convention
[24] Article 27 of the Convention
[25] Article 28. of the Convention
[26] „*Sl.glasnik RS*“ br.45/2013 i 25/2019-dr.zakon
[27] „*Sl.glasnik RS*“ br.25/2019
[28] „*SL.glasnik RS*“ br.45/2013
[29] Csr Alibunar, Ada, Aleksandrovac, Aleksinac, Apatin, Arilje, Babušnica, Bačka Palanka, Bački Petrovac, Batočina, Bela Crkva, Bela Palanka, Blace, Bosilegrad, Brus, Bujanovac, Čačak, Ćićevac, Čoka, Ćuprija, Dimitrovgrad, Doljevac, Gornji Milanovac, Irig, Ivanjica, Kladovo, Koceljeva, Kovačica, Kraljevo, Kruševac, Leposavić, Loznica, Ljig, Mali Zvornik, Medjuopštinski centar Kosovnska Mitrovica, Nova Varoš, Novi Sad *Odeljenje Beočin, Novi Sad, Požarevac Požega, Priboj, Prijepolje, Ražanj, Rekovac, Senta, Šid, Sjenica, Smederevo, Sokobanja, Srbobran, Stara Pazova, Međuopštinski centar Štrpce, Prizren i Gnjilane, Subotica, Trstenik, Užice, Varvarin, Veliko Gradište, Vrnjačka Banja, Žabalj, Žagubica, Žitište, Zrenjanin,Dimitrovgrad, Gradski centar za socijalni rad Beograd i to odeljenja Zemun, Savski Venac, Sopot, Voždovac, Surčin, Rakovica, Obrenovac, Mladenovac, Grocka, Barajevo, Novi Beograd, Čukarica i Stari grad. ..
[30] http://www.beograd.rs/lat/gradska-vlast/2446-gradski-centar-za-socijalni-rad_2/

from legal capacity , determination if the protection of users improved by introducing of the mechanism obliging courts to assess the existence of reasons for further duration of deprivation of legal capacity, within the period not longer than three years[31] (changes of the *Law on non-litigious procedure,* 2014).

Research was composed from quantitative and qualitative part. Quantitative part related to data analysis on the number of persons under the guardian protection (two groups: from 18 years to 64, 65 and up), number of persons under guardianship protection compared to the residential care of users, number of persons fully deprived of legal capacity, number of persons partially deprived of legal capacity, number of initiated procedures for reassessment of legal capacity compared to the subjects that initiated the procedure, residential care of users, age of users (adults and elderly), number of procedures positively solved (where legal capacity was fully or partially regained) compared to residential care of users, ages (adult and elderly); and, number of users of reassessing of legal capacity which were suspended or ceased, per ages (adults and elderly).

Qualitative part of research was focused to the most frequent reasons for initiation of procedures for reassessment of legal capacity, most common motivators for proposing regaining of legal capacity, and most common reasons for suspension of procedures for deprivation and reassessment of legal capacity of users.

Data were collected through the inquiry specially created for the purposes of research. Enquiry was distributed to the CSW electronically during August 2019.

Results of researches pointed out several anomalies of the social care system in practical application of legislative solutions. Lacks of the social care system were identified, in the first step, in an obviously insufficient knowledge of the obligatory legal solution that legal capacity has to be reassessed in the period of up to three years from the moment of deprivation of full or partial legal capacity. Lack is also in failure to recognize the role of the guardianship body in the procedure of reassessment procedure and in the insufficient realization of the representing role of the CSW in the procedure of protection of users. Courts initiate procedures *ex officio*, but only if other interested parties do not do that, and amongst others, SCW, as the guardianship bodies.

Results of the research, per regions, shall be exposed in the forthcoming text.

1. Region Vojvodina

Region Vojvodina is specific since most of psychiatric institutions is located there, but also the most of social residential institutions for persons with mental and intellectual disabilities. Centers for social work in this region, however, are not competent only for users in residential care, but also for persons with intellectual and mental disabilities living in the open community.

Out of 22 analyzed CSW in the Region Vojvodina, in 9 the number of deprivation and guardianships is in increase after 2014, in 9 this number is stable or similar as before 2014, and in 4 CSW is in the slight decreasing. In CSWs where the procedures were initiated, there are both, positively and negatively, solved cases.

[31] Izmene i dopune Zakona o vanparničnom postupku, 2014.

In seven centers of the same region, as the reason for initiating of reassessment of legal capacity, the *improvement of functionality of user* is stated, which shows consciousness on the necessity of assessment of users according to systemic-ecologic model, i.e. not completely related to diagnosis and health status, but based on the strengths of user. The same number of centers states the improvement of health status as the basic criterion for initiation of procedure for reassessment of full or partial legal capacity, and four centers stated that motivator for initiation of such procedures were legal obligation of courts to initiate them. This number shows that certain CSWs do not understand their role, as guardianship bodies, in the improvement of position of users in the are of realization of their rights, i.e. that they don't have necessarily to wait courts to imitate procedures *ex officio,* but they can do that themselves in line with the capabilities of their users. Also, certain smaller number of CSWs considers that capability of users is assessed according to diagnosis/health condition, determined by the psychiatric expert, and does not mention their social functionality.

Reasons for suspension of the procedure of deprivation or reassessment of legal capacity were usually death of the user or proposal withdrawal. In the smaller number of cases, CSW reported that they don't have overview of procedures for reassessment of legal capacity, or that these procedures were not initiated, and, thus, not suspended. Three centers reported the lack of medical documentation or attitude of psychiatrist experts, as the reason for suspension of any procedure related to legal capacity, while four centers reported the lack of financial resources for psychiatric expertise, as the reason for suspension. Opinion that there were no procedures, and thus no suspensions, indicates the widespread opinion of some centers that they are not participants in the procedures of deprivation/reassessment of legal capacity. Lack of medical documentation or opinion of psychiatric experts, as the reason for suspension, indicates that the attitude of social professionals is not considered as relevant proof, and that social workers in CSWs are still managed by the medical model of considering disability and users, in spite of declarative accepting of "social model". Although not obligatory, proof in the procedure can also be opinion of the employee of the CSW, i.e. assessment of the functionality of user, according to the users functionality scale. And, finally, completely unacceptable reason for suspension of such procedures, is systemic lack of financial resources for psychiatric expertise, and this problem has to be solved on the state level. It is unacceptable that human rights are being broken due to the lack of financial resources for expertise during the procedure which is prescribed by the law as mandatory.

2. Region Belgrade

Out of 13 analyzed departments of the City center for social work in the Region Belgrade, number of deprivations in 9 is even in slight increase after 2014. In three departments this number is table, i.e. similar to the number before 2014 or fluctuating, and in one department is in slight decrease. Having in mind the big area of Belgrade, there are few procedures for reassessment of legal capacity initiated. However, in the departments where they are initiated, procedures are positively solved.

Having in mind the few procedures for reassessment, it is understandable that number of deprivations is increasing. It can be, of course, as in other analyzed regions, the result of different factors (social, economic, lack of developed community services). But, if high number of persons deprived from legal capacity is put in relation also with non-initiation of procedures for reassessing legal capacity, it can be concluded that one of the reasons for increased number of deprived persons, is courts nonaccuracy in executing of legal obligation of initiation of procedure for reassessment of legal capacity within three years period, but also the lack of consciousness of professionals from the CSWs that they are active participants in the procedures, as guardianship bodies relevant for the issue of legal capacity of users.

In the same region, surveyed departments mostly have mixed reasons for initiating the procedures of reassessment and regaining of legal capacity, for example improvement of the users functionality, which shows clear consciousness on the necessity of assessing of user according to "social model", i.e. not fully related to diagnosis and users health condition.

Question related to reasons for suspension of procedures was posted as common question for the procedure of deprivation, as well as for the procedure of reassessment of legal capacity, and, therefore, the answers are different. Answers that are common for all cases of procedures suspension are: users death, absence of user or proposer, withdrawal of the propose for initiation of procedure. In certain cases, reason is small number of employees or expert workers and their inability to show up on the hearing as temporary personal guardians, in which cases court does not accept other professional worker with authorities.

As the reason of the suspension of the procedure of reassessment of legal capacity, the lack of community support is quoted, as well as insufficient resources for advisory work with user, insufficient family support. In certain number of cases, main reason for procedure suspension was opinion of psychiatric experts that there was no change in the mental status which would be relevant for regaining of legal capacity. As the reason for non-initiation of such procedure, CSW stated that competent psychiatrists give the proposal and opinion on initiation of the procedure for reassessing and regaining of legal capacity, in their reports, very rarely.

If it is about suspension of the procedure of deprivation, reason stated in the survey is also improvement of mental status and functioning of user in the society.

Survey conducted in the departments of the City center for social work shows clear consciousness on the need of assessment of user according to "social model", i.e. not completely related to diagnosis and users health status. On the other side, there is visible lack of initiative of CSW, i.e. departments, as guardianship bodies, to initiate procedures of reassessment. Reasons for this are mostly lack of knowledge on how to represent the best interest of user, lack of time due to the work overburden, due to the attitude that this imitative mostly depends on the positive opinion of the psychiatric expert, and maybe, also due to leaning to the Court to initiate this procedure *ex officio*.

Survey results indicate that professional workers understand the necessity of assessment, but also notice the lack of human resources in social care which would be

focused to this problem substantially. They also indicate the consciousness on the lack of community services which would support user with the reasoning capability (in its further realization).

On the other side, in some departments there is misapprehension that procedure should be suspended if court experts-psychiatrists determine that there were not changes in mental health which would be relevant for regaining of legal capacity, i.e. that procedure should not be initiated if these experts does not give the proposal and opinion on such initiation. This emphasizes the need of continuous education of professional workers in social care, on legal mechanisms of assessment of legal capacity, as well as on the proving methods which can be used in such procedures (including, but not limiting only to obligatory proofing methods, as, for example psychiatric expertise).

3. Region central and west Serbia

Twenty seven CSW participated in the survey in central and west Serbia. From those which answered the question related to the number of persons deprived of legal capacity and to the number of initiated procedures for reassessment of legal capacity, in 9 CSW number of deprivations is in increase or slight increase, in 9 number of deprivations is stable, similar or fluctuating compared to the number before 2014. In 8 CSWs this number is in slight decrease. In the centers where procedures were initiated, there are both, positively and negatively solved cases.

In the same region, nine CSWs have, as the reason for initiating procedure for reassessment and regaining of legal capacity, stated, among other reasons, improvement of users functionality, autonomy in satisfying of needs, meeting the life skills, increasing the number of activities that person can perform independently, changes influencing independent functioning, request of the user. Large number of centers have stated also improvement of health status. Such mixed criterion shows the consciousness on the need to assess user according to the "social model", but taking into consideration also obligatory proof in the procedure – opinion of the psychiatric expert. Of course, one should always have in mind that expertise must not always be related to diagnosis and health condition, but also point to the functionality in everyday life, which is often lacking. Eight centers in this region have not initiated procedures for reassessment of legal capacity. Reasons of suspension of the procedures of deprivation or reassessment of legal capacity are, in most of the cases death of user or withdrawal of proposal. In line with the information that there were no initiation of the procedures, several CSWs stated that they have no evidence on procedures, especially on the procedure for reassessment of legal capacity, or that there were no any, so, consequently, there were no any suspensions. Two centers stated, as an explicit reason for suspension of any procedure, attitude of medical experts, i.e. health status of users. Two centers have mixed reasons consisted from health status, but also from social functionality of user. As the argumentation for suspension, three centers stated *high costs of expertise and lack of resources for it*. Professional workers from on of the centers have the following explanation "....lack of resources for bearing the costs of expertise –

authorized court considers that these costs should be born by the Center and does not accept argumentation that other courts in Serbia do not share this attitude".

4. Region south and east Serbia

Nineteen CSWs from south and east Serbia participated in the survey. From those which answered the question related to the number of persons deprived of legal capacity and to the number of initiated procedures for reassessment of legal capacity, in six centers this number was stable, similar or fluctuating comparing to the period before 2014., and in six centers it is in slight decrease. In centers where the procedures were initiated, they were solved both positively and negatively. Center for social work in Aleksinac makes an exception. Situation there was significantly changed through initiation of procedures and regaining of legal capacity. For this municipality one should take into consideration that most of users of this CSW are residents of the Gerontological center Jelenac and its Working unit for residence of persons with mental disabilities Tešica, which participated in the period 2012 – 2015 in the project of EU that was focused on deinstitutionalization of persons with mental disabilities. As the result of this project, many people employed in this institution, and in the CSW had numerous educations. Also, in Žagubica and Zaječar, considerable number of procedures for reassessment of legal capacity was initiated and positively solved from 2015 forward. Seven CSWs from this region reported that, according to their evidence, the number of deprived persons is decreasing.

In the same region, six centers stated improvement of functionality of users, increasing support of family and similar, as the reason for initiating of procedures of reassessment and regaining of legal capacity. Two centers state exclusively as reasons, improvement of health conditions, i.e. medical documentation, and two centers mix social and medical reasons. Seven centers in this region did not initiate procedures for reassessment of legal capacity, out of which one states as the reason "lack of financial resources for this purpose". Most of centers are aware that there is a need to assess ability to cope with the community, as well as health status, when proposing regaining of legal capacity. One CSW stated that it is aware that these instruments "contribute to the comprehensive assessment and professional empowerment of professionals, but they are not used in practice ".

In seven centers reasons for suspension of procedures for deprivation or reassessment of legal capacity, were death of user or withdrawal of proposal. Two centers stated health status of user as the reason. Three centers stated as the argumentation for suspension, the high costs of expertise and lack of financial resources. One center gave the following explanation: ".....judges unwillingly decide to proceed with the expertise in residential institution, and special hospitals require for expertise larger sums of money, that go up to 100.000,00 RSD per person."

5. Region Kosovo

Out of 3 CSWs in Kosovo that participated in the survey, number of deprived

persons in one is stable, and in two centers is in the slight increase. All users are mostly fully deprived, and there are no procedures for reassessment of legal capacity initiated by CSW. Generally speaking, if there would be initiation of procedures and proposals for regaining of legal capacity, reasons would be (as stated in one center) health status of the users and their functionality measured according to the assessment scale. Procedures for deprivation are usually suspended due to the death of user.

Short analysis of the survey results and the conclusion

Out of the results of survey conducted in more than half of centers for social work in Republic of Serbia, several conclusions could be drawn. Large number of professional workers from the centers do not understand their role, as the guardianship body, in improvement of users position in the sphere of realization of their rights, despite they have knowledge on legal regulation. Only small number of them considers the fact that it is not necessary to wait imitation of the procedures *ex officio* by the courts, but that they should, in line with the capacities of their users, initiate the procedures themselves.

Certain number of centers considers that capability of users should be assessed only in line with the diagnosis, i.e. health status, determined by the psychiatric experts, i.e. on the basis of medical documentation, without mentioning their social functionality. This is also obvious from the most stated reasons for initiation of procedures – remission of illness, lack of hospitalization during time, regular taking of therapy, etc.

Although opinion of professional workers in social care is not obligatory, it is still allowed proof mechanism in the procedure, which is actually necessary to use in the assessment of functionality, in line with the scale of users functionality. Many CSWs, i.e. departments in Belgrade region, state mixed reasons for initiating procedures of reassessment and regaining of legal capacity, including also improvement of functionality of users, which emphasizes clear commitment to assessment of users according to "social model", i.e. not completely related to diagnosis and health condition. However, even beside declarative commitment to "social model", having in mind dominant reasons, we can conclude that professional workers lean to medical indications, in most of the cases.

Survey show that certain number of centers are committed to comprehensive assessment, but it also shows the lack of human resources in social care which would substantially deal with comprehensive assessment, and lack of community services which would support user with the reasoning capacity in its further realization.

On the other side, in certain centers/departments there is a misunderstanding that the procedure should be suspended if psychiatric experts opinion states that there is not change in mental status, which would be significant for regaining of legal capacity, i.e. that procedure for reassessment should not even be initiated if psychiatrists do not propose this. Such an attitude emphasizes the need for continuous education of professional workers in social care on regulatory based mechanisms of reassessment of legal capacity, as well as on proof instruments that can be used in the procedures,

without limiting only to mandatory instruments, as psychiatric expertise.

Completely unacceptable reason for suspension of procedure for reassessment of legal capacity (as well as of procedure of deprivation), is systemic lack of financial resources for psychiatric expertise, and this has to be solved on the state level. It is unacceptable that human rights are being broken due to the lack of financial resources for supporting the proof instrument which has been prescribed as mandatory by the law.

According to the survey results, in considerable number of centers, number of persons deprived of legal capacity in increasing. This can be the consequence of many factors (social, economic, lack of community services), but if this information is related to the non-initiation of procedures for reassessment of legal capacity, it can be concluded that one of the reasons for increasing of deprived persons, is courts' non-accuracy in realization of legal obligation to initiate procedures of reassessment of legal capacity in three years time, but also the lack of consciousness of CSWs that they are active participants in the procedures, and, as guardianship bodies, first in line to deal with the issues of legal capacity of users.

In municipalities where the education of social workers were conducted, the larger number of procedures for reassessing legal capacity were initiated and "social model" was applied. This shows the necessity for continuous education related to the topic of legal capacity. When it comes to the question of legal capacity of users, the strengthening of representative roles of professional workers is also relevant[32], not only related to direct guardians, but also when social workers are in the role of case managers authorized for the specific user[33] .

It was a long road from disability, as individual limitation which requires medical help, till emphasizing equality and human rights of persons with disabilities and removing social barriers as the obstacles to realization of equal possibilities (European Union Fundamental Rights Agency, Annual report, 2011).[34] Persons under full guardianship loose almost all citizens rights and their guardian decides in all aspects of their lifes[35]. Condition of assessment of working capacity and, thus, the of possibility of working inclusion of persons with mental disabilities is existence of their full or, at least, partial legal capacity. It is not condition only for working, but also for voting capacity, for the right to choose where, with whom and how to live, testimonial, contractual capacity, right to give consent to medical treatment, etc. So far, Serbia has

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[32] Marta Sjeničić, Sandra Perić, "Prava osoba lišenih poslovne sposobnosti i njiova zaštita", Zbornik apstrakata :*Aktuelnosti u logopediji, okupacionoj terapiji i socijalnom radu: Između tradicije i tranzicije*, Book of Abstracts Latest developments in speech therapy, occupaonal therapy and social work Between Tradion and Transion, Visoka škola socijalnog rada, Komora socijalne zaštite, 2019,Str 28.

[33] Kosana Beker, Sandra Perič, Lazar Stefanović „Poslovna sposobnost i ljudska prava : Smernice za centre za socijalni rad", Inicijativa za prava osoba sa mentalnim invaliditetom – MDRI-S, Beograd, 2020.

[34] Conclusions, Annual report, 2011, European Union Fundamental Rights Agency, Dostupno na Internet stranici: http://fra.europa.eu/en/video/2012/fra-annual-report-2011 , Pristupljeno: 4.1.2020.

[35] Common European Guidelines on Transition from Institutional to Community Care, European Expert Group on the Transition from Institutional to Community-based Care, November 2012, Dostupno na Internet stranici: http://www.deinstitutionalisationguide.eu/wp-content/uploads/2016/04/GUIDELINES-Final-English.pdf , Pristupljeno: 5.1.2020.

developed detailed legal frame for acknowledgment of rights of persons with disabilities, including their legal or partial legal capacity, as the basis for implementation of other rights, which should belong to them as to individuals and citizens. It is, however, necessary to fine-tune legal regulation, and to harmonize the practice of the social care system, i.e. centers for social work (as guardianship bodies), and practice of the courts, with the paradigm change from "medical" to "social" model of assessment of capability for reasoning.

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PRAVA OSOBA LIŠENIH POSLOVNE SPOSOBNOSTI I NJIHOVA ZAŠTITA

Rezime:

Institut lišenja poslovne sposobnosti kao jedan od oblika uskraćivanja prava, često je prisutan u našoj praksi pod plaštom zaštite ljudskih prava. Konvencija o pravima osoba sa invaliditetom, koja je ratifikovana, pa time i deo pravne regulative Republike Srbije, ustanovljava nov legislativni okvir za posebnu zaštitu prava osoba sa invaliditetom (OSI), u svakom, pa i u pogledu ostvarivanja prava OSI na odlučivanje o sopstvenom životu, bez obzira na stepen lišenja poslovne sposobnosti. Cilj rada je prikaz nacionalnog normativnog okvira i analiza aktuelne prakse centara za socijalni rad u pokretanju postupaka lišenja i vraćanja poslovne sposobnosti lica sa mentalnim i intelektualnim teškoćama. Izmene i dopune Zakona o vanparničnom postupku (2014) trebalo je da omoguće veću zaštitu lica lišenih poslovne sposobnosti. Podaci, međutim, ukazuju na to da je, usled nedosledne primene ovog Zakona, zaštita tih lica izostala. Medicinski model pristupa invaliditetu se i dalje, u većoj meri, primenjuje, kako od strane stručnih radnika u centrima za socijalni rad, tako i od strane drugih aktera uključenih u postupke preispitivanja poslovne sposobnosti. Ovi postupci se najčešće pokreću na inicijativu suda, a često bivaju prekinuti usled nedostatka sredstava za naknadu za rad sudskih veštaka. Kako bi se napravili pomaci u zaštiti lica lišenih poslovne sposobnosti, potrebno je razviti odgovarajuće mehanizme za procenu kapaciteta osoba u postupcima lišenja ili vraćanja poslovne sposobnosti, obučiti sve učesnike u ovim postupcima, jačati zastupničke uloge centara za socijalni rad u odnosu na lica lišena poslovne sposobnosti i raditi na unapređenju nacionalnog normativnog okvira.

Ključne reči: *osobe lišene poslovne sposobnosti, Konvencija*

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THE REFLECTION OF MIGRATIONS ON THE FAMILY

Abstract: We live in a time of global migration changes and an ever-greater movability of the work force. Migrations, which most commonly indicate spatial movability of people in different social conditions, are in the interest focus of numerous sciences since they leave lasting consequences on the individual, family and social level. Therefore, what is necessary, is a deepening of existing knowledge and the conceptualization of new knowledge on the basic characteristics, causes and effects of this phenomenon. In addition to theoretical concepts, this paper presents research results aimed at establishing the causes and motives of postwar migration in Bosnia and Herzegovina and the manner in which they reflect on the family, i.e. to review the positive and negative aspects of migrations. The research results indicate that the positive effects of migrations are emphasized as the improvement of material circumstances of the family regardless of the number of family members migrating (the entire family or several members). The negative effects of migrations are numerous and can be temporary or permanent in nature. Particular difficulties for the data subjects refer to difficulties in communication due to a foreign language, difficulty in finding proper employment, resolving housing issues, the education of children and cultural differences. The integration of an individual in a new environment is a very important and long-lasting process and it depends on numerous factors which reflect on the family and its functioning to a greater or lesser extent.

Key words: *migrations, family, positive/negative effects, integration*

Introduction and methodology

Migrations are very complex multidisciplinary phenomena, which are increasingly present in the world and are the subject of interest of many sciences and scientific disciplines that want to determine the causes and consequences of migration. Each migration discipline is determined and researched according to its interest and perspective. In addition, the character of migration has changed over time and

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become more complex. „Prehistoric, pre-modern and modern (postmodern) migration cannot be conceptualized in the same way."[2] Historically, there are differences between the causes of migration. Modern migrations are significantly different from earlier ones and can be classified as internal and external, forced and voluntary, economic, political, etc. Today, according to many authors, migration is an indispensable part of the globalization process. We are witnessing the increasing mobility of the whole world, and that is why migration is a very complex global phenomenon that affects many countries, primarily countries of origin, transit and destination. At the same time, migration has strong effects on the individual and the family, whether it is the migration of individual members or the whole family. Adaptation and integration into a new environment is a long-term and difficult process because the new environment often does not provide the possibility to function according to learned, internalized and established patterns of behavior, values and norms. All of these can cause difficulties in the functioning of individual members or the whole family. Because migration has both positive and negative effects on individuals and families.

The desire to ensure better life conditions and lack of perspective, especially emphasized by young people, has led to large migrations of the population of Bosnia and Herzegovina, which have intensified in recent years.

In order to investigate how migrations reflect on the family, an empirical study was conducted in which a hundred respondents, citizens of Bosnia and Herzegovina with experience of internal or external migration, participated. The study was conducted between June and August 2019. Several methods have been used in the research, which are applied in social research such as statistical method, comparative method, hypothetical-deductive method, and methods of analysis, synthesis, induction, deduction and generalization. We collected data by using survey and interview techniques.

For the purpose of this research, a questionnaire was constructed that included questions on sociodemographic characteristics, reasons for migration, type of migration, number of household members, marital status, etc. The qualitative part of the research was based on an interview conducted with the respondents, with the aim to examine what, in their opinion, were the positive and negative effects of migration.

The general hypothesis that emerged from this research is: Migrants and their families are exposed to a number of stress factors in the process of adapting to newly emergent life circumstances that are strongly reflected on the family. Integration into the new social environment depends on the characteristics of the family itself, the circumstances and motives of migration and the relationship of the environment towards the immigrants.

Migration movement in Bosnia and Herzegovina

The data of UN DESA (The United Nations Department of Economic and Social Affairs) on the basic information and international migration trends report about 269 million international migrants living outside their country of birth or or-

[2] Mesić, Milan, Međunarodne migracije: tokovi i teorije, Zagreb, Filozofski fakultet, Zavod za sociologiju, (Societas – biblioteka Zavoda za sociologiju), 2002., str. 244

igin in 2019, which is an increase of 96 million compared to 2000, when there were 173 million migrants[3]. In the period of less than two years alone (December 2017 - October 2019), the number of international migrants exceeds 11 million[4]. Traditionally, destination countries for migrants, globally, are countries in Europe and Asia. According to the same source, the largest number of migrants live in Asia and Europe, which is 60% of the migrant population, with North America in the third place. In the overall migrant population, the proportion of males is higher, 52%, compared to females, 48%. When it comes to age as a determinant of working ability, the majority, or 72% of migrants are in working age and in the age group of 20-64 years[5].

The phenomenon of migration did not bypass Bosnia and Herzegovina. Mass displacement of the population during the last war is still present, only taking different forms. In addition to internal migration - from rural to urban environments, we are daily confronted with the data of mass emigration of individuals and entire families to other countries. Loaded with the multiple effects of the transition process, poverty, generated by real and hidden unemployment, low and irregular wages, unstable jobs, and political instability, Bosnia and Herzegovina has become an emigrant country.

In order to gain a clearer picture of the internal migration trends of the population of Bosnia and Herzegovina, we present the data from the Agency for Statistics of Bosnia and Herzegovina for 2016. The data covers all residents, by gender and age structure, who have registered a change of residence that involves movement between the Entities and the Brčko District. According to these data at the level of Bosnia and Herzegovina, the number of immigrants / emigrants in 2016 was 32,775.

Number of immigrants:

- In the Federation of Bosnia and Herzegovina it was 19,652; 3.5% less than in the previous year.
- In Republika Srpska it was 12,442; s 5.3% more than in the previous year.
- In the Brčko District of Bosnia and Herzegovina, it was 681; 5.6% more than in the previous year.

Number of emigrants:

- In the Federation of Bosnia and Herzegovina it was 20,537; 0.5% less than in the previous year.
- In Republika Srpska it was 11,687; 0.3% more than in the previous year.

[3] UN Department of Economic and Social Affairs International Migration 2019, dostupno na; https://www.un.org/en/development/desa/population/migration/publications/wallchart/docs/MigrationStock2019_Wallchart.pdf pristupljeno 05.10.2019.

[4] UN Department of Economic and Social Affairs, International Migration Report 2017, dostupno na: https://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf pristupljeno 05.10.2019.

[5] UN Department of Economic and Social Affairs, International Migration Report 2017, dostupno na: https://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf pristupljeno 05.10.2019.

- In the Brcko District of Bosnia and Herzegovina, it was 551; 2.8% more than in the previous year.

In 2016, the total migration balance in the Federation of Bosnia and Herzegovina was -885, in the Republika Srpska 775, and in the Brcko District of Bosnia and Herzegovina 130. Most of them -46% (15.379) are in the age between 20 – 39 years. In terms of gender structure, the share of the female population in total migration movements was 18,987 or 57.9%, and that of the male population was 13,788 or 42.1%.

According to these data, internal migrations are present and have significant consequences on the overall demographic and social structure of the population of Bosnia and Herzegovina. We can also assume their impact on the overall functioning of individuals and their families who, for different reasons and motives, decide to change their place of residence.

When it comes to external migrations, the situation is quite complicated, as there are no precise data on the number of persons from Bosnia and Herzegovina living abroad. This is also compounded by the fact that there is no legal obligation in Bosnia and Herzegovina to deregister the place of residence, so that a significant number of those who leave the country for employment, and especially study, do not deregister their place of residence. That is why external migration is discussed on the basis of assessments by governmental, non-governmental and international entities.

Thus, according to a Statement issued by the Statistics Agency of Bosnia and Herzegovina in December 2018, and based on the results of the 2013 census, it was pointed out that the exact number of persons living abroad cannot be determined. Specifically, IN forms used for the census of persons abroad were submitted by 63,014 persons, which is 5-6% of the total population living abroad[6]. This means that between 1,050,000 and 1,250,000 people lived abroad during the census period.

According to the estimations of the World Bank, Bosnia and Herzegovina is a country with a high percentage of external migration (emigration), 44.5% of the country's total population. Such a high percentage of migration places the country 16th in the world in terms of emigration related to total population. The same data indicate that Bosnia and Herzegovina is ahead of other countries in the region in terms of emigration, even ahead of Albania with 43.6%[7].

According to the estimations of the Union for Sustainable Return and Integration in Bosnia and Herzegovina, more than 80,000 people emigrated from the country in the two years (2014-2016) alone[8].

One noticeable trend that can be identified as a separate aspect of emigration in Bosnia and Herzegovina is the emigration of young people, primarily students,

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[6] Agencija za statistiku Bosne i Hercegovine; Saopćenje, Sarajevo, 21.12.2018. Available at: http://www.bhas.ba/saopstenja/2018/Saopstenje_P-1_IN_BOS.pdf posjećeno 05.10.2019.

[7] World Bank Group, Migration and Remittances FactBook 2016. p. 4. Available at: https://openknowledge.worldbank.org/bitstream/handle/10986/23743/9781464803192.pdf? Pristupljeno 06.10.2019.

[8] Unija za održivi povratak i integracije u Bosni i Hercegovini, Iseljavanje mladih iz BiH: „Trbuhom za kruhom" – sve masovnije http://www.uzopibih.com.ba/2016-07-07.html pristupljeno 06.10.2019.

to study at European and world universities. This is evidenced by UNESCO data for 2015, according to which 10,992 students from Bosnia and Herzegovina were educated at foreign universities. Among European universities, most students go to study in Austria and Germany, and also, a significant number of students decide to continue their education in Turkey and the United States. Among the countries in the region, most students from Bosnia and Herzegovina study in Serbia[9].

When it comes to annual emigration from Bosnia and Herzegovina, the only data that can be used as emigration statistics by year are data kept by the Agency for Identification Documents, Records and Data Exchange of Bosnia and Herzegovina on the number of people who have deregistrated their residence of citizens of Bosnia and Herzegovina for the purpose of relocation to other countries. According to their data, in 2018, 4,113 people deregistrated their residence in Bosnia and Herzegovina[10]. However, these data do not provide a realistic picture due to the already highlighted problems and the lack or inaccuracy of legislation, so that a significant number of external migrations are not officially registered. The situation is particularly complex in certain parts of the country where the emigration of a male population to work in Croatia or Slovenia is increased and has temporary character, followed by migrations of family members. This trend is particularly pronounced in the northwestern part of the country but there is no information available on it. Also, the recent emigration of highly educated experts who have chosen other countries for their jobs and lives. Germany, Austria, Croatia, Slovenia, Norway, the Netherlands are the leading countries of destination.

Based on all the above, it can be concluded that internal and especially external migration of the population is pronounced in Bosnia and Herzegovina. With regard to the demographic structure of the population, the situation becomes extremely alarming because this problem is followed by the evident low birth rate, which adversely affects the natural increase of the population. According to the data of the Statistic Agency of Bosnia and Herzegovina, during the first nine months of 2018, live births decreased by 2.09% compared to the same period in 2017[11]. Mass emigration, especially of young people and entire families, to other countries of the world and the low birth rate will have an unprecedented impact on society as a whole. Unless appropriate measures are taken, it is very likely that Bosnia and Herzegovina will soon become a childless country, a land of old.

Migration as a global phenomena – theoretical aproaches to migration

When talking about theoretical explanations for migration, it should be emphasized that there is no universally accepted theoretical framework to explain migra-

[9] UNESCO: Global flow of Tertiary – Level students data: http://uis.unesco.org/en/home#tabs-0-uis_home_top_menus-3 Assesed: 06.10.2019.

[10] Oslobođenje Moja BiH https://mojabih.oslobodjenje.ba/vijesti/u-prosloj-godini-vise-od-4000-ljudi-odjavilo-boravak-u-bih-a-evo-i-gdje-su-otisli/1136 pristupljeno 06.10.2019.

[11] Agencija za statistiku Bosne i Hercegovine, Saopćenje, Demografija i socijalne statistike, godina XII, broj 4, Sarajevo, 2018. Available at: http://www.bhas.ba/saopstenja/2018/DEM_01_2018_Q3_0_BS.pdf

tion and to include their causes. Older theories focus on the process of labor migration, while more recent theories seek to explain continued migration[12]. Whether older or newer, theories commonly identify four factors that affect migration: economic, social, political, and "connecting" factors[13]. Here we will briefly look at some of the theories that are relevant to this research.

One of the most famous migration theories is neoclassical economic theory. The root of this theory lies in the first attempts to define labor migration in the process of industrialization[14]. According to this theoretical view, which focuses on explaining the main causes of migration at the macro and micro levels of social development, the main driver of migration is the spatial differences between labor supply and demand and applies to both internal and external dormancy. Differences in wages, and related factors such as working and employment conditions, scarcity of particular occupations, etc. get individuals to move from one area to another. This means that areas where there is a strong need for labor and at the same time provide better living and working conditions are attractive destinations for many. Considering that work is the primary, conscious and purposeful activity of man through which he creates basic existential conditions, today we can justifiably speak about work and employment opportunities, favorable conditions, fair and high wages as basic drivers of the movement of individuals from one area to another. In addition to the wages that drives individuals to migrate, neoclassical economic theory also looks at the movement of capital from economically rich to poor countries and regions. This process also involves the relocation of human capital, that is, experts in various professions and specialties. It seems important to point out that neoclassical micro-level economic theory views migration sujects as rational individuals who make the migration decision based on a cost-benefit analysis. Cost-benefit analysis seeks to determine whether greater profit is the primary motive and driver of migration from one area to another.

The theory of double labor market explains migration as a process that takes place through the negative factors that push a migrant from his country of residence (the push factors) and the positive factors that attract him to the country of destination (pull factors). Negative or push factors can be economic, social or political in nature, most commonly cited: low living standards, low incomes, poverty, unemployment, inadequate health and social protection, poor working and employment conditions, wars and other forms of conflict. Having more pull factors in the destination country is the key for making the decision to migrate[15].

The new theory of labor migration emphasizes that the decision to migrate due

[12] Schoorl R., „Determinants of International Migration: Theoretical Approaches and Implications for Survey Research", u R. Van der Erf i L. Heering (ur.), Causes of International Migration, Proceedings of a Workshop, Luxembourg, 14-16 December 1994, Luxembourg, Office for Official Publications of the European Communities, Brussels, ESCS-EC-EAEC, 1995., str. 3., Dostupno na: https://books.google.hr/books?isbn=0788126849, pristupljeno 11.10.2019.

[13] Jennissen R: „Causality Chains in the International Migrations System Approach", Population Research and Policy Review, vol. 26, no. 4, 2007., str. 411.-412. Dostupno na http://econpapers.repec.org/, pristupljeno 11.10.2019.

[14] Jennisen R., op. cit., str. 413

[15] Schoorl R:, op. cit., str. 3.-4.

to labor demand cannot be explained only at the level of the individual, the worker, but it is also necessary to take into account the wider social context and household as a separate subject. Households are a particularly important subjects as they tend not only to increase income but also to avoid or minimize risk. Therefore, migrations of family members are one way of reducing the risk of under-income, as migrants can send remittances to family members, which at the same time have a positive impact on the economy of the country from which they emigrate, thereby generating additional capital inflows into the country[16].

In essence, all the theories presented above place labor migration, namely the labor market and financial effects, as the main drivers of migration. From our point of view, this is important because the premise is to address and mitigate the disadvantages that migrants and their families face, but the focus of our interest is reflections of migration on the family. Because migration is a very complex phenomenon that has its positive and negative effects, different aspects must be considered. One of the fundamental questions is what is the purpose of emigration, or what the migrant wants to accomplish by going to another environment. The goal that a migrant wants to achieve by moving to another environment may be replaced or supplemented by another goal or objectives during the migration, which will affect the length of stay in the new environment. In this case, we can talk about substitution and summation of goals. This is most often due to the inability to achieve the original goal due to objective or emerging circumstances. The change in goals that a migrant wants to achieve is linked to a number of causes, among which the reasons why he or she emigrates are particularly emphasized because it is not the same if he or she emigrates because of an inability to find a job or a desire to find a better paying job. Besides that, changing goals is also related to creating a realistic image and the potential for a new environment. That is why two factors play a particularly important role in determining the goal of migration, namely migrant preference and migrant image[17]. These factors give a clear picture of what goals a migrant is aiming for and where and how they plan to achieve those goals.

Migration influence on the family – results of the study

One hundred persons belonging to the migrant category participated in the survey. Among them, 34% internal and 66% external migrants. In terms of gender representation, 52% of men and 48% of women participated in the survey. Most respondents are 31-50 years old, 42%, slightly less are 18-30 years old, 37%, while the least are 51-70 years old, 21%. In terms of marital status, 64% are married, 25% not married, 10% divorced, and 1% widowed. Among the respondents, 69% were employed and 31% were unemployed. The most unemployed are young people who study. In terms of the number of household members, most are four-member families, 52%, three-member, 30%, and the fewest are single households, 5%. A number of respondents, 21%, have

[16] Jennissen R.„Causality Chains in the International Migrations System Approach", Population Research and Policy Review, vol. 26, no. 4, 2007., str. 413. Available at: http://econpapers.repec.org/, pristupljeno 11.10.2019.

[17] Janjić P. Teorijski aspekti migracija. Migracijska teme.1, (1985), str.71.

experience of both internal and external migration. These are mostly persons who, during or immediately after the war, migrated from one area to another within Bosnia and Herzegovina and later left the country and settled in one of the European or overseas countries. The reasons for leaving the country are most often cited by poor acceptance in the new environment, inability to find employment, job insecurity, small and irregular wages, inability to adequately solve the housing problem, poor education system, poor health and social protection and political instability.

Among migrants who do not have experience of internal migration but have already emigrated to other countries, most of them emigrated in search of employment or finding better paying jobs, then for continuing education, family reunification and marriage. The decision to migrate is a difficult and serious step and with the research we wanted to determine whether the respondents made this decision independently or jointly with other family members. 37% of the respondents made the decision on their own, while the majority, 63%, made the decision to leave the country in agreement with other family members. Making a joint decision is of particular importance because migration as a process is not at all easy and the achievement of goals that are set before the migration decision depends to a large extent on the relationship of family members to the difficulties they will encounter in a new, unfamiliar environment. The problem of adaptation and integration into the new cultural and social environment depends on numerous factors and these processes are accompanied by numerous problems. Among the respondents, only 4% had no difficulty in adaptation in the new environment and all migrated due to family reunification. Previously, they had several shorter or longer stays in the new environment, which contributed to the adaptation without difficulty. As the main dificulties in the first stages of adaptation 32% of respondents mentioned the problem of finding a new job and inclusion in the foreign labor market, 24% solving the housing problem, 21% difficulties related to the inclusion of children in the educational system, 19% the non-acceptance of the new environment, or prejudices that were present to them as immigrants. However, the difficulties mentioned above, as the respondents point out, are in principle complementary or deepening, which affects all family members, directly or indirectly. Thus, migrants who had difficulty finding initial employment point out that it was a difficult period for them and their family members, regardless of whether the families migrated with them or stayed in the country. The inability to find initial employment was particularly difficult for men because, in their view, they did not respond to their traditional social role to provide funds for the needs of their family. In these conditions, the achievement of migration goals was also called into question. During this period, most migrants felt a sense of less value, less confidence, helplessness, willlessness, shame, etc. In order to alleviate the difficult situation in which they found themselves and to secure the financial resources necessary for living in the new environment, recently all respondents accepted illegal jobs. Acceptance of these jobs caused them additional uncertainty and fear of expulsion from the country in case they were caught. This period is emphasized by everyone as the most difficult in the migration process because this problem has multiplied other problems. The inability to find initial employment also

affected the solving of housing problem. A number of respondents during this period were accommodated with relatives or friends and had decent accommodation conditions, but pointed out that they did not feel comfortable because they decomoded their hosts and did not know how long it would take. Those who did not have relatives and friends generally found the cheapest accommodation in which conditions were very poor, as they were cramped and hygienically precarious spaces that they often shared with other, mostly migrants. Difficulties in finding initial employment were particularly pronounced among respondents whose occupations was not needed in the labor market, despite the fact that they wanted to accept other less complex, lower-paying jobs. A number of respondents state that they were aware of this fact even before the migration decision was made, but that this did not affect the final decision. Long-term unemployment, poor working conditions, low and irregular wages, non-payment of mandatory contributions by employers, which prevents the right to health care for workers and their families are just some of the push factors that have influenced the decision to leave the country. True, all respondents emphasize that they were aware of the fact that they leave for a new unknown environment and that it would not be easy to organize their lives and adapt, but still did not expect any pronounced difficulties in finding a job. One of he reasons for this is the information they received from relatives and friends who had emigrated to other countries and who, as a rule, presented their lives as perfect, easygoing and easy.

In addition to these problems, most respondents pointed out that language barriers, especially in the beginning, and cultural differences are obstacles to better adaptation and coping in the new environment. This problem is particularly emphasized by persons who were over 30 years old at the time of migration.

Considering that in the context of migration we can speak in positive and negative effects, we wanted to investigate the respondents' opinion on which are positive and which negative effects of migration and how it was reflected on the family.

As the respondents point out, the decision to migrate is not easy at all, but the main motive is the desire to provide better living conditions for all family members. The poverty caused by a number of factors is widespread and more severe, with respondents having children making the decision to leave the country primarily for the sake of their children, to secure a brighter future, to live in a safe environment and to provide quality education. Therefore, the respondents emphasize the positive effects of migration, despite all the difficulties they have faced: better living and working conditions, a better education system and political stability. Respondents who were employed before leaving the country specifically point out that they have a much higher wage than previously, which allows them to help their family members and relatives who remained in the country or origin. Possibility of quality education of children is a positive effect of migration, which is emphasized by almost all respondents. They especially emphasize the possibility of obtaining scholarships and paid student work, which is a significant relief for the family budget. In addition, they point out that there is coordination between the labor market and educational institutions so that it cannot happen, as is the case in our country, to educate young people for occupations for

which there is no need in the labor market and are sentenced to wait for work more years.

Respondents emphasize separation from their family members and relatives as negative aspects of migration. The majority of respondents (65%) stated that migration directly affected the maintenance of contacts and the quality of relationships with family members and relatives. A special problem is the geographical distance from their country and the inability to visit family and relatives frequently. Despite technological advances and the ability to make free calls via Viber, WhatsApp and Skype, the respondents point out that this type of communication is possible only with younger members, because older members do not have the necessary knowledge or devices necessary for this type of communication, and the only way to communicate with them is expensive phone calls and infrequent visits.

In the case of migration of the whole family, the respondents highlight negative effects of migration such as upbringing and integration of children. The differences in cultural, value and moral norms that exist between the country of origin and the new destination cause a list of different problems, which creates difficulties for parents to raise their children and for children to socialy integrate.

Child-rearing problems also occur when children remain in the country and one or both parents migrate. In this case, the children remain with one parent, most often the mother, or stay with close relatives. In addition, the respondents point out that the negative effects of migration due to the absence of one or both parents can lead to a weakening of emotional ties, lack of support, care, attention and love.

In their view, children are at risk of rejection, discrimination, marginalization, abandonment, the development of feelings of less value, etc., whether the individual members migrate or the whole family.

Conclusion

Migration has its roots deep in the development of human society and the main driver of migration is seeking for better living conditions for migrants and their families. Better living conditions today are increasingly linked to economic, political and geographical factors. The emerging circumstances that accompany migration are strongly reflected at the individual, family and social levels.

Migration in Bosnia and Herzegovina, following the mass emigration and displacement of the population during the war period, in recent years becomes a continuous process and an integral part and / or consequence of a long process of transition. The main causes of post-war emigration, especially in recent years, are economic in nature. General and hidden unemployment, poverty, growing inability to meet the basic living needs of the majority of our country's citizens, nepotism, anomie, unfavorable employment and working conditions, minimum wage, low standard of living, and extremely poor political situation and measures by governing structures to address these problems are only some of the reasons why citizens opt for education, employment and life in other, predominantly European, countries.

Migrant families face many problems. Initially, the most common problems are related to initial unemployment, ie finding a job, difficulties arising from joining the foreign labor market, solving housing problems, including children in the new school system, difficulties in communication due to lack of knowledge or sufficient knowledge of a foreign language. In addition, the learned patterns of behavior, internalized value system, social, cultural and moral norms differ from society to society, so their manifestation in the context of change of residence is a problem regardless of the age, gender and educational level of each individual.

A very important aspect that can be negatively reflected on the whole family is the integration of children into the new environment and their inclusion in the education system. These difficulties are less pronounced in younger children, and especially in teenagers.

Based on all of the above, it can be concluded that migrants and their families are exposed to a number of stress factors in the process of adapting to new life circumstances that are strongly reflected on the family. Integration into a new social environment depends on the characteristics of the family itself, the circumstances and motives of migration and the relationship of the environment to them.

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REFLEKSIJE MIGRACIJA NA PORODICU

Apstrakt: Živimo u vremenu globalnih migracionih kretanja i sve veće pokretljivosti posebno radne snage. Migracije koje najčešće označavamo kao prostornu pokretljivost stanovništva u različitim društvenim uslovima u fokusu su interesa mnogih nauka, jer ostavljaju dalekosežne posledice na individualnom, porodičnom i društvenom nivou. Zato je neophodno produbljivanje postojećih i konceptualizacija novih znanja o osnovnim karakteristikama, uzrocima i posledicama ovog fenomena. U radu su, pored teorijskih koncepcija, predstavljeni i rezultati istraživanja koje je imalo za cilj da utvrdi uzroke i motive migracija u postratnom periodu u Bosni i Hercegovini i kako se one reflektuju na porodicu, odnosno da se sagledaju pozitivni i negativni efekti migracija. Rezultati istraživanja pokazuju da se kao pozitivni efekti migracija posebno ističu poboljšanje materijalnih prilika porodice bez obzira da li se radi o migraciji cele porodice ili pojedinih članova. Negativni efekti migracija su brojni i mogu biti privremenog i trajnog karaktera. Kao posebne teškoće ispitanici navode teškoće u komunikaciji zbog stranog jezika, pronalaska odgovarajućeg zaposlenja, rešavanja stambenog pitanja, školovanja dece i kulturoloških razlika. Integracija pojedinca u novoj sredini veoma je važan i dugotrajan proces i zavisi od brojnih faktora koji se u većoj ili manjoj mjeri reflektuju na porodicu i njeno funkcionisanje.

Ključne reči: *migracije, porodica, pozitivni efekti, negativni efekti, integracija*

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364.624.2:314.151.3-054.73(=161.1)(460)
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SOCIAL-PSYCHOLOGICAL ADAPTATION OF LABOR MIGRANTS OF THE RUSSIAN DIASPORA IN SPAIN

Abstract: The aim of this study was to determine the characteristics of social-psychological adaptation of labor migrants of Russian diaspora in Spain. The study was conducted in Barcelona деятельности with 82 respondents, 43 women and 39 man, age between 20–60. We used L.V. Yankovsky's questionnaire „Adaptation to the new sociocultural environment" (modified by T.G. Stefanenko and M.S. Panov), aimed at determining the level and type of adaptation of migrants: satisfaction, conformity, interactivity, depressiveness, nostalgia and alienation. The results of the study showed high level of conformity and satisfaction; less high level of interactivity, medium level of nostalgy and the low level of depression and alienation. The overall social-psychological adaptation is expressed at a medium level, which includes good adaptability, interactivity and satisfaction. This means positive psychological well-being, adequate self-esteem, self-confidence and an active position aimed at self-realization of life goals and opportunities, the assimilation of the basic norms and values of the host society, a developed sense of belonging with the search for social approval and inclusion. On the other hand, achieveing full adaptation is probably hindered by a certain level of alienation, nostalgia for the motherland and periodic depression. We have also found significant differences between the level of different types of adaptation, based on the criteria of gender, education, professional and marital status. On the basis of the data obtained, we can say that the socio-psychological adaptation of labor migrants of the Russian diaspora in Spain is related to the level of education and profession, and partly to the marital status and gender.

Key words: *socio-psychological adaptation, migrants, Russian diaspora*

Introduction

According to the research data, today more than 175 million people do not live in the state of birth. This number includes refugees, legal migrants, and illegal workers abroad. The migration processes is complex and represent a key factor in the transformation and development of the cultural, social and economic life of many countries

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and regions. Migrations of the population represent the relocations of people with the aim of changing the place of residence.

There are several types of migration: permanent change of residence; temporary relocation for a long time; seasonal - during certain periods of the year; balanced - regular travel to the place of work or study outside the home country; domestic migration - relocations within the country; international migration - emigration to other countries and immigrations to the country[2]. The main reasons for migration are: education; reunion with the family; professional activity.

Labor migration is associated with a change of residence, permanent or temporary relocation to another state for the purpose of employment, aimed at improving the economic and social status of migrants. According to the International Convention on the Protection of the Rights of Migrant Workers and Members of Their Families, adopted by UN General Assembly resolution 45/158 of December 18, 1990, the term "migrant worker" means a person who will engage in, engage, or have been engaged in paid activities in the state, whose citizen he or she is not"[3].

Labor migration is a social phenomenon associated with the interaction of labor migrants and the host society. Labor migrants, as the subjects of this process, represent a specific social group whose members identify themselves as subjects in the new place of living, and usually have a sense of group solidarity[4]. They have its own cultural characteristics (language, traditions, religion, norms, etc.) which differ from host society. As a rule, labor migrants usually move from rural areas to big cities, which results in higher differences in the lifestyle between hometown and big city, which results in the need to seek new patterns of behavior in the new environment. Besides that, adaptive potential of migrants is determined by their age, level of education, chosen strategy of adaptation to the new conditions, etc. However, these differences influence the process of adaptation, seen as the inclusion of the individual in the social environment by acquiring a certain status in the social structure of society, which is a necessary condition for the functioning of society as an integral social organism.

Socio-psychological adaptation

The term „adaptation" (latin – aptatio; adaption) basically means adjustment. However, when speaking of social-psychological adaptation scientists usually consider: a) the process of adaptation to the environment in order to achieve harmonious balance with it, and b) the result of this process, i.e. adaptability - the degree of a person's adaptation to the new conditions of life[5].

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Therefore, social-psychological adaptation is a process of interaction between an individual and his environment, striving to achieve a certain degree of harmony between internal and external conditions of life, between the results of subject's activity and the requirements of society, where both individual (or group) needs and environmental conditions are satisfied, i.e. the absence of any kind of conflict with the environment[6].

During the process of socio-psychological adaptation, the person uses the mechanisms and patterns of behavior acquired at the early stages of his development and socialization, or discovers new ways of behavior and problem solving, creates new programs in mental processes[7]. The person uses different forms of adaptation, seen as organized means of problem solving, the adjustment acts which involve active внимание aquisition of environment, changing of the environment and creating new conditions for successful life[8]. Therefore, this process is one of the basic mechanisms of socialization and the indicator of person's development[9].

There are also three levels of adaptation:

1. *Effective adaptation* – high level of adaptability;
2. *Partial or unstable adaptation* – lower level of adaptability of a person in certain social situations;
3. *Maladaptation* – internal and external conflicts due to the absence of mental mechanisms and behavior patterns which are necessary for solving those problems[10].

In the process of adaptation both individual and the environment activly changes and develop special relationship of adaptability between them. Socio-psychological adaptability, as the result socio-psychological adaptation process, represents the relation between the person and the environment, in which the person „productively carries out activities, fully satisfies basic social needs, meets the role expectations that are set by the reference group, and subsequently experiences a state of self-affirmation and full expression of his creative potencial"[11]. Well adapted individual is a person

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whose productivity, mental balance and the ability to enjoy life are not disturbed[12]. This means that the individual effectively accepts and fullfils the social requirements, forms means and new conditions for progressive development, develops flexible behavior in new conditions, optimizes the realization of his abilities in socially meaningfull activities[13].

There are subjective and objective criteria of successful socio-psychological adaptation:

a) *objective criteria* – the degree in which the individual uses norms of behavior set by the group;

b) *subjective criteria* – positive attitude of the individual towards his membership in the group and the conditions that can be used for satisfying and developing basic social needs.

Depending on these criteria, there are three types of socio-psychological adaptation:

- *external* (behavioral, instrumental) - the person participates in the socio-cultural life of the new group, but retains independent and does not transform his personality.

- *internal* - transformation of the functional structures of the person and also the transformation of the environment. External forms of individual's behavior and activity can be modified to meet the expectations of the environment, or requirements from the outside. This is a full adaptation of the person, which is expressed in feelings of satisfaction and fullness of life.

- *mixed* - the person partially adapts his values and norms to the new environment, and preserves self-independence[14].

There is a large number of studies on adaptation to the new socio-cultural environment due to increased number of migrations and intensification of international relations. First studies showed that experience of entering a new culture for an individual can be unpleasent, because it is usually followed by a stage of „culture shock", which, according to K. Oberg, includes several symptoms: anxiety and stress arising from the efforts to achieve adaptation, feelings of inferiority and rejection by the representatives of another culture, feelings of loss of profession, status and familiar environment; a feeling of disgust or indignation during the analysis of the differences between the two cultures or negative evaluation of his own culture[15].

In the theory of J. Berry, the term "acculturation stress" is thought to be more appropriate as it includes not only negative, but also positive experience of entering a new culture. The term "acculturation" means „a phenomenon that occurs during direct, prolonged contact betwen groups of individuals with different cultures, express-

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стратегии): монография. Ереван, 1988. С. 294

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din a change in the patterns of the initial culture of one or both groups"[16]. The changes on the individual level are seen as a process and the result of culture's influence on the individual[17].

There are two basic issues related to the process of acculturation:

- culture maintenance (the extent to which an individual maintatin his cultural identity)

-participation in intercultural contacts (the extent to which an individual involves in the life of the host culture and aquires basic norms and values of a new culture)[18].

According to this theory, there are four possible strategies and results of acculturation: separation, assimilation, marginalization and integration. Integration is considered to be подлежитhe most successful strategy as it leads to social-psychological adaptation among migrants[19].

Following these ideas, other authors proposed two types of adaptation: psychological and socio-cultural[20]. The psychological adaptation is associated with cultural identity, mental health and the ability to achieve the feeling of satisfaction in the new social environment; while the socio-cultural adaptation is associated with behavior patterns and models of communication in the process of adaptation to a new cultural environment[21].

The process of psychological adaptation is influenced by personal characteristics of the individual, social support and other life conditions, while for the socio-cultural adaptation is also important the duration of living in a new cultural environment, features of language, intensiveness of intercultural contacts and cultural distance[22].

Socio-cultural adaptation can also be defined as a "mutual adaptation of the individual and socio-cultural environment, which is based on the exchange of spiritual and practical possibilities and on the results of the individual's activity in specific situations of adaptation"[23].

The subjective indicators of adaptibility are: the satisfaction of the individual from his socio-cultural position in the environment; conscious maintenance of the norms and traditions set by the new socio-cultural environment; the desire to complement the existing content, means and forms of sociocultural interaction with this

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environment. The objective indicators of adaptibility are: increasing creative activity of the individual in the process of socio-cultural contacts in a particular environment and society in general; enrichment of the content and characteristics of the cultural activity of the individual, the dynamic development of the progressiveness of cultural achievements, the stability of the individual in this sociocultural environment.

The process itself, as well as the result of social-psychological adaptation of migrants, is influenced by many individual and social factors[24]. In our study we will try to determine the relationship between certain social characteristics of Russian labor migrants and the level of their social-psychological adaptation in Spain, and also to identify the prevailing types of their adaptation.

Methodology

The aim of this research was to determine the characteristics of social-psychological adaptation of labor migrants of Russian diaspora in Spain.

Methods:

- List of questions about socio-demographic characteristics of the respondents (gender, age, education, marital status, profession and employment, ethnic composition of the environment, purpose of migration, duration of residence, frequency of use of Russian and Spanish).

- Questionnaire „Adaptation to the new sociocultural environment" by L.V. Yankovsky (modification by T.G. Stefanenko and M.S. Panov), aimed at determining the level and type of adaptation of migrants to the new sociocultural environment. The questionnaire consists of six scales, each of which contains ten statements. A comparative analysis of the results on these scales allows us to determine the prevailing type of adaptation from six possible options: satisfied (adaptive), conformal, interactive, depressive, nostalgic and alienated[25].

Sample:

The study was conducted in Spain with labor migrants of Russian diaspora – 82 respondents, 43 women (age 24 – 60) and 39 man (age 22 – 48). Most of the respondents were highly educated (63,4%), office workers (32 %). At the moment of the study 70.7% respondents were single and 29.3% married, most of them with the representatives of the majority population (18,3%). Duration of respondents' residence in Spain: 1 year (9.8%), 2 years (25,6%), 3-5 years (31.7%), 5-10 years (17.1%), 10-20 years (15.9%).

Results and discussion

The results of the study of the adaptation type of Russian labor migrants to the new sociocultural environment in Spain (see Table 1.) showed high level of conformity (M = 46,18), satisfaction (M = 45,16), relatively high level of interactivity (M = 41,06),

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mean level of nostalgy (M = 35,00) and relatively low of depression (M = 27,28) and alienation (M = 24,32).

Table 1. *Descriptive statistics of social-psychological adaptation scale*

Reliability (Cronbach alfa)	N	Min	Max	M	SD
Satisfaction (.762)	82	23	58	45,16	7,145
Interactivity (.557)	82	30	51	41,06	5,037
Conformity (.589)	82	32	58	46,18	5,978
Depressiveness (.611)	82	13	46	27,28	7,138
Nostalgy (.750)	82	18	55	35,00	8,922
Alienation (.756)	82	11	48	24,32	7,442

The satisfaction scale reflects the state of a migrant in the new socio-cultural environment, his attitudes towards environment. The obtained results indicate the high level of respondents' satisfaction with the new socio-cultural environment; they feel themselves as a part of local society, распознавать they are active, they seek for self-affirmation, they plan their future based on past experience and personal achievements, they have enough confidence in personal relationships with others.

The interactivity scale reflects the level of migrant's acceptance and interaction with the new socio-cultural environment. The obtained results on this scale indicate that our respondents accept the new environment and interact with it. They are mostly confidents in their own abilities, they are goal-oriented and have a certain desire for self-realization, they are ready to cooperate and expand social ties, they adopt and control behavior within the social norms and roles of a new country of residence

The obtained results on the conformity scale indicate that our respondents strive to maintatin contacts with local people and develop emotional relations, they are oriented towards social approval, involvement in the group, dependence on its expectations, adoption and adherence to the value-normative system of the environment.

The results on the depressiveness scale speaks about certain harmony between the individual and the environment. Our respondents are involved in the life of the society, they are self-confident and self-reliable, able to achieve goals in social and professional activities, yet sometimes they can feel helpless and depressive in difficult life situations.

The obtained results on the nostalgy scale indicates that our respondents sometimes experience a confusion and a sense of internal frustration, due to the loss of traditional values and standards and the inability to accept new ones. A certain level of nostalgy is typical for every migrant.

The results on the alienation scale indicates that our respondents not always accept norms and values of the new society. Sometimes they can feel helplessness, trying to change the situation by their own means, perceiving that their real abilities do not always match the requirements.

We have found that the overall level of social-psychological adaptation is expressed at a medium level, which includes good adaptability, interactivity and satisfaction. On the other hand, achieveing full adaptation is probably hindered by a certain level of alienation, periodic depression and nostalgia for the homeland.

In order to compare the means of different adaptation types based on the criteria of socio-demographic characteristincs of the respondents, a one-way analysis of variance (ANOVA) was carried out. Also, a correlation analysis using the Pearson coefficient was carried out to identify the relationship between dependent and independent variables.

Significant differences were found on the conformity scale between men and women (Sig. = .046, $p < .05$), where men expressed higher conformity ($M = 47.56 > M = 44.93$).

No significant differences were found between age groups (21-35 years and 36-60 years).

We have found positive correlations between the level of education and types of adaptation as satisfaction ($r = .460^{**}$), conformity ($r = .512^{**}$) and interactivity ($r = .376^{**}$). Negative correlations were found between the level of education and types of adaptation: depression ($r = -.613^{**}$), nostalgia ($r = -.535^{**}$), and alienation ($r = -.701^{**}$). This means that the migrants who have higher education will adapt more successfully, and vice versa. Correlations are significant at $p < .01$.

With regard to employment and professional status, we found several significant differences:

- On the satisfaction scale, the highest level of adaptation was found among unqualified workers (M = 49), and the lowest among unemployed (M = 40). The difference between these groups is significant (Sig. = .003, $p < .05$), and also with the specialists (M = 46; Sig. = .046, $p < .05$) and office workers (M = 45.77; Sig. = .037, $p < .05$).

- On the conformity and interactivity scales, no significant differences were found. For all professional groups, these indicators are expressed at a high level, which is an indicator of a sense of belonging to the local society, a sufficient level of activity, self-confidence, determination.

- On the depressiveness scale, qualified workers have higher degree of depression (M = 31) than unqualified workers (M = 25; Sig. = .027, $p < .05$) and specialists (M = 24; Sig. = .018, $p < .05$). It is possible that unqualified workers often maneuver with various types of activities, which allows them to quickly adapt to the new environment. The work of qualified workers is narrowly targeted and this can cause a depression, as migrant realizes that his profession was unclaimed.

- On the nostalgia scale following significant differences were identified: unqualified workers have less nostalgia (M = 29) than qualified (M = 40; Sig. = .009, $p < .05$) and unemployed (M = 39; Sig. = .001, $p < .05$). Unemployed people are in a difficult life situation, which provokes the appearance of nostalgia and thoughts about returning to their homeland. They most clearly feel a break in ties with culture and close people. Also, the manifestation of nostalgia among the unemployed is higher than among office workers (M = 34; Sig. = .042, $p < .05$).

- On the alienation scale, no significant differences were found.

Significant differences were obtained among those who are married to a representative of their ethnic group (Russians) and those who are married to a representative of the majority group (Spaniards). Respondents with a spouse of Spanish nationality have higher degree of interactivity ($M = 48 > M = 40$; Sig. = .041, $p < .05$). Through close family relationships with the spouse, they begin to interact with the local population, which gives them the opportunity to immerse themselves in the culture and learn the patterns of behavior. This group more easily accepts a new environment and more willingly interacts with it. They express a disposition to cooperate with others, focus on the expansion of social ties. On the other hand, respondents who were married to a spouse of Russian nationality were more alienated than those who were married to Spaniards ($M = 28 > M = 22$; Sig. = .020, $p < .05$). Perhaps this is a consequence of less immersion in Spanish culture, fewer contacts with locals.

Conclusion

In our study we found the adaptation of labor migrants of the Russian diaspora goes according to the types of "satisfaction" and "conformity", which express the positive psychological well-being of migrants, a developed sense of belonging to a new sociocultural environment, the assimilation of the basic norms and values of the host society, adequate self-esteem, self-confidence and an active personal position aimed at self-realization of life goals, plans and opportunities, the search for social approval, inclusion in the group and dependence on it. On the basis of the data obtained, we can say that the socio-psychological adaptation of labor migrants of the Russian diaspora in Spain is related to the level of education and profession, and partly to the marital status and gender.

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SOCIJALNO-PSIHOLOŠKA ADAPTACIJA RADNIH MIGRANATA RUSKE DIJASPORE U ŠPANIJI

Apstrakt: Cilj ovog istraživanja bio je da se utvrde osobine socijalno-psihološke adaptacije radnih migranata ruske dijaspore u Španiji. Istraživanje je sprovedeno u Barseloni na 82 ispitanika, od toga 43 žene i 39 muškaraca, starosti između 20 i 60 godina. Korišćen je upitnik L.V. Ivankovskog „Adaptacija u novom sociokulturnom okruženju" (modifikovan od strane T.G. Stefanenko i M.S. Panova), koji omogućava da se odredi nivo i vrsta adaptacije migranata: zadovoljstvo, konformizam, interaktivnost, depresivnost, nostalgija i otuđenost. Rezultati istraživanja su pokazali visok nivo zadovoljstva i konformizma, manje visok nivo interaktivnosti, srednji nivo nostalgije, nizak nivo depresije i otuđenosti. Ukupna socijalno-psihološka adaptacija je izražena na srednjem nivou, kroz dobru prilagodljivost, zadovoljstvo i interaktivnost. To podrazumeva psihološko blagostanje, samopoštovanje i samopouzdanje, aktivnu poziciju usmerenu ka ostvarenju životnih ciljeva i mogućnosti, usvajanje osnovnih normi i vrednosti nove sredine, razvijen osećaj pripadnosti uz težnju za društvenim odobravanjem i uključenošću u grupu. S druge strane, postizanje potpune adaptacije je verovatno ometeno postojećim nivoom otuđenosti, periodičnom depresijom i nostalgijom za otadžbinom. Takođe su utvrđene značajne razlike u nivou izraženosti različitih vrsta adaptacije, po kriterijumu pola, obrazovanja, profesije i bračnog statusa. Na osnovu dobijenih rezultata možemo zaključiti da je socijalno-psihološka adaptacija radnih migranata ruske dijaspore u Španiji povezana sa profesijom i nivoom obrazovanja, a delimično i sa polom i bračnim statusom.

Ključne reči: *socijalno-psihološka adaptacija, migranti, ruska dijaspora*

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OPEN DOOR OF INTERNET, OPPORTUNITIES AND RISKS

Abstract: The Internet is a virtual space that allows for open communication and interactivity. It becomes the basic economic and social organization of society. In recent decades, social interactions have increasingly shifted from spatial to virtual communities, where interpersonal networking is based on personal needs and desires. By creating these personal networks, people gain: information, support, affiliation and social identity. Changing the temporal and spatial dimension leads to the creation of an open society and a world without borders. Today, 45000000 people use the Internet. On the Internet, people become transparent (the transformation of intimacy) and accessible to others for interchange and sharing, but at the same time for criticism, comments and condemnation. Despite great benefits in all fields, the Internet carries many risks, especially when it comes to children and young people. Electronic violence is the use of digital technology (internet and mobile phones) with the aim of harassing, injuring, humiliating and harming another person. The development of information technology also leads to the emergence of high-tech crime (identity theft, data usage, sales, fake accounts and profiles). The paper deals with the analysis of the Internet and the online life platform, the changes it has introduced on the social and interpersonal levels, from cultural to psychological paradigms, the new Z (IGen) generation, with particular emphasis on the dangers and possibilities of abuse and violence in adults and children, with a review of the literature and research into all the above mentioned areas.

Key words: *internet, interaction, social networks, abuse*

Introduction

Modern technologies have enabled a new social organization and revolutionized the world. Internet, as a worldwide network, provides immediate, open and always accessible communication to all interested users. It has completely reconstructed all areas of functioning, from education and leisure organization to economics and politics. The opportunities offered in the virtual world are endless. It is related to the speed and volume of information, business opportunities, and various activities, but the most important changes have taken place in the field of socialization, relationships with other people and individuation, attitude towards oneself and life values.

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The Internet relies on a neoliberal philosophy of autonomy, pragmatism, and personal responsibility, thus enabling each individual to change his or her identity, be where he wants and with whom he wants, create his personal space and time. Unlike all previous technological inventions and media capabilities, the internet brings something fundamentally different - interactivity and accessibility, thus creating a world without borders. Virtual space, formed by computer networks, has become a parallel world, in addition to this real world. The internet is used by more than half of the world population, with different frequency, motives, and knowledge, but modern generations live equally in both worlds, virtual and real. The changes that occur in them are larger and more specific than the generational changes of several decades back.

Modern times are a time of open communication and the explosion of choice, but with many benefits, it has brought many changes and dangers. Despite the abundance of offers, people become passive (scared of choice) and do not use interactivity and opportunities; and with the tremendous availability and breadth of communication channels, there is often a feeling of less connectedness and inauthenticity. The perception of reading, concentration, and contemplation of information changes as the hunger for immediate availability and speed of data flow and delivery increases[2]. Semi-truths or misinformation is a visible danger for the formation of attitudes and activities, and when virtual violence and crime occur, the consequences are serious impairment of dignity or mental health.

The internet as a new social space

The Internet was created as a project by the US Department of Defense, with the goal of controlling information, and Paul Baran was the first to program a decentralized network, packet-routing technology that allowed information to be broken, but in such a way that each piece could be fused into the original message. The ARPANET computer network was commissioned in 1969 and at that time connected four US universities[3]. In 1972, ARPANET's first public appearance was held at an international conference in Washington[4]. Tim Berners Lee revolutionized the development of the World Wide Web program and laid the foundations of the Internet in a form that is still used today at www.tačka.com. The Internet becomes accessible to every individual, and in 1995 the phase of the modern Internet began[5]. This latest phase is about the use of "smartphones" that allow users to be online continuously. The Internet thus becomes a universal platform that uses the same standards in every country and provides instant communication to all users anywhere in the world.

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[2] Jevtović, Zoran i Aracki, Zoran, Moć glasina i dezinformacija u kreiranju moralne panike na online društvenim mrežama, u *Internet i društvo, međunarodni tematski zbornik radova*, Niš i Beograd,Srpsko sociološko društvo Univerzitet u Nišu – Filozofski fakultet, Institut za uporedno pravo, 319-334, 2014.

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[5] Castells, Manue l, *The Internet Galaxy: Reflections on the Internet, Business, and Society*, Oxford, University press, 2001, p. 17.

According to Bard and Soderqvist[6], opinions and estimates about this information revolution can be grouped into three groups of opinions. The first is critical or skeptical; it is determined by the assessment that "all the noise about the information revolution is absurd or, to say the least, exaggerated because the world has, in principle, remained the same as it used to be"[7]. An enthusiastic or ecstatic attitude emphasizes the benefits and benefits, "information will be accessible to everyone, digital networks will create a new community that we often miss now, while the entertainment will become more interactive and of better quality". The third approach is characterized by prejudice, "technology will change all existing: society, economy, and culture, but it will not solve all our problems; the basic conflicts between classes and groups of people will not disappear"[8].

Each of these approaches carries a part of the truth about the modern world, social relations are evaluated, technology and society are a dynamic whole, the trans-nationality of the Internet is blurring boundaries, and human traits and needs remain the same. The basic needs for belonging, communication, acceptance, and self-actualization are still driving people in the real and virtual world today. Online social networks are network-based services that allow individuals to create public or semi-public profiles within a particular system, create a list of users with whom they are connected and see, and cross-check their contact list with those made by others within the system[9]. Everything on the World Wide Web is interconnected, and the most common forms through which users make contact with one another are social networks, emails, forums, chat rooms, and blogs. Social networks are internet spaces, platforms, or pages that serve to interconnect. Chat rooms are spaces for discussing, getting to know, discussing a topic. Forums are pages where users come together to express an opinion on a topic or to ask for opinions and advice from others. A blog means an "internet diary", a site where a person logs daily or successively, presents his / her thoughts and attitudes. The emphasis is on a community that is formed on the basis of mutual interests, essentially making it easier to create channels for sending and sharing information[10].

No technological advances so far have given an individual the opportunity to be so autonomous and creative, which is why the Internet today is not only the result of computer professionals and developers but of all individuals who have changed it with their innovations, ideas, applications, and settings. Users no longer download but create, share and exchange information so that they are no longer consumers but

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[6] Bard, Alexsander and Soderqvist, Jan, *Netocracy: the new power elite and life after capitalism*, London, New York, Pearson Education, 2002.

[7] Ibid. p. 12.

[8] Ibid. p. 13.

[9] Boyd, Danah and Ellison, Nicole, "Social Network Sites: Definition, History, and Scholarship." *Journal of Computer–mediated Communication*,13,1,2008:210–230. Available at: http://jcmc.indiana.edu/vol13/is sue1/boyd.ellison.html (accessed 3/10/2019).

[10] Mislove, A., Marcon, M.,Gummadi, K.,Druschel,P.,Bhattacharjee,B."*Measurement and Analysis of Online Social Networks.*" Internet Measurement Conference 2007, October 24–26, 2007. San Diego, CA, USA. Available at: http://conferences.sigcomm.org/imc/2007/papers/imc170.pdf (accessed 5/19/2019).

creators of content on the Internet[11]. New information technologies offer the opportunity to create new forms of cultural and social organization and subjectivity[12]. A direct example of the symbiosis of computers and human consciousness is particularly pronounced when creating avant-garde artistic experiments[13]

The Internet, as a key communication medium, has influenced all dimensions of globalization. The new "information and global economy"[14], which has been developing in recent decades with the development of the Internet, has led to the expansion of the global world market and the new, now dominant "e-business". In the context of globalization, it facilitated "the emergence of a transnational capitalist class and the creation of netocracy, as the elite power of the information society"[15]. The domain of political globalization involves the increasing importance of "virtual communities" in social movements and political processes.

Dimensions and aspects of internet use

Internet Society has statistics for every part of the world that uses the Internet and offers fascinating data on online activities and dynamics. Every second, 45,000 searches appear on Google, about 1,500 calls via Skype, and about 1,300 photos are posted on Instagram. About 90,000 videos are viewed every second on YouTube. There are about 1,045,789,400 different sites online. As many as 98% of users believe that the Internet is an important source of knowledge, while 80% believe that the Internet has a positive role in society[16]. There are approximately 1.94 billion websites worldwide. The e-commerce industry will make about $ 3.45 billion in 2019. Every month there are 2.77 billion active users on Facebook, one billion on Instagram, 326 million on Twitter, and 260 million on Linkedin[17].

Comparative research on Internet usage in over 27 European countries indicates that during 2008, 75% of children aged 6–17 used the Internet. In Italy, about 45% of children use the Internet, in Greece about 50% and in Finland as much as 94%. About 39% of children, ages 9-10, access the Internet in their bedrooms. This percentage increases to 67% for ages 15–16[18].

The results of the survey "Strengthening Border and High-Tech Security" show that 96.6% of children use the Internet. Daily use is the least common among

[11] Selwyn, Neil, *"Social Media in Higher Education."* The Europa World of Learning,2012. Available at: http://www.educationarena.com/pdf/sample/sample-essay-selwyn.pdf (accessed 8/26/2019).

[12] Gir, Čarli, *Digitalna kultura*, Beograd, CLIO, 2011, p. 207.

[13] Ibid., p. 98.

[14] Castells, Manuel, *Uspon umreženog društva*, Zagreb, Golden marketing, 2000, p. 99.

[15] Jeknić,Ranka, Internet kao komponenta i sredstvo globalizacije. U *Internet i društvo, međunarodni tematski zbornik radova*, Niš i Beograd, Srpsko sociološko društvo Univerzitet u Nišu – Filozofski fakultet, Institut za uporedno pravo, 113-131, 2014, str. 119.

[16] Internet Society, www.internetsociety.org (accessed 9/5/2019).

[17] Internet Stats & Facts for 2019, Available at:https://hostingfacts.com/internet-facts-stats/ (accessed 9/5/2019).

[18] Čović, Ana, Način zloupotrebe dece putem interneta, u *Internet i društvo, međunarodni tematski zbornik radova*, Niš i Beograd Srpsko sociološko društvo Univerzitet u Nišu – Filozofski fakultet, Institut za uporedno pravo, 379-393, 2014, p. 388.

young people under the age of ten (42.7% of users), but in the age group of 10-13 years, their number is visibly increasing and increasing to 61.8% of everyday users. Among children between the ages of 14 and 15 it is 82.45%, and for the oldest child age 16-17 it is 84.7% [19]. The profile on Facebook has more than half of the youngest respondents (57.6%) with a tendency to increase with age, so in the category of the oldest respondents of children aged 16-17 years, it amounts to 92.7%[20]. A survey in Montenegro finds that the number of virtual friends in children aged 10–13 years ranges from 100–960 and in the age group 14–18 years ranges from 143–3000 friends[21]. Children increasingly base their self-evaluation on environmental feedback and social comparison, thus forming assessments of their abilities[22].

A survey conducted by the Statistical Office of the Republic of Serbia in 2017 showed that in Serbia, 70.5% of persons have used the Internet in the last three months. The proportion of Internet users by age group is as follows: 98%, aged 16-24, 85% in the 25-54 group. and 35% of persons aged 66-74. Types of internet usage in the last three months are: reading online newspapers and searching for information 75.5%, participation in social networks 67.8%, video calls, via webcam 65.1% and sending/receiving emails 55.7 %, as the most represented activities[23].

Prior to the advent of the Internet, Tofler analyzed "information satiety" and concluded that daily encounters with a great deal of verbal and visual material could lead one to a state of complete disorientation[24], while access to the content of the Internet today is 96 % of users (www.internetsociety.org). Many aspects of this use can be detrimental and have some consequences, although they can also lead to an improvement in memory ability, to perform multiple tasks at once, and to an increase in the intelligence quotient[25].

Igeneration or z generation

All the changes brought by the Internet and the direction that the world will develop are best evaluated through analysis of Z or IGeneration. Many major changes began in 2010-12. years, this was a time when a "smartphone" could be accessed on

[19] Miladinović, Slobodan, Deca na internet i online društvenim mrežama, u *Internet i društvo, međunarodni tematski zbornik radova*, Niš i Beograd, Srpsko sociološko društvo Univerzitet u Nišu – Filozofski fakultet, Institut za uporedno pravo, 444-457, 2014, p. 445-447.

[20] Ibid. p. 451.

[21] *Zloupotreba djece putem internet*, Podgorica,Institucija zaštitnika ljudskih prava i sloboda Crne Gore, 2013. Available at: http://www.ombudsman.co.me/djeca/docs/zloupotreba_djece_putem_interneta.pdf (accessed 8/10/ 2019).

[22] Robins, Richard and Trzesniewski, Kali, Self-esteem development across the lifespan. *Current Directions in Psychological Science,* 14, 158-162,2005. Available at:http://dx.doi.org/10.1111/j.0963-7214.2005.00353.x (accessed 7/13/2019).

[23] Republički zavod za statistiku, *Upotreba informaciono-komunikacionih tehnologija u Republici Srbiji,* Beograd, Republički zavod za statistiku, 2107.

[24] Toffler, Alvin, *Future Shock* ,New York,Random House, 1970, p. 350-354.

[25] OECD, *New Millennium Learners: Initial findings on the Effects of Digital Technologies on School-age Learners,* Paris, OECD/CERI International Conference „Learning in the 21st Century: Research, Innovation and Policy", 2008.

the Internet and these young people are quite different from young people from other decades[26]. Generation Z was "born in the 1990s and raised in the 2000s during the biggest changes of the century. It lives in a world with the web, the Internet, smartphones, freely available networks, and digital media." The author calls them IGen, stating that they are the first generation to whom the Internet was constantly available, practically in their own hands, and that the average teenager checks own phone eight or more times a day[27].

Today's youth and children have no problem keeping up with information flows, engaging in virtual communication, and communicating and collaborating online[28]. They speak the digital language. Continuous impact on children and adolescents who make computer games adapt and program their brains for speed, interactivity, and multi-functionality[29]. This generation is growing up faster, starting to learn earlier and from an early age is exposed to marketing messages. They give but also expect feedback and perceive the communication process as two-way. Feedback is of great importance to this generation[30]. Experts point out the fact that Generation Z can work in both the real and virtual worlds. They easily switch between the two worlds because they perceive them as complementary[31]. They readily provide the necessary information and quickly share it with others. Communication between them is continuous, as they use a wide variety of communication devices or social media.

The internet generation is different from all the others in the way its members spend time, how they behave and what their attitudes are to religion, sexuality, and politics. They socialize in completely new ways. They are obsessed with security and fear for their material future. Teens are safer than ever, but they are more mentally vulnerable[32].

Members of Generation Z use social networks and other sites to make or make new friends. They are the first generation to grow up in front of the public eye, constantly giving information about their lives, with the pressure to be present and make contacts. This exposure to technology has influenced their expectations and behavior, and they face more outside pressure than previous generations.

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[26] Tvengi,Džin, *Internet generacija*, dezorijentisanost dece u digitalnom dobu, Novi Sad, Psihopolis institut, 2018, p. 13.

[27] Ibid.

[28] Veen, Wim and Vrakking, Ben, *Homo Zappiens: Growing Up in a Digital Age*. London, Network Continuum Education, 2006.

[29] Prensky, Marc, Digital Natives, Digital Immigrant, *On the Horizon*. MCB University Press 9,5, 2001. Available at: http://www.marcprensky.com/writing/Prensky%20%20Digital%20Natives,%20Digital%20Immigrants%20-%20Part1.pdf (accessed 7/12/2019).

[30] Dolot, Anna, The characteristic of Generation Z, *"e-mentor"*, nr2 (74), 44–50, 2018, p. 46, Available at: http://dx.doi. org/10.15219/em74.1351 (accessed 6/25/2019).

[31] Ibid.

[32] Tvengi,Džin, I*nternet generacija, dezorijentisanost dece u digitalnom dobu*, Novi Sad, Psihopolis institut, 2018, p. 11.

The phenomenon of networking, new relationship, and aspirations

The whole history of our time is the history of its acceleration[33]. Instead of rooting incoherent and inclusive communities, the end of the 20th century is marked by the universal "privatization of life", which brings many joys (freedom to choose, the ability to try different lifestyles, the ability to build on ourselves), but also many disasters (loneliness and incurable uncertainty in the choices that have been made[34]. The individual is forced to be the manager of his own life[35]. It creates "a network of interpersonal connections that provide sociability, support, information, a sense of belonging and social identity"[36]. The pursuit of self-actualization is becoming the central driver of activity. In the virtual world, man has accepted that things are "different" than they are. He accepted experimentation and acting[37] because there were no risks of overflowing responsibility in the "real" world.

Even before the advent of the Internet, interpersonal relationships and the place of the individual in the group through needs and roles were important sociological and psychological topics. Interesting are the observations of sociologists who wrote at the beginning of the 20th century about the consequences of living in big cities, much like the behavioral studies of today's digital generation or the product of digital life. Virt believes that city relations are characterized by impersonality, accountability, transience, and segmentation[38]. Relationships that are established no longer have to be total (friendly) or empty (interesting), but partial (dating) based on knowing only certain elements of one's personality. The result of such relationships is no longer groups and communities, but different "circles of individuals of interest"[39]. Social networks today are self-centered, in fact forming and engaging primarily with respect to personal needs, be it support, acceptance, socializing or business and information. The internet is a way to get out of anonymity because everyone is given the opportunity to express and demonstrate their skills and creativity. Before modern technology, only certain individuals had this power. Locality and given (birth) relationships cease to be dominant and "chosen relationships" are increasingly important[40]. According to Manovich, "a new media universe has been created since 2005 when user-created online content exploded"[41] People were given the opportunity, like never before, to share anything they wanted, without media control, censorship by the state or editors. Free

[33] Eriksen, Tomas, Hilan, *Tiranija trenutka*, Beograd, Biblioteka XX vek, 2003, p. 75.

[34] Bauman, Zygmunt, *Alone Again Ethics After Certainty*, London, 1994.

[35] Bek, Ulrih, *Rizično društvo,* Beograd, Filip Višnjić, 2001.

[36] Barry Wellman, "Physical Place and Cyber Place: The Rise of Personalized Networking", *International Journal of Urban and Regional Research* 25(2):227- 252.2001, p.228.

[37] Terkl,Šeri, *Sami zajedno,* Beograd, CLIO, 2011.

[38] Virt, Luis,"Urbanizam kao način života" u Vujović, S. ur. Sociologija grada, Beograd,Zavod za udžbenike i nastavna sredstva, 1988, p. 166.

[39] Simmel,Georg, *The Sociology of Georg Simmel*, New York, The Free Press, 1950, p. 326.

[40] Petrović, Dalibor ,*Novi oblici društvenog umrežavanja - uloga interneta u uspostavljanju interpersonalnih odnosa u Srbiji* (doktorska disertacija), Beograd, Univerzitet u Beogradu, Filozofski fakultet, 2012, p. 5.

[41]Lev Manovich, *The Practice of Everyday (Media) Life*, manovich.net/content/04-projects/057-the-practice-of-everyday-medialife/56_article_2008, p. 1.

platforms enable the creation of virtual communities as needed by the users themselves, and their engagement and creativity are rewarded with likes, posts, followers, and visits, which ensures status and, increasingly, financial gain.

The Internet has two basic functions: transmission and procreative. The importance of the transmission function of the Internet is "in the maintenance of existing personal networks, while the importance of the creative function is reflected not only in maintaining but also enriching personal networks with new social contacts"[42].

By creating personal networks, people gain support, a sense of belonging and build identity. All aspects of life are also embedded in the digital sphere, especially emotional life. Love online relationships are created on dating, dating and dating apps. In the virtual world, anyone can imagine themselves as they wish, create their ideal Self and be free from the norm of appearing more freely. This, as Viti points out, opens the space for reinterpretation, construction and idealization of both the partner and the whole relationship, and this fact should be seriously considered when analyzing the nature of online relationships and the degree of satisfaction with these relationships[43]

The Internet can be used constructively and abused. The individual separates from traditional and aging relationships, but changes them for the constraints of the labor market and consumer existence, Beck calls this phenomenon a "paradox of individualization"[44]. Enormous freedom and prosperity have also brought risks to the threat to privacy, alienation and the substitution of the real for the virtual world, and today they present a challenge for individuals and society to respond to adequate laws, institutions, education and awareness of all aspects of these phenomena.

Digital violence research in serbia and the world

Cyber harassment and persecution are psychological abuse in cyberspace. Cyber-bullying is "the use of electronic communication technologies to violence against others"[45]. Such behaviors include threats, false accusations, luring minors for sexual exploitation[46]. The Cyber Bullying Research Center defines it as "activities when the Internet, mobile phones, or other devices are used to send and publish texts or images intended to hurt or embarrass another person". Four segments are crucial: intent (behavior is intentional, not accidental), repetition (violence reflects a pattern of behavior, not just one isolated incident), harm (the goal is to harm), and technology (use

[42] Dalibor Petrović, *Novi oblici društvenog umrežavanja - uloga interneta u uspostavljanju interpersonalnih odnosa u Srbiji* (doktorska disertacija), Beograd,Univerzitet u Beogradu, Filozofski fakultet, 2012, p. 5.

[43] Whitty, Monica, Liar, Liar! An Examination of how open, supportive and honest people are in chat rooms, *Computers in Human Behavior,* 18:343-352, 2002.

[44] UlrihBek, *Rizično društvo*, Beograd, Filip Višnjić, 2001, p. 225.

[45] Kowalski RM, Giumetti GW, Schroeder AN, Lattanner MR, Bullying in the digital age: a critical review and meta-analysis of cyber-bullying research among youth. *Psychol. Bull*, 140 (4): 1073–1137. 2014.

[46] Bocilj, Paul and McFarlane, Leroy, Online harassment: towards a definition of cyber stalking, *Prison Service Journal,* 139,31–8, 2002, p. 12.

of computers, mobile phones, and other electronic devices. this distinguishes it from traditional bullying)[47].

Exploiting children on the Internet is a type of exploitation that involves displaying inappropriate content to children, recruiting children for illegal activities, grooming, sexting, cyber-bullying and other violent behaviors that threaten the rights of the child. Cyber-bullying occurs when a person or group of people use the Internet to threaten, harass, or humiliate someone else and other types of violent behavior that threaten the rights of the child[48].

Virtual violence includes: posting statements or photos to ridicule or expose people, impersonating them on the material to cause negative and hurtful reactions, posting the victim's personal information, activities and movements, posting falsehoods on forums, posting messages that have a threatening character, sending material with sexual connotation or intent. The goal of these activities is for other people to evaluate the victims negatively, dismiss them, or join forces against them.
Basically, this violence is based on inciting group hatred, harassment, invasion of privacy, disseminating compromising content and comments, or harming a person who cannot be protected.

Violence through the Internet has two forms: direct attack and violence through a mediator. A direct attack occurs when a person sends harassing messages by phone, email or chat/forum, posts private information or falsehoods on social networks, sends harassing images, uploads online victim surveys, sends viruses, pornography, and spam to e-mail or mobile impersonates the victim. Violence through a mediator occurs when the perpetrator attacks the victim through a third party, who is usually unaware of this[49] (Zagreb Children and Youth Protection Clinic, 2019).

Conditions and reasons for violence

With the development of the Internet, we have all become public, transparent and networked. This accessibility and exposure is a suitable ground for the occurrence of abuse and bullying. Violence exists in the real world, but in the virtual, it has some special characteristics. In "real" - ordinary communication we follow the reactions of the interlocutors and direct the conversation through direct communication, in the virtual the greater the possibility that the feedback is misinterpreted because of the inability to control non-verbal expression. Emoticons (emoji) are trying to replace that.
In the virtual world, on the other hand, a person does not know much or enough about others, has no voice or image checks, and cannot be sure of the interviewee's identity. Negative comments are easier to make when no reaction is seen and responsibility is

[47] CRC, Cyberbullying Research Center, Available at: https://cyberbullying.org/ (accessed: 6/19/2019).

[48] Čović, Ana, Način zloupotrebe dece putem interneta, u I*nternet i društvo, međunarodni tematski zbornik radova,* Niš i Beograd Srpsko sociološko društvo Univerzitet u Nišu – Filozofski fakultet, Institut za uporedno pravo, 379-393, 2014.

[49] Poliklinika za zaštitu djece i mladih grada Zagreba, Available at: https://www.poliklinika-djeca.hr/publikacije/nasilje-preko interneta/ (accessed 9/4/2019).

reduced. The victim is often not perceived as an authentic person, but as a nickname, a name, or an icon.

Psychology as a science has documented the capacity for the aggression of each individual, and in certain circumstances, anyone can become more aggressive and violent than he or she assumes. In other words, along with other important factors, certain conditions can cause a dark side to the personality. A condition that favors aggressive behavior on the Internet is anonymity. Users may feel less responsible, especially because they do not directly associate their activity with the consequences for the victim because they do not see or follow them, with the well-known phenomenon of loss of responsibility (transferring responsibility to others) when a person is doing something in a group.

Research and statistics

Research shows a significant presence of cyber violence around the world. The National Crime Prevention Council reports that cyber-bullying is a problem that affects nearly half of American teens[50].

A 2004 survey of a sample of 1,500 students, grades 4 through 8, showed that 42% of children were bullied while online. One in four reports that this has happened more than once. One-third of the children were traversed on the Internet. 58% of children say that someone has told them naughty or abusive things online and the same number of children have not informed their parents or the elderly[51].

Hinduja and Pachin report on their research, citing data that one-third of young people were victims of the internet, and 16% of respondents admitted cyber-bullying to others. Less than 15% have told adults about this experience[52].

A comprehensive meta-analysis, on the opportunities and risks of Internet children in EU countries, shows that approximately 18% of young people in Europe have been bullied, harassed or monitored via the Internet and mobile phones. Cyber-bullying varies from country to country, with attendance ranging from 10% to 52%[53].

An extensive survey of children, grades 4 through 9, in Australia shows that as cyber-bullying rates increase with age, 4.9% of students in fourth grade reported cyberbullying compared with 7.9% in ninth grade; while 1.2% of fourth-grade students reported cyber-bullying to others, as against 5.6% of ninth-grade students[54].

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[50] NCPC, National Crime Prevention Council, Available at: https://www.ncpc.org/ (accessed 8/21/2019).

[51] ISEIF, Illinois Science and Energy Innovation Foundation, Available at: https://www.iseif.org (accessed 8/26/2019).

[52] Hinduja, Sameer and Patchin, Justin, Cyber-bullying: An Exploratory Analysis of Factors Related to Offending and Victimization, Deviant Behavior, 29(2), 129–156, 2008.

[53] Hasebrink, U., Livingstone, S., Haddon, L., Ólafsson, K.(2009) *Comparing children's online opportunities and risks across Europe: Cross-national comparisons for EU Kids Online*. LSE, London: EU Kids Online (Deliverable D3.2, 2nd edition), 2009.

[54] Cross, D., Shaw, T., Hearn, L., Epstein, M., Monks, H., Lester, L., & Thomas, L., *Australian Covert Bullying Prevalence Study* (ACBPS), Child Health Promotion Research Centre, Edith Cowan University, Perth, 2009.

According to a survey conducted in Belgrade, in a sample of children aged 11 to 15, about 10% of respondents were cyber-bullied, while about 20% survived victimization. On both sides, the male gender is more frequent[55].

In Serbia, 89% of elementary and 92% of high school students have access to the Internet, of which 62% of elementary and 84% of high school students have exposed themselves to some of the risks on the Internet; 37% of primary school students and 66% of high school students experienced digital violence. A total of 22% of elementary and 30% of high school students saw or heard that their peers were suffering from digital violence[56].

Cyber-bullying, stalking or stalking also happens to adults. Every fourth person, 26% was exposed to cyber-persecution[57]. A multinational Bocilj survey[58] found that one-third of respondents experienced cyber-persecution, while 9% of respondents were victims of identity theft.

Conclusion

The last decades of the 20th century brought about a radical modernization and a general transformation of society, primarily because of the creation of the Internet, a decentralized and interactive network. The Internet has been given the role of global awareness because the information has never been made available or obtained in such a quick and easy way. This huge supply intensified interpersonal contacts and blurred the boundaries between home and work, work and play, education and entertainment, public and private[59]. The freedom and opportunities that the Internet provides make it easier to meet the need for belonging, communication, and self-realization, and direct individuals from spatial to virtual communities. Lindsey, as an online social network, means Internet applications that allow people to interact and share information[60]. The specificity of the Internet with respect to other technological advances is the ability for users to be not only passive recipients but also creators of content and virtual space. The IGen or Z generation is the first generation to grow up online, with mobile phones and the Internet, which has influenced all aspects of their lives, from social interactions to mental health and has led to a number of specificities

[55] Popović-Ćitić, Branislava, Đurić, Slađana, Cvetković, Vladimir,T he prevalence of cyber-bullying among adolescents: A case study of middle schools in Serbia. *School Psychology International*, 32(4), 412–424, 2011.

[56] Popadić,Dragan i Kuzmanović, Dobrinka, *Korišćenje digitalne tehnologije, rizici i zastupljenost digitalnog nasilja među učenicima u Srbiji*, Beograd, Institut za psihologiju Filozofskog fakulteta Univerziteta u Beogradu, 2013.

[57] Baum, K., Catalano, S., Rand, M., Rose, K., *Stalking victimization in the United States,* Washington, DC, Bureau of justice report, US Department of justice, 2009.

[58] Bocilj, Paul, Victims of cyberstalking: An exploratory study of harassment perpetrated via the Internet, *First Monday*, 8(10), 2003.

[59] Rainie, Lee and Wellman, Barry, *Networked: The New Social Operating System,* Cambridge, The MIT Press, 2012.

[60] Lindsay, Bruce, *"Social Media and Disasters: Current Uses, Future Options, and Policy Considerations."* CRS Report for Congress, Congressional Research Service, 2011. Available at: http://www.infopuntveiligheid.nl/Infopuntdocumenten/R41987.pdf (accessed 5/10/2019).

in their functioning.

The democratization of knowledge, as well as liberation from the temporal and spatial dimension[61], created the digital realm of individual and financial freedom. The development of the network, on the other hand, has also had negative effects and consequences: alienation, isolation, insatiability, superficiality, indiscriminate information, fake news, new forms of violence and crime. Virtual violence is the act of harassing one or more individuals by an individual or a particular group using communication and information technology. Most often, it involves text or video messages, photos and calls that attack, stalk, insult, provoke the other person with the aim of causing injury or harm. Numerous studies confirm the presence of cyber violence everywhere in the world, especially in the population of children and young people. Recognizing the gravity of the effects of virtual harassment and violence, it is necessary to plan and implement preventative activities to protect against risk, to consistently respond, educate and regulate the online media world. An open door to the Internet is a journey into a new space of incredible opportunities as well as risks, and only fully prepared can we safely and happily navigate it.

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OTVORENA VRATA INTERNETA, MOGUĆNOSTI I RIZICI

Rezime:

Internet je virtuelni prostor koji omogućava otvorenu komunikaciju i interaktivnost. On postaje osnovna ekonomska i socijalna organizacija društva. Poslednjih decenija društvene interakcije se sve više pomeraju od prostornih ka virtuelnim zajednicama, gde se interpersonalna umrežavanja baziraju na ličnim potrebama i željama. Stvaranjem ovih ličnih mreža osobe dobijaju: informacije, podršku, pripadnost i društveni identitet. Promena vremenske i prostorne dimenzije dovodi do stvaranja otvorenog društva i sveta bez granica. Internet danas koristi 4,500,000,000 ljudi. Na Internetu ljudi postaju transparentni (transformacija intimnosti) i dostupni drugima za razmenu i deljenje, ali istovremeno i za kritike, primedbe i osude. Uz velike prednosti na svim poljima, Internet nosi i mnogobrojne rizike, posebno kada su u pitanju deca i mladi. Eelektronsko nasilje je korišćenje digitalne tehnologije (interneta i mobilnih telefona) s ciljem da se druga osoba uznemiri, povredi, ponizi i da joj se nanese šteta. Razvoj informacionih tehnologija dovodi i do pojave visokotehnološkog kriminala (krađa identiteta, upotreba podataka, prodaja, lažni računi i profili). Rad se bavi analizom interneta i on-line životnom platformom, promenama koje je uneo na društvenom i interpersonalnom planu, od kulturoloških do psiholoških paradigmi, novom Z (IGen) generacijom, s posebnim akcentom na opasnosti i mogućnosti zloupotrebe i nasilja kod odraslih i dece, uz pregled literature i istraživanja svih navedenih oblasti.

Ključne reči: *Internet, interakcija, društvene mreže, zloupotreba*

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TECHNOLOGY AND VIRTUAL REALITY WHY NOT UTILISE TECHNOLOGY TO IMPROVE THE QUALITY OF LIFE?

Abstract: In the world of care and welfare, new technological developments are normally not welcomed with open arms. Both caregivers and clients and their loved ones are generally reluctant to trust devices and displays, let alone robots. Yet there are clear indications that these resources can make a person's life considerably easier, more fun and more meaningful. There is a wealth of resources especially for the elderly, wether with or without early or advanced dementia. Therefore, there lies a clear task for the care sector to motivate precisely this group, to prudently enter the world of robotica and domotica. On the one hand, the use of VR in (elderly) care is still in its infancy; therefore, only few results from scientific research have been published. However, the reports from practice and the first (mainly pilot) studies seem to indicate that the results reasonably meet expectations. The coming years will show, through sound scientific research, whether this will continue to be the case.

Key words: *technology, virtual reality, quality of life*

A new definition of health by dutch researcher machteld huber

In 1948, the newly founded World Health Organization (WHO) made up the following definition: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".[3] Since then, this definition has been widely used, but in the last few decades, more and more writers and researchers put question marks to it. The general opinion is that the WHO definition no longer fully represents what we mean by 'health' today.

Strict application of the WHO definition can easily lead us to the conclusion that either no one is healthy or that the number of individuals who can be declared healthy is extremely small. Or, as Richard Smith states it: "It's a ludicrous definition

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[3] WHO, 1948.

that would leave most of us unhealthy most of the time."There are multiple and various reasons for that: chronic conditions, social and environmental circumstances (e.g. problems at work, family problems),…[4]

Jadad and O'Grady describe several efforts made since 1948 to refine or enhance the WHO definition of health. However, they ended their article with this conclusion:

> "In the end, we might conclude that any attempt to define health is futile; that health, like beauty, is in the eye of the beholder; and that a definition cannot capture its complexity. We might need to accept that all we can do is to frame the concept of health through the services that society can afford, and modulate our hopes and expectations with the limited resources available, and common sense."[5]

More recently, the Dutch researcher Machteld Huber has made an elaborate study of this subject and thereby redefined the concept of 'health'. Based on many conversations with both professionals and clients, she defined health as: "The ability to adapt and to self-manage, in the face of social, physical and emotional challenges". This definition does not concern disease, but rather thequality of life and the ability to function. Physical, mental and social state form one whole.[6]

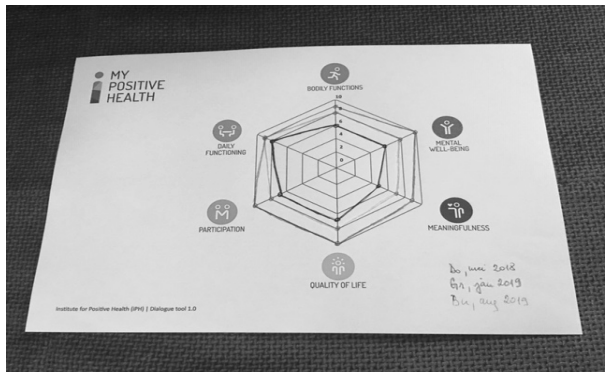
This new concept of health is called Positive Health; it has been visualized as a spider web with 6 dimensions: Daily functioning, Bodily functions, Mental well-being, Meaningfulness, Quality of life and (social and societal) Participation. The concept has been proven very useful and is broadly supported nowadays.

Applying Positive Health in practice has much influence on how care is provided. For instance, health professionals no longer focus only on physical aspects, but also discuss what makes the patient happy, or how much knowledge they have about their health.

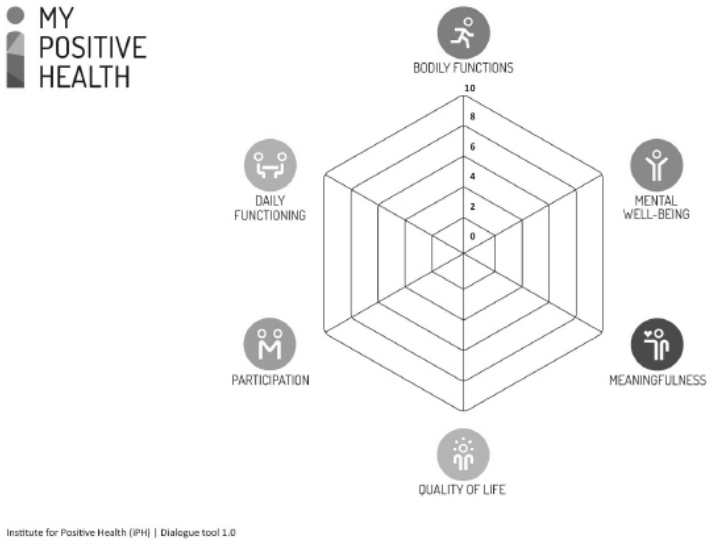
The changed view on the concept 'health' also means that the individual is largely responsible fortheir own health. The question then arises, what happens to people (mostly the elderly) who are unable to take on this direction? After a research, Jambroes et al. concluded that inequalities in health may increase. The main challenge for public health is to manage these inequalities, without cancelling the individual responsibility [7]. On the next page you will find an overview in the shape of a hexagon (called the 'Spiderweb' by Huber), with its six dimensions and their subdivisions. In the course of a treatment, the 'scores' on each dimensions are entered on the radical lines of the web, starting with the intake and after that repeatedly on a regular basis. In this way, it's possible to follow the patient's development.

Here you see an example from the author's own experience.

[4] Smith, 2008.
[5] Jadad and O'Grady, 2008.
[6] Huber, 2011.
[7] Jambroes et al., 2015.



Picture 1: *My own results on 3 data (picture: S. Balalic)*



Picture 1: *Empty spiderweb (IPH, n.d.)*

Table 1: *Dimension participation of VR*

Dimension Participation:	Dimension Meaningfulness
• Social contacts • Being taken seriously • Doing fun things together • Having the support of others • Belonging • Doing meaningful things • Being interested in society	• Having a meaningful life • Being high-spirited Wanting to achieve ideals • Feeling confident about • Accepting life • Being grateful • Continue learning
Dimension Quality of life	Dimension Mental well-being
• Enjoyment • Being happy • Feeling good • Feeling well-balanced • Feeling safe • Living conditions • Having enough money	• Being able to remember things • Being able to concentrate • Being able to communicate • Being cheerful • Accepting yourself • Being able to handle changes • Having control
Dimension Bodily functions	Dimension Daily functioning
• Feeling healthy • Feeling fit • Having complaints and/or pain • Sleeping pattern • Eating pattern • Physical condition • Exercise	• Looking after yourself • Knowing your limitations • Knowledge of health • Managing time • Managing money • Being able to work • Asking for help

A view into the future: (positive) health in ten years

In the year 2001, I have conducted research at Groningen University with medical students doing their written exams. A (then) new device was used for identification: a mobile phone! It's hard to imagine that, in those days, the use of cell phoneswas very uncommon, even among students. One would expect, the students had been delighted with a free mobile, but they were even complaining because they had to pay for the call credit.

This example illustrates how the situation was for these young people at the beginning of their medical careers. Now, most of them will be active professionals and the technological landscape has already radically changed; what technical possibilities are they going to meet in, say, another 10 or 20 years from now, being at the height (or even the end) of their career? How will they adapt to fast techno-logical changes? Will the new attitude towards health have taken more ground? Is there any way we can

answer these questions? Of course, since 2001, a lot already has happened; hereafter I will try to do some cautious predictions.

Nowadays we look and control our society mainly from the perspective of the 'Homo Economicus'. From this perspective we look at a human as an economic subject that needs to be met in an efficient, rational or logical manner. Let's take a look at the year 2030. In ten years, technology will be even more decisive in our lives. Technology has come to play a greater role, especially at the individual level.Technical developments offer continuous insight into our health and help us to stay healthy. You could say, the doctor is implanted in our body. Gardner calls this continuous care.[8]

The increasing acceleration of research, development power, online activation and data storage facilitates us with extreme insights into the ultimate corners of the human body.This allows us to detect small deviations more precisely and much faster and take action on this. In healthcare, it is all about prevention rather than cure. Nanotech, Neurotech, Biotech, 3D printing, AI, robotics and biomedics offer us this insight and the appropriate solutions in the near future. We are getting much older andstaying healthy much longer.Any defects found can be immediately personalized and corrected at item level. Of course this process is automatically monitored with mobile devices. No more wearables, but implants.[9]

Only a few years after the previous words were written down, the first implanted chip was a fact: a British creative genius Steve Northam has come up with a solution to use microchip for eliminating the use of keys for regular tasks like opening the home's front door, office door and entering/starting the car. Northam is the founder and director of a start-up investment company,using professional medical procedures for implanting microchips.[10]

Due to the very high standard of corrective maintenance, most people will reach their "end of life" due to a lack of challenge and a social environment.With regard to the developments in the perspective of Homo Economicus, it may be important to focus more on the quality of life in the future.We will also need the perspectives of Homo Ludens (playing), Homo Faber (making) and Homo Sociologis (connecting). In addition to an economy that is primarily focused on money: the Euronomyof today will manifest the need for Emonomy: emotion in a meaningful form.[11]
Positive Health can be interpreted in a broad spectrum; however, we will focus on care for the elderly.

Hay granyy! Are you ready for same technology?

Wireless, mobile devices have now radically changed the behavior of half the world population. The seemingly limitless functionality of smartphones and tablets changes our daily lives with hyper connectivity, cloud computing and social networks.

[8] Gardner & Chabot, 2006.
[9] Faessen, 2014.
[10] Man implants microchip in his hands to open doors & unlock car with ease, 2017
[11] Faessen, 2014.

Several researchers in the medical and care fields pointed out a number of "Promises of technology":

- Greater self-reliance of patients[12]
- Less deployment of healthcare staff required: healthcare will become less labor-intensive. The application of new technology can improve the care process both in terms of process and content.[13]
- Better quality of care: the application of technology would improve the quality of care, for example by contributing to a more stable health condition of the client.[14]

However, despite all the cheer stories about new technologies, there is also some resistance to their immanent rise. Welfare organizations will have to form a bridge between the emerging technological applications on the one hand and the possible adverse consequences for users on the other. In their article, Nilsen et al. describe the various forms of resistance that emerged in five municipalities during a technology implementation project as part of care for the elderly.[15]

Resistance was reported from all stakeholder groups in these municipalities. The resistance was mainly a result of feelings of fear: for change, for loss (of role, identity, integrity), for 'cold water'. The authors conclude from their research that the identification and "management" of this resistance is of great importance at the start of the process. Making an inventory of feelings of resistance and allowing those involved to participate in a co-creation process will ultimately lead to more acceptance.[16]

Are the elderly motivated (enough)?

Fitting in the modern view on health and one's own responsibility for it, is the aim to allow the elderly to live at home as long as possible. Living independently can be quite a challenge for seniors. Technologies are expected to serve older adults at home, but little is known about how seniors develop a need for technologies, how they master these technologies and how these affect their lives. In order to map out how the acquisition and adaptation to technology of elderly people works, and to understand this process better, Sebastiaan Peek and his colleagues have set up a field study.[17]

33 elderly people living in the community were interviewed about acquiring new technologies. The participants were also questioned about experiences with the use of technologies since the purchase. The findings were collected and analyzed in order to find out why and how technologies have been acquired, and why they prove to be suitable and effective or not. The researchers found that if the purchase was exter-

[12] NPcF, 2009.
[13] PWc, 2009.
[14] Pols et al., 2008.
[15] Nilsen et al., 2016).
[16] Nilsen et al., 2016.
[17] Peek et al., 2017.

nally driven and purely desire-driven, this could lead to a higher risk or sub-optimal use.17

Why is there no match between technology and the elderly?

It appears from various studies that the development of technological applications not always matches with what people want and what they are ablo to. While smart technology could make the lives of the elderly and caregivers easier, these studies show that very often, e-health is not in line with their needs. Elderly people and caregivers should gradually become acquainted with the possibilities of e-health.

Picture 3: "*…and this is my new buddy!" Bart Kip 2019*

The motivation barrier also plays a role among the elderly. That is why it is important to focus on the social aspects of a smartphone. Sending photos to the elderly is an excellent example: which grandmother or –father doesn't want to see their grandchildren as often as possible? I also experienced that with my mother; I must admit, that was the trump card to make her want to try this modern 'thing'.

The personal situation of the elderly determines which application works best. Because people differ in their knowledge of technology and in their digital skills, as a developer you always have to ask yourself who you have in front of you. Too often elderly people receive aids that they ultimately do not use. There has to grow a consciousness, that you can always start with technology.

The sooner, the better, preferably today!

Robotica and domotica: How to enhance the quality of life when you get older?

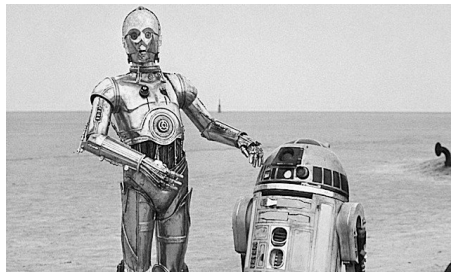
In the last decade, many inventions have been done in the field of Robotica and Domotica. For the 'Millennium'-generation this means even more fun with their apps en play devices. However, for elderly people, especially when they are in a certain stage of dementia, new inventions can be very helpful, sometimes even necessary to make their lives bearable and experience at least some fun from time to time.

Last month I started a research: "How the use of technology for elderly people who live alone can improve their quality of life?" We can offer them some of the technological devices described below. This research is carried out together with social workers in the field. I hope to be able to report the first findings during the conference.

In this chapter both terms will be defined and described. This will be illustrated with some examples of robotic and domotic devices which are already in use and accessable for consumers.

Robotica

From SF-literature and movies, we all know the common picture of a robot: a humanlike, computerized machine which can take over human activities, and usually better than humans because of greater strength, quicker calculating skills and lesser vulnerability.



Picture 4: *From „Star wars"*

These 'realistic' robots do really exist already, but next to them there is a big range of 'robots', specialized in certain activities and which, in shape and/or dimensions, have little in common with us, humans.

To the purpose of making life easier for elderly (or otherwise challenged) people, there are a number of robotic devices on the consumer market and here we will give some examples.

Walker and supporter: lea

Lea is a walker who offers support literally and figuratively. She gives support when walking, helps with doing exercises and can even dance!

Picture 5: *Vegro, n.d.*

In addition, she ensures contact with family and friends; with her functionalities someone can go on a day trip without compromise.[18]

A social care robot: maatje

Maatje(Dutch for 'buddy') is a social care robot that helps clients with dementia, autism or an intellectual disability to perform their daily activities and activation more independently.

Picture 6: *Robotzorgn.d.*

Maatje is suitable for use in hospitals, care homes, physiotherapy, and in youth care and rehabilitation programs. Thanks to the compact model, Maatje can be transported easily and is always close by.

Just like a real buddy.[18]

[18] Vegro, n.d..

An interactive care instrument: the crdl

The CRDL is an interactive care tool and specially developed for people with dementia, autism, or intellectual disabilities.

Picture 7: *The CRDL, Vegron.d.*

In health care there is a great demand for aids that can offer support to people where social interaction and communication are difficult. The CRDL translates touch into sound and thereby helps to break the isolation of people when a normal conversation is no longer possible.[18]

Picture 6: *Roxelane.nl.*

Care robot alice: an ethical dilemma

In order to be able to meet the demand for care for lonely and demented elderly people in the future, care robot Alice has been developed. Alice has the size of a toddler, with a plastic body and a lifelike face. She looks at people with interest with her big green eyes, and says:

"Hello, I am Alice. A care robot ".

Picture 7: *zorgrobot-Alice.jpg*

Computer scientist and psychologist Johan Hoorn and professor of media psychology EllyKonijn, both from VU University Amsterdam, executed an experiment with Alice.

The researchers started by asking whether it was morally justified to have lonely elderly people kept company by a robot. The researchers concluded that the respondents (mostly elder women) felt significantly less lonely, when accompanied and supported by Alice. So when the experiment ended five weeks later, the ethical dilemma was exactly the opposite: "Could they still remove the robot from those lonely old women?"[19]

Domotica

Some of the previous examples could also be counted onder the subject of Domotica, since they are generally used in domestic situations (Memory Lane, Mole Game, Kat). In fact, there is some overlap between these two categories.

The word Domotica is a contraction of *domus* (home) and *telematica*. In a Domotica home, domestic activities are made easier by numerous electrical appliances and networks.

Domotica includes all electronic applications in the home to control functions (heating, ventilation, lighting, etc.) and to use services from the living environment (alarming, telephoning, watching television, etc.). This is preferably done flexibly: at any place and at any time that suits the resident, with easy operation and optionally remotely. Home automation contributes to the pleasure, value and sustainability of living.

Especially for people in various states of dementia, Domotica can contribute to a deeper sense of meaning and/or joy in life. Besides that, it could help them to stay in their home longer, ideally till 'the end'. Now some examples of Domotica in daily, domestic life.

Medication dispenser with remote control

A medication dispenser with a remote check is relevant for people living with

[19] Hallo, ik ben Alice, 2015

dementia at home if they have the risk of not taking the right medication in time due to forgetfulness.[20]

Picture 8: *Medipense, n.d.*

Lifestyle monitoring

The most important target group for which lifestyle monitoring is now applied is the person living alone with dementia. Lifestyle or lifestyle monitoring provides insight into slow changes in the daily lifestyle of people living alone.[21]

Picture 8: *Domotica, n.d..*

Virtualreality

Panic disorder with agoraphobia (PDA) is considered an important public health problem. The efficacy of cognitive-behavioural therapy (CBT) for PDA has been widely demonstrated. Already in 2004 it was recommended, that Virtual Reality based treatments could be helpful in treating this problem. While 'exposure' should be an important part of the treatment, real exposure could easily be too much and too scary

[20] Medipense, n.d.
[21] Domotica, n.d.

for the patient. Replacing the real situation by VR has proven to be very useful[22]. 15 years later, in 2019, many medical (both physical and psychological) therapies have profited from the advantages of VR appliances.

With Virtual Reality (VR) it is possible to project images in three dimensions. Your senses are presented with a non-existent reality. This world can be made up of camera images or computer animations. VR ensures that you can create a virtual world that can hardly be distinguished from reality.[23] The use of sensors causes the image to move when one looks up, down or to the side, or changes the angle of the head. Cameras and eye trackers can also be used to measure movements of the head and eyes. Thanks to body tracking with sensors, movements such as jumping and bending can be measured, but fine motor skills can also be registered. In this way interaction with (objects in) the virtual world is also possible. The use of a camera or bodysuit eliminates the need for a traditional controller; the person becomes the controller.[22]

Picture 9: *Virtual reality.*

Care

Below, a number of possibilities are described of the use of VR in health care, with the emphasis on care for the elderly.

Diagnosis and surgery

Visualization through Virtual Reality (VR) offers the possibility to display (scientific) phenomena in such a way that they can be better understood. In this virtual, non-real world, "real" treatments, even operations, can also be performed.[22]

[22] Botella et al., 2004.
[23] (3b plus, 2016).

Pain relief

During painful actions (eg changing dressing for burns) the experienced pain can be greatly reduced by means of distraction. Research has shown that VR works even better than morphine[22]

Rehabilitation therapy

Virtual Reality (VR) can also offer a solution for rehabilitation therapy. Consider learning to walk, move or maintain balance again. People who have been in the hospital for a long time or cannot come out of the door can use VR to visit other locations. Their quality of life is thereby considerably increased[22.]

Exposure therapy

One of the first and best-known applications of VR is the treatment of anxiety disorders. The brain responds the same to oppressive situations in VR as in real life. With exposure therapy, a client gradually approaches the situation that is frightening to him and can relive it and process it, without the associated danger.[22]

Virtual psychologist

There are VR applications for, among other things, depression, psychoses and social problems. VR can also be used for the loved ones of people with a mental or physical disability to allow them to put oneself in someone else's position.[22]

Maintaining independence

VR is very suitable for the elderly. The safe environment, the intuitive interaction, which does not require abstract mental models, and the high degree of adaptability (the level of difficulty, the number and type of stimuli and the input devices used) offer excellent opportunities for this group.[22]

Training and evaluation of skills

By learning skills in a secure virtual environment, the independence of the user can be stimulated. It is mostly about skills in specific environments such as supermarket, post office and traffic,mobile and motor skills.

The training and evaluation of mobile skills focuses on independent movement, such as learning to handle a wheelchair. Fall prevention, balance and posture training can also be performed with VR.[22]

Positive effects

Research shows that training with VR also has a positive effect on cognitive skills and quality of life. The positive effects of VR have been investigated in people with dementia, Parkinson's disease, strokes and diabetes.[24]

Improve mental well-being

With VR, the user can gain access to experiences that are not possible for him in the real world, such as painting a masterpiece, furnishing a house and visiting exotic locations.[22]

Reminiscence therapy

A specific VR application concerns the use in reminiscence therapy for dementia patients. Demented people visit locations from their past or receive other visual and auditory cues to offer, which evokes (autobiographical) memories. Because it is so realistic, they can really experience these moments. This makes their existence easier to bear.

Picture 10: *VR-platform, 2018*

The VR platform has been established for elderly people staying in Dutch care institutions and their practitioners. Together with geriatricians, nurses, psychiatrists and day care coaches, virtual reality experiences have been devised to promote the health and well-being of the elderly. For example, they can pay a virtual visit to the Louvre or walk through a winter landscape.[25]

Apart from the field of care and welfare, VR found its way into education (from Kindergarten till Universities), amusement, recreation and relaxation (e.g. VR Swimming with dolphins).

To conclude this paper, just two more examples from education.

[24] (Parkinson's Association, 2019)

[25] (VR platform, 2018)

Education

In education, VR technology can be useful in demonstrating events or processes, which are hard to experience in real life, e.g. experience and empathize with life with a disability or an illness, historic events, journeys to and in far off countries, or even in space!

Picture 11: *students inSanja's class wearing VR-glasses (pictures made by a student)*

A spectacular example of the use of vr in (medical) education

A patient with colon cancer was treated at the Royal London Hospital in May 2016. The images were filmed in the operating room by two 360-degree cameras with multiple lenses. They could then be viewed via a telephone holder, such as Google Cardboard. The surgeon, Dr.Shafi Ahmed, is one of the best known surgeons in Britain. The stream was initially intended for thousands of medical students, but now the whole world has been invited to watch.[26]

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[26] Kijk live mee, 2016

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TEHNOLOGIJA I VIRTUALNA REALNOST ZAŠTO NE KORISTITE TEHNOLOGIJU ZA POBOLJŠAVANJE KVALITETA ŽIVOTA?

Rezime:

Autor se u ovom radu bavi nekim aspektima najnovijih tehnoloških dostignuća, posebno u oblasti zdravstvene zaštite. Izraz "zdravlje" pretrpeo je značajnu promenu u poslednjim decenijama. U današnje vreme, prilikom određivanja zdravlja čoveka, fokus je na meri u kojoj se može prilagoditi konstantno promenljivim okolnostima i novim izazovima. Posmatrano na taj način, tehnološka pomagala svih vrsta mogu nekoga bukvalno učiniti zdravim, jer mogu ponuditi pomoć u životu sa fizičkim, mentalnim ili socijalnim ograničenjima. Mogućnosti koje im ovaj svet nudi gotovo su neograničene; ovaj rad pruža uvid u brojne sledeće: robot-mačka, pametna šetač, daljinski upravljač dozator lekova i još mnogo toga. U poglavlju o virtuelnoj i proširenoj stvarnosti (VR i AR), pored aplikacija u zdravstvu, neke linije se troše i na aplikacije u oblastima obrazovanja i opuštanja. U ovom radu autor se izjašnjava o ulasku naših ranjivih starijih ljudi u fascinantan svet 21. veka, pri čemu je održavanje ili čak povećanje kvaliteta života najvažnije.

Ključne reči: *tehnologija, virtuelna stvarnost, kvalitet života*

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CHALLENGES OF PARENTAL CONTROL OVER SOCIAL NETWORKS: THE MYTH OF PARENTS HELPLESSNESS AGAINST THE POWER OF THE INTERNET

Abstract: The public is, more often than not, disturbed and shocked by scenes of violence among youngsters, which are captured by smartphones and widely shared on social networks. These contents are then taken over by mass print and electronic media, analyzed and commented by relevant social actors who make various recommendations, while Internet users post their own comments. Most of them condemn the abusers and onlookers who filmed the scene instead of defending the victim. Stricter control over social networks is advocated, their disadvantages as dominant over the positive sides are emphasized, and there are those who lament over this "evil" that should be abolished. Discussions go on about the helplessness of overworked, overstressed and confused parents, outdated school and inert society to cope with the pervasive virtual reality that bears real consequences on real people, in real life. Some commentators point out that the Internet is only a means that can be used wisely or recklessly, that the responsibility lies with the users, and when it comes to minors, on their parents and educators. It is also indicated that violence or other undesirable behaviours are not inherent to social networks, but that they reflect social pathologies. The purpose of this paper is to reflect on the role of parents who are caught in the dense network of different social forces, intertwined now with the threads of the digital network, which compete with parental educational influence. Parenting is a challenging and long-term work that requires a lot of patience, skills and knowledge. Parents who constantly inform, educate and question themselves, who grow and develop together with their children in this complex, fast-changing, networked and risky world, build relationships of mutual trust and respect as a powerful defence against the harmful influence of the Internet.

Key words: *parents, social networks, smart control, trust, respect*

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Introduction

The revolution, equal to a mutation, in the way we live, work, keep ourselves informed, study, socialize and are entertained happened with the invention of the Internet. Even though we appreciate and excessively enjoy all the privileges of this revolution, we often curse its dark side. We are especially concerned when it comes to children and the youth, since they are the most exposed and the most vulnerable users of the Internet. With the advent of the so-called "smart" phone, the worries and fears have been intensified since the ability to control children's use of the Internet has been reduced significantly. New difficulties which accompany the digital revolution have built upon the existing challenges of parenthood, especially in the adolescent period of child development.

Therefore, the public is frequently disturbed and shocked by videos which contain youth violence, which are shared on social media. When the traditional mass media start using these videos, a plethora of analyses, comments and suggestions is triggered. Most people condemn bullies and bystanders who took those videos, instead of defending the victim. They highlight the negative sides of social media, advocate a more strict supervision of them, and there are commentators who lament over the advent of such "evil" that should be banned. There is an emphasis on the powerlessness of overworked, stressed out and confused parents, old-fashioned schools and the inert society to successfully combat the omnipresent virtual reality which has real consequences on real people in real life.

This situation becomes more complicated by the changes in contemporary family functioning. Due to a fast pace of life and the lack of free time, parents are becoming less and less capable of following up on their child's development. Contrary to initial beliefs, the advent of information and communication technologies (hereinafter referred to as ICT) has not reduced workload and work hours. On the contrary, the boundaries between work and private life have virtually disappeared. In addition to a faster lifestyle, more intense work processes and numerous obligations, parents are also faced with the task of finding enough time and energy as well as acquiring skills necessary to supervise how, to what extent and what for their children should use the Internet.

There is an opinion that antisocial behaviours are not immanent to social media, and instead reflect on the existing social pathologies. On the other hand, it is believed that social media support and favour detrimental attitudes, lifestyles and behaviours to an extant in which new forms of psychosocial disorders can be discussed. Fears build up to moral panic. Many scientists are investigating and confronting opinions on the relationship between "real" and virtual reality.

Let us start with a brief retrospect of the specificities of this latest technological revolution in the history of mankind, so as to show that there is some truth in the perception of extreme influence of the Internet and its omnipotent impact on our individual and collective life. This impact should not be relativized so as to find effective ways to protect our children and the youth, i.e. teach them how to "surf" that

potentially endless universe in a safe and self-protective way.

The power of the internet

From one perspective, ICT are neither good nor bad or are both. However, compared to previous technologies their particularity lies in the fact that they invade all segments of our lives. We are not subjects midst the objects upon which we have power and volition: we have been caught in the digital universe and are conditioned by it (Anders, 2002). In order to determine the positive use of ICT, we ought to be able to detach ourselves from their comprehensive network, which is rather difficult having in mind our complete immersion in them. Contemporary ICT are not ordinary technological tools, a sheer medium of information or entertainment. We take tools, use and put them aside when they are no longer needed, while ICT have become a determining feature of our civilization. It seems that we are faced with the only alternative: to use them according to their rules, or not to use them at all. The ICT system is self-reproducing and it produces new functions in geometrical progression. It spreads as a total, indivisible and almost independent whole that functions in a systematic way with loops of internal regulations. Because of this, the idea of separating ICT from their use is unsustainable. This phenomenon cannot be divided in a way to preserve the positive and avoid the negative. Modern technologies have reached such a level of autonomy that human existence is determined by them and not the other way around. It is necessary to completely reverse the instrumental explanation of the human-tool relationship to understand the world we live in (Milivojević, Jovanović, 2015). With its expansive nature ICT have encompassed all segments of our lives, putting on an enormous psychosocial pressure, which Ellul calls "the velvet terror of technology" (Ellul, 1997).

Being aware of the direction in which the modern technologies are heading, some scientists claim that the crucial question we are obligated to answer is: how to achieve that this new technological environment, in which the mind and spirit of new generations are currently developing and will develop in the future, does not become "toxic" or destructive for them? (Milivojević, 2014:101)

These risks are usually considered as consequences of the everyday use of the Internet, and the reduced time spent on the global network is the basic "antidote" which is suggested. However, with the advent of the so-called "smart phone", with complex operating systems and the ability of permanent connection to the Internet, it is not possible to fully apply such a suggestion. In fact, the Internet has, as previously mentioned, entered people's lives in such a short period of time that it has become an important component of everyday life, up to the point that it cannot be considered as a separate entity. The widespread use of "smart" phones and the possibility of being constantly online have only deepened the already established notion that this medium is an integral part of not only human life, but the human itself, and that the interactivity which it offers, unlike other social mass media, is able to remove the boundaries of belonging. Therefore, this raises the question whether the internet is an inseparable

part of our lives or if the users themselves are the agents of the system which represents this global network… (Ercegovac, 2014:276).

Risks and dangers of the internet

The negative sides of the Internet are already well-known: fake content, misuse of personal data, hate speech, luring in, addiction, cyber-bullying, offensive messages, pictures, videos, gossiping, rumours, fake and hacked profiles, copying or selling private pictures etc. However, the most disturbing fact is that everything that has ever been posted and looked up, remains on the Internet forever!

Addiction

One of the biggest risk factors of the Internet is the development of the addiction. The use of the Internet activates the zones related to an instant, immediate gratification. It has been noted to induce the release of dopamine and serotonin. As with gambling, it develops an addiction despite the lack of a chemical substance. (Achab, Zullino, Thorens, 2013). It is thought that the mechanisms which cause the addiction (due to instant reward) are related to the Internet being available 24 hours a day, minimal costs, high speed (instantism), instantaneous interactivity and feedback, the possibility of being anonymous or creating a new identity. "Virtual networks… certainly represent a supreme object of fascination for hundreds of millions of people worldwide. […] The analysis of this phenomenon indicates that the abovementioned networks are least frequently used for utilitarian goals, and they are most often the subject of obsession, so they can even cause a serious addiction which calls for a rehabilitation therapy." (Vasić, 2015:197).

On social networks, the excitation of the nervous system with numerous visual and auditory stimuli and sensations is combined with intellectual and emotional disengagement and passivity. That very combination puts users under the control of automatism. Bearing in mind that even the mature subjects themselves are not immune to automatic, almost unconscious reactions of "the lower brain stem" (Goleman, 2007), it is not difficult to conclude what happens to immature and insecure teenagers. During the adolescence, which is a critical identity period, there is a higher need for approval and recognition by a peer group. Owing to the abovementioned technological properties of the Internet, a normal developmental need becomes an addiction to the opinion of the others in forming the image of oneself and self-worth. Due to the oversensitivity of the nervous system, which was caused by technologically created and constantly "fired" stimuli, the need for social comparison and acceptance acquires the quality of a compulsive need. Social networks inevitably multiply social comparisons and intensify the need for them because of the way they are conceived and designed. That induces and increases the addiction to those networks in the development of self-perception and self-worth among their regular users, especially those young people who are insufficiently developed and stable. (Milivojević, Jovanović, 2017).

Compared to previous generations, the youth nowadays have a new anthropological space at their disposal. Cyberspace provides them with numerous opportunities to introduce themselves and communicate with others, which has potential advantages and risks.[2] For children born after the year 2000 the analog world is a lost world, while adults do not have an infantile experience of the digital world. Instead of casting aside the world of our youth and therefore alienating them from us, it is important to familiarize ourselves with their digital practice so as to warn them, from the position of knowledge and understanding, about the temptations and dangers lurking online.

One of the biggest dangers related to the social media is cyberbullying.

Cyberbullying

Cyberbullying is defined as "an aggressive, deliberate action performed by a group or an individual using mobile phones or the Internet, repeatedly and over the course of a longer period of time against a victim who cannot defend themselves easily… It is debated whether this definition is comprehensive. Taking into consideration the criteria of a repeated action, it is often pointed out that one single violent action can be viewed or shared multiple times by others, therefore the perpetrator often uses this method – so, it may be legitimate that one single abusive action can be considered as cyberbullying. As for the criteria of unequal power relations, its usual indicators in traditional bullying – physical predominance, social status or the number of bullies – are not so obvious when it comes to cyberbullying, especially if the perpetrator hides their identity. However, the anonymity itself can indicate unequal power relations – the perpetrator knows their victim, but not necessarily vice versa; yet if the anonymity does not exist and the victim knows who the perpetrator is, then traditional criteria can still be relevant." (Smith, 2019: 24-25).

Not every aggression should be marked as bullying. Arguments and fights are often the way in which children resolve their conflicts within a peer group. When two pupils, who are more or less equally strong, get into a fight once or twice that does not count as peer violence. Such relationships are a part of child socialization and can be of structural value in their attitude towards others. Bullying, on the other hand, implies an imbalance of strength and power. The Internet and mobile phones have become weapons which are difficult to defend against.

Apart from direct physical abuse (aside from posting and sharing videos of physical violence), other forms of abuse are present in the virtual world. "Some of the principal features of cyberbullying are already well-known and have been written about for a long time. One such feature is extremely important in terms of the motivation behind bullying others. First of all, cyberbullying is indirect, unlike the direct – face to face; if the bully hides their face, there is a possibility they will stay "anonymous" or "invisible"… Other two features are more important when discussing the possible effects on the victim of cyberbullying (with regard to the traditional

[2] We only deal with the risks herewithin.

peer violence). One of these features is that during cyberbullying a potential audience is more numerous. In the schoolyard an act of humiliation can be observed by few people, unlike in cyberspace where hundreds or even thousands of people can visit a certain page – it is potentially an infinite number of visitors. The other feature is that it is difficult to get away from cyberbullying, there is almost no room for a break. In case of traditional peer violence, the time after school, evenings, weekends, holidays and breaks somehow give a sense of a shelter, while cyberbullying can be done at any time via mobile phones, even during the night. In theory, this can be prevented if the victim stops using their mobile phone or the Internet, but nowadays that would be a drastic and unacceptable move for most young people." (Smith, 2019: 23-24). Smith states that "…the empirical evidence so far suggest that being a victim of cyberbullying carries with itself equally severe consequences, sometimes even more prominent and serious than the traditional peer bullying, while those who suffer both traditional bullying and cyberbullying are the most exposed to the negative consequences." (Smith, 2019:81).

Therefore, with the help of new technologies, bullying knows no boundaries. It continues beyond school and is potentially endless on social media with devastating effects. With its potentially infinite audience, the easy use and anonymity, they spread hate, leaving the targeted helpless against this kind of dematerialized aggression. Insults and photos can be spread online within a split second and destroy someone's reputation. Teenage girls mostly exposed to this kind of danger, which often takes the form of sexual nature, as in the case of sexting, i.e. intimate photographs which are shared on the Internet. The desire for popularity often turns against its own author and can become an object of blackmail and pressure. Young cyberbullies are not always aware of the fact that virtual scars are very real and deep. (Leroux, 2015)

Sexuality online

Sexuality, as it is presented online, represents the second risk factor for teenagers. It can be in the form of unwanted sexual solicitations or explicit sexual contents. The possibility of coming across an adult sexual predator – a pedophile, causes the most fear. However, the idea of a "maniac", preying on innocent children using tricks, although true, is exaggerated with regard to other dangers of sexual nature online. Research has shown that sexual aggressions are most commonly done by adolescents among themselves. (Wolak, et al.,2018:111.). Adult sexual bullies are mostly young, while the victims are girls between the ages of 13 to 15. The child usually knows the identity of its aggressor and their sexual intentions.

Other problems are related to texts posted online. A big part of online searches done by children are related to sexual or health questions. Two difficulties arise at this level: the first one is related to the reliability of the information available online, and the other one is related to how they interpret them. Information is far from reliable, and teenagers are not competent enough to evaluate the validity of the pages they are reading. On the other hand, a document can be valid yet badly understood and interpreted.

One metasynthesis of research identifies the following risks which are related to sexuality, the internet and adolescents: hypereroticism, compulsive behaviours, trauma, depression and sexually transmitted diseases, among which is HIV[3]. (Salmon, Zdanowicz, 2007). The exposure to pornography can shape relationships between adolescents and their sexual partners in terms of privileging their own sexual behaviours in the relationship. Pornographic sites contain the risk of developing compulsive sexual behaviours or have a traumatic effect with consequent depression.

The easy access to a plethora of information and content does not mean the adolescents are better informed. Unfortunately, it is usually the opposite, because they acquire distorted opinions and values, which subsequently affect their behaviours in the virtual as well as in the real world.

Parents and family

The first human union is the family. It is impossible to understand an individual if we extract them from their family. It represents a system in which individual personality characters are developed, certain behaviouristic patterns and dealing with issues in relationships are adopted etc. Therefore, the family is a starting point from which everything begins to develop. The most challenging phase in both individual and family development is the period when children reach and go through adolescence.

Adolescence: "a journey similar to a hurricane"

Adolescence is defined as a period in life which begins with biological, hormonal and physical changes in puberty and ends in the period when an individual takes on a stable, independent role in the society.[4] "Authors who deal with the adolescence speak of three periods: early adolescence (between the ages of 12 to 15), middle adolescence (between the ages of 15-17) and late adolescence (after the age of 17), pointing out, however, that every division is arbitrary." (Vrnjašević i sar., 2003:14).
Some researches claim that the adolescent period of children is more problematic for the parents that the children of that age. Sporadic and interim considerations suggest that the adolescence represents "a journey similar to a hurricane" for parents and it takes a greater toll when it comes to the mental health of parents than of adolescents (Steinberg, 2001.). The available literature points to psychoanalytic reflections, traditional psychiatric considerations about family heredity of certain psychopathology and the analysis of its pedagogical attitudes, systems of values and norms (Kondić, 1984, Dukanac, Džamonja Ignjatović, 2005.).

Adolescence is a developmental normative crisis which is characterised by a high growth potential, but an increased vulnerability of a young person towards various disorders (Čurčić, 2004.). On the other hand, developmental issues of children and adolescents represent an externalisation of individual unresolved issues of parents

[3] Because in most cases a sexually aimed contact made on the Internet is realized in the real world.

[4] Brain development in adolescence. https://porodicnicentar.com/razvoj-mozga-u-adolescenciji/. Accessed on 4.10.2019.

or the issues in parental dyad. (Kondić, 1984.). All the aspects which are wrongly set during childhood gain a repeated yet bigger importance in adolescence, and all disagreements between parents which are kept secret, their conflicts and fallouts, which were tolerated up to that point, now become clearer and reach a level of bigger conflicts (Dukanac, 2013.).

A healthy and functional family

A healthy and functional family is characterized by the following:

- it has clearly set generational boundaries within which parents share the authority,
- the rules and the order are known and respected,
- all members are autonomous and build their own individuality,
- mutual relationships are harmonious, filled with warmth and open exchange of feelings,
- agreements are easily reached and the family is able to resolve its issues,
- they draw their identity from the tradition they respect,
- they are capable of accepting changes, without the fear that these changes would disturb their stable functioning (Marković, 1994).

Family therapists have been working on explaining and answering different theoretical questions, as well as on the multidimensional perception of family functioning. The best known and most frequently used multidimensional model is The Olson's Circumplex Model of Marital and Family System based on three concepts which are necessary for understanding family functioning (Olson, 2008, 2011.). The abovementioned concepts are cohesion, flexibility and communication. Cohesion represents the emotional connection between family members. Flexibility represents the frequency in the change of family leadership, changes in roles within relationships, as well as reaching agreements. Communications are related to positive communicational abilities of the overall family system. The model implies that balanced families have a more adequate communication when compared to unbalanced families, so their satisfaction in family functioning is more prominent (Olson, 2008, 2011.). Since the first two aspects of family functioning, cohesion and flexibility, are the balanced dimensions of family functioning, the unbalanced dimensions, which are characteristic of problematic family functioning, are described as well. The unbalanced dimensions are explained as extreme values of the balanced dimensions in both directions. According to the model, the balanced levels of cohesion and flexibility are the most optimal for healthy family functioning, while the unbalanced levels of cohesion and flexibility (very high and very low levels) are related to the problematic family functioning. The unbalanced aspect of cohesion is marked as disengagement and enmeshment. The unbalanced aspect of flexibility is marked are rigidity and chaos.

Based on the dimensions of family functioning defined in such a way, a new

division of families into 6 types is created. In this division, only the first type describes a healthy and functional family. Such a family is marked as balanced and its characteristics are the following: it deals in the best possible way with everyday stressful situations, as well as with the changes which occur overtime within the family. There is a very small possibility of meeting these families in terapy.

Potentially problematic families

The other five types represent families with a potentially problematic functioning (Olson, 2011.).

1. *Rigidly cohesive families:* they are characterised by a closeness of family members and strict application of rules of the family functioning. This characteristic allows them to function well when it comes to the time and contents for which a high level of connection is needed. Problematic functioning occurs in usual, everyday requests for a change relating to situational or developmental changes, due to the highly accentuated rigidity.
2. *Midrange families:* they function without exhibiting high levels of strength or protection, as well as without a high level of difficulty or risk.
3. *Flexibly unbalanced families*: they are hard to define because they seem very problematic and since they are characterised by high levels of flexibility, they can change their attitudes when necessary more easily than others.
4. *Chaotically disengaged families:* these are very problematic families which are characterised by the lack of emotional closeness, as well as the high levels of chaos in their functioning.
5. *Unbalanced families:* this is the most problematic type of a family and it is often met in therapy. They represent a direct opposite to balanced families.

Making a parallel between family functioning and aspects of parenthood, support and control are listed as an equivalent to cohesion and flexibility. The support is characterised as the amount of care, closeness and parental commitment, which represents a very similar description of family cohesion. The control is determined by the level of parental flexibility when they establish rules and discipline over the child.

Parenting styles

In addition to the abovementioned clearly defined family types, five parenting styles have also been defined. Similarly as in the case of families, only the first parenting style describes a family which will have good functionality. It is described as a democratic parenting style and its characteristics are the following: a level of cohesion and flexibility is balanced, i.e. in this case the level of support and control. Clear rules and expectations are established. Parents have discussions with their children and take their point of view into consideration, yet they use their own knowledge, ex-

perience and power to establish the desired standards. Children who come from these families cope well with stress and they are focused on success and accomplishments. This type of parenting is placed in the middle position of The Circumplex Model.

The four remaining parenting styles can develop a potentially problematic style of family functioning (Olson, 2011.).

1. *Authoritarian parenting style:* it is characterized by a high level of enmeshment and rigidity. Parents have strict rules and expectations which are rigidly applied. Children are expected to obey, without much discussion. This parenting style is highly problematic during the period of adolescence. Since rebellion and resistance during the adolescence are increased, the behaviour of these adolescents becomes conflicting and irritating. Their disposition to stress is accentuated, and their mood becomes changeable and depressive. This parenting style is placed on the lower right quadrant of The Circumplex Model.
2. *Permissive parenting style*: it is characterised by accentuated chaos and enmeshment. These parents do not have clearly set rules and expectations and they let their children enjoy numerous privileges. Therefore, these families are often under the control of the children rather than the parents. Children from the families with this parenting style exhibit aggression, impulsiveness, uncontrolled rebellion in behaviour and have a tendency to dominate. Their achievements at school are low. This parenting style is placed on the higher right quadrant of The Circumplex Model.
3. *Rejecting parenting style:* accentuated rigidity and disengagement. In this parenting style, parents do not pay a lot of attention to the child's needs and rarely have any expectations of them. Children in these families do not have a feeling that someone is looking after them. They feel as if they themselves have to know the rules and obey them. Children who are raised in these families often stay immature with numerous psychopathological contents. This parenting style is placed on the lower left quadrant of The Circumplex Model.
4. *Uninvolved parenting style:* increased chaos and disengagement. Parents in these families ignore their children and let them enjoy all privileges possible, as long as their behaviour does not threaten the parents. Children who are raised according to this parenting style are left to their own devices and do not have emotional support. These children are withdrawn, alone and with low achievements at school. This parenting style is placed on the higher left quadrant of The Circumplex Model.

According to the above mentioned, it can be concluded that the personality of parents, parenting style and family structure represent the most important environment which makes the first and permanent influence on the child's development. If family functioning and parenting style are not good enough, that represents a suitable environment for the development of sociopathological phenomena.

Parental supervision: attitude and measures

When it comes to cyberbullying and other dangers online, parents "have a specific role in monitoring to what extent and how their children use the Internet, as well as advising them on that matter. It has been proven that it is most successful when parents are consciously and carefully engaged, but without exaggerated restriction. Parents might find out that their child is a bully or an observer of bullying. By talking about the negative consequences, mental pain and suffering of the victim, parents can help and impose upon their children the moral imperative so as to end such behaviour or protect the victim, if possible. A number of measures can be taken to supress peer bullying including working with parents and therefore providing them with the support necessary to take action against bullying." (Smith, 2019:83).

No control measures can be successful in the absence of positive and stable family climate which, apart from the inevitable frictions and conflicts, generates mutual respect and trust. Although peer groups are of great importance to teenagers, their parents remain their "safe haven", the foundation, landmark and protective structure.

Results of the research carried out by D. Trifunović (2019) as part of her master thesis have confirmed the general hypothesis that problematic family functioning represents a generator which causes the formation of problematic behaviour in adolescent children in school environment, who are placed under the increased parental supervision accordingly. Family functioning of an experimental group is different from family functioning of a control group. The research is based on the theoretical groundwork that the family represents the "learning grounds" of interpersonal relations, the adequate future social functioning in the extrafamilial i.e. school environment and the basis for the psychological maturation of adolescents.

Conclusion

The period of adolescence represents a great challenge, both for children who are going through it and for parents and their environment. It has never been easy to raise an adolescent, as seen in the expression "the tender age". Additionally, the advent of the Internet has caused the feeling of helplessness in parents, who get the impression that they are losing the battle for "the minds and souls" of their children against such a powerful competitor. Adolescents have always been finding ways to go behind restrictions, break the rules and escape parental control, and now they have a powerful weapon for such transgression in the form of the mobile phone. Overworked, busy and confused parents are caught in a thick interweaving of various social forces, in which the digital network is entwined as well, and which compete against their parental influence.

However, parents are "caught in the web" as well, they are hyperconnected themselves and they also stare at the screens of their computers or mobile phones, check messages, surf the Internet, post photos and posts, respond to messages, and they do all of this in the very presence of their children. It is known that children do

not acquire behaviours and restrictions which are "served" only verbally, but also by their parents' behaviour which they witness. Does that mean that parents are destined to fail against the omnipotent digital universe? Not at all, unless they hand all their power over to it.

It is clear that children should be better informed and warned against the negative side of the Internet. Parents need to be good role models, positive introjectors, if we want children especially in the period of adolescence, to take those warnings seriously instead of disregarding them as nagging. The relationship of trust and respect is built from the child's birth. Parenting is a challenging and long-term job which entails a lot of patience, skills and knowledge, and above all, parents need to educate themselves constantly. In that way, despite a great influence of the peer group and the media, parents can set a desirable and inspirational model to their children. Ad hoc disciplinary measures, "putting out fires", reactionary interventions are not efficient. Parenting is a marathon, a long hurdle race, and not a sprint on along a straight track. Parents who constantly inform, educate and question themselves, who grow and develop as human beings alongside with their children in this complex, fast-changing, networked and risky world, build relationships of mutual trust and respect as a powerful dam against negative outside influences. According to this, we will reformulate the famous slogan "be the change you wish to see in the world" to "be what you want your children to become".

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IZAZOVI RODITELJSKOG NADZORA NAD KORIŠĆENJEM DRUŠTVENIH MREŽA: MIT O NEMOĆI RODITELJA NASPRAM MOĆI INTERNETA

Rezime

Javnost neretko uznemire i šokiraju scene nasilja među mladima, snimljene smartfonom i deljene na društvenim mrežama. Snimke preuzimaju masovni štampani i elektronski mediji podstičući mnoge analize, komentare i preporuke različitih relevantnih društvenih aktera, a korisnici interneta postavljaju svoje komentare. Većina osuđuje nasilnike i posmatrače koji su snimali, umesto da brane žrtvu. Naglašavaju se loše strane društvenih mreža, zagovara se strožiji nadzor nad njima, a ima i komentatora koji lamentiraju nad pojavom tog „zla" koje bi trebalo ukinuti. Razvijaju se diskusije o nemoći prezaposlenih, stresiranih i zbunjenih roditelja, zastarele škole i inertnog društva da se efikasno izbore sa sveprožimajućom virtuelnom stvarnošću koja ostavlja realne posledice na stvarne osobe, u stvarnom životu. Neki komentatori ističu da je internet samo sredstvo koje može da se pametno ili nepromišljeno upotrebljava, da je odgovornost na korisnicima, a kad su u pitanju maloletnici, na njihovim roditeljima i vaspitačima. Takođe se ukazuje na to da nasilje ili druga nepoželjna ponašanja nisu imanentna društvenim mrežama, već da se na njima reflektuju postojeće društvene patologije. Cilj rada je da se promisli uloga roditelja uhvaćenih u gust preplet različitih društvenih sila, u koji je svoje niti uplela i digitalna mreža, a koje se nadmeću sa njihovim vaspitnim uticajem. Roditeljstvo je izazovan i dugotrajan posao koji zahteva mnogo strpljenja, umeća i znanja. Roditelji koji se neprestano informišu, obrazuju, preispituju, koji rastu i razvijaju se zajedno sa svojom decom u ovom kompleksnom, brzomenjajućem, umreženom i rizičnom svetu, grade odnose međusobnog poverenja i poštovanja kao moćnu branu protiv štetnih uticaja interneta.

Ključne reči: *roditelji, društvene mreže, poverenje, poštovanje*

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ELECTRONIC MEDIA IN THE PREVENTION OF ADDICTION

Abstract: Addiction diseases represent one of the most widespread and complex socio-medical challenges facing modern society. An effective approach to their prevention requires an integrated action of all subjects of society, whit respect of the given political, economic and socio-cultural context. The media, as a particularly influential social institution, has a great potential and significant role in an integrated approach to prevention. The strategies for prevention and promotion of health, recommended by the World Health Organization, also include strengthening the capacity for the strategic use of mass media. Televisions with national frequency are of particular importance, as they are one of the main sources of health information in the Republic of Serbia and they have a great social responsibility and legal obligation to produce and broadcast informative, educational and other programs of interest to citizens, but also a significant role in the formation of paradigmatic socio-cultural patterns. In addition, when essential topics are not present in the media, they often remain outside the priorities of policy makers and the public themselves, which at the same time represents kind of stigma and disqualification, and it is considered that overcoming that is one of the preconditions for effective prevention of addictive diseases.

Key words: *Addictive disease prevention, media, television, media campaigns*

Introduction

„A man is addictive being. If he hasn't developed relative maturity, which includes transcendence, he may become addictive of tablets, drugs, alchogol, gambling…"[2]
Vladeta Jerotić

Addiction diseases represent global social and one of the most complex public-health problems, which is in constant expansion. To the importance of the problem indicates the UN General Assembly's Political Declaration, stating that drugs destroy lives and communities, undermine sustainable human development and affect all segments of the society, and that „drug abuse particularly affects the the freedom and

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[2] Jerotić, Vladeta, *Ličnost narkomana*, Beograd, ArsLibri, 2008.

development of young people, which falls into the most precious world values"[3]. Our country, as well, has been facing a significant increase in the number of young people in recent years seeking help due to the psychological disorders associated with dependency diseases.

It is necessary to emphasize that the creation of a disease dependency is a process in which numerous individual factors are included (positive attitudes towards the use of substances, insufficient information, low threshold tolerance on frustration, underdeveloped social skills and ets.), family (disorganization of the family, absence of positive relationships, inadequate communication) and social risk factors (economic crisis, value system crisis, forced migration and other), including customs and regulatory mechanisms of the society. Additional factors represent the quality and philosophy of the modern consumer and society prone to hedonism, in which it is increasingly difficult to maintain motivation for the preservation of health and risk avoiding, but it is easy to increase the tendency to seek and accept unnatural, highly risky and socially unacceptable alternative solutions to achieve satisfaction[4].

In the very beginning of the addiction process, there are certain stages of disease development that can be recognized: use and experimentation, harmful (risky) use and misuse (ABUZUS), and at the ende, the phase of developed addiction to the psychoactive substance (PAS).

Modern scientific knowledge of neurobiochemism of addiction indicates that the signs of addiction form much earlier than it may be clinically recognizable from the point of a traditional medical model[5]. Therefore, psychosocial intervention, prevention, diagnosis and treatment of addiction sickness is necessary to formulate wider and more comprehensively, not only to be treated to the medical model.

Broad preventive activities are aimed at sensitizing and mobilizing the public, raising the level of interest, information and knowledge, developing a supportive climate for changing people's attitudes and behavior, motivating them to take personal action, developing a sense of responsibility for their own health, as well as the health of society as a whole. Basic strategic documents and appropriate legal solutions, which represent the framework for action of state institutions and civil society organizations in addressing these challenges in the Republic of Serbia, also indicate the need for continuous and consistent implementation of appropriate preventive activities.

Mass media, which represent a significant factor in contemporary culture and society, but also a phenomenon that practically dominates the psychic dimension of modern man's life, play an important role in prevention. The importance of the media as an extremely important channel of communication is also confirmed by the World Health Organization, which, as part of its strategies, recommends strengthening the capacity for strategic use of mass media to disseminate health messages to the widest possible audience in order to prevent and promote health[6]. The term media is defined

[3] Source: http://www.zdravlje.org.rs

[4] Sakoman, Slavko, Strateška opredeljenja zemalja EU glede suzbijanja zlouporabe droga, u: *Bolesti zavisnosti*. Beograd, Evropski centar za mir i razvoj Univerziteta za mir UN, 2004.

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[6] Ghosh, Neill, Mohit, Ahmad, Murthy, Srinivasa, Mental health promotion in post conflict

in the Law on Public Information and Media (Article 29) as follows: "A media is a medium of public communication which, through words, images or sounds, transmits editorially formed information, ideas and opinions and other content intended for public distribution and an indefinite number of users. For the purposes of this Law, the media particularly refers to daily and periodical newspapers, news agency services, radio programs and television programs and electronic editions of those media, as well as independent electronic publications (editorially designed websites or web portals), which are registered in the Media Register, in accordance with this Law"[7].

The classification of the media involves the division of the mass media into a group of so-called „traditional" media, which includes print, radio, television, film and so-called „new" media, represented by the Internet and social networks.When it comes to the specifics of the media, it should be noted that traditional media is characterized by linearity, standardized structure, clearly defined message boundaries[8]. These media are also characterized by high public visibility and susceptibility to legal and social control, nationally and internationally[9]. The term „new" media encompasses a set of communication technologies that have expanded the range of opportunities for public communication and enabled greater levels of interactivity. Of particular importance is the Internet, which differs from traditional media in its structure, characterized by the existence of the possibility for the recipient to determine the order of messages and their reception, less standardized structure, increased interactivity, multimedia format[10]. Combining the traditional with the new media is an increasing phenomenon, which is reflected in the fact that television stations have their own web site, television sites can be watched via live streaming, listening to radio programs and more.n support of the importance of the media, research has shown that the majority of Serbian citizens are the main media outlets for television, as well as the most watched national television, namely Radio Television of Serbia (RTS) and commercial television with national frequency[11]. Televisions with national frequency have great potential and great social responsibility, but also have a legal obligation to inform on all issues of wider social importance.What is expected from the media, and especially from the media public service, is responsibility in the choice of topics to be addressed, the way of presentation, the positioning of certain contents within the program scheme, the importance that will be given to a particular topic[12].

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countries, in: *The journal of The Royal Society for the Promotion of Health,* Vol. 124, No 6, 268-270, 2004.

[7] Zakon o javnom informisanju i medijima, Službeni glasnik RS, br. 83/2014 i 58/2015

[8] Manić, Željka, *Primena i mogućnosti metoda analize sadržaja u sociologiji*, Doktorska disertacija, Filozofski fakultet Univerziteta u Beogradu, 2014.

[9] Mc Quail, Deniss, *Mc Quail´s mass communication theory,* 6th edition, London, Sage Publications, 2010.

[10] Manić, Željka, *Primena i mogućnosti metoda analize sadržaja u sociologiji*, Doktorska disertacija, Filozofski fakultet Univerziteta u Beogradu, 2014.

[11] According to the results of the study conducted by Ipsos strategic marketing, AGB Nilsen media research and IREX, 85% of Serbian citizens considers television as the main mean of information and 75% of viewers regularly watch national television programs. (Source: http://www.b92.net).

[12] Valić Nedeljković, Dubravka: Multikulturalnost u programima Javnog servisa Vojvodine, u: Valić Nedeljković, Dubravka (ur.): *Medijska sfera - Javni servis Vojvodine - Monitoring transformacije Radio-televizije Novi Sad u Javni servis Vojvodine*, Novosadska novinarska škola, br. 1, str. 101-127, 2007.

One of the rare examples of good practice and cooperation between experts and journalists in this field is certainly the workshop „The Role of the Media in Reporting on the Prevention of Addiction Diseases", organized in October 2019 in Novi Sad by the Association of Journalists of Serbia with its branch Society of Journalists of Vojvodina (UNS- DNV)[13]. Participants agreed that the media rarely reported on the prevention of addiction diseases such as drug addiction, gambling and alcoholism. It has been stated that the media most often report on these topics after major tragedies, that at that time the media space was dedicated to a specific event rather than a deeper analysis of the causes that led to the tragic outcome. It was concluded that the creation of quality media content in the field of preventive action requires adequate interviewees, experts for certain types of risky behavior, but also good information and ability of journalists to access sensitive groups and topics.

Current situation in the republic of Serbia

Prevalence of addictive diseases, ie mental disorders and behavioral disorders caused by psychoactive substance use, shows a trend of steady increase in the Republic of Serbia, and of particular concern is the increase in the number of addicts among young people[14]. According to the results of the study „National Survey on Lifestyle of the Serbian Population"[15], conducted in 2014 by the Institute of Public Health of Serbia „Dr Milan Jovanović Batut", the current situation in our country is characterized by the following:

- A total of 36.4% of the adult population (40.9% of men and 32% of women) are daily smokers - corresponding to the number of 1 640 000 to 1 762 000 persons, aged between 18 and 64 years.
- Risky patterns of alcohol use are present in 13.3% of the population (22.1% of men and 4.6% of women), which corresponds to the number of 580,000 to 664,000 high-risk alcohol users among the adult population in Serbia, most of them men (77%). Harmful or problematic drinking is related to 6.2% of the total population (10.6% men and 1.7% women), or 257,000 to 318,000 people (mostly men and approximately 1/3 of the 18-34 age group).
- There are an estimated 20,000 high-risk opiate users (including injecting drug users). Most illegal drug users are men aged up to 44 years. The most commonly used illegal drug in the adult population is cannabis (marijuana and hashish). Illegal drug use, at least once in a lifetime, was reported in 8% of the total population, aged 18-64 (10.8% male and 5.2% female), with a higher prevalence of young adults 18-34 age (12.8%).

[13] Source:http://www.uns.org.rs/sr/desk/Aktivnosti-DNV-UNS/87803/preventivna-uloga-medija-novinari-su-duzni-da-izvestavaju-o-preblemima-bolesti-zavisnosti.html

[14] Knežević, Tanja et al., *Evropsko istraživanje o upotrebi alkohola i drugih droga među mladima u Srbiji 2008 – Izveštaj za Republiku Srbiju*, Beograd, Ministarstvo zdravlja Republike Srbije i Institut za javno zdravlje Republike Srbije „Dr Milan Jovanović Batut", 2008.

[15] Kilibarda, Biljana et al., *Nacionalno istraživanje o stilovima života stanovništva Srbije 2014. godine – Osnovni rezulati o korišćenju psihoaktivnih supstanci i igrama na sreću,* Beograd, Institut za javno zdravlje Srbije „Dr Milan Jovanović Batut", 2014.

It is argued that differences in the prevalence of legal and illicit drug use may be explained by differences in attitudes and perceived risk associated with the consumption of different substances. While the heavy use of alcohol and tobacco is socially acceptable and perceived as less harmful, the use of illegal drugs, even occasionally, is highly condemned and considered to be much more harmful.

The key document in solving the problem of drug abuse in our country is considered the Strategy on the Prevention of Drug Abuse for the period 2014-2021. Strategy and Action Plan 2014-2017, promote an integrative approach to the activities of different sectors, with coordination of all institutions involved in the fight against addiction diseases and all levels of government, with special emphasis on comprehensiveness and continuity in work, multidisciplinarity and the right to information[16]. The Strategy states: „In the field of drug abuse prevention, the Ministry of Health is involved as well as, the Ministry of the Interior, the Ministry of Youth and Sports, the Ministry of Education, the Public Health Institute of Serbia 'Dr Milan Jovanović Batut' (with a network of 23 institutes), the Red Cross of Serbia, addiction treatment institutions, local self-government units, international organizations, associations, etc"[17]. One of the activities foreseen in the Action Plan starting in 2016 is also related to the continuous „support for the production and broadcasting of educational and informative shows with the aim of educating and informing children, young people, parents and other citizens about the impact and harmfulness of drugs and other addictive substances". The Ministry of Culture of the Republic of Serbia is responsible for the implementation of this activity, and „media and journalism associations" are listed as partners, along with other entities (Ministry of Education, Science and Technological Development, MIA, MOS, IZJZS, CSO).

The National Strategy for Combating Alcohol and Alcohol Abuse, which builds on the European Union Action Plan from 2012 to 2020, was developed by the Republican Commission for the Prevention of Alcohol and Alcohol Abuse in 2011. The strategy encompasses a number of systemic measures and emphasizes the importance of the leading role of the state in solving this socio-medical problem, with the involvement of all sectors of society and through partnership with other social entities, as a condition for quality implementation of the strategy and action plan.The fact that the Strategy has not yet been adopted is a kind of systemic paradox, since society's interest in treating alcoholism is enormous.

Tobacco control is one of the public health priorities of the country, which is additionally important as it is an important aspect in the process of harmonization with EU countries[18]. In order to provide social care for the health of the population, in 2005 the Government of the Republic of Serbia adopted the Tobacco Control Strategy,

[16] Strategija o sprečavanju zloupotrebe droga za period od 2014-2021. godine. Službeni glasnik RS, br. 1/2015

[17] Strategija o sprečavanju zloupotrebe droga za period od 2014-2021. godine. Službeni glasnik RS, br. 1/2015

[18] Tobacco control measures include banning tobacco advertising and promotion and sponsorship of the tobacco industry, constant warnings about the dangers of tobacco use (such as pictorial warnings on cigarette packs), smoking cessation assistance, and increasing taxes on tobacco and tobacco products.

for the period up to 2015, whose main objective is to provide a framework for the implementation of tobacco control measures, in order to improve the health of citizens in the future. One of the immediate objectives of the Strategy is „to educate the public about the harmful effects of exposure to tobacco smoke"[19]. In 2010, the Government of the Republic of Serbia adopted the Law on the protection of the population from exposure to tobacco smoke, as well as the Program for Prevention and Suppression of the Use of Tobacco Products, aimed at preserving and improving health, detecting and suppressing risk factors for the onset of disease and acquiring knowledge about healthy lifestyles[20]. It states that public awareness should enable comprehensive, accessible and effective programs to be implemented. One of the important preconditions for the effective realization of all the stated goals and activities is certainly adequate and continuous cooperation with the media.

Media assisted prevention

Basic principles and effectiveness

The use of mass media to convey preventative messages regarding substance abuse and substance abuse has a long tradition of extensive use and significantly reflects the development of drug awareness[21]. Although the dominant view has long been that the media do not live up to expectations as an effective tool for preventive purposes and may even be counterproductive, there is increasing scientific evidence to suggest that the media can have a significant positive impact on changing attitudes, beliefs and health related behaviors[22]. Media campaigns are often the first and / or only intervention made by policy makers dealing with drug abuse prevention, says the United Nations Office on Drugs and Crime[23], as these campaigns are extremely visible and can reach a large number of people relatively easily[24].

The preventative potential of the media is thus reflected, first and foremost, in the ability of the messages to reach a wide audience very quickly, including certain target groups, and then in the great availability and popularity of the media as a communication channel. A significant advantage of visual media is the possibility of visual communication and attractive presentation of content[25], which greatly influences the

[19] Source: http://www.zdravlje.gov.rs

[20] Source: http://www.minzdravlja.info

[21] Flay, Brian R., Sobel, Judith L., The Role of Mass Media in Preventing Adolescent Substance Abuse, 1983. (http://www.archives.drugabuse.gov)

[22] Palmgreen, Philip, Donohew Lewis, Effective Mass Media Strategies for Drug Abuse Prevention Campaignes, In: Sloboda, Zili, Bukoski William J (eds), *Handbook of Drug Abuse Prevention*, Springer, Boston, MA, 2003.

[23] United Nations Office on Drugs and Crime (UNODC), World Health Organization (WHO), *International Standards on Drug Use Prevention - Second Updated Edition.* 2018. (https://www.unodc.org/unodc/en/prevention/index.html)

[24] The slogan of the United Nations Global Campaign commemorating the International Day Against Drug Abuse 2019 is „Health for Justice, Justice for Health" and aims to highlight the importance of synchronized activity in tackling drug abuse and the involvement of all relevant sectors and institutions (https://www.unodc.org/drugs/indexNEW.html).

[25] Attitudes are thought to change under intense pressure from the group, under the influence of

formation of attitudes of the population, which are an important aspect of the prevention of addiction diseases. This is supported by the results of numerous studies, which confirm that the formation and maintenance of the stereotype of mental patients and addicts is significantly influenced by visual communication and visual media, since the appearance of the patient appears as one of the first three marks, and when forming an image of addicts come first[26].

Early approaches to media-mediated prevention, as stated by Flay and Sobel (1983), were based on a moralistic model and interpretation[27]. A phase characterized by the "intimidation" approach followed, with the idea that if it was difficult to motivate people to give up drug use, it might be more effective to scare them to achieve the desired goal. The next phase is dominated by programs based on providing information on the properties and consequences of drug use. The next is the affective approach stage, which in addition to the information includes the value context regarding the appropriate choices. Later approaches affirm the social dimension and importance of social influences and social support in solving this socio-medical problem.

The contemporary approach to media-assisted prevention is primarily characterized by pointing out the benefits of a substance-free life and a „healthy" or socially acceptable alternative. However, the accusation-based approach is still topical, despite criticism that it is „health terrorism", which is further said to have little effect[28].

Preventive media campaigns can be standalone or linked to other organized program components, such as institutional accessibility and easier access to certain health services. Campaigns can aim to directly influence individual behavior and decision-making at the individual level, by initiating cognitive or emotional responses. Conversely, behavioral change can also be achieved indirectly, by allowing mass media messages within an individual's social network to initiate a conversation about a particular health issue, which, along with individual exposure to messages, may contribute to specific behavioral changes.n addition, behavioral changes, which become the norm within an individual's social network, can influence that person's decisions without being directly exposed to the campaign. Finally, media campaigns can stimulate public debate about health issues and lead to changes in public policy, resulting in some restrictions and consequent changes in individuals' behavior.

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systematic education, in an individual's crisis situation or under the influence of a person with whom the person whose attitude changes in intense emotional reaction (Opalić, 2004:29).

[26] Opalić, Petar, P*sihijatrijska sociologija: teorijski i empirijski problemi sociologije mentalnih poremećaja*, Beograd, Zavod za udžbenike, 2008.

[27] Flay, Brian R., Sobel, Judith L., The Role of Mass Media in Preventing Adolescent Substance Abuse, 1983. (http://www.archives.drugabuse.gov)

28 The American Internet campaign „The horrors of methamphetamine", launched in 2012 at www.rehabs.com, provoked strong public reaction. Very illustrative photographs of people before and after the use of „meta" depicts men and women whose health and physical appearance have suffered dramatic consequences. The photos were mostly made during multiple arrests of people who consumed or sold drugs. The campaign was designed in line with the results of a survey conducted in 2008 among high school students, which aimed to identify what factors would most impact young people when making a decision on drug use. The campaign's authors state that the primary goal was to reach as many people as possible through the Internet, thus raising awareness of the harmfulness of methamphetamine.

When it comes to the basic principles of preventative media campaigns[29], many authors highlight the following as the most important:

1. *Repeated and prolonged exposure of the wider audience to the appropriate message* - It should be ensured that the messages of the media campaign have the greatest reach and frequency, that is, reach as much of the audience as possible and that the average number of expositions of the audience to the messages is as high as possible.
2. *Implementation of audience segmentation strategy in targeted messaging to high-risk populations* - Segmentation, that is, targeting or addressing a specific target population, is one of the preconditions for the effective and efficient dissemination of prevention messages to those who need the information of that kind. Demographic information is a necessary starting point, but equally important is knowledge of psychographic variables, that is, existing attitudes, beliefs, value systems, personal characteristics regarding the use of a particular substance, as well as the most appropriate type of message and communication channel for a given population.
3. *Conducting a formative evaluation during audience segmentation, message creation and media selection for the transmission of the message* - Conducting appropriate research, both qualitative and quantitative, is essential in determining the relevant risks, needs, attitudes, beliefs and behaviors of the target audience. They are equally important for creating appropriate messages that will attract public attention and act persuasively, as well as for selecting appropriate media content and channels for their placement. Preventive message ideas should be carefully tested beforehand with the participation of the target population, media professionals, and behavioral experts in order to be as appropriate and appropriate to the actual needs of the intended audience.

Evaluation of preventive media campaigns indicates that the most effective programs are those that, in addition to the above principles, include a well-planned and implemented gatekeeper approach in the media, above all people in appropriate positions, and extensive community involvement (volunteers, schools, government officials, political and state leaders, celebrities, experts and other media).

Examples of good practice in the field of prevention media campaigns

One of the most significant and extensive national preventative media campaigns was launched by the United States Congress in 1998, and is continually conducted by the Government Office for National Drug Control Policy[30]. The two main target groups of this National Campaign are teenagers between the ages of 9 and 18, targeted by the Above the Influence Campaign - ATI (Figure 1) and young people between the ages of 18 and 34 (the Anti-Meth Campaign).

[29] Milošević, Ljiljana, Televizija i promocija mentalnog zdravlja, u: *Sociologija*, vol. 53, br. 2, str. 213-230, 2011.

[30] Office of National Drug Control Policy (source: http://www.whitehouse.gov)

The main objective of the campaign is to encourage young people to live „Beyond the impact" of drugs and alcohol, to educate and empower young people to refuse when offered illegal drugs, to prevent initial consumption, primarily marijuana and inhalants, to motivate „casual" users to stop consuming. Preventive messages were distributed through television (nationally and locally), the press, radio, the Internet and other media. The campaign has been redesigned and supplemented over the years to meet the relevant interests of new generations, but also to provide interactivity. An „ATI Facebook" page was created, which recorded extremely high traffic, as well as an „ATI YouTube" internet channel.

Figure 1: *Campaign „Above the Influence"*[31]

The evaluation of the Campaign, according to various independent studies, confirms its significant positive impact on the strengthening of attitudes and beliefs about the harmfulness of drug consumption and the intention not to use it, ie to preserve „freedom from drugs", as well as to reduce the rate of initial marijuana consumption. An example of good practice and an intersectoral approach in countries in the region is the media campaign „Say NO to Smoking", launched by the Croatian Ministry of Health and Social Welfare and Croatian Radio Television (HRT) in 2002[32]. One of the „Smoke-Free Day" events was organized on March 5, 2003, on the first day of Lent[33]. The slogan of the action was: „Croatia is breathing". The goal of this intense media campaign was to reduce the prevalence of smoking in the general population. The action is linked to a culturally and religiously significant date, which was a strategy that sought to motivate as many smokers as possible to smoke for at least one day, with the call to continue. The television video clips also included telephone numbers that provided interested parties with free information on smoking cessation.

For the purpose of evaluating this action, two separate surveys were conducted, the results of which showed that 27% of smokers did not consume cigarettes that day (34% of women and 23% of men), 50% smoked less than usual, and 16% of respondents said that will not smoke for the entire duration of Lent (40 days). Most abstainers

[31] Source: https://abovetheinfluence.com

[32] Civljak, Marta, Say yes to no-smoking - Case study Croatia, in: Donev, Doncho (ed). *Health Promotion and Disease Prevention.* Skopje, Stability Pact for South Eastern Europe, 2007.

[33] Lent is the liturgical time of the church year during which Catholic believers prepare for Easter by fasting, prayer, and other forms of renunciation.

were in the 30-44 age group. The action was rated as useful by 80% of respondents[34]. In conclusion, it was pointed out that the Say No to Smoking program promoted positive lifestyle changes and contributed to creating the right conditions for the implementation of a comprehensive tobacco smoking control program. It was also concluded that the most important factor for behavioral change is social support for problem solving[35].

Research „radio and television and prevention of addiction diseases"

The Center for Research of the Public Opinion, Program and Auditory of Radio-Television of Serbia, taking into account the importance and actuality of this topic, conducted in November 1997 the Research „Radio and Television and Prevention of Addiction Diseases", which is practically the only research of its kind conducted in our country. The overall objective of the research was to determine the informational and educational role of the media, especially electronic ones, in the field of addiction disease prevention. Specific goals were identified: the relation of the auditorium to issues related to health and addiction diseases in the media, monitoring, evaluation of representation, ways of placement and effects of various program contents, attitudes on the need to initiate special actions in the media for the prevention of addiction diseases, and more.

The survey was conducted by telephone survey from Belgrade, Novi Sad and Pristina[36]. The results showed that 41.1% of the survey participants received basic information about their health through the media, 29.9% through television, 8.8% in print and 2.4% through radio. The second place was visited by a doctor, with 38.0%, and the third was family members and friends, with 8.1%. Among other means of information, the most commonly cited is the use of professional medical publications.

The survey found that the majority of respondents, regardless of whether their media is the basis of information in this field, pay attention to messages in health-related media. This is especially true for the health programs on the television program, which are the subject of attention of 87.7% of the respondents. The level of education contributes to the interest in health issues, so that persons with secondary and higher education are more numerous among regular viewers and there are slightly more women than men (44.1% vs. 30.2%).

70.7% of the respondents believe that the attention paid by radio and television to addiction diseases, ie the volume and quality of information, is not enough. This opinion is shared by 80.0% of high school students and more than half of respondents aged 10-15.

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[34] The first one was conducted by independent research agency "Puls", and the other one by research agency of HRT

[35] Civljak, Marta, Say yes to no-smoking - Case study Croatia, in: Donev, Doncho (ed). *Health Promotion and Disease Prevention*. Skopje, Stability Pact for South Eastern Europe, 2007.

[36] The sample was made on the basis of the register of telephone numbers in Serbia. 1251 individual telephone subscribers from urban, suburban and rural settlements were selected. 100% contact was made, of which 1106 were interviewed, accounting for 88.41%.

When asked what gives the viewers the strongest impression when talking about addiction diseases, the majority of respondents (30.3%) answered that this is when doctors talk about these problems. In the second place (23.6%) are shows in which the patients share their experiences, and in the third (22.8%) are shows in which examples of the consequences of the disease are presented. Nearly two-thirds of students and students with special interest are watching shows in which the sick speak. It makes the worst impression on viewers when it comes to statistics.

The opinion of almost all survey participants (94%) is that the prevalence of alcoholism, drug addiction and smoking in our environment is such that it requires increased media attention and the initiation of wider media activity. 68.6% of respondents consider that all addiction diseases equally require increased media attention.

The complexity and specificity of the topic raised the question of the viewers' attitude in what manner and in what types of shows should the diseases of addiction be talked about. Most respondents (36.5%) felt that these issues should be discussed in specialized health shows, in youth shows (25.2%), news programs (12.4%) and documentary shows (13.8%), as in other types of emissions (7.5%). Most respondents (42.1%) think that the most important of these shows is the harmfulness of the use of tobacco, alcohol or narcotics on health, as well as the consequences in the social environment (problems in the family, at work, in traffic, crime, etc.). According to the opinion of 23.3% of the respondents, the last place (2.6%) of the mentioned contents contains information on institutions for treatment of addiction diseases.

Significant data is that almost a third of the respondents (31.7%), driven by the information and knowledge about addiction diseases, which they received through the media, made some positive changes in their behavior: they reduced or stopped smoking and / or consumed alcohol. went to the doctor, increased regular physical activity, changed diet (Table 1). Slightly more than a third of respondents (36.2%) did not change their behavior, while others said they did not use tobacco, alcohol and narcotics (32.1%).

Table 1. *The impact of the media on health habits (%)*

	UKUPNO	Centralna Srbija	Beograd	Vojvodina	Kosovo i Metohija
Visited doctor	5.3	3.8	7.9	6.7	4.9
Reduced or stopped smoking	13.0	10.8	17.0	15.6	9.8
Reduced or stopped drinking alchohol	0.7	0.9	0.6	0.4	-
Increased regular physical activity	3.1	3.0	2.4	3.3	4.9
Changed their diet	6.0	5.5	7.3	6.7	2.4
They did nothing	36.2	37.9	40.6	27.8	53.7
Do not use cigarettes, alcohol and drugs	32.1	33.7	21.8	38.2	24.3
TOTAL	100.0	100.0	100.0	100.0	100.0

(Source: RTS Public Opinion, Program and Audit Center, 1997)

The results of this study suggest that there is considerable public interest in addiction disease topics. Caring for one's own health, as well as the occurrence of health problems in the family or environment, deepens the interest in this issue.The fact that over 40% of the survey participants acquire basic knowledge about protecting their health through the media, most of which through television, as well as that a third of the respondents changed not only their attitudes under the influence of this information and knowledge about the harmful effects of tobacco, alcohol and narcotics, but alsotheir behavior, undoubtedly, confirms the potential and importance of television's informational and educational role in the field of addiction disease prevention.The present differences in the respondents' answers by region are further confirmed and supported by the importance of a culturally sensitive approach to media-mediated prevention in this area and respect for the overall specificity of the target population or audience.

Based on the specifics of the information in this area, some recommendations for the media have been made, which include the following: careful selection of content and interviewees is required, complete information must be provided, as inaccuracies can be counterproductive, curiosity and desire for information should not be aroused. by consuming psychoactive substances.

Televisions with national frequency in media-assisted prevention

Taking into account the social context and importance of addiction diseases in our region, as well as the great potential and social responsibility of nationally televised television, it is quite reasonable to expect their active involvement in order to raise public awareness, raise awareness and knowledge about prevention options in this area, overcome prejudice, stigmatization, providing public support for the implementation of prevention programs and actions, making appropriate political decisions and legal solutions, affirming health as an individual and social value.

However, television activities in this area could generally be assessed as partial and sporadic. These topics are most often discussed in the context of a sensationalist approach to reporting on current events, often with tragic consequences, or in support of significant dates (World Anti-Addiction Day, World Anti-Alcohol Day, World Anti-Alcohol Day, etc.), while continuous, comprehensive information and education are missing.

In circumstances where continuous information is lacking and when commercial television stations, whose programming orientation is primarily focused on „popular" content, predominate, media campaigns are given further importance.

Figure 2: *A poster of the campaign „Toje NE menja sve"*

The preventive national campaign under the slogan "United Against Drugs" (Figure 2) was launched by the Ministry of Health of Serbia and the Delegation of the European Union to Serbia, as part of the project "Implementation of the National Drug Strategy" (INSADA)[37]. The project was implemented from May 2009 to March 2011 with the financial support of the European Union. The campaign began on November 1, 2010 and lasted for six weeks. During this period, the videos with the highest ratings were broadcast videos with the message „*Yours NO changes ALL!*"[38]. The main objective was to increase awareness of the dangers and adverse effects of drug use in the general population, with a particular focus on high-risk groups, young people aged 16-24.

Creative solutions and activities during the campaign were done by one of the domestic „market communication agencies", and the role of national televisions in this significant preventive media campaign is best illustrated by the reports from the agency's report itself, which say that during the campaign a number of recorded articles were realized and guest appearances in „most watched shows: RTS - Dnevnik 2, Belgrade Chronicle and Morning Program, PINK - National Diary and Morning Program, B92 – News" and others. The campaign evaluation states: "more than one third of young people were considering starting a drug conversation with their parents or friends or looking for other drug information in the next two months. More than two-thirds of parents talked about drugs with their children or family and friends during the campaign".

In support of the effectiveness of media campaigns dedicated to the impact of alcohol consumption on traffic safety, the results of many contemporary studies speak. It has been shown that during and in the period immediately following the end of campaigns, the number of drinking related traffic accidents is reduced, human injuries, health costs, material damage, public awareness and support for other traffic safety measures are reduced[39]. For optimal effects, campaigns need to be well designed,

[37] Source: http://www.rtv.rs

[38] „Just Say No" was a campaign slogan for the American „War on Drugs" program during the 1980s and early 1990s. The goal of the campaign was to reduce the incidence of recreational drug use among children. (Source: http://en.wikipedia.org/wiki/Just_Say_No)

[39] Desapriya, Ediriweera BR, Pike, Ian, Babul, Shelina, *Public attitudes, epidemiology and consequences of drinking and driving in British Columbia*, IATSS Researh, Vol. 30, No 1:101-109, 2006.

with adequate message and exposure to the audience and implemented together with other preventative activities, including the implementation of appropriate laws[40].

In our country, since 2008, the National Campaign „When I Drink - Don't Drive" is being implemented, with the support of the Serbian Ministry of Internal Affairs (www.mup.gov.rs). The aim of the action is to raise awareness and educate the public about the importance of responsible consumption and the risks of alcohol-related driving (Figure 3).

Figure 3: *National campaign „When I drink - I don't drive"*

In 2010, with the support of the Ministry of Health of the Republic of Serbia and the Republican Expert Commission for Smoking Prevention, a National Quit Smoking Campaign was conducted, coordinated by the Public Health Institute of Serbia, Dr Milan Jovanović Batut[41]. The campaign was a positive method of helping a large number of smokers quit smoking, and was conducted from April 12 to May 29, ahead of World Anti-Smoking Day, which is celebrated on May 31. Media sponsorship and campaign support was provided by national and many local television stations, through the broadcasting of appropriate promotional television spots and coverage of the campaign and its competition. This type of campaign has been found to be a good tool for comprehensively strengthening support for nicotine addicts to quit tobacco, through promoting collaboration, promoting health and advocating for healthy lifestyles and a smoke-free environment. The campaign, through a significantly smaller number of activities, continued in the following years at district and local level.

Final considerations

In conclusion, it can be said that in the programs and process of continuous, planned and consistent action of relevant social entities in order to prevent addiction disease in the Republic of Serbia, it is extremely important to properly include the media, as an important source of information in the field of health and significant stakeholders and creators of activities. in the field of health prevention and promotion. The goals of health messages disseminated through the media may be different and include: improving the level of information and knowledge about the nature and prev-

[40] Elder, Randy W., Shults, Ruth A., Sleet, David A., Effectivness of mass media campaigns in reducing alcohol impaired driving: a systematic review, in: *American Journal of Preventive Medicine*, 2004.

[41] Source: http://www.zdravlje.gov.rs

alence of addiction diseases, adverse health and social consequences, the possibilities of effective treatment and rehabilitation, and human rights of affected community members, reducing the negative consequences, including stigmatization not only social isolation but also the promotion of healthy lifestyles and „drug-free communities". In line with the orientation towards a systematic approach to the prevention of addiction, it is necessary, in addition to „media support", to ensure active cooperation with the media, especially with national frequency television, as well as more media space for this topic within the relevant programs (specialized health shows, youth shows, contact shows, documentary shows). It is of utmost importance that the program content be adequately designed, taking into account the needs, expectations and overall specificities of the population or audience. Of particular importance is the networking and better cooperation between journalists and relevant professionals and all entities involved in the field of addiction disease prevention, as well as enhancing the professional competencies of journalists reporting on these topics. The impression, however, is that despite the strong interest of the audience and the general social importance of this issue, the above has not been adequately recognized and speaks in favor of insufficient social visibility of addiction diseases, which is one of the basic preconditions for effective prevention.

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ELEKTRONSKI MEDIJI U PREVENCIJI BOLESTI ZAVISNOSTI

Abstrakt: Bolesti zavisnosti predstavljaju jedan od najrasprostranjenijih i najkompleksnijih socio-medicinskih izazova sa kojima se savremeno društvo suočava. Efikasan pristup njihovoj prevenciji zahteva integrisano delovanje svih društvenih subjekata, uz uvažavanje datog političkog, ekonomskog i sociokulturnog konteksta. Mediji, kao posebno uticajna društvena institucija, imaju veliki potencijal i značajnu ulogu u integrisanom pristupu prevenciji. I Strategije koje Svetska zdravstvena organizacija preporučuje za prevenciju i promociju zdravlja uključuju jačanje kapaciteta za stratešku upotrebu masovnih medija. Od posebnog značaja su televizije sa nacional-

nom frekvencijom, budući da predstavljaju jedan od osnovnih izvora informisanja u vezi sa zdravljem u Republici Srbiji, a imaju i veliku društvenu odgovornost i zakonsku obavezu da proizvode i emituju informativne, obrazovne i druge programe koji su od interesa za građane, ali i značajnu ulogu u formiranju paradigmatičnih društveno-kulturnih obrazaca. Dodatno, kada suštinski važne teme nisu prisutne u medijima, one često ostaju i izvan prioriteta kreatora politika i same javnosti, što istovremeno predstavlja svojevrsnu stigmu i diskvalifikaciju, a smatra se da je njihovo prevazilaženje jedan od preduslova za efikasnu prevenciju bolesti zavisnosti.

Ključne reči: *prevencija bolesti zavisnosti, mediji, televizija, medijske kampanje*

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ATTITUDES OF SOCIAL PROTECTION, HEALTH, POLICE AND EDUCATION EXPERTS ABOUT PARENTAL ROLES, EDUCATION AND CHILD RIGHTS[2]

Abstract: Attitudes of parents about their own roles, physical punishment as style of upbringing, risks of modern times, quality of support systems, on one side point to the position of children in society, and on the other may help influence internalization of same beliefs in process of growing up. Such influence is that much greater if parents in question are engaged in work directed toward providing different forms of help and support to children. For those reasons, attitudes of social protection, health care, police and education experts toward child rights, risks children face, quality of educational processes and upbringing styles, have great impact on all children and society as a whole. Research was done on territory of Republic of Serbia, by simple random sampling of 500 participants, 125 of each: police, education, social protection and health care. Regardless of affiliation to the sector, all participants agree current educational programs and practices do not help develop enough ways of critical thinking and independent decision-making in children. Furthermore, the majority express the view that parents are obligated to discuss about problems their children face with them and that media have negative influence on development of values with children. Physical punishment is still one of more prevalent styles of upbringing, with 29,0% of participants advocating physical punishment sometimes, and 11,8% being neutral on the subject. Results do show differences based on sector affiliation, especially so with parents affiliated to police who are much more prominent in advocating physical punishment and supporting the view that parents should make all the important decisions while children are living with them, while much less expressing the view that parents should talk to their children about all the problems their children face and that attitudes of children have greater social impact.

Key words: *attitudes, child rights, upbringing, parental roles*

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[2] The work was made as part of action research carried out by "Centar za održivi razvoj 011" on subject " Creating social cohesion and holistic approach in protection and development of children in Republic of Serbia"

Introduction

Attitude is a relatively lasting relationship about something and can be positive, neutral, or negative. Attitude is formed through experience and processes of socialization, shaping observations, thought processes and behavior of man.[3] It is comprised of three main components: cognitive, emotional and action.

Educational attitudes are stable approaches that parents develop towards children, their upbringing, growing up, socialization, that later help form similar attitudes with children about themselves and parental roles. That said, these are represented by collective generalizations that are traditionally passed from older generations to younger ones, developed at young age and help shape views about specific social groups, values, and roles of adults, elderly, parents and children.[4]

Parents engaged in work with systems providing different forms of help and support to children and young have multiple roles and responsibilities. On one side their attitudes influence their own children, but also children that are their pupils, patients, and beneficiaries. Being parts of certain professions or sectors are non-place communities, whose area of influence is not tied to their immediate physical surroundings, places of living and work.[5] This makes them typical "community of opinion, interest, or identification" which can have dominant effect on attitudes and values accepted by members of these professions or sectors.[6]

In the end, attitudes of parents as professional workers within different systems of support for children and young is also important for coordination in the sense of "cooperation between multiple systems in the interlinked processes of production, with the aim of holistic satisfaction of needs".[7] In other words, all these systems are primarily concerned with specific need(s) of children (educational, social, or health), but can holistically satisfy them only through coordinated actions, that are not based on opposed attitudes and values, but on those that support critical thinking in favor of simply accepting ideological or dogmatic stereotypes.

Aims of research and sample backround information

Primary aim of research is examination of attitudes of those parents affiliated with social protection, education, police and health care systems in regards to:

- quality and results of educational processes;
- supportive roles of parents;

[3] Marko Milanović, Tamara Ignjatović Džamonja, Miroslav Brkić, "Uticaj visokog obrazovanja na transformaciju rodnih stereotipa studenata i studentkinja Univerziteta u Beogradu", in: *Education, gender, civil status,* ed. Duhaček Daša, Lončarević Katarina, Popović Dragana, Center for gender studies and policies University of Belgrade, p.p. 133-144

[4] Marko Milanović, Tamara Džamonja Ignjatović, Miroslav Brkić, Ibid, p.p. 136

[5] Milosav Milosavljević, Miroslav Brkić, *Socijalni rad u zajednici,* Republic Institute of Social Protection, Belgrade, 2010.

[6] Ibid, p.p. 38.

[7] Ibid, p.p. 230

- disciplining and physical punishment of children;
- child rights
- media influence and confidence in institutions of the system.

Online research is carried out on simple random sample of 500 participants, 125 each from different sectors (police, education, social protection and health care). Research was carried out on territory of Republic of Serbia without province of Kosovo and Metohija.

Considering that women are prevalent in systems whose primary concern are child needs, which is especially true for system of social protection, it is not surprising that women are dominant participants of the research with 78,8%. Educational structure of the sample does not match that of general public in Republic of Serbia, in regards to 90,6% of the same having High or Higher education. These results are explained by the fact that these systems, in direct work with children, dominantly employ persons with Higher education. Members of these sectors are equally represented in the sample, with members of social protection sector having slightly higher representation (27,9%).

Quality and results of educational process

Education in modern societies is tool of development of human capital, strengthening social cohesion, coherence and competitiveness.[8] Quality and results of education can be viewed from different directions: pedagogical, didactically methodical, sociological, cybernetic, psychological etc. It has been long since education became social issue, outgrowing personal and family spheres.[9] In fact, it represents specific social relationship between teachers, students, parents and decision makers. And all those included have their own sets of expectations with often very different attitudes towards quality and results of education process.

Serbia's strategy of education sees increase of quality and results of educational processes as one of its main goals. Insufficiently developed skills and underdeveloped competence for further education and everyday life, are seen as one of main obstacles in education. Reproductive knowledge holds dominance over those skills that help creativity and critical thinking.[10]

Critical thinking is purposeful type of thinking with goal of solving problems, formulating conclusions, estimating levels of probability and decision making, by using adopted skills and knowledge.[11] It is considered that developing of this type of thinking is no longer just an option for teachers and creators of educational policies,

[8] Vlasta Sučević, Marija Sakač, Anđelka Bulatović, „Kurikulum u funkciji kvalitetnog osnovnog obrazovanja - otvaranje prostora za autonomiju škola ", *Metodički obzori,* 8(2013)1, N 17, Faculty of education, Pula, p.p. 15-28

[9] Daniel Cere, "What is Parenthood? Proposing Two Models. Toward an Integrative Account of Parenthood", In: *What is Parenthood? Contemporary debates about the Family,* ed. Linda McClain and Daniel Cere, New York University Press, New York, p.p. 19-40.

[10] *Strategy of education in Serbia by 2020,* „Službeni glasnik RS";, no. 107/2012

[11] Diane Halpern, *Thought and Knowledge,* Psychology Press, New York, 2014. p.p. 7-9.

but also obligation, "moral right" of every student to be coached in thinking critically.[12]

Judging by PISA[13] test results in 2018, that measured applicability of adopted knowledge in everyday situations, analytical skills and thoughtful connections, critical thinking concept hasn't really take off in Serbia, considering our students ended up 45 out of 79 countries participating. Insufficient focus of curriculums on development of critical thinking is recognized by participants in the sample.

Although generally reviewing educational processes and content as being positive and having positive effects, most participants (42,6%) find educational institutions insufficiently contributing to development of critical thinking and independent decision-making. Also, majority feels (46,8%) that education creates future for children and as such is essential part of living standard (41,6%).

Unlike others, participants from police sector largely disagree (67,0%) that school contributes to development of critical thinking a independent decision-making. Distribution of answers with other sectors is 11,5% (education) and 27,4% (social protection). At the same time those in education sector are showing neutral attitude towards this subject most often (47,1%). Police sector also has distinctly neutral attitude towards claim that education creates future for children (69,7 % of all answers in this group), but also towards the claim that "education does not affect quality of life, it matters who manages to get along" (65,1%).

Parental roles and obligations

Modern times also influence character and contents of parental roles. Beside traditional values, children should also be thought skills and values needed to live in 21. Century. Henting also uses the term *"education for development"* whose primary goal is to prepare children for maturity, sense of community, self-regulation and self-determination.[14]

Quality family surrounding is that which nurtures democratic values, incites dialog and participation, has respect for diversity and right of every member to be part of decision making processes. Relationships based on satisfaction of basic needs of both parents and children (love, belonging, freedom, fun and authority) have all necessary prerequisites for the development of healthy, reciprocal, respectful "me-you" relations.[15] Modern parenthood is increasingly less based on providing of continuing financial support, and more on preparing of children for independent living.

Majority of participants (70,2%) agree with opinion that parents are not obligated to provide financial support for their children as long as they live. Results of one

[12] Stephen Norris, "Research Needed on Critical Thinking", *Canadian Journal of Education*, Canadian Society for the Study of Education, Vol. 13, No. 1 (Winter, 1988), pp. 125-137.

[13] PISA test is a project of Organization for Economic Cooperation and Development (OECD). Its accent is on assessing achievements of students in tasks concerning real life situations considered relevant for efficient participating in society

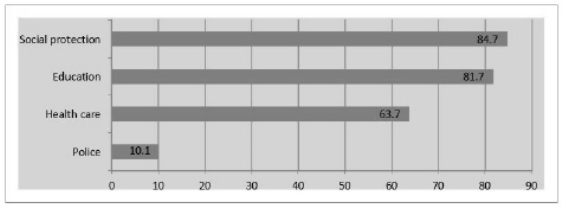
[14] Hermut von Hentig, *Kakav odgoj želimo? O odgoju za 21. stoljeće,* Zagreb, Educa, 2007.

[15] Dana McDermott, *Developing Caring Relationships Among Parents, Children, Schools and Communities*, Sage Publications, Inc. 2008.

other research conducted on sample of people older than 65 shows prevalent attitude that children should be financially supported for entire life.[16] Judging by data from this research "middle generation" has different attitude about life long financial support for children, in regards to their mothers and fathers.

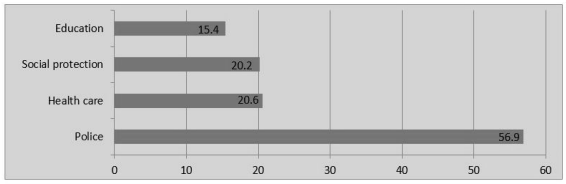
Also, participants mostly (64,6%) find that quality measure of parenting does not consist of providing children everything they want. Dominant majority (85%) shows attitude that parents are obligated to discuss with their children problems that children face, while (64%) thinks that parents should support interests and choices of their children, even if personally not agreeing to them. In regards to this particular claim, larger number of neutral answers (27,4%) has been recorded ("neither agree, nor disagree").

Even though participants mostly agree in regards towards parental roles and obligations, there are also significant differences depending on sector affiliation.



Graph 1: *Completely agree that parents are obligated to discuss with their children about problems children face*

According to results praticipants from police sector rarely (10,1%) completely agree attitude that parents should discuss with their children about all problems children face. In truth, majorty still agrees with this claim (60,6%) but unlike other participants indicate that there are some subjetct that are better and more purpesful left undiscussed



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Graph 2: *Neutral attitudes that parents should support interests and choices of their children, even if they do not personally agree with them*

[16] Marko Milanović, Miroslav Brkić, *Da niko ne ostane sam – Analiza položaja starijih građana i građanki u Beogradu*, Center for research and development IDEAS, Belgrade, 2019.

Like in the last case, answers of participants from police sector differentiate significantly from answers of their colleagues from other systems. Over half of participants (56,9%) don't hae a clear attitude interests and choices of children should be supported in situations where parents don't agree with them. Having these results in mind it is understandable that they much rarely (17,4%) completely agree with this attitude, unlike their colleagues from educational sector (43,3%), health care (33,3%) and social protection (32,3%).

Disciplining and psychical punishment

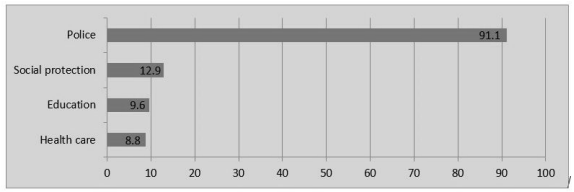
Often is disciplining, as form of upbringing and education identifies with psychical punishment. However, term discipline comes from Latin ("discere" – to teach and "disciples" – pupil) and it basically means measures and behavior needed for respecting of established rules. In that sense it cannot be identified as psychical punishment. However, in Serbian cultural background discipline, as style of upbringing, is commonly linked to different forms of punishment and unquestionable obedience of rules and formal authority.

Attitudes toward "disciplining" are pretty much equally structured across the sample. 30,6% of participants disagrees or completely disagrees with attitude that children need strong discipline. On the other side with the same attitude 29,8% participants agrees or completely agrees, while 39,6% are neutral on the subject. Furthermore, 77,2% participants show attitude that harmful behavior of children can be influenced by conversation, rather than physical punishment. At the same time 29,0 % of participants advocate periodical physical punishments, 11,8% have neutral attitude, while 59,2% think that this style of upbringing should be completely or mostly avoided.

Regarding this, as well as last set of questions, members of police sector show most specificity. When talking about "disciplining" there are practically only two answers among members of this sector: 51,4% agrees with the need of strong discipline, while 48,6% have neutral attitude. None of the members of police sector object the claim that children need strong discipline, either completely or partially.

Even greater are differences regarding the claim that harmful behavior of children can be influenced by conversation, rather than beatings. Most of participants from social protection sector (75,8%) completely agrees with this claim, but also by far the lowest percentage of participant from police sector, only 0,9%.

It should also be emphasized that participants from police sector mostly agree (60,0%), but not completely, and that they also have highest percentage of neutrality (38,5%), unlike their colleagues from social protection sector, who almost have no dilemma (2,4%).



Graph 3: *Children should periodically physically punished – I agree and completely agree*

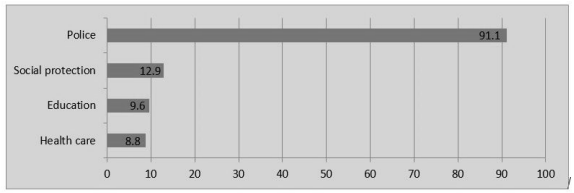
Unlike their colleagues from other systems, participants from police sector practically have no dilemma should children be periodically physically punished, with 68,8% of them agreeing and 30,3% completely agreeing with this claim. When looking at the entire sample, vast majority of answers that support periodical physical punishment comes from police sector

Children rights

For centuries children have been property of their fathers and masters for whom they worked. They were considered private ownership which could be managed as deemed fit. Only at the beginning of the 20th century Geneva Declaration of the Rights of the Child was made, with some thirty years later Declaration of the Rights of the Child was made and finally in 1989 General assembly of UN passed Convention of the Rights of the Child.[17] Its most important contribution was that it declared all children to have rights based on their "universal human potential", and also special right derived from their special status. On the other hand, parental rights are relative and are derived from obligations they have, primarily towards protecting interest and wellbeing of children. With the adoption of Convention, among other things, child right were declared regarding participation and freedom of expression, which are of special significance in creating development policies.

Participants show great consistency (81%) regarding importance and the necessity of appreciation of children opinion on issues. Like in past examples there are differences between members of police and those of other sectors. Only 0,6% members of police sector completely agrees with this attitude, while same is true for 47,1% of health care participants, 50% for those from education and 56,5% of those from social protection.

[17] Geneva Declaration of the Rights of the Child was passed in 1924, Declaration of the Rights of the Child in 1959, and Convention of the Rights of the Child was opened for signature in 1989 and came into force in 1991



Graph 4: *As long as child is under my roof decisions are made by parent*

It is interesting to note that answers are equally distributed. 26,6% completely disagrees, 19,4% disagrees with this attitude, 22,2% is neutral, while 12,8% agrees and 19% completely agrees with the statement. Even though principle supporting interests and choices of child, still around 1/3 (31,8%) of general sample shows traditionally patriarchal attitude that parent should make all the decisions while children are living with them. None of the participants from police sector showed any disagreement with this statement, with 25,7% agreeing and 73,4% completely agreeing, unlike 2,9% participants from health sector, 4,8% participants from social protection sector and 5,8% participants from educational sector.

Most participants (66,4%) sees children today as having more rights than they did when they were that age. So 28,4% agrees or completely agrees with clam "it was better in my time, when children didn't have as many rights", while 37% remained neutral, which is the biggest percentage of neutrals in this area of research. Obviously, even though they recognize that child rights are now more prevalent than before, over ¼ of participants does not consider that as having positive effects, while more than 1/3 of participants (37,0%) is in dilemma on the issue. This is most characteristic for police sector, where 67% of answers were neutral, while none of them agreed or completely agreed with this statement.

Media influence and confidence in instituions

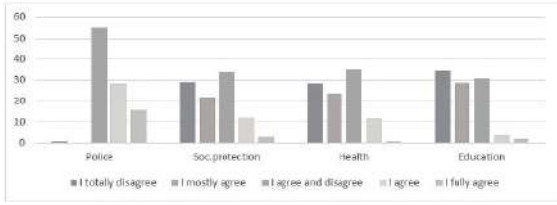
Today, one can justifiably speak of the media as being integral part of growing up process. They are one of greatest factors in education and socialization of children and young by providing information, promoting norms and values, and by introducing them to the way world works and forming their outlook on the world.[18] Beside positive effects, more and more negative effects of media and modern technologies are coming into focus. The indiscriminate content and values offered make children tolerant towards violence, with their role models increasingly common being public figures and persons from reality programs, Cordes and Miller cite range of potential risks and developmentally disruptive factors that digital technologies and media can have on child development: body deformities, eye problems, obesity and electro-magnetic radiation, lack of motivation and self-control, emotional alienation and social isolation, lack of

[18] Zorica Stanisavljević Petrović, *Medijsko vaspitanje u vrtiću*, Kultura, Belgrade, 2011, p.p. 382-397

creativity, impoverished language and poor concentration.[19] Negative connotations of the media are also reflected in creating a culture of like-mindedness that stifles personal identity.

The negative media influence on the development of children is also recognized by majority of participants. That media content imposes a false value system is agreed to by 78,4% of participants, while as much as 62% completely agrees with this statement, which at the same time is the highest degree of absolute agreement of participants on any question. By analogy, there are no significant differences between systems given that this statement is agreed to, or completely agreed to by 77,5% pf participants from health care, 85,4% of participants from social protection, 77,8% of participants from educational sector and 72,5% of participants from police sector.

Trust is primarily a psychological category, the basic form of which is "interpersonal trust, which boils down to the expected behavior of the other(s) in relation to me(us) "[20]. However, confidence in institutions sets the difference between particularized and generalized trust, that is, in people and institutions.[21] Institutions are impersonal, and the basis for confidence in them rests in social convention, based on laws, rules and standards[22]. Trust in institutions is most commonly measured through a four-point ordinal scale, ranging from 1 - I have no confidence to 4 - I have great confidence[23]. In our research, we opted for a five-point scale, deeming it better for differentiating attitude divergence.



Graph 5: *My child/children are safe because I have confidence in institutions of our country*

Observed in the general sample, the highest percentage (46,8%) disagreed, or completely disagreed with this statement, 17,2% agreed or completely agreed, whit individually the highest percentage of neutral answers (35%). Police participants are more often neutral than others (55%), but are also more confident in institutions (44,0%). Same attitude is shared only by 12,9% of those surveyed in health care, 15,3% of those from social protection and only 5,7% those from education. Based on these re-

[19] Colleen Cordes, Edward Miller, *Fool's Gold: A Critical Look at Computers in Childhood.* Alliance for Childhood, College Park, MD. 2000.

[20] Miloš Bešić, „Politički i situacioni prediktori poverenja u institucije ", Godišnjak FPN, Belgrade, 2011, no. 6, p.p. 120.

[21] Eric Uslaner, *Moral Foundations of Trust*, New York, Cambridge University Press, 2002.

[22] Anthony Giddens, *The consequences of modernity,* Cambridge, Polity Press, 1990.

[23] Miloš Bešić, Ibid, p.p. 122.

sults, it can be concluded that the majority of respondents do not trust the institutions of the system, while a significant percentage are ambivalent.

Conclusion

Based on the analysis of the results obtained, it can be concluded that perceptions of children's rights and upbringing styles are undoubtedly influenced by professional orientation, that is, belonging to a particular sector. Those engaged in work in police sector, whose work is predominantly based on control mechanisms, when compared to other systems are much more supportive of firm discipline and the parent's right to make decisions, while more neutral when it comes to rights of child on self-expression and decision making.

On the other hand, the system of social protection, which is geared towards meeting the needs and providing support in various circumstances, expresses more liberal attitude on many issues than other systems. In between these "two poles", there are health and education sectors, which are nevertheless still nearer in most respects to social protection experts.

Everyone, especially those engaged in work in social protection sector, have a responsibility, as an ethical obligation, to promote the interests of children, their right to participate, to express their opinions and to make personal decision.[24]

Based on all of the above, the following recommendations can be formulated:

- Develop new and implement existing parenting competency improvement programs (communication skills and parenting skills).
- Involve as many parents and system representatives as possible, especially those whose work is based on control mechanisms, in educational content on children's rights and responsibilities for their respect
- Develop educational programs that encourage critical thinking rather than simple reproduction of teaching content.
- Encourage children's activism in local communities through curricula and extracurricular programs.
- Adjust media content to the age and developmental needs of children, especially on channels with national frequency.

[24] Brkić, Miroslav Zastupanje u socijalnom radu, Faculty of Political Sciences, Belgrade, 2010.

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STAVOVI STRUČNJAKA IZ SOCIJALNE ZAŠTITE, ZDRAVSTVA, POLICIJE I OBRAZOVANJA O RODITELJSKIM ULOGAMA, VASPITANJU I PRAVIMA DECE

Rezime

Pripadnost društvenom sektoru ima značajno veći uticaj na stavove o roditeljskim ulogama, vaspitnim stilovima, pravima dece, od obrazovnog statusa i pola. Zaposleni u policiji u značajno većoj meri podržavaju obrasce ponašanja bazirane na kontroli i disciplini kada je reč o vaspitanju dece. Sa druge strane zaposleni u socijalnoj zaštiti, imaju liberalnije stavove i više ističu stilove vaspitanja zasnovane na demokratskim načelima i participaciji. Ispitanici iz zdravstva i obrazovanja u većoj meri iskazuju neutralnije stavove, koji su ipak značajno bliži kolegama iz socijalne zaštite. Sektorska pripadnost ne utiče na stavove o kvalitetu i ishodima obrazovnog procesa i uticaju medija na ljudske i društvene vrednosti kod dece. Kvalitetom sistema obrazovanja delimično su zadovoljni, pri čemu većinski ističu da nastavni planovi i programi ne podstiču kritičko i kreativno mišljenje. Dilema praktično ne postoji oko štetnog uticaja medija i tehnološko informacionih sredstava na razvoj dece i usvajanje pozitivnih društvenih vrednosti.

Ključne reči: *dečja prava, vaspitanje, roditeljske uloge, podrška*

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PROTECTION OF CHILDREN FROM ABUSE AND NEGLECT

Abstract: Child abuse is a global problem in the area of protection of children and public health. It occurs in all ethnic groups and cultures, regardless of socioeconomic status, religion or race. Although thirty years have passed since the adoption of the Convention on the Rights of the Child by the United Nations General Assembly, violence against children is still widespread and causes a lot of damage. This paper is aimed at reviewing the current situation in the Republic of Serbia in protecting children from abuse and neglect, as well as the challenges that arise during child protection. During the first decade of the 21st century, Serbia ratified many international documetns related to the prevention and protection of children from violence, which is also a priority od national policy. By ratifying the Convention on the Rights of the Child, Serbia has undertaken measures to prevent violence against children and to provide support for the physical and psychological recovery of the child as well as their social reintegration. Serbia's comprehensive reforms to protect children from abuse and neglect are in line with international standards and cover all areas of child protection. Particular emphasis is on the judicial and social protection systems. Reform processes in the child protection system and judical systems ensure that the best interests of the child are respected when they come into contact with these systems. However, despite great progress, there are a number of weaknesses that have been identified, and protecting children from abuse and neglect faces many challenges.

Key words: *abuse, neglect, children, protection, reform processes*

Introduction

The subject of this paper is focused on presenting the current situation in the protection of children from abuse and neglect in the Republic of Serbia. The first part of the paper focuses on the statistics of violence against children and the consequences that abuse and neglect leave on the children's health. The paper presents different definitions of violence, depending on the scientific discipline that approaches it.

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As an increase in the number of reported abused and neglected children and the effects it has on the child's health has been noted,the World Health Organization (WHO) in Geneva adopted a General Definition of Violence at the Conference on the Prevention of Child Abuse in 1999[2]. Special focus is on the reform processes which Serbia implements and takes measures to prevent violence against children and provides support for the physical and psychological recovery of the child as well as their social reintegration. The institutional mechanisms, the strategic and legislative framework that Serbia has been developing in the process of protecting children from abuse and neglect are presented. This part of the paper is based on a review of legal acts adopted within reform processes in securing the rightsto a safe childhood. The last part of the paper focuses on the numerous challenges identified in the process of protecting children from abuse and neglect. Although the suppression and prevention of violence against children, as well as the protection of children that are at risk of violence, is a priority national policy of the Government and state institutions, many challenges remain, for example:Lack of people to coordinate, monitor and evaluate the effects of policies and measures for the prevention and protection of children against violence, lack of a single universal database, permanent shortage of staff in child protection institutions and facilities, monitoring of laws, policies and measures is rare and unsystematic and the system almost alwaysprotect the child when violence has already occurred, rather than preventing and combating violence, parenting and family support programs are insufficient, deinstitutionalization is not fast enough[3].

Phenomen distribution

Violence against children around the world is a huge detriment, according to UNICEF global chief of child protection Cornelius Williams. The frightening fact is that violence against children knows no boundaries and age, and that globally, every 7 minutes there is a violent death of an adolescent.[4] The same report also provides statistics on the number of victims of violence:

Threequarters of children in the world from 2 to 4 years (about 300 million) experience psychological aggression and/or physical punishment from their caregivers at home. One in four children worldwide under the age of 5 (about 176 million) lives with a mother who is a victim of her partner. About 15 million girls between the ages of 15 and 19 have experienced forced sexual intercourse or other forced sexual acts. About 6 out of 10 1-year-olds, according to available data from 30 countries, are daily exposed to abusive upbringing.

Only 1% of girls who have been victims of sexual violence have sought help.

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[2] Milosavljević-Đukić Ivana, Funkcionisanje zdravstvenog, pravosudnog i sistema socijalne zaštite u zaštit dece od zlostavljanja i zanemarivanja, Doctoral degree paper, Belgrade, 2015, p. 20

[3] Išpanović Veronika, Izazovi u spečavanju nasilja nad decom. Mentalno zdravlje dece i mladih – aktuelni izazovi, moguća rešenja. V Kongres Društva za dečju i adolescntnu psihijatriju i srodne struke Srbije, Beograd, 2019, str.11

[4]https://www.securitysee.com/2017/11/zastrasujuci-podaci-unicef-a-milioni-dece-sirom-sveta-su-zrtve-nasilja/, visited on 23rd August 2019.

90% of girls who have experienced violent sexual intercourse stated that they knew the rapist.[5]

It is estimated that 40 million children worldwide are suffering from abuse and/or neglectrequiring health care and treatment.[6]In 2002, 31.000 children under the age of 15 were victims of homicide.[7]The risk of homicide was twice as high at the age of 0 to 4 years as at the age of 5 to 14 years. In adolescence, abuse is a leading cause of morbidity and mortality, in addition to traffic traumatism.[8]

The consequnces of abuse and neglect in early childhood can occur soon after the act or they can develop during the development of the child and those consequnces have long-lasting effects.[9]One of the main consequences is based on physical health and survival. The most serious consequence of traumatism is certainly the fatal outcome.[10] Implications for mental health include mental problems in childhood, adolescence, and later in the adulthood. Typical symptoms of trauma are reflected in somatization, anxiety, depression, hostility, aggression, post-traumatic symptoms, dissociative disorders, but also more serious mental health problems such as paranoid ideation, psychosis, self-harm, suicide, personality disorders, interpersonal dysfunction and dependence on psychoactive drugs.

The Republic of Serbia does not have a single, universal database when it comes to recording violence against children. Some systems (health system, social protection, internal affairs) have their registers, but they need to be consolidated and centralized to allow reliable, easy and accessibledata. Due to the lack of unique data, the paper presents data from the health and social protection systems. According to the data of the Institute of Public Health of Serbia "Dr Milovan Jovanovic Batut" in 2017, 843 reports of suspected abuse and / or neglect were registered in the health system. Male children were more often exposed to abuse and neglect (61%).

Both girls and boys were most often abused in the 12-14 age group (29%). A total of 633abuse suspicions were reported. Four-fifths of children suffered physical abuse (82%), more than one-third had emotional abuse (38%), while one in nine children was a victim of sexual abuse (11%) and one-eighteenth witnessed domestic

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[5]https://www.securitysee.com/2017/11/zastrasujuci-podaci-unicef-a-milioni-dece-sirom-sveta-su-zrtve-nasilja/, visited on 23rd August 2019.

[6] World Health Organization, Report of the Consultation on Child Abused prevention, Geneva: 1999, 29-31 March 1999. Document number WHO/HSC/PVI/99.1. Available from: http:/whqlibdoc.who.int/hq/1999/WHO_HSC_PVI_99.1pdf.

[7] World Health Organization. Violence Prevention. The evidence. Promoting gender equalityto prevent violence against women. Geneva:WHO; 2006. p. 16.

[8] Gašić-Marušić Radmila,Zdravstveni aspekti nasilja nad decom, mogućnost ranog otkivanja i blagovremene zaštite, u Milisav Milosavljević (ur). Nasilje nad decom, Faculty of Political Sciences,University of Belgrade, 1998, p.49-76

[9] Afifi Tracie O, Mota Natalie, MacMillan Harriet L, Sareen Jitender .Harsh physical punishment in childhood and adult physical health.Pediatrics. 2013 Aug;132(2):e333-40.

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abuse (6%). A total of 208 suspected neglect were reported. More than half of children suffered physical neglect (57%), slightly less than half emotional neglect (48%), two-fifths medical (40%) and less than one-third educational neglect (29%). A total of 14 suspected exploitation cases were registered. Children were most often affected by abuse in the family environment (41%), one in four were exposed to abuse in the local community, and one in three in an educational institution.[11]

Data from the Republican Institute for Social Protection show that in 2017, a total of 201,097 children were registered by the CSW (Center for Social Work) in Serbia. The number of reports of violence against children recorded during 2017 was 8.297. In the period from 2013 to 2017, there is a trend of increasing all reports of violence in CSW, while the number of reports of violence against children increased by 128%. According to the types of violence in 2017, the highest number of reports of violence was filed due to cases of child neglect, 3.094 in total, or 37%. In addition to neglect, in 2017 CSW recorded: 2,472 reports of physical violence, 1,509 reports of emotional violence, 187 reports of sexual violence and 35 reports of economic violence. The share of children whobenefit from the social protection system in regard tothe general population of children in RS is 16.4%, ie every sixth child in the Republic of Serbia is on the register of CSWs. The high presense of children in the social protection system indicates the needs of the most vulnerable part of the population for social protection services, ie the need for planning services and expanding the capacity, availability and resources of the social protection system.[12]

Definition of violence

Violence against children is widespread and it manifests in various forms. The latest WHO report for Europe on the prevention of child maltreatment points to the following rates of abuse and neglect of children in the wider European region: 13.4% of girls and 5.7% of boys have been sexually abused; 22.9% of children were physically abused, 29.1% of children were emotionally abused; 16.3% of children were physically neglected and 18.4% of children emotionally. This means that one in 4-5 children in our society is exposed to some form, and often to several forms of abuse and neglect at the same time. In addition, young children, who are the most helpless, are significantly more likely to die from violence than older children.[13]

Babovic states that there are different definitions of violence in the literature and their content depends on who defines them, for what purpose and in what context. There are considerable differences between theoretical and practical, as well as between legal, psychological, anthropological and sociological definitions.[14]

[11] Živković Šulović Mirjana, Tamaš Tatjana, Analiza rada stručnih timova za zaštitu dece od zlostavljanja i zanemarivanja u zdravstvenim ustanovama u Republici Srbiji u 2017,Institute of Public Health of Serbia "Dr Milovan Jovanovic Batut", Belgrade, 2018, p.1

[12] Deca u sistemu socijalne zaštite, State department for social development, Belgrade, 2018, p.22

[13] Pejović-Milovančević Milica,Zaštita male dece od nasilja, zlostavljanja i zanemarivanja. Podrška porodicama za podsticajnu negu male dece. Modul 14 – Modul za obuku patronažne službe. Belgrade, UNICEF, 2019. p. 18

[14] Babović Marija, Teorijski i istraživački pristupi u proučavanju strukturnog, kulturnig i direkt-

Historically, for a very long time, only physical violence was considered as violence. In the 1960s and 1970s, it was agreed among researchers that violence could not be reduced to physical violence alone, or to direct injury. This approach is particularly represented in juridical and law definitions or in the definitions in the field of practical politics.[15]

The World Health Organization (WHO) defines violence: Maltreatment or abuse of a child encompasses all forms of physical or emotional illtreatment, sexual abuse, neglect or negligence, as well as commercial and other exploitation, resulting in actual or potential harmto the child's health, survival, development or dignity in the context of a relationship that involves responsibility, trust or power.[16] This definition of the World Health Organization is used in the domestic legislative framework and in the National Strategy for the Prevention and Protection of Children against Violence. Article 19 of the Convention on the Rights of the Child defines violence as "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse".[17]General comment No. 13 by the Committee on the Rights of the Child: The right of the child to freedom from all forms of violence, emphasizes the need for clear operational legal definitions of the various forms of violence referred to in Article 19, in order to prohibit all forms of violence in all settings.

Direct violence is the most frequnetlyresearched form of violence against children. This violence is, above all, visible and open, and therefore has received a great deal of attention in psychology, law, and different areas of practical policy.[18] Direct violence is defined by the type of injury inflicted on the child and the context in which it occurs. When it comes to violence by type of injury then it is: physical, mental / emotional violence, sexual, neglect, child exploitation, forced marriage. According to the context in which it occurs, violence can be: domestic, school violence, institutional (residential accommodation), violence in the digital space (cyber bullying) and community violence. Violent acts are not just an interaction between a child and one or more individuals, but are a much more complex social phenomenon.[19]

Structural violence - Unlike direct violence, which is often seen as a form of behavior, structural violence is rooted in social structures that are characterized by inequalities (unfair and exploitative political, economic, legal and social systems), which are reproduced through stable institutions, norms and practices. . Manifestations of

nog nasilja. Sociology, 57(2): (2015). p.333

[15] ibid. (in the same place) (2015:333)

[16] World Health Organization, 1999. Report of the Consultation on Children Abuse Prevention, 29-31. March 1999. Geneva: WHO, 1999. Document on WHO/HSC/PV/99.1. p.5, as cited in Milosavljević-Đukić Ivana, Funkcionisanje zdravstvenog, pravosudnog i sistema socijalne zaštite u zaštiti dece od zlostavljanja i zanemarivanja, Doctoral degree paper, Belgrade 2015.

[17] UNICEF. (n.d.) Convention on the Rights of the Child. https://www.unicef.org/ceecis/CRC_Serbian_2014.pdf, p.17

[18] Babović Marija, Teorijski i istraživački pristupi u proučavanju strukturnog, kulturnig i direktnog nasilja. Sociology,57(2): (2015).p.335

[19] Nasilje prema deci u Srbiji, Determinante, faktori, intervecncije, Nacionalni izveštaj, UNICEF, Belgrade, 2017, p.2

this type of violence can range from unequal opportunities for education, the right to health care, employment, to racial inequalities, hunger and poverty, as a result of economic violence, gender inequality, etc. [20]These forms of injustice are institutionalized and include broader social relations, such as class (exploitation), gender (sexism), inter-ethnic (nationalism, ethnocentrism) relationships and so on.[21] This form of violence is indirect, anonymous and often invisible.

Reform processes

The right to a safe childhood is a basic right of every child and is determined in the Convention on the Rights of the Child and in other international documents. The Republic of Serbia has undertaken measures to prevent violence against children and to provide support for the physical and mental recovery of the child, as well as for their social reintegration. In the Republic of Serbia, the protection of children against violence and the prevention system are governed by legal acts, general and special protocols, which define the procedures and roles of the institutions.[22] Protecting children from abuse and neglect is at the top of priorities of national policy for children. Until the beginning of the 21st century, there was no mention of abused and neglected children. These children were not recognized as victims of violence but as children without adequate parental care. The first reform processes began in the last years of the 20th century, when the first trainings were held by experts in the field of protection of children 's mental health, concerning employees in the social protection system, education, internal affairs, and the judiciary. Already at the end of 2002, the Ministry of Labor, Employment and Social Policy established a Shelter for Emergency Protection of Abused Children in Belgrade, which first started operating as a project activity, and after a year the institution entered a network of institutions. At the same time, the Government of the Republic of Serbia is developing institutional mechanisms, strategic and legislative framework.

Institutional mechanisms

The Council for the Rights of the Child, established by the Government of the Republic of Serbia in 2002, has successfully carried out part of its tasks, but the role of coordination between state bodies and other actors in society, related to the implementation of activities contained in the NAP(National Action Plan), has gone beyond its current capacity, and the Council stopped gathering in 2010 and continued gathering in February 2014, by giving its importance and the recommendations it makes, as well as the continued need for coordination between systems.[23] In the cur-

[20] Stepanović, S. Zastupljenost oblika rada u inkluzivnoj nastavi u Beogradu. Zbornik Matice srpske za društvene nauke, broj 4/2018, str. 837-850, Novi Sad, UDC 376.1-056-23/.36(497.11 Beograd).

[21] Babović Marija,Teorijski i istraživački pristupi u proučavanju strukturnog, kulturnog i direktnog nasilja.

Sociology, 57(2): (2015). p. 336

[22] Determinante i faktori nasilja nad decom u Srbiji, Pregled nalaza, UNICEF, SeConS, Belgrade, 2017, p.5

[23] Milosavljević-Đukić Ivana, Funkcionisanje zdravstvenog, pravosudnog i sistema socijalne zaš-

rent mandate, the Council for the Rights of the Child has drafted a General Protocol for the Protection of Children against Violence, a draft Strategy for the Prevention and Protection of Children against Violence for the period from 2018 to 2022. Also, a new National Action Plan is being drafted.

The general policy framework for children in the period 2004-2015 is defined in the National Plan of Action for Children. As part of this framework, in 2005 the Government of the Republic of Serbia adopted the General Protocol for the Protection of Children against Abuse and Neglect. In addition to the General Protocol, specific sectoral protocols were adopted, defining specific roles and procedures in protecting children from abuse and neglect for each of the relevant sectors within the protection system - social protection, education, police, health and justice.[24]

The Council for Monitoring and Improving the Work of Criminal Procedure Bodies and Execution of Criminal Sanctions against Juveniles was established in 2009, at the proposal of the Ministry of Justice, in accordance withThe Law on Juvenile Offenders and the Criminal Justice Protection of Minors.[25]

The Equality Protection Commissioner was established as an independent state body by the Anti-Discrimination Act.[26] The main task of this body is to influence, by its actions, the suppression of all forms,aspects and cases of discrimination.
At the National Assembly of the Republic of Serbia in 2010, the Committee on the Rights of the Child was established as a special permanent working body. The Chairman of the Committee is the Speaker of the National Assembly.

The Council for Monitoring the Implementation of the Recommendations of the UN Human Rights Mechanisms was established by the Government of the Republic on 25th Dec 2014. with the task of monitoring the implementation of all the recommendations that our country receives from the UN Human Rights Council within the cycle of universal periodic review and UN treaty bodies for human rights.

The Anti-Trafficking Council, established by a decision of the Serbian Government,[27] has the role of coordinating national and international anti-trafficking activities, reviewing reports by relevant international community bodies on trafficking in human beings, taking positions and proposing measures to implement recommendations by international bodies in the the fight against trafficking in human beings, monitoring and evaluating the progress made in implementing the Strategy for Prevention and Suppression of Trafficking in Human Beings, especially women and children and Protection of Victims 2017-2022. and the Action Plan for the Implementation of the Strategy[28], harmonizing the actions of the competent state bodies and other organizations and institutions relevant to combating trafficking of human beings and proposing measures to address identified problems and engaging the necessary resources.

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tite u zaštiti dece od zlostavljanja i zanemarivanja, Doctoral degree paper, Belgrade, 2015, p.19

[24] Nasilje prema deci u Srbiji, Determinante, faktori, intervecncije, Nacionalni izveštaj, UNICEF, Beograd, 2017, p.11

[25] "Službeni glasnik RS", No. 85/2005

[26] „Službeni glasnik RS", No. 22/2009

[27] „Službeni glasnik RS", No. 92/2017

[28] "Službeni glasnik RS", No. 77/17

Institutional mechanisms also include the Protector of Citizens, line ministries, and judicial authorities. Along with the development of institutional mechanisms, new laws (a normative framework) are adopted to support strategic and institutional development.

Normative framework

With policy reform, law is being improved to better address violence against children. These are processes are parallel.

The Constitution of the Republic of Serbia[29] explicitly refers to the rights of the child, for the first time in the constitutional history of the Republic of Serbia. The highest legal act guarantees the right to the free personality development.

Family law[30] defines and prohibits domestic violence and establishes the obligation of the state to take all necessary measures to protect the child from neglect, physical, sexual and emotional abuse and from all kinds of exploitation.

The Law on Prevention of Domestic Violence[31] regulates the prevention of domestic violence and the actions of state bodies and institutions in preventing domestic violence and providing protection and support to victims of domestic violence.

The Law on Social Protection[32] maintains rights in the field of material support to the family and provision of social protection services to the family and children.

The Criminal Code[33] normatively considers the child in the context of criminal liability, protection from criminal offenses, etc. This Code specifically sanctions offenses that have elements of violence, neglect, abuse, maltreatment and exploitation of minors, and it prescribes an offense committed against a minor under the age of 14 as a special form of qualified crime.

The Law on Juvenile Offenders and the Criminal Justice Protection of Minors[34] contains provisions that apply to juvenile offenders.

The Law on Special Measures to Prevent the Commitment of Sexual Offenses Against Minors[35] prescribes special measures to be applied to the perpetrators of sexual offenses committed against minors specified in the same law and regulates the keeping of special records of persons convicted of those crimes. The purpose of the law is to prevent perpetrators of sexual offenses committed against minors from committing these acts.[36] The Law on the Basics of the Education System[37] contains provisions on the prohibition of discrimination, violence, abuse and neglect and the prohibition of behaviour that offends the reputation, honor or dignity of a child and a student.

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[29] „Službeni galsnik RS“, No. 98/2006

[30] ”Službeni glasnik RS”, No. 18/2005, 72/2011 - dr. zakon i 6/2015

[31] “SlužbeniglasnikRS”, No. 94/2016

[32] “Službeni glasnik RS”, No. 24/2011

[33] Službeni glasnik RS”, No. 85/2005, 88/2005 - ispr., 107/2005 - ispr., 72/2009, 111/2009, 121/2012, 104/2013, 108/2014 i 94/2016)

[34] ”SlužbeniglasnikRS”„ No. 85/05

[35] ”Službeni glasnik RS”, No. 32/13. This Law is also known as ”Marijin zakon”

[36] Nacrt – Strategija za prevenciju i zaštitu dece od nasilja za period od 2018 do 2022 godine. Savet za prava deteta. http://www.savetzapravadeteta.gov.rs/mapa-sajta.php, p.12, downloaded 26th August 2019.

[37] “Službeni glasnik RS“, No.. 88/2017,

The Law on Health Care [38]constitutes an obligation for all health professionals under which they are obliged to recognize and report violence against children, as well as to support children and their families in accordance with their authority.

Children's provisions are also found in numerous other laws and regulations. In Serbia, over 100 legal texts are currently in force for the rights of the child, but due to their non-compliance, legal gaps are emerging, as well as the regulation of legal situations in which children may be found in different / non-harmonized ways. This condition in number of situations leads to the impossibility of a reliable legal solution and uneven practice, that is, to legal uncertainty.[39] It is because of this situation that a new Law on the Rights of the Child should be adopted, which would be a basic law with which other laws would later be harmonized.

Strategic framework

Strategies are adopted to accurately define the country's own goals and outputs, as well as measures that the state plans to implement in the period for which the strategy is adopted. They contribute to the improvement of the process of planning and implementation of the necessary reforms in the process of European integration of the Republic of Serbia.

Strategies for prevention and protection against discrimination for the period 2014-2018. (2013). By adopting this strategy, the Republic of Serbia confirmed its systematic commitment to building the institutional and legal framework in the fight against discrimination.

The National Youth Strategy for 2015-2025 (2015) addresses the advancement of young people's social status.

The Drug Abuse Prevention Strategy 2014-2021 (2015) aims to improve public health.

The Strategy for the Social Inclusion of Roma in the Republic of Serbia for the Period 2016-2025 was adopted by the Government of the Republic of Serbia in 2016. It relates to the fields of health, education, social protection.

The National Gender Equality Strategy 2016-2020 (2016) addresses the prevention of early marriages, forced marriages, continuing education.

The Strategy for the Prevention and Suppression of Human Trafficking, especially women and children and the Protection of Victims for the Period from 2017 to 2022 (2017) is the second strategic document of the Government of Serbia adopted to address the problem of human trafficking.

Challenges in protecting children from abuse and neglect

Serbia's involvement in European integration processes inevitably imposed the need for reform of the social protection system. The reasons for the reform were

[38] "SlužbeniglasnikRS"No. 36/2010

[39] Preporuke UN Komiteta za prava deteta - Kako ih možemo ostvariti iz ugla Koalicije za monitoring prava deteta u Republici Srbiji, Child Rights Centre, Belgrade, 2017, p.7

not only the aspiration to align legislation and practice with the European guidelines[40], but also the fact that the system was oriented towards "saving the child", and this came from the understanding that child abuse was the result of poverty and parental irresponsibility, due to the fact that it is necessary to single out the child. Children often did not have the opportunity to participate and to exercise their rights. Over time, these measures have led to new forms of abuse and neglect of the child. That is the reason why efforts have been made to bring the changes made in line with international standards towards the existence of national systems that will recognize children who are exposed to abuse and neglect and who will ensure fast and effective intervention in cases where a child is suspected to have suffered abuse or neglect, or at risk of experiencing it.

The laws of the Republic of Serbia oblige parents to exercise their parental rights and obligations in the interest of the child, and the interest of the child is equal to general interest. Violation of these interests of the child means that the interests of the state are violated, and that creates an obligation for the state to intervene in family relations through its authorized bodies.[41]The reasons for the reform lie in the fact that the full implementation of the Convention on the Rights of the Child, as well as other important international instruments ratified by the state of Serbia, have not been achieved. The reform processes to date have only partially improved the status of abused and neglected children, but in practice many challenges are present. In 2008, the Government of the Republic of Serbia adopted the Strategy for Prevention and Protection of Children from Violence, 2009-2015. Although the period of validity of the National Strategy has expired, no formal evaluation of its implementation has been done to date. Currently, the Republic of Serbia is without the most significant strategic document in the protection of children from violence.

The Council for the Rights of the Child has drafted a new Strategy for the period 2018-2022, which has not yet been adopted by the Government. As of 2016, Serbia does not have a unique policy in the field of the rights of the child. The National Action Plan for Children ceased to be valid in 2015 and a new one has not yet been adopted. [42]Also, no law has yet been explicitly brought to ban physical violence against children. It is crucial for children to establish a child rights ombudsmanthat will have sole responsibility for the protection of the rights of the child and to which children can address independently, in a process and in a child-friendly manner. Therefore, it is necessary to speed up the process of passing the Law on the Protector of the Rights of the Child. The Law on the Rights of the Child is being drafted, it is a basic law with which other laws would later be harmonized.

This paper presents the challenges Serbia is facing in protecting children from

[40] Milosavljević-Đukić Ivana, Politika jednakih mogućnosti – Proces deinstitucionalizacije ustanova za lica sa intelektualnim i mentalnim teškoćama, u: Vladimir Ilić (ed.), Socijalna politika na raskrću vekova. Tematski zbornik radova međunarodnog značaja. College of Social Work, Belgrade, 2019, p. 434

[41] Milosavljević-Đukić Ivana. Dete - žrtva porodičnog nasilja.U Porodični zakon – dvanaest godina posle. Zbornik Radova. Priredili: Draškić Marija., Šarkić Nebojša., Arsić Jelena . Pravni fakultet Univerzitet Union, Belgrade, 2018, p.114

[42] Preporuke UN Komiteta za prava deteta – Kako ih možemo ostvariti iz ugla Koalicije za monitoring prava deteta u Republici Srbiji. Zagovarački dokument. Child Rights Centre, Belgrade, 2017. p.7

abuse and neglect from research published by UNICEF and the Draft Strategy on Prevention and Protection of Children from Violence for the period 2018-2022, Council on the Rights of the Child.[43]

Currently, there is no central body in Serbia to coordinate, monitor and evaluate the policies adopted to prevent and protect children from violence. The proposal for a new draft Strategy is the formation of a body under the Government of the Republic of Serbia, with a full-time staff who would work on harmonizing cross-sectoral cooperation, collect data and report on violence, monitor the situation and propose measures for prevention and improvement. Such a proposal was made back in 2015 to establish a Child Protection Agency to act as a coordinator in doctoral dissertation of Ivana Milosavljevic-Djukic, who, had already analyzied cross-sectoral cooperation, noticed a lack of bodies to monitor the work of everyone in the system, collect data and deal with by improving child protection.

The monitoring of the occurrence is difficult due to the lack of a single database, the prevalence of violence against children. Data and reports need to be made publicly available, with aggregated data from all systems to be available for analysis and monitoring. This also entails amending laws that would allow the establishment of a unified centralized administrative record.

Systematic monitoring of new laws, services, programs, measures is rare and often lacks. These processes are the basis for redefining policies and measures and are not adequately integrated into the prevention and protection system.

Prevention programs are rare, not continuous, systematic and comprehensive. The system is more focused on protecting the child when violence has already occurred than on preventing and suppressing violence.

Parenting and family support programs are lacking, except for families who are at multiple risk from the welfare system. Parents in the local community do not have support services, especially when they are in a difficult situation or solving specific problems.[44]

Deinstitutionalization is slow. There are still a large number of children in residential care, especially children with disabilities, where conditions for child development are not sufficiently supportive.Various forms of teaching methods are applied in the school system, and their maladaptation in work with children with disabilities is also a form of neglect, as stated by Stepanović in his work.[45]

Institutions and organizations that protect children from violence do not have sufficient human resources orfinancial resources, which makes it difficult to ensure the sustainability of numerous programs and activities in theareas of prevention and

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[43] Determinante i faktori nasilja nad decom u Srbiji, Pregled nalaza, UNICEF, SeConS, Beograd, 2017, str.10, Nacrt – Strategija za prevenciju i zaštitu dece od nasilja za period od 2018 do 2022 godine. Savet za prava deteta. http://www.savetzapravadeteta.gov.rs/mapa-sajta.php, p.37, downloade 26th August 2019.

[44] Nasilje prema deci u Srbiji, Determinante, faktori, intervecncije, Nacionalni izveštaj, UNICEF, Belgrade, 2017, p.17

[45] Stepanović, S. Zastupljenost oblika rada u inkluzivnoj nastavi u Beogradu. *Zbornik Matice srpske za društvene nauke*, broj 4/2018, str. 837-850, Novi Sad, UDC 376.1-056-23/.36(497.11 Beograd).

protection of children from violence.[46]

Victims' children in court proceedings were supported solely through project activities. Currently, Serbia does not fulfill its internationally accepted obligations when it comes to the protection of the children of victims and witnesses.

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[46] Nasilje prema deci u Srbiji, Determinante, faktori, intervecncije, Nacionalni izveštaj, UNICEF, Belgrade, 2017, p.17

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ZAŠTITA DECE OD ZLOSTAVLJANJA I ZANEMARIVANJA

Rezime:

Zlostavljanje dece predstavlja globalni problem u oblasti zaštite dece i javnog zdravlja. Ono se dešava u svim etničkim grupama i kulturama, bez obzira na socio-ekonomski status, religiju ili rasu kojoj neko pripada. Iako je prošlo trideset godina od usvanja Konvencije o pravima deteta od strane Generalne Skupštine Ujedinjenih nacija, nasilje nad decom I dalje je široko rasprostarnjeno i predstavlja ogromnu štetu. Ovaj rad je usmeren na sagledavanje postojećeg stanja u Republici Srbiji u zaštiti dece od zlostavljanja i zanemarivanja kao i na izazove koji se tokom zaštite dece javljaju. Tokom prve dekade 21.veka država Srbija je ratifikovala mnoge međunarodne dokumente koji se odnose na prevenciju i zaštitu dece od nasilja što je ujedno i prioritetna nacionalna politika. Ratifikovanjem Konvencije o pravima deteta Srbija je preuzela obavezu da preduzima mere za sprečavanje nasilja nad decom i da obezbedi mere podrške za fizički i psihički oporavak deteta, kao i njihovu socijalnu reintegraciju. Sveobuhvatne reforme koje Srbija sprovodi u zaštiti dece od zlostavljanja i zanemarivanja, usklađene su sa međunarodnim standardima a odnose se na sve oblasti zaštite dece. Poseban akcenat u radu stavljen je na pravosudni i sistem socijalne zaštite. Reformski procesi u sistemu dečije zaštite i pravosudnom sistemu obezbeđuju poštovanje najboljeg interesa deteta onda kada ono dođe u kontakt sa ovim sistemima. Ipak, i pored velikog napretka postoji i niz slabosti koje su identifikovane a zaštita dece od zlostavljanja i zanemarivanja suočava se sa brojnim izazovima.

Ključne reči: *zlostavljanje, zanemarivanje, deca, zaštita, reformski procesi*

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PEER VIOLENCE IN SCHOOLS WITH REFERENCE TO GENDER-BASED ASPECT

Abstract: This paper is dedicated to a general analysis of peer violence in schools and a presentation of the conclusions drawn from the questionnaire filled in by the students of the Karlovci Grammar School in September 2017. In collaboration with the Institute for Gender Equality, lectures on peer violence have been organized for all four grades at this school. The attendance was voluntary, and the filled in questionnaires of the students who attended these lectures were analyzed (this is, therefore, a random sample). The questionnaires were intended to gain insight into the knowledge and attitudes of students of this school about peer violence. The responses of the students of the Karlovci Grammar School on the topic of peer violence gave a fairly clear insight into their knowledge and acquaintance with the types and forms of peer violence, their awareness and responsibility in this regard, as well as their personal experiences so far. (Note - the results refer only to the sample that received and filled in the questionnaires, so they cannot be generalized at any cost). This paper analyzes the responses of a total of 87 students of all grades (31 first-grade students, 18 second-grade students, 12 third-grade students and 26 fourth-grade students), who anonymously filled in a questionnaire of 20 questions. Based on the analysis of the filled in questionnaires, this paper presents significant conclusions through an individual analysis of the responses of the respondents of each grade, as well as certain measures of prevention and combating peer violence. From the very definition of this form of violence, the description of the psychological characteristics of the perpetrator and the victims, to the presentation of significant conclusions, a topic that has an undoubted importance in social work is very vividly addressed.

Key words: *violence, peer, gender, school*

What is school violence

When asked what is school violence, the first answer would be that it is violence which takes place in a school. Such an answer implies most of what is called school violence, but it does not provide a complete definition. The point is that the context needs to be extended to school buildings, the school yard, perhaps also on the way from home to school and vice versa, but also to the fights and mutual mistreatments of

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students happening outside the school premises. School violence is youth violence and violence against young people, but the school is not just a stage, but an organizational context that sets the rules applied on that stage, which assigns roles to children and adults and shapes a very specific interaction between them.

In this paper, the following is implied under the term of violence: "Deliberately and unjustifiably causing harm in someone else". Harmful behavior is as diverse and complex as communication, but it can roughly be classified into verbal and nonverbal, and can include physical harm, material harm, or psychological harm (intimidation, embarrassement, social isolation, etc.). Unjustifiability consists in the illegitimacy, undeservedness, excessiveness or inappropriateness of such an act. "Violence is committed with (real or perceived) intent to inflict pain or injury on another person. The violent act is therefore characterized by two things: intent and injury. "[2]

Another definition of violence is: "Rude behavior, often very aggressive, lasts for a long time, is designed with the conscious intention of injuring a particular person or group, causing them psychical, physical or material harm / pain. It repeats in the same way, has the same content, is directed at the same object, person or group. A striking disproportion of power is expressed, defining the position of the "perpetrator" (the one who injures - has power) and the position of the victim of violence (the one who suffers pain / injury / harm - is powerless). "[3]

Characteristics of children and young people involved in violence

Victims

In the literature, there's listed a range of signs contained in the behavior of a child or a young person that should be the warning signs to the parents and teachers that he / she may be exposed to violence, even if the violence itself is not evident. Some of these signs indicate exposure to intense stress, others to involvement in a specific perpetrator-victim interaction. The suspicion that a child or young person is being bullied should be aroused by the following signs: reluctant to go to school and comes up with various excuses to avoid school, is scared while coming from or leaving school, often changes the route from home to school, abruptly suffers school failure, seems absent, deconcentrated and unmotivated, returns from school with damaged things or torn clothes, comes hungry (because someone has taken his/her snack), loses appetite, has health problems (headache, abdominal pain), withdraws, starts stuttering, has a bedwetting, cries before bedtime, has nightmares, has scratches and bruises for which she gives unusual explanations, asks for or steals money (usually to pay to a perpetrator), constantly "loses" pocket money, refuses to talk about why he/she is constantly in a bad mood, stops eating, or becomes obsessed with cleanliness (in reaction to being called "fat" or "dirty"), etc. Children and young people who are suffering violence most often physically differ from other peers (too slim, small, or too corpulent) or are different in some other way: they are gifted, have developmental disabilities, are

[2] Jelena Srna, Violence, Belgrade, Žarko Albulj, 2003

[3] Ljiljana Krkeljić, Handbook – School without Violence – towards a Safe and Enabling Environment for Children, Ministry of Education of Montenegro and UNICEF

of other ethnicity than most peers in the group, are of other social origin, as well as children and young people who are the new students in the class or school.

The parent-child relationship is of great importance for gaining basic trust, self-respect and creating a positive image of the child / young person about themselves. During early development, the emotional relationship with parents largely "shapes" later relationships with oneself and with others, the sense of security, self-respect, attitude to one's needs, communication skills, and more.

Perpetrators

Perpetrators are distinguished by their characteristic attitude towards victims and their attitude towards violence. They generally show less empathy, think less about the victim's feelings, are more willing to attribute the aggressor pleasant emotions, find pleasure in their acts of aggression. There are also differences in the attributes they are inclined to: they are more inclined to attribute hostile intentions to others and to hold victims accountable for the abuse. This type of aggressive student is, as a rule, described when trying to help the teachers and parents predict which child / young person is at increased risk of violent behavior. One such list of early warning signs of possible violent behavior in the future looks like this: withdrawal from society, a pronounced sense of isolation and loneliness, a pronounced sense of rejection, uncontrollable anger, patterns of impulsive or chronic hitting, insult and bullying, registered disciplinary issues, violent and aggressive behavior in the past, intolerance towards diversity, prejudice, drug and alcohol use, becoming a part of the so-called "clans".

Children / young people who behave violently have severe difficulties to "walk in someone else's shoes", that is, those who suffer violence, because they are unable to empathize with them. They are driven by the desire to satisfy their needs, at all costs, most often directly, without delay, and in doing so do not understand how a victim of violence feels. These children / young people have difficulties anticipating and understanding the cause and effect and accepting responsibility for their actions.

If the child / young person has grown up in a family environment filled with aggression or violence of any kind, and especially if the aggression or violence was directed at the child itself, he / she can be expected to accept such behaviors, that is, he or she will behave aggressively / violently. In such a family climate, the child / young person is in constant fear of parental aggression. In order to overcome his/her fear, he / she identifies with an aggressive / violent parent, becomes similar to him / her, and so is himself / herself aggressive towards those who are weaker than him/her. It does not mean, however, that every child growing up in aggressive / violent family circumstances will be aggressive or violent. One of the very sensitive parents' tasks, and later teachers', is to put boundaries on the child in a timely manner, thus allowing him or her to experience and recognize what is good or not good, what he or she can or cannot do.

Consequences of violence

The immediate consequences of experiencing peer violence are: withdrawal

and insecurity, avoiding society (child / young person is usually alone during school breaks), irritability, tension and tendency to react with crying, attention deficit disorder, decline in school performance, loss of motivation to attend school, avoids the usual route to school, does not want to go to school alone and asks his/her parents to take him/her, is "sick" when he/she needs to go to school and complains about many symptoms for which doctors do not find an organic basis, has poor appetite as well as sleep problems (insomnia / nightmares), feels insecure and is looking for company / proximity to teachers at school, not engaging in group or sports activities, is depressed, and sometimes aggressive towards other children, threatens to commit suicide and sometimes even tries to commit suicide.

Children / young people can also have more lasting consequences of exposure to peer violence: sleep disorder, nocturia, fecal incontinence, somatic (physical) symptom disorded even though the child / young person is physically healthy (headaches, abdominal pain, breathing difficulties).

Children / young people exposed to violence in childhood, in adolescence may manifest: depression, violence towards their peers, insecurity and low self-esteem, risky "lifestyles" such as various types of addiction to psychoactive substances (PAS). In adulthood: some personality disorders, propensity for depression, suicide risk, risk of different types of PAS addiction.

School influence

The school, an institution in which children / young people enter from their family (while still staying in the family), has many structural similarities with the family, reflecting important figures and relationships that exist in the family, so children / young people are sometimes explained that by going to school they enter another, new, extended family. The authority of parents corresponds to the authority of primary and secondary school teachers and professors, classmates are new siblings, with whom a rich and long-lasting interaction begins, and adults monitor this interaction and intervene in case of conflicts.

The school and the family have a task to control and supervise the child / young person, but also develop his / her independence and identity, they should develop an attachment to themselves, but also encourage overcoming that loyalty and attachment of the child / young person to other groups and their norms. There are three basic processes that can be recognized in both the family and school contexts: connecting (developing positive emotional relationships with parents / teachers), regulating (controlling behavior through supervision, monitoring, etc.) and autonomy (developing identity, independence and self-respect). [4]

Analysis of the responses of the students of the karlovci grammar school on the topic of peer violence, conducted in 2017

[4] Barber and Olsen, Socialization in context: *Connection, regulation, and autonomy in the family, school, and neighborhood, and with peers.*USA, Journal of Adolescent Research, 1997.

The responses of the students of the Karlovci Grammar School on the topic of peer violence gave a fairly clear insight into their knowledge and acquaintance with the types and forms of peer violence, their awareness and responsibility in this regard, as well as their personal experiences so far. (Note - the results refer only to the sample that attended the lecture and received and filled in the questionnaires, so they cannot be generalized at any cost). This paper analyzes the responses of a total of 87 students of all grades (31 first-grade students, 18 second-grade students, 12 third-grade students and 26 fourth-grade students), who anonymously filled in a questionnaire of 20 questions. Based on the analysis of the filled in questionnaires, this paper presents for the first time significant conclusions through an individual analysis of the responses of the respondents of each grade, as well as certain measures of prevention and combating peer violence. The gender-based aspect of violence is evident in most of the answers, but it is most pronounced in the analysis of qualitative answers to the question concerning the different teachers' attitudes towards boys and girls.

The lecture was attended by 31 first-grade students, and the first impression is that boys and girls are not sufficiently informed about what is peer violence, what are the forms of peer violence, and what kind of behavior should be reported as violence. When asked, "Do you think you were once exposed to peer violence at this school?", as many as 30 students answered "never", while 1 student chose the "once or twice" option ", suggesting an apparently positive picture that students of that age did not encounter peer violence. However, the answers to the following questions already indicate that the students are actually not quite sure what they are experiencing, without being aware of the fact that it is classified as violence. When asked, "Did other students call you derogatory names, insulted, or mocked you?", 28 students answered "never," while 3 answered "two or more times," so that a slight discrepancy can already be observed in relation with their answers to the first question. It's the same case with the question of physical forms of violence, where as many as 5 students still said that they have experienced even physical violence. It should be noted that the students were not aware that even fear of certain individuals or peer groups is an element of violence, so when asked if they were afraid of someone in school, 4 of them responded that they were slightly afraid. When asked about the places where they were exposed to violence, they all responded that they had not been exposed to violence, although the previous answers were not consistent and therefore confirmed the contrary. Gender-based violence, among other things, involves discrimination on the basis of sex and gender, physical appearance, sexual harassment (even if it was just spreading rumors), etc. So, although 31 students claim that they have not been exposed to violence, when asked "Did it ever happen to you that someone told you you were not good at something just because you are a boy/girl?", as many as 8 students confirmed that it did happen two or more times. Regarding the spread of the rumors of someone's sexual experience, only one student claimed to have been the victim of it, although it is assumed that the aspect of sexual violence is somewhat less pronounced according to their age (which will prove to be much more common in the older grades). It is a devastating fact that when asked would they report violence when they are not victims themselves, 11 students

answered "no", 16 with "only if it was absolutely necessary" and 14 with "always". So here is the case of the lack of awareness of each person's responsibility for the violence he or she witnesses in any way. Most often, it is the fear that they, as witnesses and information givers, would become the target of perpetrators themselves, what these very students commented with the lecturer during the lecture. This is due to the lack of information on how and to whom to report violence, and remain protected. Certainly, this points to the lack of practice in schools to address the topics of violence in a detailed and continuous manner, as well as to the lack of enthusiasm of employees to deal with this topic thoroughly. When asked if the class was talking about rules to prevent violence, 12 students answered "no", and when asked about the employees' answers to violence when it occurred, half of the students, i.e. 16 students, said that they "very rarely or only sometimes" help solve the problem. The only thing the first-grade students agreed on was that they did not suffer any violence from employees, although 2 students did notice that teachers behave differently towards boys compared to girls. An important fact that does not support the optimism in combating peer violence is that, according to the answers in this questionnaire, 15 students are ready to engage in creative workshops, 15 are not, and 1 is neutral.

As for the second-grade students of the Karlovci Grammar School, 18 of them filled in the questionnaires, and the results were significantly different and less encouraging than of the first-grade students. Namely, the case is that a general impression is that second-grade students are more likely to face peer violence, or recognize it better. It is worrying that when asked "Do you think you were once exposed to peer violence at this school", 10 of them answered "never", while a total of 8 circled that they had faced peer violence once and more than once. Regarding their relationship, the answers indicate that 11 of the 18 students were victims of insults, threats, derogatory name-calling, etc., while 4 suffered scratching, bitting, pushing, or some form of physical violence. Fear of individuals or peer groups who behave violently is represented in 7 students, which indicates that there are nevertheless so-called "clans" in the school that threaten and intimidate. When listing places where they experienced some form of violence, 10 students stated that they did not experience violence, which is in line with the answer to the first question, thus confirming the validity of the answers, while 8 of them listed the school yard, corridors and stairs, classrooms, restrooms, the gym, and the route from home to school as places where they faced violence. So the whole school surrounding is an unsafe environment. Regarding sexual harassment by showing pornographic material or spreading rumors of someone's sexual experience, second-grade students encounter this type of violence significantly more than first-grade students, that is, exactly one-third of this sample suffers such forms of violence, almost equally from boys and from girls. What is also devastating is that 5 students stated that they were called derogatory names and insulted by the employees, while one student stated that he was even the victim of physical violence by them. It is encouraging that students state that employees talk to them about constructively channeling of their anger and aggression, 15 confirming this fact, but one has to wonder how it is then possible for students to still suffer violence on their part, what dual messages with such

actions they send students and how much and what professionalism the employees show (pedagogical skills need not even be discussed in this case). 4 students notice that teachers treat boys and girls differently, and two qualitative answers are as follows: "They can be rude to boys because they assume they are noisier and more restless than girls" and "I find it uncomfortable to write, it's just embarrassing to watch, nothing else than that", which talks about sex and gender discrimination. The aspect of personal responsibility when it comes to witnessing violence is also not at an enviable level, given that when asked ''If someone would violently treat you or your classmates, would you seek help from the school staff", 3 students answered that they would not, as many as 9 with "only if it was absolutely necessary" and 6 with "always". It needs to be noted in addition to this, that out of 18 students, as many as 12 declare that they would not wish to participate in creative workshops related to peer violence, if the school had the opportunity to do so, which further discourages and raises questions about the motivation of second-year students of this school to deal with peer violence even though they themselves are victims and witnesses of it.

The sample in the third-grade of the Karlovci Grammar School includes 12 students. (Due to the small sample in this class, it should be borne in mind that the conclusions should not be generalized and taken as fully valid indicators of peer violence, but the data obtained will be presented.) The slightly improved situation of students in this class, compared to the second-grade students, is indicated by the answers to the question "Do you think you were once exposed to peer violence at this school", to which 9 students answered "never", while 3 of them answered "once or more than once." However, the answers to the following question are not in line with the previous one, as 5 students declare that they have been called derogatory names, mocked and insulted by peers, which indicates that they are not even aware that the actions and activities listed are forms of violence. It is significant that all 12 students responded that they did not suffer any forms of physical violence by their peers, but it is devastating that half of them said they suffer verbal abuse by the employees, while 1 student stated that he/she suffer physical violence daily. It is important to point out that 5 out of 12 students notice that teachers treat boys and girls differently and describe it as follows: "During an oral exam, if students are female, they get good grades", "Some teachers like boys more","Boys have the privileges with one teacher." As for the individuals and groups that are intimidating and threatening, students claim that they do exist (7 of them gave that answer), but as many as 11 of them say they are not afraid of them. Accordingly, the rebellious attitude of adolescents to be "ready and able to cope with anything and everyone and not to be afraid of anyone and anything" should be taken into account, which does not diminish the importance of the fact that intimidation exists and that relationships can turn into conflict at any time. 3 students faced gender discrimination, physical appearance-related insults and sexual harassment, while others denied any experience with the aforementioned types of violence. Even among third-year students, personal responsibility is low, as a total of 7 students have declared that they would not report violence, or would report it if it was absolutely necessary. Also, the willingness to participate in creative workshops to combat peer violence is

shown by only 3 out of 12 students. Based on the rest of the answers, it is concluded that violence is discussed in the school, but that neither teachers nor students show sufficient willingness to make the theory into anti-bullying practices, and even violate certain codes themselves.

Fourth-grade students - 26 students gave the following answers to the questions in the questionnaire: 23 students claimed that they had never been exposed to violence in this school, while 4 stated that they had been once or more than once, which again did not correlate with the statement of 12 of them that they did face mocking, insults, been called derogatory names, etc., and that 2 of them suffered physical violence from peers. (Just like with third-grade students, there is a discrepancy between what they recognize as violence and what they actually suffer and what they face). 7 out of 26 students report that there is one or more peer groups who are violent, but only 1 student fears their bullying. That they are not aware that they are facing violence shows the fact that, when asked about the place where the violence took place, 24 students responded with "I was not exposed to violence", while only 1 student listed the classroom, while the professor was present, and 1 student circled all the answers offered as places where violence took place. With regard to gender discrimination and discrimination based on physical appearance - almost a third encountered it, while sexual harassment, by showing pornographic material and spreading rumors, was confirmed by 3 students, which is quite different from the responses of second and third-grade students. When it comes to the relationship between students and the employees, the answers in this class are equally discouraging, since 7 of them answered that they were called derogatory names or insulted by one of the teachers. Physical violence is confirmed by only one student. Also, 12 students answered the question "Does the class talk about the rules of preventing violent behavior", with "yes", and 14 with "no", which is extremely worrying because it indicates the school staff's lack of interest in dealing with it. A small inconsistency can be seen in the answers to the question "Did any of the employees explain to you what to do when your classmates quarrel in your presence or when they are acting violent - (when you witness violence)?", 9 students answered with "never", while 17 answered with "often or sometimes". The thing is that school staff does not sufficiently deal with the primary prevention of violence, as much as what to do when violence already occurs, which again does not have an adequate impact on preventing it in a timely manner. The different attitude of teachers towards boys and girls is confirmed by 10 students and denied by 16. Those who confirmed it, describe it as follows: "The PE Teacher" (the answer is incomplete, but it is assumed that he is more favorable of boys), "Most teachers treat boys as completely disinterested, as if teaching only girls", "They are not so strict and are more kind towards girls", "Boys find it easier to get good grades from some teachers if they just put a little effort." It is encouraging that, unlike other students in other grades, fourth-grade students are more willing to report violence even though someone else is a victim, so 10 of them said that they would always report violence, 13 said "only if it was absolutely necessary" and 3 students would not report it at all. A rather poor picture in this grade is complemented by answers to the question about the willingness to participate in cre-

ative workshops against peer violence, since 22 students would not participate in them, while only 4 have the desire to participate.

After analyzing the responses in every grade, it is necessary to draw some conclusions that could guide further practices in combating peer violence. Namely, the general impression is, first of all, that students are not sufficiently informed about what violence is, and for that reason they completely unconsciously deny their own answers when the topic of violence is broken down into clearer and more specific questions. Unfamiliar with the basic forms of violence, they certainly cannot be sensitized to recognize the various variations of inappropriate behaviors that can certainly become something more serious. A fair number of students at the discussion was unsure about the sex and gender differences, much less understood and was informed about gender-based violence and its forms. Accordingly, it is necessary to develop better practice in educating young people on these topics.

Perhaps the toughest finding acknowledged by this research is that a total of 8 students answered that they would not report the violence they witnessed, 44 would but only if it was absolutely necessary, and only 35 felt fully responsible to do it. The conclusion is that young people fear perpetrators and their revenge if they interfere with what is not directly affecting them, without being fully aware of the ways in which they can protect others and remain protected in that sense. Young people are not acquainted with the relevant institutions or procedures either, so their motivation and sensitization to participate in combating peer or any violence could be better organized in this direction. A specific issue is the motivation of students to participate in the prevention of violence and acquire knowledge about it through creative workshops that could be organized in the school. Only 28 of the total of 87 would engage in these workshops, which represents a very poor picture of the potential for the development of awareness of violence, or simply testifies that the workshops are not sufficiently creatively designed by the lecturers, so working on that could mean greater motivation of young people.

Lastly, school staff, who seem to have a good knowledge of the theory of violence, mustn't be left out, but they don't support it enough by practice and their own example. Primarily, based on the data obtained from this research, it seems that the idea of combating all types of violence will not be implemented in this way, since even the school staff itself does not act in accordance with it. Certainly it was concluded that it is necessary to motivate teachers to deal with this topic in greater detail together with students, both through theory and through practice.

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VRŠNJAČKO NASILJE U ŠKOLAMA SA OSVRTOM NA RODNO ZASNOVANI ASPEKT

Rezime:

Ovaj rad posvećen je opštoj analizi vršnjačkog nasilja u školama i prikazu zaključaka do kojih se došlo na osnovu upitnika koji su popunjavali učenici/e Karlovačke gimnazije u septembru 2017. godine. U saradnji sa Zavodom za ravnopravnost polova, organizovana su predavanja na temu vršnjačkog nasilja za sve četiri godine u ovoj školi. Prisustvo je bilo dobrovoljno, a analizirani su popunjeni upitnici učenika koji su pratili ova predavanja, (radi se , dakle, o slučajnom uzorku). Upitnici su bili namenjeni sticanju uvida u znanje i stavove učenika/ca ove škole o vršnjačkom nasilju. Odgovori učenicika/ca Karlovačke gimnazije, na temu vršnjačkog nasilja, dali su prilično jasan uvid u njihovo znanje i informisanost o vrstama i oblicima vršnjačkog nasilja, svesti

i odgovornosti u vezi sa time , kao i njihovim ličnim dosadašnjim iskustvima. (Napomena – rezultati se odnose samo na uzorak koji je dobio i popunio upitnike, pa se isti nikako ne mogu generalizovati). U ovom radu, analiziraju se odgovori ukupno 87 učenika/ca svih razreda (i to 31 učenik/ca prvog razreda, 18 učenika/ca drugog razreda, 12 učenika/ca trećeg razreda i 26 učenika/ca četvrtog razreda), koji su anonimno popunjavali upitnik od 20 pitanja. Na osnovu analize popunjenih upitnika, u ovom radu, prikazani su značajni zaključci kroz pojedinačnu analizu odgovora ispitanika svakog razreda, kao i određene mere prevencije i borbe protiv vršnjačkog nasilja. Od same definicije ovog vida nasilja, opisa psiholoških karakteristika nasilnika i žrtava, do prikaza značajnih zaključaka, vrlo slikovito se obrađuje tema koja ima nesumnjiv značaj u socijalnom radu.

Ključne reči: *nasilje, vršnjačko, rodno, škola*

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364.4-055.5/.7(410.5)"2017"

FAMILY WELLBEING PROJECT

Abstract: The aim of this study was to explore a strengths-based and compassionate family approach to young people's distress as a complementary alternative to traditional therapeutic and medical interventions for mental ill-health in young people. We used a method of a pilot Family Wellbeing Project, which was established by Children 1st in 2017 in two economically different GP practices in East Renfrewshire. Offered as an alternative or intermediate step to CAMHS, GPs made direct referrals to the Family Wellbeing team, a small team with a diverse experience of supporting families in challenging circumstances. The team focussed on strengths based interventions to build parental and child confidence, provided mediation to support understanding, communication and re-situating the child within the family. The Scottish Recovery Network was engaged to provide a qualitative evaluation of the experience of this new approach for young people, their parents and the workers themselves. 12 semi-structured interviews took place with children and their parents who agreed to take part, and 4 semi structured interviews with the team. The interviewed families reported that: the approach felt inclusive and empowering; they felt fully involved in the process and empowered; the workers were reflective and responded to their complex needs in a tailored way; the approach contrasted with what they had expected from a more medical approach. The interviewed workers reported that: the approach required them to be adaptive and deeply reflective; ethos and leadership were central to undertaking the role; the relational approach was powerful and enabling for the workers and the families. The Scottish Recovery Network carried out a qualitative evaluation of the experience of receiving support from the Family Wellbeing service in East Renfrewshire, Scotlanddelivered by Scottish children's charity Children 1st.

Key words: *qualitative evaluation, family intervention*

Ethical considerations

The project engages with adults and young people, some of whom are under 16 years of age. All participants were issued with an information sheet explaining the purpose of the project, the agency undertaking the research, the possible risks of participating, how the data will be managed and the rights of participants to withdraw

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consent at any time up to data aggregation.

Any participant under 16 required the consent of their parent or guardian to be interviewed.

SRN and Children 1st were keen to ensure that all participants had access to support before and after the interview if the process caused any participant distress. As a result, the interviews took place in Children 1st premises in Glasgow and Eastwood Health Centre.

An ethics risk assessment was approved by Children 1st.

Methods

This qualitative study[2] used a semi-structured interview schedule generated from learning from a previous rapid evaluation completed by SRN in early 2018, in discussion with both the Family Wellbeing Team Manager and the interim Chief Executive of Children 1st.

Participants.

A sample of 4 young people and 6 parents/guardians was generated from the existing and past caseload of the project.

Data collection.

This is an availability sample[3] following an action research approach[4] and will not capture those who chose not to continue with the project. This has an impact on the assumptions that can be made about the results.

Interviews with recipients were scheduled for 30 minutes. Actual interviews with young people lasted a maximum of 15 minutes, whilst parents and guardian interviews lasted between 20 and 40 minutes. This difference reflects young people's anxiety about meeting someone they are unfamiliar with and being recorded whilst the longer period for parents and guardians reflects the drawing in of a range of experiences that adults are reflecting on when asked about the service.

The participants are being asked to reflect on:

- the process of engaging with the project
- their life before being supported by Children 1st, the challenges and successes
- the experience of being part of the project
- what helped the most
- how the service could be improved

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Data analysis

Interviews were recorded and transcribed and thematically analysed using NVivo software[5].

Results

Context

The purpose of the Children 1st Family WellbeingProject is to divert children and families from primary care waiting lists for specialist services. The workers that can operate holistically and are able to use strengths-based approaches[6] to respond dynamically to presenting problems. This contrasts with the experiences described by some participants of Children and Adolescent Mental Health Services (CAMHS). Demand for CAMHS is at a historically high level (referrals increased by 30% between 2014 and 2016)[7], whilst the resources available to CAMHS remain the same. Time pressures on this system, demonstrated by increasing waiting times and 'rejected referrals'[8] have limited the responses that are possible.

In contrast the Family Wellbeing Service (FWS) model intended to provide a whole family approach to young people's distress, recognising that to be effective the service had to work at the pace of the family. The staff have time and resource to create a relationship based on trust and respect and takes a strengths-based approach to distress.

Subject groups

The researcher interviewed 10 recipients of the family Wellbeing Service. 4 were young people aged between 15 and 19 and 6 were carers aged between 32 and 48. All of the carers interviewed where female. Of the young People interviewed 3 were female and one was male.

Subjects were invited to take part by their key workers. No incentives other than to assist in the evaluation were offered. All participants received an information sheet outlining the potential risks of the project and of participating. Any participants under the age of 16 required consent of a parent or guardian.

This is a convenience sample[9] - those who responded positively to the request

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[8] SAMH/Scottish Government (2018) Rejected Referrals Child and Adolescent Mental Health Services (CAMHS) A qualitative and quantitative audit, available: https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2018/06/rejected-referrals-child-adolescent-mental-health-services-camhs-qualitative-quantitative/documents/00537523-pdf/00537523-pdf/govscot%3Adocument/00537523.pdf, accessed 1/07/1

[9] Lavrakas, P.J. (2008) Encyclopedia of survey research methods. Thousand Oaks, CA: Sage Publications, Inc. doi: 10.4135/9781412963947

for participate. The sample does not include the views of those who did not want to participate or who decided to cease connection with the project. The results of this evaluation should therefore be viewed with caution.

The children 1st approach

The approach is distinct from the more clinical approach that is associated with primary care and CAMHS. The approach allows those who are participating to determine when they cease connection with the project. This was unexpected by all participants who had become used to a much more restricted medical model.

Another distinction was the liberating impact of forms of self-actualization where both young people and carers were exploring their existing strengths and building upon them. The participants noted that the service felt different. Parent A said: "I've never felt so comfortable with an outsider… I have had CBT in the past and I met with a counsellor that, honestly I didn't even want to tell my second name because I felt that frosty with, do you know that we, it's like, I think it makes all the difference when somebody is, they've got those people skills where you do feel totally at ease with somebody".

The openness and accessibility of the service was what made it distinct from the medical services. Young person A said: "someone to talk to who isn't immediately in my life that I could text, it's amazing to be able to text, or if I have had enough then I can just come in or I can have a phone call".

Predominant within the theme of accessibility is a lack of 'targets' for completion of therapeutic input. In contrast to concerns about over demand for an "open" service, it appears that negotiating a future completion date with the family provides power to those who are attending the service.

Respondents described a form of testing out with medical services to determine how honest to be in order to access the service they believed they needed. Carer A said: "I've seen health visitors and everybody when I've had the kids and I had bad post-natal depression and I carried on, I was fine 'cause I wouldn't have told them anything, they just felt like a stranger, she [Children 1st worker] never felt like a stranger". The young people also valued the "personalized' service that they received from the project. For C this was essential to her progress: "like having one on one talking with an actual person like someone who is friendly, nice and stuff and not just a robot".

The dynamic and personal approach experienced by young people is very different from what they expected. Respondents indicated that it doesn't feel like "therapy". For example, young person E spoke of the process of engagement as: "She was helping me understand and open up and deal with the thoughts I was having and just explaining them in further depth so I could understand what I was feeling". He also described the nature of the relationship as being "like a friend". In this the researcher makes a distinction between the use of such a word in a professional context which would perhaps raise concerns about "boundary violations"[10], as opposed to developing

[10] Aravind, V.K., Krishnaram, V.D., & Thasneem, Z. (2012). Boundary crossings and violations

open and honest conversation spaces. For example, he describes the relationship as: "a friend instead of therapy like where they just listened to you and send you away, X actually talks and you have conversations".

This dynamic approach is driven by the needs of the clients. Central is an 'unconditional' relationship that allows both to be open and honest. Young person E describes the importance of 'normal': "It was more normal things to do and then just kind of in between all the important stuff it would just feel like me telling a little bit, about her about her dog and stuff like that and I tell her some stuff about me so it was almost building trust with each other and it really helped".

Honest conversations were hard won and unexpected. Participants expected to have to find out the 'rules of the game' in order to get the service they actually desired (or 'strategic accommodation'[11]. Respondents described reciprocation where honesty and openness from Children 1st enabled those in receipt of support to be equally honest and open.

In contrast to other services, past history does not dominate initial assessments. This retelling was continuingly drawing those young people back into difficult experiences. The Family Wellbeing Service in contrast needed only information that was necessary at that moment, 'in the moment'. There is a sense that this approach liberated the carer and the children from the past and helped them to foresee a future beyond those challenges. A kinship carer who was supporting two girls at home had experience of social workers focusing on the past each time they visited the family. As F(36) suggests: '… it was really nice to have a positive space where we could say this isn't about everything that happened, it's about what is happening now and it is how you move forward in the future".

This dynamic approach creates the space for connection and honest conversations: "about like time and letting her have time and letting her have that time to play and to explore things without pressure and without any kind of big emotional dramas or any kind of thing like that so it just helped us find a space".

This contrasts with the experience of connecting with social or health care services. For example F suggests that when that happens "they bring an energy and which is unpleasant and negative and hard".

Carers reported an almost instantaneous reaction when connecting with the project. For example J suggests "I remember the very first conversation I had with [worker], I just thought this is going to work". A similar experience was apparent for young people. One carer noted that "the minute she [worker] came in the door she had X eating from her hand. Y said she wouldn't be in the room, but she sat on the floor, she wanted to hear what was going on. She was just out there. We don't have to do this, we don't have to do that, but that is something we could do. It was just perfect".

It was the practical skills that the individual workers brought to the engagement that made the biggest impression on carers. Rather than clinical qualifications

in clinical settings, *Indian Journal of Psychological Medicine,* 34(1), 21–24. doi:10.4103/0253-7176.96151

[11] Moore, D. (2009) 'Workers', 'clients' and the struggle over needs: understanding encounters between service providers and street-based injecting drug users in an Australian City, *Social Science and Medicine,* 68, 1161-1168.

carers were expecting workers withknowledge and experience beyond their own: "I wanted to know that it was someone who knew more than me that was working with me and clearly she did and right from the word go I just thought she was amazing. Without further data it's difficult to tell if that resulted in longer term engagement, however it could be inferred from many of the statements made by carers that "knowing they were at the end of the telephone line" was enough.

This could be characterised as commitment or 'going the extra mile'. For example, many carers noted that the project leader-a significant leadership post within the project - spent additional time if necessary ensuring thatyoung people and carers were supported: "She phoned about 6:30 on a Friday night and we were on the phone for ages about 40 minutes, as if she was in no rush to go anywhere, which I know that is what you should be doing but that is not the way all services come across at all".

Knowing help is there whenever it's required is in itself reassurance enough to enable people to get through the week or 2 weeks before the next appointment. For example, "I think I phoned her [Children 1st worker] a couple of times but I have not regularly contact out with the times we are meeting up. She's been there at the end of the line if I need it or indeed the team that she works with at the end of the phone. It makes such a difference, you know that someone is there but you don't really need them but you know that they are there which is almost kind of reassures".

Being responsive to the other demands in carers' lives was equally important. For example one carer was transitioning from one career into another and was juggling more than one post as a result. The project made a commitment to maintain contact at aspecific time, a simple but important act which recognises that demands on carers and their needs for more flexibility around services.

The level of psychological safety established by being involved with the project is important to all carers. For example C said: "I think just the way it was explained to me was that someone had my back, and that was so reassuring cause I suppose until that point, unless anyone is in those shoes, don't really understand. I felt for the first time that someone was actually listening and understood".

Pre-referral

Prejudices about the sort of service they would receive were a barrier to accessing support. Those prejudices were based upon small amounts of information about CAMHs. C aged 17 said that "I refused to go a couple of times". Some of the internal barriers, such as the impression that attending the service gives to others, particularly peers, remains a significant barrier for some of the young people. They were particularly concerned about being confronted by 'white coated professionals with clipboards'. For example C said, "being in a room with someone I didn't know at all and having to speak about everything that I've been through and them just taking notes of what it was, and I feared that so much but it was nothing like that".

This sample indicated that contact with the service occurred quickly after a discussion with their GP: the primary route tothe service. The young people in the

study indicated that they were "at the end of their tether" prior to the referral. They also anticipated a much more medicalized response to their problem, which raised significant anxieties. These anxieties occurred even when the subjects had access to other forms of support. For example, C (17) said, "I had my friends, it was a very good place for me and my friends at that point I felt quite a strong close-knit relationship with a lot of my friends".

The young people described anticipating a difficult process in order to access the project. All of the sample expected to be on a waiting list for anything up to 6 months. It came as a significant surprise to both young people and carers that the Children 1st response was almost immediate, with phone contact and checking in from the moment the referral is made.

The speed of response was reflected positively in the reflections of carers. Approaching a GP was very much a last resort: "at the time it came out of nowhere and I just felt trapped I didn't know what to do, I had no support network and I just wanted to help him basically" (Carer F).

Carers were managing significant levels of self-doubt:"I didn't really have the reassurance to know, to keep going, so there were things going well for short periods of time and then something would happen and I wouldn't know whether to keep going with it".

That lack of reassurance would result in abandoning a strategy before it had time to produce results. This was particularly acute for busy parents who were juggling researching solutions with full time work and the emotional and physical needs of other children in the family. In these cases, they identified assistance. For example: "They were good at the time when you were in complete crisis, try this, I'll refer here, or refer you there. That's great but then I would check in, phone back, "yeah, you're OK, you be alright," you know?" Those sorts of responses reduced confidence in the primary care such that when schools and other official bodies recommend returning to primary care one of the respondents was reluctant to do so. In this sample carer expectations of primary and secondary services were not met. One carer indicated that "I had lost total faith because they were saying that my son was fine and I knew he wasn't". That carer also indicated that if she had waited for an official response from that team, particularly a CBT therapist, "to be honest if I had waited for them, I don't think X would have been here today".

In the NHS hierarchy, CAMHS is the most important service for children and young people. When a GP or the CAMH service itself determines that the young person doesn't meet their criteria it leaves that parent and young person wondering where they go next. "At that point I was willing to do anything to get the help for my daughter that I needed."

Empowerment

This was the most common theme consistent across carers and young people. Carers described reassurance as empowering. That reassurance comes from building,

appreciatively, on the approaches that carers have taken in the past. Carer A for instance indicated that:"[the worker] reassured me that I had the tools within me to do what I had to with Xxxx', it was very much I believe in you, it's not all your fault, you can do this, it was just encouragement".

The development of a 'genuine' relationship- establishing trust over time leading to honest conversations and building on strengths- came across strongly from all the carers interviewed. This appears to have been reinforced by the project enabling carers and young people to determine in advance how long they feel they might need this project. Having the option to reconnect with the project 'if necessary', even if it isn't required was noted as one of the unusual but welcome aspects of the project approach: "I always knew [the worker] was just a phone call away……I feel like I am able to do everything on my own, they are kind of background now".

In contrast to the pre-referral experience-being overloaded by emotions and pressures, feeling overwhelmed and lost- carer F describes the impact of the service: "if there is a trigger then we've got the tools', 'we are trying something and you don't feel as lost".

The release of pressure that carers describe has a knock-on effect on children who feel equally empowered: "we always check her homework at home and then give her a wee hand if she has got a wee maths question wrong or something and she has now said 'I'm just going to let the teacher mark and not get you to check because I want try new things and do this one my own" (carer F).

Within families, young people have become attuned to their triggers and can support their siblings, friends and carers to recognise when they might also need some support: "Anyway that has all come out and X has actually said to her [friend] you need to see [worker], [she] will help you" (Carer F). Connection with the FWS has therefore a potential to improve help-seeking beyond those families.

Handing back power to carers and young people was a consistent theme. Working with strengths was effective even if parent's internal dialogue was more ambivalent. "It was only when she said that it actually made sense" (carer A).

The FWS providing guidance and confirmation for carers gives them the "confidence to persevere". Carers appear to be identifying a small number of new skills, building on existing understandings and confirming that the approaches they have taken in the past are still valid.

The young people indicated that the approach confirmed and validated their distressing experience and built on the strengths that they demonstrated through that difficult time. For example C (15) felt that "you felt kind of valued". And C (16) felt particularly empowered: "I feel I've done it myself, if you know what I mean". Here there is a sense that there is still a level of uncertainty around what they can claim as their own.

Barriers to help seeking

Prior to being referred to the project carers felt they had run out of all options,

and the only remaining intervention was medical-whilst at the same time being concerned about the stigma around diagnosis. Seeking help is seen as admitting failure: "the only barrier I had was stubbornness and pride, you know, I can do this, I can deal with this" (Y40). Rather than feeling 'fobbed off' by a referral to Children 1st they were surprised by the very human response from workers: "I didn't really know what to expect but it was good because instead of having people just write stuff down about you and make you take all these tests it was just someone to have a one to one chat with, like a real person" C(17).

Being in a position where speaking honestly was valued and the information provided was jointly assessed was highly valued. AsCarer A indicated a nurse: "just felt like a stranger, she [the worker] never felt like a stranger". In contrast, when meeting the Family Wellbeing Worker: "I felt for the first time that someone was actually listening, understood and wasn't trying to calm me. Like properly understood, understood what would be right for my kids and right for me to do for them and that is an ongoing journey".

Improvement

Young people identified waiting lists for interventions such as private counselling and CAMH services as very unhelpful. Anticipating the wait itself was a primary barrier to seeking help. In contrast the simple access to Children 1st was "massively helpful" (F).

C (16) suggested that the power imbalance experienced in other services still interferes with honest conversations regarding interventions and activities. She suggests using feedback cards to identify what has not worked and is less valued as a result.

Somewhat in contrast to the desire to remain anonymous and individual, is the expressed desire to use the "lived experience" of the project as a resource to support others: "as well just even using our experience with the children and support other people because I think those girls could support other children" (Carer F).

All those interviewed felt that the most important improvement would be increasing the numbers of staff available to allow more families to use it. Underlying carers valuing what they consider to be a high-quality service was a sense that there must be other families and children who require this service more than 'us'. F(36) said "I said we don't need to be at the top of your list if there are other children that need to be prioritised".

There was a suggestion that for some young people sharing a worker with their carers may cause psychological challenges around confidentiality. This is despite clear indications being given by workers that confidence will be maintained within certain bounds. This will perhaps be alleviated should additional staff available to share the load.

Discussion

Kahneman[12] describes 2 different types of thinking he identified in the workings of the human brain. For pulp readers his book described them as thinking fast and slow. Fast decisions are based on previous experiences and understandings based on specific circumstances. When circumstances are familiar or the evidence within those circumstances are similar to previous experiences then human beings naturally apply protocol-based decision making -which is the fast thinking which Kahneman describes. This fast thinking is reductive, that is it creates simple cases of complicated data in order to provide a quick solution based on experience. In general, this takes less energy and effort to deliver. A more complicated and time-consuming way of making that decision is to assess all the new data as though nothing previously known applied and then to create a dynamic solution to that problem based on the resources that are available. This second 'slower' way of thinking is much more dynamic, responsive to presenting need but also consumes resources such as energy and time.

The Children 1st approach appears to make best use of dynamic thinking approaches which respond to more than the symptomology of the presenting problem and is therefore closer to a whole solution which appears to be unexpected by the participants in this study.

It is important to recognise that the time used in this dynamic approach is the critical resource. That is, time to develop a relationship with the person and their family, and through that relationship to get closer to the genuine needs and desires of those who approach the service. It is worth noting that the expectation prior to referral to Children 1st was that the individuals and families would receive a highly medicalised service.

Many respondents anticipated medical intervention heavily reliant on medication or what one respondent interpreted as 'sterile' counselling. One quote in particular stands out where a young person experienced an in vivo an assessment where one psychologist spoke with them whilst their colleague took notes without saying anything or contributing to the session. As that subject indicated, it 'felt' like the discussion was a distraction in order to create the circumstances for that note taker to undertake an assessment.

All respondents in this sample expressed concerns about medicalization, waiting lists, or lack of personal and dynamic responses from what they already understood to be an overloaded CAMH service. A referral to these services was the 'last chance', after exhausting all other options.

In contrast the Children 1st service confirmed that 'nothing is wasted' and helped young people and their carers re assess their previous approaches and to build on what they had learned: a strengths based approach that gave them back power and the tools they needed.

What is very apparent from the data is this approach unlocked 'honest' conversations where those engaged were not following am process of strategic accom-

[12] Kahneman, D. (2011) Thinking, fast and slow. New York: Farrar, Straus and Giroux.

modation[13] in order to discover what they needed to do to get what they wanted. This honesty appears to be foundational to the effectiveness and impact of the Children 1st approach, and contrasts distinctly with the anticipated, or actual, experience of more medicalised services.

Conclusion

This service and its approach to mental health distress is relatively unique in Scotland. These early interviews suggest that the model is producing results based on relational interactions that are supporting self-efficacy within the client group[14]. However there are limitations in drawing wider lessons from this study given the nature of the sample which are best addressed by further research in this area.

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PROJEKAT PORODIČNOG BLAGOSTANJA

Rezime

Cilj ove studije bio je da se istraži porodični pristup zasnovan na osnaživanju i saosećanju u slučajevima mladih koji se suočavaju sa različitim psihičkim problemima, kao alternativa tradicionalnim terapijskim i medicinskim intervencijama. Koristili smo metodu iz pilot projekta Prvo deca, pokrenutog 2017. godine, zasnovanu na iskustvima lekara iz dve različite opšte prakse u East Renfrewshire-u. Ponuđeni su kao alternativa u sklopu tima za Porodično blagostanje, malog tima ali sa bogatim iskustvom u pružanju podrške porodicama u problematičnim okolnostima. Tim fokusiran na intervencije osnaživanja u cilju izgradnje poverenja između roditelja i dece obezbeđivao je medijaciju kako bi podržao razumevanje, komunikaciju i repozicioniranje deteta u okviru porodice. Škotska mreža za oporavak (Scottish Recovery Network) bila je angažovana kako bi pružila kvalitativnu evaluaciju iskustva u ovom novom pristupu mladima i njihovim roditeljima. Obavljeno je 12 polustrukturisanih intervjua sa decom i njihovim roditeljima, kao i četiri polustrukturisana intervjua sa

članovima tima. Članovi intervjuisanih porodica su izjavili kako su se osećali u potpunosti uključeno u čitav proces kao i da se osećaju veoma osnaženo; članovi tima su, po njihovom mišljenju, na njihove potrebe odgovarali promišljeno i na potpuno adekvatan način; sam pristup njihovim problemima bio je u suprotnosti sa nonim što bi inače očekivali u kontekstu tipičnog medicinskog pristupa. Intervjuisani članovi tima su smatrali da ovakav pristup zahteva njihovu izrazitu adaptibilnost i refleksivnost; moralnost i osećaj za rukovođenje bili su ključni za realizaciju ovakvog pristupa.

Ključne reči: *kvalitativna evaluacija, intervencija u porodici*

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613.81

CLASSIFICATIONS AND TYPOLOGIES OF ALCOHOLISM AND THEIR IMPORTANCE FOR UNDERSTANDING HOMEOSTATIC MECHANISMS IN THE FAMILY AND SOCIAL ENVIRONMENT

Abstract: In this paper, the authors rely on the family systemic paradigm which perceives alcohol dependence as a product of a comprehensive ecosystem process that lasts, and, as a symptom in the system, invades family systemic maturation, so that in addition to the identified patient, it significantly afflicts other family members (an alcoholic family). The modern classification of alcoholism has a similar basis: in the process of developing alcoholism, each individual experiences very different symptoms and consequences of their alcoholism depending on the ecosystem in which alcoholism occurs. The paper presents a classification developed by the researchers at the National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2007) that identifies five general subtypes of alcoholism based on family history, age at which drinking began, existing symptoms of illness and presence of accompanying diseases. The paper specifically analyzes the subtype functional alcoholic, as well as the low percentage of seeking treatment. In addition to observing the characteristic individually, in a family and professionally of functioning well, significant misconceptions that intensify the denial of the issue have been discussed, and, subsequently, addiction itself. In conclusion, it is emphasized that even high-functioning alcoholics pay a high price through physical health destruction, emotional disorders, loss of good family relationships and good professional functioning. The authors propose the term "currently functioning alcoholics" as there is no justification for an approach that these individuals may be permanently functional.

Key words: *alcoholism, drinking, symptom, system*

In the long period of world civilization, and especially during the two centuries of scientific consideration of alcoholism as a disease, many actions have been taken to reduce the harm caused by excessive drinking, intoxication and alcoholism even in the largest and most developed countries of the world, because the enormous consequences of intoxication and alcohol addiction are clearly recognized (health, economy,

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criminal, morals). At the same time, various methodologies have been developed for the scientific classification of alcoholism or for the classification of alcoholism by type, with the aim of studying this disease in detail in order to ensure a more successful reduction of the number of patients and treatment.

The scientific consideration of alcoholism based on the medical model has been around for over 200 years. During all those years of studying alcoholism, a lot of scientific facts have been accumulated. In 1996, Thomas F. Babor[2] presented the history of alcoholism typology, dividing it into three periods: the prescientific period of clinical speculation (1850–1940), the Jellinek era of review and synthesis (1941–1960), and the post-Jellinek period of increasingly sophisticated empirical research (1960–present). In his meta-analysis Babor has listed 16 typologies, chronologically from 1850 to 1992. Each typology has subtypes of alcoholism that differ from one another by defining characteristics, such as drinking patterns, consequences of drinking, personality traits, and coexisting psychiatric disorders. Despite the various determining factors and manifestations of alcoholism and despite the inconsistencies in nomenclature, Babor has concluded that heterogeneity among alcoholics is not random. From these 16 typologies, he considers that subtypes can be categorized within two broad groups, called the Apollonian and Dionysian types. His division is based on recurrent characteristics and symptoms of the addicts. This serious meta-analysis of the mentioned typologies created within nearly 150 years of medical research into alcoholism, it is rounded off through a metaphorical understanding of the personality traits of the ancient gods - Apollo (contemplation, intellect, artistic creativity, self-restraint, long-term socially acceptable drinking, benign, a better prognosis) and the god Dionysius (drunken revelry, sexual abandonment, physical aggression, greater psychological impairment and more personality disturbance). Babor's conclusion is that meta-analysis contributed to the accumulation of wisdom. Namely, based on past data, cumulative wisdom is usable for progress in the present. The hypothesis that there are two broad categories of alcoholism has been confirmed, which represents a significant theoretical breakthrough and provides a better treatment matching. There are two paths which lead to alcoholism (sociogenic and genetic) and this knowledge should be used for treatment matching and patient placement. We think that the cumulative profit from 200 years of medical research and classification of alcoholism viewed from today's scientific positions has become insignificant.

A similar but somewhat more significant one may be considered a more recent typology that has been developed as a result of prospective long-term studies and which has led to the identification of four subgroups of alcoholism or alcoholics[3], and according to the views of this group of researchers, each subgroup of addicted patients requires different and specific treatment. There are four empirically proven subtypes of alcohol dependence: chronic/severe drinking with acute abstinence syndrome, alcoholism with mildly manifested abstinence syndrome, depressive anxiety

[2] Thomas F. Babor, The Classification of Alcoholics Typology Theories, From the,19th Century to the Present, ALCOHOL HEALTH & RESEARCHWORLD, VOL. 20, NO. 1, 1996, p.65

[3] Kogoj,D., Lesch O.M., Blüml V., Riegler A., Vyssoki B., Schlaff G., Walter H.: Lesch Alcoholism Typology Medical Treatment and Research; Archives of Psychiatry and Psychotherapy, 2010; 4, p. 39

type and antisocial type. Each of these types is differentiated based on different biological correlates, different syndromes, different relapse prevention needs, and different prognosis. Namely, while some other typologies have been derived empirically using multivariate statistical techniques, The Lesch typology has been formulated from theoretical frameworks, based on data derived from a longitudinal prospective studies. The typology, formed in this way, has additional implications for understanding the aetiology and development of the disease. This provides a completely new basis for selecting specific pharmacotherapy and psychotherapy treatments. According to Kogoj et al[4] "diagnostic procedures, application of protocols and questionnaires indicate reachable and realistic treatment", thereby providing information on the treatment implementation of each patient subgroup. These authors consider that the heterogeneity of alcoholism as an addiction disease must be accepted as fact. This typology emphasizes a greater degree of diversity (four instead of two subgroups) than the ones mentioned above, but this diversity of appearing forms is significantly greater in terms of ecosystem approach concepts.

Namely, all of these classifications result from the application of the medical model, but over time it becomes more apparent that heterogeneity among alcohol addicts can be attributed to the existence of complex interactions between genetic, biological and sociocultural factors and ecosystem processes, which constitute a context that largely provides a great degree of diversity of the ultimate alcoholism outcomes. Thus, there is not one or more factors or characteristics which can make a difference between an alcoholic and a non-alcoholic. This is supported by the fact that after many additional studies and years of consultation, in May 2013, the American Psychiatric Association (APA) issued Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (40). Although there are significant overlaps between the DSM-5 and the DSM-4, there are some significant differences.

Well, DSM-4 has described two separate disorders, two separate diagnostic entities: alcohol abuse (AAb) and alcohol dependence (Ade). In the DSM-5, however, these two disorders are integrated into one called "Alcohol Use Disorder AUD" with subclassification for MILD, MODERATE AND SEVERE DISORDERS. Changes in diagnostic thresholds/demarcations were also identified. In the DSM-4, the diagnostic criteria for abuse and addiction were demarcated. In DSM-5, anyone who has two of the 11 criteria during the past 12 months is diagnosed with Alcohol Use Disorder (AUD), and the degree of disorder is based on the number of criteria met by the subjects. Hence, the combination of 11 criteria into an entity of two, allows for greater diversity and minimizes the importance of "strong" classifications. DSM-5 has excluded the problem with the law as a criterion, but craving has been added to the DSM-5 as a criterion for AUD diagnosis, which was not included in the DSM-4. In DSM-5, the description of some criteria is adjusted to modern language.

In a recent meta-analysis of many years of research in Europe[5] numerous wor-

[4] Ibid:p. 40

[5] Rehm, J., Kehoe, T., Gmel, G. Jr., Stinson, F., Grant, B., Gmel, G. Sr. (2010). Statistical modeling of volume of alcohol exposure for epidemiological studies of population health: the example of the US. Popul Health Metr, 8: 3, p.33

rying results have been reported, leading to the emergence of new paradigms in the prevention and treatment of alcohol abuse and alcoholism at a large scale. Specifically, many indicators stemming from epidemiological studies in Europe on the consumption of alcohol per capita, have shown an almost monotonous correlation between the rate of alcohol consumption and overall mortality, and that mortality is associated with over 200 ICD-X codes[6]. The fact that there is a great problem with alcohol in the EU and that the overall consumption (more than twice the global average) has been steadily high for the past 10 years, indicates that the EU is not doing enough about the problem with alcohol[7].

After so many years of study and practical work, there has been asked the question if Europe has been doing the wrong thing in solving the problem with alcohol. Probably, one of the biggest inference errors has appeared due to the study of only those individuals who have shown signs of alcohol addiction. Finally, it has become apparent that the problem does not exist only for those who drink and who become addicted. Alcohol addicts are just the tip of the iceberg. A much bigger problem is drinking that is interpreted as moderate, socially allowed, or drinking without signs of addiction. When a thorough analysis of all forms of drinking is done, plus so-called heavy drinking, plus alcohol addicts, there is one huge "iceberg". "It is simply a terrible problem" [8]. Such results led to the adoption of a resolution by the World Health Organization[9], in January 2013, encouraging the members to adopt and implement national strategies for reducing harmful alcohol use. Such views are also evident in the New UN - 2030 Agenda entitled "Transforming our World", adopted at UN Headquarters 25-27. September 2015 and entered into force on 1.1.2016[10].

Therefore, from all the above, it can be concluded that some new facts have evolved:

- The first collection of facts can be shaped through a reliable attitude: every drinking of excessive amounts of alcohol for a long time will inevitably lead to the appearance of a large number of diseases or disorders, and finally, to a disease whose key characteristic is alcohol dependence. Thus, alcoholism is not the only disease that develops from the use of alcoholic beverages. During the time when the use of alcohol is recognized as a progression to more and more severe disorders and impairments, regardless of the biological, psychological, social and economic characteristics of the individual and his or her family. However, it should be noted that there are various

[6] Rehm, J., Mathers, C., Popova, S., Thavorncharoensap, M., Teerawattananon, Y., Patra, J. (2009). Global burden of disease and injury and economic cost attributable to alcohol use and alcohol use disorders. Lancet, 373: p.2226

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[8] *Alcohol in the European Union Consumption, harm and policy approaches*, Edited by: Peter Anderson, Lars Møller and Gauden Galea, 2012, p. 8

[9] World Health Organization. (2010). Global strategy to reduce the harmful use of alcohol. Geneva, Switzerland: World Health Organization. http://www.who.int/substance_abuse/activities/globalstrategy/en/index.html.

[10] See more: https://sustainabledevelopment.un.org/post2015/transformingourworld

conditions which can accelerate, facilitate and deepen the developed disorders.

- The second collection of facts is connected to the psychological defence mechanism, the negation of the disease and its consequences by the alcoholic himself, but also by the members of his family and his surrounding, for a long time. In understanding the second collection of facts, powerful mechanisms of family and social homeostasis can be identified. On the other hand, it is possible that the mechanisms of negation and rationalization of drinking can last for a long time because of the neurobiochemical characteristics of individuals, as Schucki11 used to write about.
- The third collection of facts is of recent date, and it is based on the ecosystem concepts of socio-ecological homeostasis, manifested through the existence of permanent and widely spread social and cultural attitudes and practices regarding drinking and intoxication, which provide circularity and cyber laws that allow the duration and intensification of drinking alcohol, intoxication and alcoholism12.
- The fourth collection of facts, arising from the above three groups, is: the existence of a great variety of socio-ecological forms of alcoholism, that is, a multitude of clinical images in medical (biological, genetic, psychiatric) terms. We believe that typical medical/psychiatric classifications of alcoholism represent an incomplete understanding of alcoholism.

A significant contribution to the deeper consideration of the scientific term of the typology of alcoholism is the application of the family-systemic and eco-systemic model[13] [14] [15] in understanding the aetiology and development of alcoholism. This family system model also relies on the medical model, but this approach emphasizes the developing of alcoholism as a process in the individual, family, and social environment. From an ecosystem perspective, alcoholism is seen as a very complex interactive pro-

[11] Schuckit MA., A clinical model of genetic influences in alcohol dependence.J Stud Alcohol. 1994 Jan;55(1)p. 12.

[12] The use of various psychoactive substances in the long history of civilization is not at all a new or recent phenomenon. This kind of behavior has had its social verification since ancient time, and it can be said that it presents a legitimate social expression of a person's need to improve the image of himself, primarily in social and emotional interactions; or to make the experience of reality easier (to improve the mood, to relax more easily or express joy, etc. All these forms of "consumer" social behaviors in different social contexts and cultures, do enormous damage, but they are persistent for centuries in all civilizations. (Despite the prohibition and criminalization of exploitation and production) drug and alcohol use is embedded in almost all significant areas of social life in many civilizations (from daily life, through leisure, family rituals to religious ceremonies). In some cases it is more alcohol and in the others different psychoactive substances (opium, marijuana, cocaine ...). Thus, these behaviors have the characteristics of a systemic phenomenon or significant characteristics, which defines the essential elements of social systems, that is, it acquires the characteristics of a phenomenon that is needed by the system and which maintains the system per se and the functioning of the system as a whole. On the other hand, this "symptomatic", "consumerist" behavior sustains the system and it is transmitted to the next generations, becoming a significant, permanent element of the culture of a given civilization.

[13] Steinglass P, Bennett LA, Wolin SJ, Reiss D. The Alcoholic Family. New York: Basic Books; 1987, p.34 (Steinglas, 1987, Kaufman et all.1992.Gačić, 1988 Nastasic 1998)

[14] Kaufman E(1995) Family therapy in the treatment of alcohlism in E..B.Bratter&G,G, Forest,(Eds.) Alcoholism and substance abuse:strategies for clinical intervention, New York:Free Press, p.5

[15] Gacic B.,Alkoholizam: Bolest pojedinca I društva Filip Visnjic, Belgrade, 1988, p.65

cess. One level of interaction refers to relationships within biological components (man as a neurobiological entity and alcohol as a substance with pharmacokinetic properties). That level of interaction is necessary, but it is neither alone nor sufficient to create dependency. For the development and maintenance of alcohol addiction and alcoholism as a disease, the second level of interaction is needed - between a human being as a psychological and emotional entity and its social environment, in which alcohol has occupied an important place for centuries.

This level of interaction involves the relationship between the individual and his or her environment (both family and social) and the development of alcoholism in the continuous interaction of the individual and the environment. In such an understanding of ecosystem processes, alcoholism is seen as a communicative, circular and adaptive process that emerges and lasts within the system and it is maintained by the system. In this way, the cause (aetiology in medical terminology) is of secondary importance[16]. The key point of the "Belgrade School of Alcohology" is: heterogeneity of alcoholism as a disease is very present, so it can be talked about "alcoholisms and not about alcoholism"[17]. It is not a single and unique disease, but a complex systemic process from which many individual clinical forms or types emerge. Still, it can be said that this system process has the characteristics of a global process and broadly encompasses all social systems and all strata of society, resulting in a large number of individuals and families involved in the process, then that there is a strikingly large heterogeneity of the appearing forms, both by the type of clinical image of the diseases and by the severity and intensity of problems and disorders. There are also a large number of different combinations of causes for starting to use alcohol, but also for intensifying and persistence of the disease resulting from this process[18]. And certainly, there is a clear need for such a diverse and specifically designed treatment entity.

According to the study of the American National Institute on Alcohol Abuse and Alcoholism (NIAAA)[19], based on the analysis of almost 1500 individuals, using the criteria of DSM IV, about 20% of high-functioning, well-educated, high-income individuals with alcohol dependency signs have been found[20]. Therefore, the study has been constructed on a medical model, but it has analyzed a sample of people with drinking problems and alcoholism from the general population, which gives it significant characteristics and ecosystem studies. Then, it should be emphasized that the authors use the term alcohol use disorders - AUD instead of the term alcohol dependence or alcoholism. The findings of this study aimed "to help dispel stereotypical thinking about the typical alcoholic"[21] or, in our view, more importantly, to begin to shatter the view of alcoholism as one medically defined disease, that is, as one uniquely

[16] Nastasić P.: Ekosistemsaki pristup alkoholizmu, Publikum, Beograd,2012, p.21

[17] Gacic B.,Alkoholizam: Bolest pojedinca I društva Filip Visnjic, Belgrade, 1988, p.36

[18] Nastasić P.: Ekosistemski pristup alkoholizmu, Publikum, Beograd,2012, p.72

[19] Više na: https://www.niaaa.nih.gov/

[20] Moss, H. B., Chen, C. M., & Yi, H. Y. (2007). Subtypes of alcohol dependence in a nationally representative sample. Drug and alcohol dependence, 91(2-3), p. 150

[21] Ibid.,p. 157

stereotyped clinical entity. The study has made it possible to distinguish five specific subtypes of alcohol use disorders according to the family history, the age of starting to drink regularly and the beginning of alcohol use problems, then the overlaps degree of DSM IV criteria for AUD, and finally according to the presence of comorbid psychiatric disorders and the disorders of use of other psychoactive substances. These subtypes are the following:

"typical" alcoholic - a large group of relatively young adult men - makes up 31% of the total population, and 20% of them are highly functional, with good education and good financial status, with no evident accompanying diseases, usually with no family history of alcoholism, and they relatively rarely seek treatment.

young antisocial alcoholics - about 20% of the entire population of alcoholics, who start drinking in adolescence and express the problem very quickly; about 50% of them have a family history of alcoholism and antisocial personality disorder (ASPD or APD), a significant percentage of them have marijuana abuse or opiate and cocaine addiction at the same time, 33% of them need treatment

functional alcoholics - about 20% of the total population; middle-aged men, well-educated with stable family life; 33% have a positive family history of alcoholism; 25% suffer from depression

intermediate family type of alcoholism - 20% of the total population; late middle-aged men with 50% of family history and with much more depression or bipolar disorder, with significant disorders in family life and associated opiate or cocaine addiction

severe chronic alcoholics - 9% of the population, the middle-aged who started drinking at an early age, ASPD, with law-related issues, 80% positive family history, combined addictions, 75% seeking treatment

This typology has roots in the medical model and "represents an attempt to make a manual for the phenotypic categorization and research of the AUD gene, in order to support the discovery of human molecular targets for pharmacotherapy, or to establish the criteria for clinical research of pharmacotherapeutic and behavioural interventions"[22]. However, the results of this study strongly emphasize the existence of heterogeneity of alcoholism through the detection of subtypes, as well as additional "classification" within the subtypes that are defined according to ecosystem traits and less according to purely medical ones. It is evident from the results of the study in the general population that not only biological criteria are responsible for the occurrence of heterogeneity or subtypes. Therefore, this study has the features of an ecosystem study.

In order to elaborate on this point, we will focus on the chapter that the authors have labelled as "unexpected results".

The first, unexpected finding is that many individuals who meet the criteria for alcohol dependency are in the young adult group (the age immediately after adolescence).

The second finding that has come up as a surprise to the authors has been the finding concerning the history of alcoholism in the family and the fact that only about

[22] Kuehn, B. M. (2007). Alcoholism Subtypes. JAMA, 298(8), p.853

half of the individuals in the sample have data on the transmission of alcohol dependence, which minimizes the significance of the biological or genetic factor. From these findings, explications of varying forms of treatment have emerged.

The third, unexpected result could be considered the existence of a subgroup of functional individuals who reliably meet the conditions for alcohol dependence. They are, on average, older than members of other subtypes and show a more pronounced tendency toward excessive drinking, although less intensively than other subtypes. They have better family financial incomes, a higher level of education and the higher per cent of them are married.

Significant features of the subtype "functional alcoholic" are: later starting drinking (18.5g) and later starting of AUD (37g), low ASPD probability (1%) and moderate FH + possibility (31%), about 24% major depression and low percentage of anxiety disorders and disorders associated with the use of other PAS, only 1% problems with the law. This subtype has the lowest level of alcohol use despite problems (14%) and a decrease in other interests and activities (7%). The ratio of men to women is 60%: 40%, also the lowest of all subtypes. The drinking pattern is every other day (180 days a year), and then they drink 5+ up to a maximum of 10 standard drinks. About 17% of them sought help for AUD through specialist institution programs or from private professionals.

According to sociodemographic indicators, this subtype shows a high level of functional status[23] . They have the highest family income, with the highest percentage of college education, and they live with their families. So, from the psychosocial perspective, they represent the highest level of functionality of all AUD subtypes. Despite their high level of functioning, this subgroup is also unavoidably at significant risk for biomedical and other consequences.

Taking into account the presented results, we can come to some even more unexpected or very surprising conclusions. In fact, over 70% of individuals in the general population sample who meet the criteria for DSM IV-A alcohol dependence belong to a young or middle-aged population of men with relatively good functioning aspects (excluding the segment of young antisocial alcoholics).

This study has revealed another two subtypes of alcoholism - an intermediate family type of alcoholism and the fifth - severe chronic alcoholic. According to the presented characteristics, these subtypes have got high levels of FH + and a number of features of serious psychiatric illnesses. The appearance of these two subtypes is quite logical, given that addiction has its own physiological progression. Explaining the developing of these two subtypes of alcoholics, noticing serious psychiatric and other medical disorders in the general population, two hypotheses are possible:

- it is the primary existence of psychiatric disorders in which drinking and alcohol dependence are comorbid phenomena; which has long been a verified view within the medical model of alcoholism (the theory of so-called secondary alcoholism)

[23] Moss, H. B., Chen, C. M., & Yi, H. Y. (2007). Subtypes of alcohol dependence in a nationally representative sample. Drug and alcohol dependence, 91(2-3), p. 153

- or it is a transgenerational transmission of AUD that appears in the second or third generation as a confirmed psychiatric disorder. Therefore, it is not a matter of genetics, but the transmission of family patterns, which shapes a lower degree of differentiation of the self, from generation to generation[24].

It is surprising that there is a very small percentage of a positive history of alcoholism (FH +) in the first three mentioned subtypes. In the subtype "typical" alcoholic, there are almost no individuals with FH +, and in the subtype young antisocial alcoholics, only 50% of them have FH + (probably mostly individuals with the genetics of antisocial personality disorder and accompanying excessive drinking). In the subtype functional alcoholics, there is a finding of only 33% FH +.

The need for, or more precisely, the necessity for treatment has also proven surprisingly low. According to the author, to the first group - the "typical" alcoholic - the treatment is almost not needed; in the group of young antisocial alcoholics, the treatment is needed in 33% of cases, but they almost do not seek it. In the third group, functioning alcoholics, 25% of them suffer from depression, so they need the treatment, they probably seek it (but not only for the drinking problem?). In our opinion, from a psychosocial perspective, they represent a very functional subtype of alcohol addicts. Concerning all this, they are still at the unavoidable risk of health consequences.

Therefore, 2/3 of the entire examined population which are classified into five subtypes of AUD are functional, they are invisible for medical and other interventions, they do not seek AUD treatment, and they meet the criteria for alcohol dependence. They mostly continue to use alcohol, "producing" various problems and disorders. They represent the largest part of the "ecosystem incubator" in which all the necessary conditions for "initiation" appear and maintain, that is, the commencement of drinking and its duration with the inevitable development of increasingly pronounced physical and psychiatric illnesses and disorders in relationships in their environment (homeostasis in the social system).

Conclusion

The emergence of a highly functional population of alcohol addicts and a small percentage of them who seek treatment is quite explainable if we take into account the process of denial as a universal psychological defence mechanism in the process of developing and maintaining any alcoholism (and any other addiction) in any family and in any social system or environment. When it comes to highly functional addicts to alcohol (and/or drugs), this mechanism is much easier to appear, it is easy to deepen, and despite its obvious consequences, it is maintained. Increasing the dysfunctionality of addicts involves other defence mechanisms - such as projection and projective identification - not only in addicts but also in other family members. Due to a strong fear of

[24] Nastasić, Petar, *Sistemska, grupna i porodična terapija alkoholizma,* Visoka škola socijalnog rada, Beograd,2019., p.148

stigmatization, high-functioning alcohol addicts are horrified to hear from others or to admit to themselves that they have any, especially serious, alcohol problem. What is more, they often lead the group alcohol intoxications from which they receive support for problem denial. It is not rare that the people from the alcoholic surrounding also deny the problem, so he /she would be the last one who asks for the treatment.

The symptoms and signs are quite similar to those of other alcoholics, but minimized, well hidden and firmly negated. Drinking on a "scientific basis" (vitamin, exercise, targeted abstinence). He sets himself these limits which strongly helps him convince others that "everything is under control" and that he can quit"... whenever he wants, but that there is no reason for that." However, it is absolutely impossible to continue with the so-called heavy drinking for a long period, without severe consequences of such kind of alcoholism, like liver disease, cardiovascular disease, neurological damage, depression, or even cancer. They are fighting a "secret battle" with many mental difficulties (it is estimated that about 25% of high-functioning alcohol addicts suffer from different kinds of depression).

It is obvious that medical typologies of alcoholism provide an opportunity to deepen the medical aspects of alcohol addiction, but it is a difficult job for addictionologist to provide motivation and to establish the process of earlier diagnoses and long-term recoveries for addicts and their families. Participants in this process are spouses/partners, children, parents, friends, business associates, employers, and other influential individuals. On the other hand, there are counsellors and family therapists. The interventions implemented should have a bifocal character: confronting and motivating for treatment. Both the addict and his immediate family consider medical detoxification and the beginning of a treatment as a defeat, rejecting them for a long time, so the planning and implementation of therapeutic interventions is a complex issue which requires a lot of knowledge and skills.

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KLASIFIKACIJE I TIPOLOGIJE ALKOHOLIZMA I NJIHOV ZNAČAJ ZA RAZUMEVANJE HOMEOSTATSKIH MEHANIZAMA U PORODICI I SOCIJALNOM OKRUŽENJU

Rezime:

Autori se u ovom radu oslanjaju na porodično-sistemsku paradigmu koja za-

visnost od alkohola sagledava kao proizvod sveobuhvatnog ekosistemskog procesa, koji traje i kao simptom u sistemu pravi invaziju na sistemsku maturaciju porodice, tako da osim identifikovanog pacijenta značajno ugožava ostale članove porodice (alkoholičarska porodica). Savremena klasifikacija alkoholizma ima slično polazište: u procesu stvaranja alkoholizma svaki pojedinac doživljava vrlo različite simptome i posledice svog alkoholzma u zavisnosti od ekosistema u kome se alkoholizam odvija. U radu je prikazana klasifikacija razvijena od istraživača National Institute on Alcohol Abuse and Alcoholism (NIAAA,2007) koja, na osnovu porodične istorije, uzrasta na kome je pijenje započeto, postojećih simptoma bolesti i prisustva pratećih bolesti, definiše pet opštih subtipova alkoholizma. U radu je posebno analiziran subtip funkcionalni zavisnik od alkoholizma, kao i nizak procenat traženja lečenja. U diskusiji se, osim sagledavanja karakteristika individualnog, porodičnog i profesionalnog dobrog funkcinisanja, razmatraju i značajne zablude kojim se pojačava proces negiranja problema, a zatim i bolesti zavisnosti. U zaključku se naglašava da čak i visoko funkcionalni alkoholičari plaćaju visoku cenu kroz razaranje telesnog zdravlja, emocionalne poremećaje, gubitak dobrih odnosa u porodici i dobrog profesionalnog funkcionisanja. Autori predlažu termin "trenutno funkcionalni alkoholičari"- jer ne postoji opravdanje za stav da ovi pojedinci mogu biti trajno funkcionalni.

Ključne reči: *alkoholizam, zavisnost, sistem, simptom*

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ADDICTIONS - A HOMEOSTATIC GAME BETWEEN THE INDIVIDUAL AND SOCIETY

Abstract: Despite centuries of knowledge of the effects of various psychoactive agents, traditional as well as contemporary societies have not reached a consensus on the usefulness, or prohibition, of the agent. The paradox is that potentially the most harmful psychoactive substances, as measured by comprehensive social harm (alcohol and nicotine), are declared marketable goods, desirable for filling the budget, and that the substances with the least harm (THC, amphetamines, opiates) are subject to the strictest prohibitions, raises the suspicion that society and institution are in fact protects the ritual of taking the means while it is in the function of maintaining the established custom and order, and condemns it when in intensity and consequence it threatens the structure. Considering this fact leads to the conclusion that the attitude of the society (structure) towards the use of the psychoactive agent does not depend so much on the action of the agent itself but on the utility of the agent itself for the social structure. The attitude of society towards a psychoactive agent is arbitrary, changeable and hypocritical. Clear professional attitudes, an understanding of objective scientific and professional facts, social open conversation about drugs while avoiding stigmatization is the way to overcome this paradox. However, experience teaches us that neither structure (society) nor the individual are ready for it.

Key words: *addiction diseases, individual, society*

Introduction

Addiction diseases are diseases of particular socio-medical importance, with a tremendous impact on the individual, family and society as a whole.

Until the 19th century, the moralistic concept of considering the use of psychoactive agents and its consequences was dominant, emphasizing that some people, with insufficient will and moral weakness, are incapable of controlling drug use and drinking. A pharmacological look at the problem of addiction from the turn of the 19th to the 20th century emphasizes that it is not a weak individual, but a strong substance, that is, each individual will develop addiction if he or she intends to use a

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strong substance sufficiently intensively or for a long time. The consequence of pharmacological thinking was the development of various prohibitionist movements and policies, which nevertheless proved to be ineffective. Addiction in the light of social learning indicates that people are not morally deprived, mentally ill, or powerless against substance, but an interaction between environment, individual and drug is essential[2].

There is a consensus in the adictology profession that one cannot speak of a specific personality structure of addicts, but only of personality traits and disposition factors for the development of addiction[3]. Personality itself, its traits, or character, without the social context that will create the preconditions for developing addiction, cannot independently promote addiction.

Disrupted interpersonal relationships make the addicted family dysfunctional, disrupting both the rational context of communication and emotional relationships, making the family vulnerable to wider systems. Functioning of a family with an addict indicates the need to look at problems through circular causality, emphasizing that problems in the family of addicts are contributed by all members, relationships are a consequence of interplay among all members, and poor communication is a consequence of maladaptation of the whole system to a symptom in the symptom carrier[4].

What determines decisively the development of addiction: biology, psychology, or social culture? All three factors are crucial to the development of addiction. Neither of them individually influences the development of addiction. Closest to the truth is the fact that the mujoigra, the mutual influence of these three factors, in different proportions in different cases, influence the development of addiction. For example, a biological predisposition gives rise to an increased chance of developing addiction, but if the predisposed individual grows up in a non-drinking environment, the chance of developing alcoholism will be less. Countries with a negative religious attitude to drinking have lower per capita consumption of alcohol, while countries that wish to support and organize gambling have the problem of a pathological gambling epidemic.

Malignancy and cardiovascular addiction diseases are the third most serious public health problem[5].

Problems related to alcohol use

The process of ripening ripe and ripe fruit has been known to man for at least thirty thousand years[6] and so much of a history of alcohol consumption. Ancient Egyptians have known beer for at least four thousand years BC. The use of hops dates back to the seventh century BC, and Europe has known distillation since the ninth

[2] Zoričić, Z., (2018), Ovisnosti: Prevencija, liječenje i oporavak, Zagreb, Školska knjiga.

[3] Nastasić, P., (1998), Alkoholizam i međugeneracijsko prenošenje. Istraživanje, dijagnoza i tretman porodica, Beograd, Tehniss.

[4] Dragišić Labaš, Slađana M., (2012.), Alkoholizam u porodici i porodica u alkoholizmu, Beograd, Čigoja.

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[6] Laming Emperaire, A., (1962), La signification de l´art rupestre paleolitiique, Paris, Picard.

century. Ancient Greece and Rome use alcohol for medical and religious purposes. Moses and Mohammed forbid alcohol, Jesus Christ chooses wine as a symbol of his own blood.

Drinking out of the need for joy and relaxation, leaning away from sadness, often gradually becomes excessive and risky.

The Englishman Thomas Trotter[7] and the American Benjamin Rush[8] are the first to recognize alcohol as the cause of liver damage and mental dysfunction. They also shift the concept of drinking from moral sin to a habit that can be controlled with willpower. The industrial revitalization of the late eighteenth and through the nineteenth centuries enabled the overproduction of alcohol and increased the demand for alcohol.

Between the two world wars, the work of F. M. Jellinek, who founded the „Alcohol Center" at Yale University, conducted scientific research, founded the Quaterly Journal of Alcohol Studies, stands out. Drawing on the experience of AA self-help groups in the 1960s, Jellinek established the concept of „alcoholism – disease"[9]. The very concept of alcoholism as a disease emphasizes a number of physical injuries such as liver damage including cirrhosis, polyneuropathy, gastrointestinal tract diseases, neurological complications, cardiovascular diseases and malignancies... Neurological problems (delirium, symptomatic epilepsy, polyneuropathy...) interests within the medical model. However, the medical model has no response to the social, cultural and spiritual aspects of the disease.

Society's attitude towards drinking is ambivalent, so-called moderate drinking is encouraged and over-condemned. Society's attitude towards the person who drinks is actually hypocritical, encourages drinking, and condemns alcoholism. In this way, society is excommunicated from blame for problems caused by alcohol use, and the „weak" individual is condemned. This moralistic attitude of society towards the individual with the problem of excessive drinking of alcohol is due to the fact that, as a rule, the alcohol addict returns to treatment too late.

The social complications of alcoholism include the inability, unwillingness or inability to fulfill the expected social roles, both in the family, at work and in the social environment.

The social complications of alcoholism are clearly visible. The family is at the same time a victim and an actor of drinking, since it compensates for the consequences of drinking by a member of the family by their attitudes, attitude to tradition and willingness to suffer and cover up problems. Wives, by the principle of circular causality, are most affected by the drinking of husbands, they pat their back, „keep" the marriage, in fact, give the wife the legitimacy to continue drinking. Yet, thanks to the tolerance of society, as well as the willingness of husbands to survive with alcoholic

[7] Trotter, T., (1813), De ebrietate, ejusque effectibus in corpus humanum, An essay, Medical, Psilosophical and Chemical, in Drunkeness, and its effects in the Human Body, Boston, Bradford and Read, Finley, Philadelphia, 1813.

[8] Rush, B., (1970), An inquiry into the Effects of Spiritous Liquors in the Human Body, Boston, Thomas Andrews.

[9] Jellinek, E.M., (1957), The Diease Concept of Alcoholism, New Haven, Hilside Press.

husbands, these marriages have been known to last for years despite the mutual aggression, abuse and scorn we often see. Alcoholics, as a rule, constantly „play" with the environment a social game that supports drinking, its regressiveness, and stabilizes the dysfunctional system in a state of homeostasis[10].

Society's attitude towards drinking is ambivalent, moderate drinking is encouraged, and it is overly judgmental. The relation of society to the person who drinks is hypocritical, encourages drinking, and condemns alcoholism[11]. In this way, society is excommunicated from blame for problems caused by alcohol use, and the „weak" individual is condemned. The social complications of alcoholism include the inability, unwillingness or inability to fulfill the expected social roles, both in the family, at work and in the social environment.

The family is both a victim and an actor of drinking, as it compensates for the consequences of drinking one of its members. Wives, by the principle of circular causality, are most affected by their husbands' drinking, they pat their backs, „keep" the marriage, in fact they give the wife comfort and legitimacy for further drinking. Yet, thanks to the tolerance of society, as well as the willingness of husbands to survive with alcoholic husbands, these marriages have been known to last for years despite the mutual aggression, abuse and scorn we often see. As a rule, the alcoholic constantly „plays" with the environment a social game, which supports drinking, its regressiveness, and stabilizes the dysfunctional system in a state of homeostasis.

Social theories are the cause of alcoholism in poverty, industrialization and migration. Socially frustrated individuals find relief in the anxiolytic effect of alcohol. Merton (1957) presents an anomie theory, where the socially unsuccessful with a sense of rejection and often with negative social pressure develop escape mechanisms and the homeless lifestyle with the overuse of alcohol and other psychoactive agents[12]. Bandura (1971) states through social learning theories that addictions are a self-destructive way of adjustment for socially incompetent persons[13].

Media through the advertising of alcoholic beverages, through health information and education and the formation of value attitudes influence the level of drinking. It is the advertising of alcoholic beverages that promotes alcohol traffic most significantly, exposing the peer groups of young people to the social pressure of using alcohol for ritual, initiation purposes[14].

An overly liberal pricing policy with poor control of sales to minors leads to increased demand and high consumption. Reducing the availability of alcohol, primarily through a policy of high taxation and the control of sales to minors, is the most powerful leverage of society and government if it wants to reduce the problems associated with the use of alcoholic beverages.

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[10] Nastasić, P., (1998), Alkoholizam i međugeneracijsko prenošenje. Istraživanje, dijagnoza i tretman porodica, Beograd, Tehniss.

[11] Zoričić, Z., (2018), Ovisnosti: Prevencija, liječenje i oporavak, Zagreb, Školska knjiga.

[12] Merton, R.K., (1957), Social Theory and Social Structure, Glencoe, The Free Press of Glenoe.

[13] Bandura, A., (1971), Social learning theory, Englewood Cliffs, NY, Prentice Hall.

[14] Katinić, K., (2010), Alkohol i mediji, Znanstveni simpozij: Bolesti ovisnosti, Alcoholism, 46)1), pp. 75-79.

Drug use problems

The strategic and institutional framework at the international and national levels is based on the strategic goals of reducing the supply and demand of drugs, as well as on creating a network of institutional and non-institutional social factors aimed at preventing addiction, and combating abuse and the consequences of abuse through early diagnosis, treatment. and the most successful social rehabilitation of addicts.

In the 1960s, due to the influence of subcultural trends from the West, and the arrival of the first organized tourists on holidays, for the first time, Croatia faced significant problems related to drug use. The first experiences, until the 1980s, were related to cannabonoids and hallucinogens, most commonly in the hippie subculture domain.

In the early 1980s, heroin became intoxicated, the addictive scene gradually expanding, and only with the onset of the war in the 1990s did the epidemic's full swing.

The European Drugs Report 2015 (CES, 2016) highlights the importance of regional patterns of stimulus use as a recent trend in the drug market. Thus, it is concluded that cocaine is more commonly consumed in the countries of southern and western Europe, while amphetamines are used more frequently in northern and eastern european countries. The report emphasizes that there is no stronger evidence of an increase in heroin trafficking, while entry into treatment programs has seen stagnation or decline. Overdoses have been highlighted as a major problem among older opiate users.

In the area of Mesopotamia 5500 years ago, poppy was cultivated and opium was produced, which was used for religious-ritual and medical purposes. It is often used as a narcotic and analgesic, or as a means of committing suicide. The hallucinogenic psilocybin and cactus-derived peyote have been used for ritual purposes as well as pleasure. Psilocybin has been used for centuries in South America, as evidenced by the sculptures erected in glory of this fungus. Thousands of years ago, cannabis use was reported in Hindus, India. Cocaine has been known to civilization for at least four millennia. Cocaine was isolated by German chemist Albert Niemann from coca leaves in 1860. Amphetamine was synthesized as an antidepressant and stimulant in Germany in 1887, and since 1932 has been used as nasal drops. Anton Kollish synthesized in 1912 for Merck MDMA, and Albert Hoffman synthesized LSD-25 for Sandoz in 1935[15].

In the 19th century, the English empire used the opium trade to facilitate the management of the colonial empire. Opium poppy is cultivated in the countries of the Middle East, Afghanistan, India, Pakistan, then in the „Golden Triangle" area of Myanmar, Laos and Thailand. These countries are also the domicile sites for the primary production of opium, heroin, and the beginning of illegal distribution routes around the world. In 1874, Alder Wright synthesized heroin. Almost 25 years later,

[15] Zoričić, Z., (2018), Ovisnosti: Prevencija, liječenje i oporavak, Zagreb, Školska knjiga.

Felix Hoffman, using acetylation of morphine, in search of an effective, effective drug, without respiratory side effects, synthesized the heroin cough suppressant drug for Bayer Pharmacy. Methadone, a synthetic opioid, was synthesized during World War II for the needs of wounded analgesia in Germany.

Since 1964, Dole and Nyswander have become pioneers in the use of methadone in drug addiction crises.

The civilization quest for the „happiness pill", then marketing the pharmaceutical industry to support these expectations, the lack of time for doctors to treat patients more seriously and more fully, instead of giving them psychotherapy and socio-therapeutic support, has led to an epidemic of anxiolytic abuse, making it a significant public health problem. The production and sale of anxiolytics is a big business nowadays that makes huge profits. Within the „ill for every pill" paradigm, the indication for prescribing these drugs has been widespread for years, despite the fact that they are addictive and often ultimately counterproductive.

Comprehensive, complex treatment for drug addiction begins with measures to prevent addictive behavior, and to sensitize the public to drug-related problems. Public sensitization is part of prevention programs, as the parent's behavioral model and attitude toward drugs is one of the most important factors for adolescent behavior later. The continuity of universal, selective and indicated preventative measures is of great importance for counteracting the factors that predispose to addictive behavior. Due to the need of targeting groups on the assumption of risk, the concept of primary, secondary and tertiary prevention is gradually abandoned, and the concept of universal, selective and indicated is introduced.

Delaying the date of first contact with legal and illegal psychoactive agents proclaimed universal prevention goals. Secondary prevention measures are focused on narrower, more risky groups, with higher intensity and specificity. Indicated prevention treats an individual identified as a high-risk carrier for misuse of a particular asset.

The costs of treating addicts are relatively small compared to the profit that society has through reducing rates of morbidity, mortality, drug-related crime, family and social pathology ... patients. The high cost of this therapy is achieved through abuse and diversification in the black market. Distribution occurs through organized crime activities, and so does the price that society consequently pays economically and socially, with the pervasive risk of sociological additional decay of the addictive subculture and anomalies of social values. At the same time, a culture of blaming the factors of the treatment system with one another and by the public is emphasized.

The company is interested primarily in patient control, not just treatment, but also stigmatizes both addicts and the doctors treating addiction addicts. Lack of gratification, resistance, continuity of lies in the function of psychological defense mechanisms are among the main factors of burnout in dealing with addicts.

Lottery games

It is believed that already a prehistoric, caveman knew gambling. Gambling artifacts are known as early as 2300 BC from China (vei-chei), then India in 1500 BC, as well as a set of iron cubes from Thebes. Specific dice records are found in the Pyramid of Cheops. Ancient Greek civilization was wary of gambling, forbidding it for much of its existence. The Romans inherited a passion for gambling from the Etruscans. The favorite pastime of the Roman emperors (Augustus, Domitian, Hegioglab, Caligula, Claudius, Nero) was a gamble. During the Crusades, the cube was a major problem for the Christian military leaders.

Medieval Florence, a city-state, fills in the gambling budget, as did the Kingdom of France in the 16th century. The nineteenth century brought betting to the scene, first in France, then around the world. Bet on horse racing, dog racing, animal and human combat.

America has been a „contributor" to gambling since the early 19th century through the game of poker for money, which has been treated as a form of gambling since the beginning. It is not until the twentieth century that the phenomenon of the indusutrialization of gambling has been introduced[16].

The early 1980s saw the liberalization of gambling legislation in the former Yugoslavia. The lottery games were accelerated and developed after the war of the 1990s. Since 2000, sports betting is coming to the big stage with the epidemic, which will soon overshadow all other games with traffic and volume.

Studies in most countries indicate that up to 5% of the population is gambling excessively and 1% pathologically. Occasionally gambling is practiced by every other resident. The prevalence of gambling is highest in the population of young adults[17].

The greatest risk of developing gambling addiction is the age group of younger people, aged 18-25. Gambling-induced problems reach their peak from the age of twenty to thirty-five[18].

The causes of gambling can be viewed through any biological, psychological or social position. The combination of biological and sociopsychological factors, their interrelation, are decisive for the incidence of gambling. The most important factor for the appearance of the problem is the availability of games on the market, that is, the social component, and the answer to the question why an individual develops the pathology of gambling addiction, while others do not, are decisive biological and psychological factors.

The problem of overuse of the modern media and the possible difficulties associated with it is significant that modern technology has made the world of communication impossible without the Internet and its various contents. Social support (social networks, chats, messages, forums, newsgroups), creating personalities through online identities and cyber sex dominate the internet search engines and make clear

[16] Kozjak, B., (2016), Kockanje - od dokolice do socijalne patologije, Zagreb, TIM press.

[17] Delfabbro, P., & Thrupp, L., (2003), The social determinants of youth gambling in South Australian adolescents, Journal of Adolescents, 26, pp. 313-330.

[18] Torre R., Zoričić Z., (2003), Kockanje i klađenje: od zabave do ovisnosti, Zagreb, HSKLA.

what users need or want most. A sense of anonymity and invisibility encourage free behavior on the Internet. The more obvious the problems and discomforts in the real world, the more one turns to the virtual. they have a significant impact on society in various ways. The political influence of social networks (Facebook, Google, Linked In, Twiter, Myspace, Flickr, You Tube...) is increasing day by day, enabling networking, organizing, rapid information sharing and prompt response to social events. Through social networks, consumer subcultures are formed, affinities and product demand are created. Through the network, social support is provided, thus achieving the social impact of the Internet. The Internet has become not only a means of communication, a database, but also a basic lever that technologically enables the complexity of scientific and professional achievements.

The consequences of addiction are multiple and occur in a variety of fields. Health consequences occur in the somatic and psychological fields. Family dependence on the Internet leads to interference with communication, unstable emotional relationships, estranging partners, financial problems, marriages ... he repeats, and the lie in defense is the only constant. On the professional level, authority is lost, too much is given up to more demanding business challenges, quality of work is falling, professional misjudgments are repeated. Social complications occur through a culture of the primitive and the irresponsible, the propensity for crime and fraud[19].

Considering the etiological factors and the appearance of different types of addiction, we cannot avoid trying to compare, looking for similarities and differences, which we would then use to create as effective treatment models as possible. As we have shown earlier, traditional societies faced alcohol, cannabis, opium, subjugating them to customs and social rituals. They defended the use, or at the very least, hiding the bad consequences, both on the individual (health and psychology) and social level. Modern times have facilitated communication and transport, leading to the globalized use of psychoactive substances, previously used locally. The individual is left to experiment, in the sociocultural context, and to the influence of the subculture of consumers, who magnify the "benefits" of use, while suppressing or not seeing the consequences. An individual at risk for developing addiction, either as a result of genetic predisposition, or „fidelity to ancestral rituals", or inability to resist peer and acquaintance pressure, quickly and intensely indulges in the challenge, easily perceiving the „enjoyment" that the agent brings, and putting „his head in sand" in the face of the possible development of addiction and its consequences. The problem globally has arisen from a spatial dislocation of resources where local communities have not been able to find an answer to the epidemic problem and a massive supply based on the possibility of rapid enrichment through the black market. The problem is so pervasive today in modern society that it is not only the doctor or the expert of any kind who can answer it. Without a multidisciplinary response that involves supply cuts and demand, that is, the participation of the judiciary, police, social work, health, the problem of drug addiction will be difficult to address. Problem prevention has two main strong

[19] Mladenović, I., Lažetić, G., (2014), Zavisnost od kockanja – sa terapijskim priručnikom, Beograd, Čigoja štampa i autori.

points: reducing supply through police work, and educating young people through education and creating strong attitudes that promote responsible behavior. The media, but also the professions of athletes and workers in the show business, must, by personal example, contribute to reducing the problem. The very paradox of professional sport is a testing ground for questioning the usefulness of giving significant social funding to clubs that make money in the marketing of alcoholic beverages. Similarly, public officials who are prone to opiate abuse and who through their behavior exert a tremendous negative influence on young people in terms of attitudes as well as in the use of psychoactive substances, should be withdrawn from the public eye. On the other hand, positive examples should be constantly highlighted.

The responsibility of the policy lies in the fact of responsible management of social resources in terms of reducing the supply on the market of illegal drugs (drugs) and the prohibition of marketing legal (alcohol, nicotine). Instead of being the frontrunners to articulate the healthy attitudes of society in the interest of protecting the most vulnerable (young people), politics often listens to the trends it then promotes. The responsibility of professional staff is primarily in the organization of continuous and quality education in the field of addictology, motivation of young professionals to work in this field, support through supervision and prevention of combustion at work. In doing so, the multidisciplinary approach to the addict and his family and teamwork should be emphasized. Undergraduate courses, postgraduate studies, seminars and skills training should all serve to motivate and improve the quality of work. The psychotherapy direction that the specialist will use is of much less importance. Specifically, it is desirable to master the techniques of a particular psychotherapy school, as well as to know at least the basics of the most common. However, the constant interest in the job and the empathy that is provided to the patient is paramount. The experience gained by a young professional through years of work will further strengthen and strengthen his professional confidence.

Working on the prevention of the problem of addiction through the media is one of the tasks of the adictology service, because we use the medium to reach the public the easiest and fastest way. Expertise, experience and eloquence (natural or acquired) are of great help to the adictologist. At the same time, involvement of NGOs through self-help and mutual assistance groups and therapeutic communities is desirable in all of these activities. In order to motivate the NGO sector to work in the field of addiction, their role as an equal part of the treatment system should be emphasized. The profession may not partly agree with this statement, but without an NGO system, rehabilitation, that is, social, cultural and spiritual personality development, cannot be carried out.

We can also use modern media, the internet and social networks to prevent addiction. However, it would be wrong to conclude that the problem of addiction in an individual can be solved only at the level of abstinence, and not achieving graduation, enjoying responsibility, finding meaning, filling the existential void. The contribution of the philosophical mindset is enormous in dealing with addicts and makes adiictology desirable to deal with, enriching the personality of adictologists through

a breadth of professional and scientific interests. Only a satisfied individual expert is able to assist the addict in need, giving him directions and decisively encouraging and encouraging him or her to the efforts of change.

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BOLESTI ZAVISNOSTI ILI HOMEOSTATSKA IGRA IZMEĐU POJEDINCA I DRUŠTVA

Rezime:

Uprkos viševekovnom poznavanju delovanja različitih psihoaktivnih sredstava, tradicionalna, kao ni savremena društva nisu postigla konsenzus oko korisnosti, odnosno prohibicije sredstava. Paradoks da se potencijalno najštetnije psihoaktivne supstance, mereno sveobuhvatnom društvenom štetom (alkohol i nikotin), proglašavaju tržišnom robom, poželjnom za popunjavanje budžeta, a da supstance sa manjom štetom (THC, amfetamini, opijati) podležu najstrožim prohibicijama, rađa sumnju da zapravo društvo i instutucija štiti ritual uzimanja sredstva dok je on u funkciji održanja ustaljenog običaja i poretka, a osuđuje ga kad intenzitetom i posledicom ugrožava strukturu. Sagledavanjem ove činjenice se nameće zaključak kako stav društva (strukture) prema upotrebi psihoaktivnog sredstva ne zavisi toliko o delovanju samog sredstva koliko o korisnosti samog sredstva za društvenu strukturu. Stav društva prema psihoaktivnom sredstvu je arbitraran, promenjiv i licemeran. Jasni stručni stavovi, sagledavanje objektivnih naučnih i stručnih činjenica, društveni otvoreni razgovor o drogama uz izbegavanje stigmatizacije put je za prevladavanje ovog paradoksa. Ipak, iskustvo nas uči da ni struktura (društvo), a ni pojedinac nisu za njega spremni.

Ključne reči: *bolesti zavisnosti, igra, pojedinac, društvo*

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SOCIAL ENTREPRENEURSHIP AS A FORM OF RESOLVING HOMELESSNESS PROBLEM OF ADULT HOMELESS IN BELGRADE

Abstract: Homelessness is a multidimensional phenomena, caused by multi factors and can be viewed as: socio-pathological, structural, institutional phenomenon, the occurrence caused by disrupted social interrelations, mainly within family, and finally, as a phenomena caused by individual traits: addiction and psychiatric illness. Homelessness is primarily associated to poverty it being a world wide problem propelled by the world economical crises, consequence of which are particularly visible in the countries undergoing transition and economically underdeveloped countries. Most authors involved in research on homelessness have noticed: inconsistencies in definitions and monitoring methodologies, insufficiency of clear data on this phenomenon, as well as regional, comparative studies that would investigate the particular details of the new homelessness problem. So-called transitional homelessness, raised as a product of interaction of the individual with the specific, social and economic elements of the social transition process. In this paper, we will present data from three home studies on homelessness in Serbia. Also, we will present the authors' research findings on the topic of social characteristics of homelessness – beneficiaries of services of GCSR "Palilula" in 2016. Finally, we will consider the possibility of building up a social enterprise to help the homeless. The same would be directed to the job training psychological assistance and re-socialisation programmes. Due latter we shall present three examples of fine practices from around the world. The implementation of such a plan in creating the social enterprises not simple but fare from impossible.

Key word: *homeless, adults, social enterprise, good practices*

Introduction

Homelessness is a multidimensional phenomenon, multifactorially caused and as such can be seen as: Socio-pathological phenomenon[2]; Structural phenome-

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[2] Does not analise the cultural characteristics of homelessness but presupposes individual pathological features.

non[3], directly related to the overall social well-being of a country; Institutional afears[4]; Phenomena caused by disturbed social relationships, first of all within family; Phenomena related to individual traits: addiction and psychiatric illnesses[5]

"Homelessness and housing exclusion are some of the most most extreme forms of poverty and deprivation that has increased in recent past".[6] Homelessness is primarily linked to poverty a problem instigated by the global economic crisis, the consequences being particularly apparent in transition societies and economically underdeveloped countries. Homelessness is a feature of social exclusion and the most obvious indicator of "absolute poverty" in a country. There are around 3 million homeless people in Europe included in welfare programs. It is estimated that about 410,000 people sleep on the streets of European cities nightly. Due to the global economic crisis, the number of homeless people in Europe is increasing by year. In the past five years, the number of homeless people in 15 out of the 21 EU countries has increased. The European Parliament has so far made two calls (2011 and 2014) to develop a Strategy to Combat Homelessness[7]. According to the 2011 Census of Population and Households, there are over 18,000 registered homeless[8] people in the country. Homelessness is referred to as a consequence of the absence of one of the three key capital, firstly economic

Most authors from the region (Slovenia, BiH, Serbia, Croatia) dealing with the problem of homelessness point out that "the clear data on the phenomenon is missing, that there are inconsistencies in definitions and methodology for monitoring homelessness. Also, there is a lack of regional comparative studies exploring the particularities of the new so-called. transitional homelessness which is the product of the interaction of the individual with the specific social and economic processes characteristic for the period of social transformation.

Then, in all of the countries the problem of homelessness is more or less neglected by systematic and clear vision models of professional engagement".[9]

Profile of the homeless in Serbia

The following will present data from three home research studies on homelessness: 1. Research by Professor Mirjana Bobić: The Homeless, Census of Population and Households in RS, 2011; 2. Housing Centre Survey: "No house, no home" 2012; 3. Survey of the Social characteristics of the homeless – beneficiaries of the Social Work

[3] The phenomenon associated with different social processes: demographic, economic, political, social, migration, urban, and as such is most often interpreted as a consequence of poverty and underdeveloped economic and housing policies of a country.

[4] For example: growing up of children in social care institutions; exit from penitentiary or psychiatric institutions.

[5] Jugović, 2012: 7.

[6] European Commission Letter 2010: 4.

[7] Source: http://www.home-eu.org/homelessness/

[8] Source: Bobić , M. 2014. Census of Population, Households and Dwellings in the Republic of Serbia. Homeless people. Belgrade: Statistical Office of the Republic of Serbia.

[9] Jugović, 2012:8.

City Centre Palilula department from 2016. - master thesis by M. Stojimirovic.

According to the research findings*: "The Homeless"* by Professor Mirjana Bobić, based on data of The 2011 Census of Population, Households and Dwellings in the Republic of Serbia, which for the first time collected details on *"primary"*[10] and *"secondary"*[11] homelessness, a total of 445 persons were registered as primary homeless and as many as 17. 842 persons as secondary. The basic difference between the two defined statuses is in the provision of a "roof over their heads", even if they use completely inconsistent housing.

Both groups of homeless people are characterized by living in urban areas and they are in working-age group (from 20 to 64 years of age). When it comes to gender structure, "the primary homeless are mostly men, while there are slightly more more women found among the secondary homeless" .[12] More to the point, "it is a predominantly male population, low-educated, unemployed, or employed in unstable, unskilled, low-paid jobs, with a high morbidity rate, particularly addiction (alcohol, drugs, gambling). The female population is less present in the category of primary homeless people, or less accessible to statistics, especially younger, more vital women ".[12]

Research by the Housing Centre: "No house, no home" from 2012 indicates a typical homeless profile of the Shelter (N = 173) and a typical profile of persons residing in public spaces (N = 25). In both cases, it is a man, between 51 and 65 years of age, that is, a man of working or pre-retirement age. A typical beneficiary of the Shelter "was born in Serbia, has completed less than 8 grades of elementary school, is unemployed and does not look for a job, has no income, no work, no pension, is unmarried, has no children, no relatives or friends to help him. suffers from health issues, very often accompanied by mental ones ".[13] The most common reason for going to the Shelter, or explaining the situation of homelessness, is the housing problem (29%). The average respondent who lives on the street is also "a man, 51 to 65 years old, divorced, if he has children he is out of contact with them, has no friends or relatives to help him. Most graduated from elementary or high school, have been unemployed for more than 10 years, since the company where they previously worked went bankrupt and now their only income comes from collecting and reselling secondary raw materials. More than half have problems concerning physical, but not mental health, 2/3 have alcohol related issues".[14]

Based on the results of the two studies, it seems that the main trigger for the onset of homelessness is job loss, which is then followed by health problems and lack of social support networks: loss of marriage, non-existance of social networks: friendships and relationships.

According to the author's research: *"Social characteristics of homelessness*

[10] Persons without permanent or temporary residence address, who live on the street, in parks, under bridges, are considered to be the *primary homeless* (Bobić , 2014: 8).

[11] *Secondary homeless* people are defined as persons living in emergency accommodation, such as sheds, barracks, trailers, wagons, cellars, tents, towers, cardboard and unhygienic settlements, (Bobić , 2014: 8).

[12] Bobić, 2014: 74.

[13] Žarković, Petrović, Timotijević, 2012: 21.

[14] Žarković, Petrović, Timotijević, 2012: 41.

- *beneficiaries of services of GCSR" Palilula* ", in 2016 there were a total of 45 persons in the state of homelessness, significantly more men 35 (77.78%) than women 10 (22.22%).[15] A typical homeless person in the records of the Palilula GCSR can be referred to as: a man, aged 45 to 65, born in Belgrade, divorced or never married, secondary education, formerly employed, often working abroad, with between 10 and 25 years of working experience. After losing a job, returning from the "West", falls into a state of homelessness, most often by alienating/selling property. He quite frequently suffers from health problems, psychiatric problems and alcohol related issues, has no contact with relatives, and is a most common uses accommodation service in Belgrade shelter.

Housing exclusion and homelessness

Although access to affordable housing is a basic need and right, exercising this right remains a significant challenge. Elaborating appropriate and integrated responses, both to prevent and eliminate homelessness, continues to be an important element of the EU's social inclusion strategy ".[16] According to Article 31 of the Reaffirmation of the Revised European Social Charter Act, the right to housing is also intended to "prevent or reduce the occurrence of homeless persons in order to eliminate it gradually". [17] However, the Poverty Reduction Strategy in Serbia lists the poorest and most vulnerable groups as: "children, the elderly, persons with disabilities, refugees and internally displaced persons, Roma, rural poor and the uneducated".[18]Homeless people are mentioned only in the context of housing exclusion, as "Residents outside the poverty stricken areas living in unhealthy basements, attics and similar dwellings and homeless people using the services of a Shelter Centre".[19]

According to the Social Protection Law, accommodation in the Shelter for Adults and the Elderly is provided by the local authority units. "Currently, in Serbia, according to researchers, there are 12 cities/ municipalities in which citizens in social need may receive accommodation in a reception station or shelter,".[20] In addition to the Shelter for the Elderly in Smederevo, the founder of which is a private enterpretor, the founder of all the other shelters is the City Administration. "The plurality of budget-funded service providers, unfortunately, does not yet exist".[21]

In terms of duration, the accommodation service can be provided at the reception station (7-8 days) or at the shelter (from 30 days in most municipalities and cities to up to 6 months in Belgrade). The accommodation capacities range from 4 places in

[15] Stojimirović, 2017.

[16] European Commission Letter 2010: 10.

[17] Reaffirmation of the Revised European Charter, Art. 31, 2009: 19 Source: RS Herald. 42/09. The Revised European Social Charter confirmed by Law.

[18] Strategy, 2002: 3: https://www.srbija.gov.rs/extfile/sr/211704/strategija-za-smanjenje-siromastva-u-srbiji_cyr.pdf

[19] Strategy 2002: 157.

[20]Beograd, Knjaževac, Šabac, Kikinda, Niš, Novi Sad, Srbobran, Subotica, Smederevo, Čačak,Vranje i Zrenjanin, Žarković,Petrović,Timotijević, 2012: 18

[21] Žarković,Petrović,Timotijević, 2012: 18.

Sabac to 105 in Belgrade, but the needs are (especially in winter) much higher than the availability, therefore, relative to the number of users the accommodation capacities are exceeded. At the Shelter for Accommodating Adults and the Elderly, the number of users in the winter period is even quadrupled, while the number of beds remains the same. "In 2011, a total of 788 admissions/beneficiaries were registered at all shelters in Serbia, with almost half using accommodation service at Belgrade Shelter. For asylum seekers, according to data from the Republic of Serbia Commission for Refugees and Migration, a total of 14 Reception Centres[22] currently operate in Serbia, but this topic requires to be addressed in a separate paper.

In Croatia, the situation is much more favourable when it comes to accommodation capacities for the homeless, as well as creating conditions for a systematic solution to this problem. In 2019, a total of 15 homeless shelters were registered, with a total of 400 beds, two of which in Zagreb. Shelters are located in big cities and the founders are cities, cooperatives, charities and religious organisations. Croatia has set up a "Croatian Network for the Homeless" which is actively working on: gathering and connecting all legal entities and individuals interested in working to improve the status of homeless persons and similar socially excluded groups; advocate for their rights by establishing permanent forum for the advocacy of the rights of the homeless, as well as the interests of the legal entities that care for them. Some of the long-term goals of this network are: better legal resolutions, development of housing strategies at all levels, as well as new and better tailored prevention programs and social services for the homeless, provision of accommodation in social and health care facilities for persons who can not benefit by the other forms of care, developing "a housing first" model, and adopting a strategy to prevent and combat homelessness.[23]

Based on the presented data it can be concluded:

Community services to help the homeless in Serbia are underdeveloped. Shelters offer primary care which are the first step in helping the homeless but not the only one that can and should be provided. After leaving the Shelter, homeless people still have no place to live because they usually prior to arriving to shelter they lived in street.

- The most common service provided to homeless people through CSW is Shelter accommodation, the one and the only in the entire city.
- The accommodation capacities at the Shelter for accommodating adults and the elderly in Belgrade are insufficient in relation to the accommodation requirements.
- There are no other social care providers for the homeless in Belgrade.
- The development of a variety of community-based services to assist the homeless: starting from accommodation services (another Shelter facility in Belgrade) to training programs for the homeless is more than necessary.

[22]Source: http://www.kirs.gov.rs/wb-page.php?kat_id=50&lang=1

[23]Source:http://beskucnici.info/o-nama/;http://hr.n1info.com/Vijesti/a338466/RH-treba-nacionalnu-Strategiju-za-borbu-protiv-beskucnistva.html

Towards a solution to the problem of homelessness

Lately, there has been a growing social awareness of homelessness and a feeling of responsibility to deal with it in Europe. It is increasingly being talked about as part of the implementation of the "social inclusion" program. "The countries of the European Union have joined forces in the fight against homelessness and decided that the fight against homelessness and social exclusion is one of the most important activities in the coming period. In 2008, the European Parliament adopted the Declaration on Combating Homelessness, Strategy for Europe 2020 as one of its priorities, FENTSA is actively campaigning for the complete termination of homelessness in Europe".[24]

One of the key initiatives under the Strategy "Europe 2020" is the European Platform against Poverty and Social Exclusion, according to which Member States should: "define and implement measures addressing the specific living conditions of groups at particular risk (such as single parent families, older women, minorities, Roma, people with disabilities and the homeless).[25] Promoting data-based social innovation, as one of the strategies of the Poverty and Social Exclusion Program, of the European Platform seems particularly important as it directly accentuates the importance of encouraging social research in order to advance knowledge of marginalized groups and y seeking for certain long-term solutions to address social exclusion issues. Emphasis is on fostering social innovation through social experimentation against well-defined evaluation standards to assess proposed changes to public policies or programs. Social experiments can be employed to a wide range of social interventions, "such as programs:" "from social assistance beneficiaries to working man", provision of health services, technology for self-reliance, addressing homelessness, education, childhood development, access to utilities, active retirement, etc. Most were used to evaluate public policies targeting vulnerable groups".[26]

Results of the research: *"Challenges and needs of social enterprises in Serbia"*, in 2016,based on an of 45 representatives of social enterprises sample say that only 7.5% (less than 4 social enterprises) focused on the homeless as a target group.[27] The biggest problem and challenge facing social enterprises in Serbia is the lack of financial resources, and the required knowledge and skills are absent: cooperation with companies, marketing and development of strategic partnership. To implement the plans, most social enterprises need from € 50,000 to € 100,000.

"The financial framework in Serbia for the development of SMEs and social enterprises is underdeveloped in a number of important aspects".[28]

Some of the problems noted:

Public sector funds for social enterprises are not sufficiently transparent.

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[24] Žarković, Petrović, Timotijević, 2012: .

[25] Strategy Europe, 2010: 30.

[26] European Platform for Combating Poverty and Social Exclusion: European Framework for Social and Territorial Cohesion, 2010: 16

[27] Stanković,Stančić,2017:9,source:https://solidarnaekonomija.rs/wp-content/uploads/2018/09/1.-Investiranje-u-socijalna-preduzeca-u-Srbiji.pdf

[28] Stanković, Stančić, 2017: 55.

Banking financing system is not sufficiently resilient (expensive loans, short repayment period).

As an alternative to the funding sources offered, various international donor programs are also available to social enterprises: the Instrument for Pre-Accession Assistance (IPA); EIDHR (European Instrument for Democracy and Human Rights), Civil Society Facility, EaSI (Employment and Social Innovation); COSME (Competitiveness of Enterprises and SMEs), European Investment Bank (EIB) operating through the Western Balkans Investment Framework, European Bank for Reconstruction and Development (EBRD); EU Progress Program, Lifelong Learning; Competitiveness and Innovation Framework Program (CIP), Entrepreneurship and Innovation Program (EIP), etc. "Although the number of international donors has decreased over the years, some of the remaining donors, such as USAID, The Deutsch Gesellschaft für Internationale Zusammenarbeit (GIZ), Heinrich Boll Foundation, UN Agency and other international missions, are expected to continue to support social entrepreneurship in response to CSO sustainability, employment and social services for various vulnerable groups and in response to other social problems ".[29]

Social enterprise as a view of solving the problem of the homeless in Belgrade

Based on the reconstruction of typical homeless man living in Belgrade, and based on the findings of home research, it can be concluded that homeless is most often: a man, working age (45 to 65 years), secondary education, divorced or never married, with no contact with children and relatives, suffering health problems, most commonly psychiatric and alcohol related issues. If we are considering setting up a social enterprise[30] to help homeless people as defined in Belgrade, the assistance should be directed to their job training program, which would also implement a program of psycho-social support and assistance, retraction from a specific unhealthy lifestyle and re-establishing contact with preserved parts of the self, with a focus on developing new social support networks.

The social jewellery and engraving company: "The Giving Keys" - "The Message on the Keys", founded in Los Angeles, produces keys that engrave a specific word at the request of the customer: BELIEVE, LIFE, DREAM, and employs workers who are homeless. This social enterprise has another interesting business model, namely that when customers stop using it, they have the "task" of handing it over to someone else (besides designing a word that has a special meaning carved on their keys as part of jewellery). This way, the key message goes into the hands of the person who needs it. "When you feel that you have realised the meaning of the message that your word carries in your life, pass it on to someone else who you think will need the message."[31] New customers are acquired by hearing about the company from the person who "do-

[29] Stanković, Stančić, 2017: 56.

[30] A social enterprise is defined as a "business for sale with a social purpose", (Prof. Dr. Ilić V., Prof. Dr. Miljević M. Proceedings in electronic form, Hristomatia; College of Social Work, Belgrade).

[31] Source:https://www.forbes.com/sites/kaytiezimmerman/2018/02/05/see-which-social-enterprise-is-employing-the-homeless-in-los-angeles/#6540de2c3447

nated" them the keys. The 'key message' has become particularly popular with young people. This company has grown from a small craft shop employing the founder and two homeless people into a company that provides over 118,000 hours of paid work to employees who find this a way out of homelessness, that is, opens up the possibility for them to fulfil their dreams and hopes. This is the main reason why this company has been successful. People like to shop if they know that this is the way to change one's life, i.e. do good to others.

Founded in 2015 in the UK, the social coffee retailer *"Change Please"* functions as a homeless job training program for coffee baristas in mobile vans. It also supports them with regulating their bank accounts, housing and counselling, and the entire program is designed to make the formerly homeless the mentors. All profits from sales are invested in further training programs. This coffee brand is entirely made up of social and ecological elements. "From selecting the coffee beans, sourced from communities that support marginalized groups to 100% biodegradable coffee mugs."[32] Since its founding, the company now has as many as 15 coffee sales vehicles stationed throughout London, and is slowly growing into an international company, expanding to the US market. They have also received grants to open the first homeless job training academy in the UK, providing education for 12 homeless people per month, with plans to open three more of this type in America.

"Beyond Food Foundation" is a social enterprise based in London that focuses on motivating and training the homeless to cook and prepare food. The mission of this social enterprise was simple: to use the power of food to inspire people who are at risk of becoming or have had the experience of becoming homeless. The training program is designed as a form of motivation for employing the homeless, connecting with each other through cooking, socialising. The system works so that all the profits that the restaurant earns go to charity to help the homeless.[33]

"*Social Bite* "started its mission to combat homelessness in Scotland when it opened a small sandwich shop in Edinburgh in 2012 and employed homeless people. They developed the so-called "Pay it forward" - a "pay in advance" business system where as soon as we buy something from their menu or some of their beverages, a homeless person can pick up food at that value at any "Social Bite" store. By buying food at "Social Bite", we feed those who are hungry. Over time, "Social Bite" has evolved into a social movement to combat homelessness. They have developed social programs for the homeless: "housing first", housing for the homeless, as a form of temporary housing for the homeless employed in this social enterprise. Launched in 2018, "The Social Bite Village" project has built 10 homes and a separate facility for support staff.

It also has a central building that is the backbone of all social events. In it, residents can cook, eat, socialise. A number of activities are at the disposal to the homeless in the village: from yoga classes, jogging, cycling to cooking classes and DJ

[32]Source:https://www.causeartist.com/social-enterprise-combating-homelessness-through-coffee/

[33]Izvor:https://thebrigade.co.uk/;https://www.designmynight.com/london/restaurants/london-bridge/the-brigade/the-beyond-food-supper-club-1

sessions. Community members are scheduled to spend 12 to 18 months in the countryside. During this time, they socialise, contribute to community life, acquire a range of practical, life-long skills and learn what it means to get involved in voluntary work. The project is designed as a form of support in the transition to independent living and finding more permanent accommodation. Anyone who leaves the village after 18 months opens the door to a new member who is in need of this type of support more than they are. The new member gets their mentor who was reviously in a homeless.[34]

Conclusion

In Serbia, an attempt to create an alliance of social enterprises, that is, networking of social enterprises, was realised in 2011 through the SENS network of social economy of Serbia founded by IDC (Association of Citizens Initiatives for Development and Cooperation) and "Smart Association".

The aim was to provide education, professional advice and promotion at all stages of starting and running a business, and to make social enterprises stronger and more visible by sharing knowledge and experience - by joining together.[35] However, the attempt to obtain more information about the functioning of this network for the purposes of this paper has failed, as their official website has been shut down.

Since 2013, the City Centre for Social Entrepreneurship, that also deals with social entrepreneurship has been operating in the capital, financed from the city budget, however, it is not engaged in promoting the creation of a social enterprise in the non-governmental sector that would, this respect, strengthen the non-governmental sector.

The National Employment Service has developed a training program for social entrepreneurs and an annual contest for the development of social entrepreneurship offering the amount of only 100,000.00 dinars, which is usually insufficient for the whole process of starting a social enterprise, both economically and legally. Based on the above, communication between the governmental and non-governmental sectors in Serbia appears to be poorly developed in a sense they are mutually competitive. Instead of acting in pursuit of higher: social, national goals, they act in manner to cause the adverse effect in community, even though they have the same goals.

We believe that there are many individuals and groups of citizens with great, smart ideas for social entrepreneurship, but few come to life, regardless of actuality and smart goals. If a social enterprise also wants to operate as a social care provider, the licensing process is very complex. What seems to be the key to the success of social enterprises and the founding of for-profit organizations is to start by small, modest steps. As we can see from the examples presented in the neighbouring European countries (Great Britain) and America, all social enterprises started from modest ideas, "small business". Some have remained on this, and some have evolved over time into a wider social network, as in the case of Scotland and the social enterprise "Social Bite".

[34] Source: https://social-bite.co.uk/the-social-bite-village/

[35] Source: http://idcserbia.org/sens-mreza/

When it comes to social enterprise for the purpose of solving the problem of homelessness in Belgrade, the research data and attempts to create a unique profile of homeless people are valuable. Consequently, if we were to set up a social enterprise to engage towards the activation of homeless people in Belgrade, we know that the potentially employed homeless person would be a man of secondary education who is most often suffering from psychiatric illnesses and alcohol addiction problems. The last item complicates their work activation because we do not know in advance the extent to which their mental functions and ability to work are preserved. In this regard, a broader cooperation of our potential social enterprise with social and mental health institutions is needed. Certainly, the type of activity should be tailored to their capabilities, and it should be oriented towards performing simpler tasks, such as recycling or e.g. old crafts.

From all of the above, it can be concluded that the realisation of such a plan for creating a social enterprise is not simple, but not impossible. At the same time the effort must be made to address the prejudice prevailing about the homeless. Homeless though they are homeless, i.e. they do not have a roof over their heads, are still just people with the same authentic, human needs for closeness, communication, support. It seems easier, in this sense, to sensitise the urban population, i.e. to arouse the empathy of the urban population for the problem of homelessness rather than the rural one. The first obstacle in opening a potential social enterprise in a rural environment, modelled on the project "The Social Bite Village" is animosity that would draw the rural population towards this idea in Serbia because they would feel threatened, in fear (the homeless are most often perceived as dangerous, aggressive and the like). In that sense, it might still be worth considering starting a smaller social enterprise in the city modelled on: *"The Giving Keys"*. An example of this company says that in a relatively simple way, by using symbolism and psychological momentum, belief in the power of words: that is when we want something strong enough, it will come to us, combined with the effect of a children's game: "send on" or emails we believe that if we send them to a certain number of addresses, our desire will be realised, in a magical, very moving way, and a practical benefit to the homeless - their employment.

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SOCIJALNO PREDUZEĆE KAO VID REŠAVANJA PROBLEMA BESKUĆNIŠTVA KOD ODRASLIH BESKUĆNIKA U BEOGRADU

Rezime:

Beskućništvo je multidimenzionalni fenomen, multifaktorski prouzrokovan i u tom smislu može se posmatrati kao: socijalno-patološka pojava, strukturna pojava, institucionalna pojava, pojava uzrokovana poremećenim socijalnim odnosima, najpre porodičnim i konačno kao pojava prouzrokovana individualnim karakteristikama: bolestima zavisnosti i psihijatrijskim bolestima. Beskućništvo se primarno dovodi u vezu sa siromaštvom kao problemom koji, podstaknut svetskom ekonomskom krizom zahvata čitav svet, a čije su posledice naročito osetne u tranzicijskim društvima i ekonomski nerazvijenim zemljama. Većina autora koji se bave istraživanjima problema beskućništva uočavaju: nekonzistentnosti definicija i metodologija za njegovo praćenje, nedostatak jasnih podataka o ovoj pojavi, kao i regionalnih, komparativnih studija koje bi istražile specifičnosti novog tzv. tranzicionog beskućništva, nastao kao proizvod interakcije individualnog sa specifičnim, socijalnim i ekonomskim elementima procesa društvene tranzicije. U ovom radu predstavićemo podatke tri domaća istraživanja na temu beskućništva u Srbiji. Takođe, prezentovaćemo autorske rezultate istraživanja na temu socijalnih karakteristika beskućništva- korisnika usluga GCSR „Palilula" „ u 2016.godini. Na kraju, razmišljaćemo o mogućnostima osnivanja socijalnog preduzeća za pomoć beskućnicima. Isto bi bilo usmereno na program radnog osposobljavanja beskućnika kroz koji bi se ujedno sprovodio i program psihološke pomoći i resocijalizacije.U tom kontekstu prikazaćemo primere dobrih praksi iz sveta. Realizacija ovakvog plana stvaranja socijalnog preduzeća nije jedostavna ali ne i nemoguća.

Kljucne reči: *beskućnici, odrasli, socijalno preduzeće,dobre prakse*

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AUDITORY PROCESSING DISORDER

Abstract: Auditory Processing Disorder (APD), or Central Auditory Processing Disorder (CAPD), is defined as a specific deficit in the processing of auditory information along the central auditory nervous system, including both ascending and descending neuronal connectedness. APD entails particular impairments in the perception of speech sounds that deeply affect the process of understanding itself, in children as well as adults of normal hearing. APD affects people who have no hearing damage – in fact, people with normal hearing sensitivity, although coupled with a difficulty in auditory processing. Although the APD have a great interest today to the scientific and professional public around the world, clear diagnostic instruments have not yet been established, while existing diagnostic test batteries are being used selectively, although for now they are the gold standard, and also problematic and conclusions are drawn about APD in person who had primary diagnosis of another developmental disorder.

Key word: *Auditory Processing Disorder, hearing loss, diagnostic, test PSP-1, standardization*

Introduction

Listening is the basis of human communication. The auditory process involves converting auditory signals into nerve impulses, then accurately transmitting the given impulses to the peripheral auditory system (cochlea and auditory nerve) and further processing the nerve impulses in the central nervous system.

Auditory processing is an ability that allows us to listen, understand, and respond to information we hear through our auditory channels. Auditory processing involves the detection of sound by the external ear as well as the transmission of sound through auditory pathways to the brain[3]. Some people are known to have good hearing, but still cannot „hear" and understand speech sounds - especially in loud enviro-

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ment[4]. These individuals cannot actually process the sounds given appropriately[5].

Listening is often seen as an active part of passive listening[6], so it is defined that children with listening difficulties may have a problem with thinking, attention, or hearing[7].

Auditory processing disorder

Auditory Processing Disorder [APD] or Central Auditory Processing Disorder [CAPD] is defined as a specific deficit in the processing of auditory information along the central auditory nervous system, including both ascending and descending neuronal connectedness[8]. Primarily, PSP was defined as impaired neural function characterized by poor recognition, discrimination, separation, localization, or order of non-speech sounds, resulting not only from attention deficit, language, or other cognitive processes. The term central auditory processing disorder is then introduced into the definition, referring to difficulties in processing auditory information in the central nervous system, which is demonstrated by the poor effect of one or more of the following skills: localization and lateralization of sound; auditory discrimination, auditory pattern recognition, temporal aspect of sound, including temporal integration, temporal discrimination, temporal order and temporal masking, auditory performance in competing acoustic signals (dichotic listening) as well as auditory performance of poorer auditory signals[9]. Today, as part of the PSP functional deficit, interferences in:

difficulties in understanding spoken language in loud enviroment or in reverberant acoustic environments or their rapid presentation;

difficulty localizing the auditory signal;

misunderstanding the message;

inconsistent or maladaptive reactions;

frequently requesting that the message be repeated; difficulty in understanding intonative and prosodic signs;

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difficulty in understanding sound-like words;
difficulty in following complex auditory instructions;
difficulty listening on the phone;
difficulty in learning songs, rhymes;
poor music and singing skills;
fluent in learning a foreign language or new spoken materials, especially technical language;
listening difficulties and academic difficulties (reading, spelling and or learning problem)[10].

APD implies specific impediments to the perception of spoken voices that profoundly affect the very process of understanding, in children and adults of orderly hearing. APD affects individuals who do not have hearing impairment, in fact, individuals who have typical auditory sensitivity but have difficulty in auditory processing[11]. In the International Classification of Diseases ICD-10, it is designated code H93.25[12] according to which APD can be a developmental or acquired auditory processing deficit that can occur as a result of brain trauma, infections, stroke and excessive exposure to noise.

In disorders of auditory processing, it is characteristic that auditory sensitivity measured by pure tone audiometry is in most cases normal. Thus, deficits are often thought to be associated with macroscopic structural brain lesions that can be detected in the pediatric population. Also, there are pre-diarrheal cases with APD with subtle structural abnormalities of the central auditory pathway in the presence or absence of developmental disorders[13].

Atypical auditory processing may also reflect abnormal auditory brain responses (BERA) in a number of cases, indicating defects in neural conduction above the level of the incident nerve[14].

The prevalence of APD ranges from 2 - 7% of children[15], to 40% in children

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with learning disabilities[16], and up to 70% in the elderly[17]. APD has also been reported in 25% of dyslexic individuals[18]. About 3 - 5% of children are thought to have auditory processing disorders and are usually associated with speech and language difficulties, learning, reading, and writing difficulties. Because hearing is typical in these children, these difficulties are often attributed to attention disorders, behavioral disorders, impaired motivation, or other disorders. All this significantly reduces the chances of successfully completing the school academics, hindering the development and abilities of the child, contributing to the frustration of parents, teachers and the children themselves[19].

There are two hypotheses that talk about the nature of APD development in children. According to the first hypothesis, which is considered more traditional, impairment is thought to be central (CAPD), and primarily results in impaired auditory signal processing in the central auditory system, defined as the brain path from the auditory nerve to the auditory cortex[20]. According to the second hypothesis, APD arises as a consequence of the synthesis of impairments in speech / language, attention, or other impairments of executive functions in cortical processing of auditory information outside the central auditory system[21] propose that the generic name for auditory processing disorders be impaired or impaired.

Based on the scientific and professional aspirations of defining and defining auditory processing disorders, the European Study Group[22] has launched an initiative to establish diagnostic instruments for symptoms that cannot be explained by existing diagnostic procedures that are indicative of APD. These symptoms include:

expressing difficulty in understanding speech in complex auditory situations (speech in loud enviroment - background noise when speech quality is degraded);

easy distraction and difficulty in repeating or recalling words similar in sound;

difficulty localizing the sound or extracting sound from the sound background;

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[16] Iliadou, V., Bamiou, D. E., Kaprinis, S., Kandylis, D., & Kaprinis, G. (2009). Auditory Processing Disorders in children suspected of Learning Disabilities—A need for screening?. *International Journal of Pediatric Otorhinolaryngology*, 73(7), 1029-1034.

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hyperacusis;
seeking visual / facial support in the comprehension process;
inadequate response;
disproportionate developmental language problems or a specific language disorder resistant to language intervention procedures;
The following characteristic behaviors can be manifested in children[23]:
difficulties in discriminating speech sounds (understanding speech in noise, when speaking to multiple persons, etc.);
worse coping with group situations;
difficulty neglecting irrelevant auditory stimuli;
difficulty receiving and processing multiple messages simultaneously;
slowness in responding to auditory information;
the difficulty of following lengthy conversations followed by lengthy or complex verbal instructions;
faster fatigue during longer or more complex auditory activities;
frequent requests for repetition of information and instructions (multiple repetitions are required to gain understanding);
difficulty short- and long-term memory in recalling verbally presented information (eg reciting the alphabet, phone numbers, days of the week, learning rhymes and songs, etc.);
difficulties with auditory discrimination;
difficulty remembering and manipulating phonemes;
difficulty localizing sound[24].

In addition to these symptoms, the mentioned European Group considers that children with a history of chronic middle ear infections or recurrent upper respiratory tract infections should be adequately evaluated for auditory processing ability, especially if there are documented delays in speech and language development, phonological deficits or communication disorders. Other conditions such as autism, attention deficit and hyperactivity disorder, writing and reading difficulties (dyslexia) should also be subject to diagnostic assessment of auditory processing, especially in cases where the proposed treatment procedure does not produce the expected and adequate results. The initiation of a diagnostic procedure for PSP does not predict the diagnosis of PSP given that children with behavioral indicators of PSP show auditory processing abilities within typical limits[25].

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Diagnostics of auditory processing disorders

Although the APD is of great interest today to the scientific and expert public worldwide, clear diagnostic instruments have not yet been established[26]. Existing diagnostic test batteries are being used selectively though they are currently the gold standard. Also, it is a problem to draw conclusions about PSP in individuals with a primary diagnosis of another developmental disorder[27]. Difficulties in diagnosing APD are coming from the heterogeneous nature of APD but also its frequent association with also highly heterogeneous disorders such as specific language disorders, specific learning difficulties, etc.

Three types of approaches to a minimum battery of tests are commonly discussed in APD diagnostics, which include the use of behavioral, electrophysiological and electroacoustic tests as well as neuroimaging (CT and MR) methods[28]. Behavioral (speech therapy) tests include: auditory discrimination tests, dichotic tests, low-frequency monoaural speech tests, temporal processing and sequencing tests, and binaural interaction tests. Electrophysiological and electroacoustic tests are most commonly tympanometry, otoacoustic emission followed by auditory evoked potentials. In contrast to behavioral tests, electrophysiological and electro-acoustic methods, neuroimaging methods provide better objectivity. The disadvantage of these methods is the longer duration of testing, expensive and unavailability. Currently, the diagnosis of PSP is based on the results of behavioral tests, with additional information obtained by electroacoustic methods and less commonly by electrophysiological methods. The diagnosis of APD should not be made on the basis of poor results on a single test, but the audiologist must evaluate whether the overall profile truly confirms the diagnosis of APD[29].

The diagnosis of APD also often covers the damage encountered in hidden hearing loss and the Auditory Neuropathy Spectrum Disorders by many professionals around the world. These different entities are differentiated based on the description of the disorder. The term „hidden hearing loss" includes hearing disorders related to impaired speech intelligibility in noise, reverberation, speed, limited articulation, and resulting from pathology between damaged hair cells and auditory nerve fibers upon entry into the brain. Also, cases of progressive auditory neuropathy may initially manifest with deficits in chance perception and processing prior to the development of the disease and thus affect pure tonal sensitivity[30].

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[30] Iliadou, V. V., Ptok, M., Grech, H., Pedersen, E. R., Brechmann, A., Deggouj, N., ... & Veuillet,

The American Speech-Language-Hearing Association has defined that a diagnosis of APD can be made by Audiologists, but that Speech Language Pathologists necessarily participate in the evaluation of APD. The Speech Language Pathologist's role is to detect communication (speech-language) interference that may be associated with APD and to provide intervention in cases of the disorder[31].

Test APD-1

Test - APD-1 (Auditory Processing Disorder - 1) by Prof. Dr. Mladen Hedjerov is intended for testing and detecting auditory processing disorders (APD) and is standardized for ages 5.5 to 11.5 years. Test duration is 30 minutes. The test consists four subtests: the Filtered Speech Test, the The Speech in Loud Environment, the Dichotic Word Test, and the Dichotic Test of Sentences.

Test - APD-1 is for now the first and only test in the Croatian speaking area that enables detection and diagnosis of auditory processing disorders. It is made for use by Speech Language Pathologist and Audiologists[32]. The first three tests are using only one-word words that are familiar to children (preschool and elementary) and are identical in different languages (Croatian, Serbian, Bosnian and Montenegrin). It is this choice of words and sentences that has been made with the aim that this test can be applied and evaluated in children whose native language is one of the above.

This group of tests is based on the simple repetition of given stimuli (words or sentences) and the subjects are not required to understand semantic understanding of the tasks or their phonetic/phonological distinction. The child is not required to recognize the word or its meaning or to be able to conclude whether something that has been said was the same or different. Therefore, these tests can be said to test primary perception and auditory processing at a „pre-cognitive" level.

The filtered word test is intended to assess the ability to recognize words of reduced intelligibility, that is, the ability to understand distorted speech. The test is performed by presenting the subject with a monoaural presentation of a series of filtered words (low pass filter with a cutoff frequency of 1 kHz and a damping rate of 32 dB / oct.). The test is conducted for each ear separately and consists of two lists containing 17 phonologically and frequency-matched words for both ears. This type of test is considered one of the oldest methods for testing auditory processing.

The speech in loud environment test examines a child's ability to recognize words and speech in difficult listening conditions, so words used with background

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[32] Heđever, M. (2011). *Baterija testova za ispitivanje poremećaja slušnog procesiranja PSP1.* Priručnik: Test - PSP1. Tara centar, Zagreb.

noise, or human murmur of a large group of people, are used as a stimulus. It is also presented in a monoaural and consists of two lists containing 14 phonologically and frequency-matched words. Poor results achieved in this test may indicate slower maturation of the auditory system as well as other non-auditory difficulties. Children with these difficulties have difficulty understanding speech in a loud environment and in rooms with heightened reverberation, which is a very common occurrence in school classrooms.

The dichotic word test is used to evaluate the functions of the neurological connections of the auditory system, so it can assess the level of maturation, the dominance of the ear and may indicate damage to the auditory system in the central nervous system. Impaired interaction between the two ears has been detected as an important component of the APD. Such perceptions are predominantly based on studies of dichotic listening - a presented stimulus of different acoustic signals in both ears[33]. The test is conducted in such a way that two different words are presented binaurally at the same time. The respondent is asked to repeat the word he heard in one ear and then the word he heard in the other ear. In the second part of the test, the respondent is asked to change the order in which the answer is given (now he must repeat the word from the left ear first and then the right ear). Poor results in this test may indicate delayed development and maturation of the central nervous system, neurological disorders, and even damage to the auditory tract in the central nervous system. Abnormal results in this test indicate a wide range of difficulties such as impaired auditory processing, language difficulties, learning disabilities and dyslexia.

A dichotic sentence test examines the ability to direct auditory attention to one ear while ignoring auditory stimuli in the other ear. The examination is conducted in such a way that two different sentences are presented binaurally and the subject is asked to repeat only one sentence heard in the given ear. The test consists of 10 pairs of sentences for each ear that are equalized in terms of duration and onset of reproduction[34].

Conclusion

APD-1 is being translated and standardized in the Republic of Serbia. It is hoped that the introduction of adequate measuring instruments and adequate diagnosis of APD will also interest audiologists, and that a multidisciplinary team will be formed in the detection of auditory processing disorders. Additionally, it is important to standardize therapeutic protocols.

Auditory perception itself is a developmental phenomenon - a child is born with a „developed" organ for hearing but not with experience in knowing the sounds or voices of the native language. By spontaneous development, the typical child will learn to recognize the small and fine differences between voices and will master them independently during the developmental period; A child with specific needs is usual-

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ly exposed to increased stimulation but will be difficult to overcome without speech therapy equipment, so speech impairment will later be reflected through reading and writing disorders as well as daily life activities, since auditory perception is involved in the everyday processes of the hearing population. Therefore, in a rehabilitation procedure, the implementation of methodologically defined treatment procedures is generally insufficient if performed without additional processing of an auditory signal that is difficult for the child to perceive and which cannot be performed without speech therapy equipment[35].

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POREMEĆAJ SLUŠNOG PROCESIRANJA

Rezime:

Poremećaj slušnog procesiranja – PSP (eng. Auditory Processing Disorder - APD or Central Auditory Processing Disorder - CAPD) definiše se kao specifičan deficit u obradi slušnih informacija duž centralnog slušnog nervnog sistema, uključujući neuronsku povezanost odozdo prema gore i odozgo prema dole. PSP podrazumeva specifične smetnje u percepciji govornih glasova koje duboko utiču na sam proces razumevanja, kod dece i odraslih urednog sluha. PSP pogađa osobe koje nemaju oštećenje sluha, zapravo, osobe koje imaju tipičnu slušno osetljivost ali imaju teškoće u auditivnoj obradi. Iako PSP danas izaziva veliko interesovanje naučne i stručne javnosti širom sveta, jasni dijagnostički instrumenti još uvek nisu utvrđeni, dok se postojeće dijagnostičke baterije testova selektivno koriste, iako za sada predstavljaju zlatni standard, a takođe problematično i izvode zaključci o PSP kod osoba koja imaju primarnu dijagnozu nekog drugog razvojnog poremećaja

Ključne reči: *poremećaj slušnog procesiranja, oštećenje sluha, dijagnostika, test PSP-1, standardizacija*

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159.946.4-053.2(560)

CHARACTERISTICS OF READING DIFFICULTIES IN TURKISH SPEAKING CHILDREN

Abstract: Turkish has a transparent orthography with very regular spelling-to-sound correspondences. Phonological transparency fosters the development of phonological awareness and eases learning spelling-sound correspondences in Turkish while learning reading. Turkish speaking children with reading difficulties prefer to use the phonological route in word reading, despite their shortcomings in using this way. Their deficit was more prominent in the reading time than that in accuracy. The need for phonological awareness for fluent reading is replaced by rapid naming in advanced grades of elementary school. The relationship between reading rate and reading comprehension score was positive and moderate for third and fourth graders with difficulties. Language-cognitive skills other than phonological awareness come into play for the success of reading comprehension in later grades. Among the children with Turkish-speaking reading difficulties, there are also those who have difficulty in reading comprehension even though they read fluently. Verbal language skills (vocabulary and grammar) play a more important role in Turkish reading comprehension success than reading fluency. It is seen that the studies in Turkish literature are mostly on word reading and fluency. However, it is thought that identifying language-cognitive factors related to reading comprehension problems, in addition revealing the relationships between these problems and complex and attention-demanding language features will help to better understand Turkish reading difficulties and create interventions. Looking at the difficulties in reading comprehension, it is important to examine the problems of Turkish-speaking children in verbal language as well as their performance in executive functions, especially working memory and self-monitoring skills. Further studies are needed on this subject.

Key words: *turkish speaking children, reading difficulties, transparent orthography.*

Acquiring reading skills is the most important expectation for school success. Poor reading skills result in a decrease in reading experience and reading practice, which, in turn, delays the development of automaticity and subsequently the word recognition, reading comprehension and the development of many language/cognitive

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skills are hindered[2]. The development of the child's reading skills are affected by her/his cognitive and environmental characteristics as well as oral and written characteristics of the language in which he/she learns to read[3].

Turkish has a transparent orthography with very regular spelling-to-sound correspondences. There are 8 vowels and 21 consonants in Turkish. In the Turkish alphabet, which consists of 29 letters (8 of which represent vowels), every letter has a consistent corresponding phoneme. The transparent orthography is an advantage of Turkish-speaking children in learning to read. The transparent orthography facilitates the development of word reading and spelling of Turkish speaking children. Turkish speaking first graders learn word reading and spelling easily[4]. The facilitating effect in learning to read is also valid for adult learners. The adult participants of Durgunoğlu and Öney's study (2002) showed significant improvements in a short time (only 90 hr) in word recognition. This advantage is also evident when reading development in Turkish is compared with reading development in languages with non-transparent orthography. Öney and Goldman's study (1984) comparing reading skills in Turkish and English revealed that Turkish speaking first graders read pseudowords faster and more accurate than their English speaking peers. In another study, Öney, Peter, and Katz (1997) found that Turkish second graders read words more accurately than their English speaking peers. Phonological transparency fosters the development of phonological awareness and eases learning spelling-sound correspondences in Turkish while learning reading[5]; [6]. This fact leads to that even those with reading difficulties have reading accuracy rate similar to those of their peers in Turkish[7].

Durgunoğlu and Öney (1999) found that the Turkish speaking children acquired phonological awareness earlier and manipulated syllables more accurately than the English speaking group. The children also performed more accurately in phoneme and syllable tapping, and in phoneme deletion tasks. The authors attribute these results to the better defined syllable structure, restricted syllable types and strong vowel harmony. They suppose that the syllable structure in Turkish language allows segmentation of words into syllables easily and enables early acquisition of syllable awareness in comparison to languages with more complex syllable structures such as English. Turkish speaking children acquire the earliest metalinguistic skill, syllable segmentation, by age 3[8]. Ninety-eight percent of Turkish syllables are in the V, VC, CV, CVC

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form. Turkish does not allow initial consonant clusters. Word-initial consonant clusters occur only in borrowed words, and it is also rare to see two adjacent vowels. Final clusters, however, are allowed only in VCC form[9].

Another features of the Turkish language that promotes early and easy acquisition of phonological awareness are vowel harmony and agglutination. In Turkish, each following vowel is conditioned by the vowel immediately preceding it in terms of the front-back parameter and rounding[10] ['sokak' /sakÙk/ "street"; 'kemik' /kɛˈmik/ "bone"]. Additionally, Turkish is an agglutinative language in which grammatical elements blend into the words as suffixes and the attached suffixes are also subject to the rules of vowel harmony[11]; like as in the following example, we use -ler plural suffix for "çiçekler" (flowers), on the other hand, for "ağaçlar" (threes) –lar plural suffix is used. Durgunoğlu and Öney (1999) supposed that many inflections at the end of the words should made final phoneme deletion easier for Turkish speaking children in their study. Turkish speaking children's phonological awareness skills must be sufficient to cope with agglutination. Durgunoglu (2006b) states that the ability to select or distinguish the appropriate one from different forms of the same suffix is related to phonological awareness.

Transparent orthography and aforementioned features of Turkish language accelerate the development of phonological awareness and this advantage encourages the use of the phonological way while reading words. Rapid development of phonological awareness and transparent orthography lead Turkish speaking children with reading difficulties prefer to use the phonological route in word reading, despite their shortcomings in using this way. Turkish speaking children depend more on phonology for reading words while learning to read first, but the dependency decreases with increasing age and visual-orthographic word reading route is used more with frequent experience of words[12]. Turna and Güldenoğlu (2019) concluded that Turkish speaking first graders with have poor decoding skills read the texts slower and less accurately than their peers whose phonological decoding skills were good, and in spite of their deficiency in using phonological strategy in word reading, they prefer to use this way in word reading, similar to their peers. Similar findings were obtained from Baydık's study (2002)[13]. The findings showed that poor reader first graders' real word and pseudoword reading accuracy and rate was lower than those of their peers, how-

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ever they preferred to use phonological route while real word reading, as their peers. The remarkable finding of this study was that their deficit was more prominent in the reading time, similar to the results of the studies in transparent Greek and German languages[14];[15];[16];[17]. This implies that Turkish poor readers have more problems with processing speed than accuracy in word reading. The participants of Baydık's (2002)[18] study were taught to read and write with a holistic approach, "Sentence Method". In Turkey, reading teaching methods were changed after 2004 and phonics was started to be used, named "the sound based sentence method". Turkish first graders begin to learn reading and writing with letters. Students are taught to convert letters into phonemes. Then, letters are combined into syllables and syllables into words and sentences. In this method, letters are given in groups and the same teaching process is followed for each letter groups. The children are involved in phonemic awareness activities while learning to read (MoNE-Ministry of National Education, 2019). First grader children who participated in Turna and Güldenoğlu's study (2019)[19], unlike those who participated in Baydık's work (2002), were thought based on phonics. In another study, Demirtaş (2017) [20]revealed very high (.94) relationship between real word and pseudoword reading scores of first grader participants with reading difficulties. Her participants were also instructed via phonics, similar to Turna and Güldenoğlu's (2019)[21] participants. In all studies, the fact that children with reading difficulties preferred to use the phonological strategy in word reading showed that transparent orthography and other language features were more effective than reading teaching method in choosing the way of word reading in Turkish.

For upgrades of primary school, the importance of other phonological processes for reading fluency is increasing in Turkish. Babayiğit and Stainthorp (2011)[22]

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revealed that RAN (Rapid Automatic Naming) is the most powerful predictor for later reading fluency for Turkish speaking children. [23]Durgunoğlu (2006b) states that phonological deficiencies are important for differentiating morphological forms, but that adding memory problems to the difficulties makes it more difficult to cope with the complex agglutination process in Turkish. The findings of Demirtaş's study (2017) [24]in which the relationships word reading and language-cognitive skills of Turkish first graders with and without reading difficulties were examined comparatively showed that children with reading difficulties had deficiencies in phonological awareness, rapid naming, and working memory skills when compared with their peers. For the both groups the relationships between word reading and phonological awareness, and visual and general working memory were moderate level. While word reading skills of children with difficulties were highly correlated with letter and digit naming, the relations were moderate level in all naming skills for their peers. The results of this study reveal the importance of rapid naming for children with reading difficulties in reading words in Turkish.

Turkish speaking children with reading difficulties make more reading errors than their peers while reading text and their reading rate was lower than those of their peers (for example, fourth graders in the study of Arabacı, 2017[25]; third graders in the study of Baydık, and Seçkin, 2012[26]; fourth graders in the study of Ceylan, and Baydık, 2018[27]; third graders in the study of Ergül, 2012[28]; third graders in the study of Yılmaz, and Baydık, 2017[29] . In terms of reading errors, the remarkable finding revealed from Yılmaz, and Baydık's study (2017) is that although children with reading difficulties make more mistakes in reading text than their peers, their errors are very similar to

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those of their peers. In the same study, it was seen that compared to their peers, the third grade poor readers were less successful on all dimensions of expression, volume, phrasing, smoothness and pace while reading.

Although Turkish-speaking children with reading difficulties read more incorrectly and slower than their peers, the relationship between their reading rate and reading comprehension scores was positive and moderate for third and fourth graders with difficulties[30] ;[31]. Durgunoğlu (2016)[32] stated that because of rapid development of word reading skills as a result of facilitator characteristics of Turkish language and orthography, language-cognitive skills other than phonological awareness come into play for the success of reading comprehension in later grades.

Durgunoğlu (2016)[33] concluded that grade level, SES (Socio-Economic Status), listening comprehension, RAN, working memory and vocabulary were predictive variables of reading comprehension in Turkish. The researcher stated that SES is an important predictor of listening, and this situation shows the importance of sociocultural factor in literacy development. The findings obtained from [34]Öney and Durgunoğlu's study (1997) indicated that while morphosyntactic awareness measure in October and that of word/pseudoword recognition in February predicted reading comprehension in May at medium level, listening comprehension measure in October was the strongest predictor of reading comprehension in May. Babayiğit and Stainthorp (2013)[35] followed Turkish speaking children from kindergarten into Grade 2 in terms of cognitive-linguistic skills and reading skills. According to the results of the study, verbal short time memory (VSTM), listening comprehension and grammatical skills (morphological and syntactic processing skills) in kindergarten are predictors of Grade 1 reading comprehension but for Grade 2 comprehension, the only significant predictor is vocabulary. While the relation between reading accuracy and reading comprehension is moderate in Grade 1, there is no relationship in Grade 2. All these findings indicate that verbal language skills play a more important role in Turkish reading comprehension success than reading fluency. This also applies to children

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with reading difficulties. Yılmaz and Baydık (2020, in press) [36]found that phonological awareness and RAN tasks (object, color, letter and number naming) were related to fluency sufficiency of Turkish speaking children with reading difficulties, on the other hand vocabulary and grammar (syntax and morphology) knowledge were important reading comprehension success of them.

Although Turkish is an agglutinative language and might be seem challenging, there are some features that are thought to ease this burden. Durguoğlu (2006a)[37] stated that the Turkish inflection rules of that the suffixes were inflected to the word in a sequence provided easiness; such as in the following example, in the sentence of "Eve gittiler." (They went to home.), -ti verb suffix is attached to –git (go) before –ler (person suffix). Another facilitator characteristic of Turkish is that, with very few exceptions, there are no homophonous morphs (Aksu-Koç, & Slobin, 1985)[38] like as in English -es,-s (plural suffix) and –s (possessive suffix).

Despite the mentioned facilitating morphological features of Turkish, some characteristics need to be careful to the inflections. Durgunoğlu (2006, p.220)[39] refers two reasons that require paying attention to the end of the word in Turkish. One of them is relatively flexible word order. Turkish's typical order of subject-object-verb is flexible and suffixes indicate whether the word is a subject or an object, such as in the following example: "Köpek çocuğa baktı." (The dog looked at the child) and "Köpeğe çocuk baktı." (The child looked at the dog."). Unlike the English examples, elements of the Turkish sentences were not replaced. The difference in the second sentence was made by adding a suffix to the subject. Durgunoğlu (2006, p.220) shows the other reason that requires attention as subject dropping, like in the following example: The sentence "Ben okula gidiyorum." can be used as "Okula gidiyorum." by dropping "Ben" (subject). Durgunoğlu stated that in the same chapter (p.220) that the flexible word order can put burden on memory, making it complicated to comprehension. She mentioned that the large number of attachments also makes the structure difficult to comprehension. Durgunoğlu (2006, p.220) shows creating relative clauses as another difficulty in Turkish, specifying two reasons: First reason is that the position of the elements in the clause must be changed in Turkish, such as in the following example: The two sentences of "Sınıfımıza yeni bir öğrenci geldi." (A new student came to our class.) and "O çok çalışkan." (He is very hardworking.) can be combined in Turkish as "Sınıfımıza yeni gelen öğrenci çok çalışkan.", however the sentences are collapsed like as "A new student who came to our class is very hardworking." in English. In the Turkish pattern verb of "geldi" was transformed to an attribution ("gelen") and replaced in the clause. The second reason for the difficulty of creating relative clause in Turkish, as

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seen in the previous example, there are no highlighter on the beginning of the clause like as who, that, which in English. That allomorphs are very common in Turkish because of vowel harmony and consonant harmony. This is another complicating feature for comprehension[40]. For example, plural suffix has two allomorphs: -ler and –lar; verb suffix has eight allomorphs: -dı/-di, -du/-dü, -tı/-ti, -tu/-tü.

Considering the features of Turkish which make word recoding easier but difficult to comprehension and the role of verbal language skills in predicting reading comprehension success, there is a need studies for examining the relationship between reading comprehension success and verbal language skills in more detail. Among the children with Turkish-speaking reading difficulties, there are also those who have difficulty in reading comprehension even though they read fluently [41].

In the literature, it is stated that children with the deficiency, which is called Specific Reading Comprehension Deficit (S-RCD), are sufficient in phonological reading and intellectual ability, but they have problems in semantic and grammatical processing, inference making and executive function[42]. Teachers of Turkish speaking children with reading difficulties stated that the most common reading comprehension problems of them were finding main idea, building cause-effect relationship, recalling general information and details, and making inference [43]. The third grader participants of Baydık's study (2011) reported they used cognitive strategies less than their peers. In addition, although they are more unsuccessful in answering to both literal and inferential questions than their peers, it is seen that finding the main idea is the skill of reading comprehension that compels them most [44].

It is seen that the studies in Turkish literature are mostly on word reading and fluency. However, it is thought that identifying language-cognitive factors related to reading comprehension problems, in addition revealing the relationships between these problems and complex and attention-demanding language features will help to better understand Turkish reading difficulties and create interventions. Looking at the difficulties in reading comprehension, it is important to examine the problems of Turkish-speaking children in verbal language as well as their performance in executive functions, especially working memory and self-monitoring skills. Further studies are needed on this subject.

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KARAKTERISTIKE POTEŠKOĆA U ČITANJU DECE KOJA GOVORE TURSKI JEZIK

Rezime:

Turski jezik ima transparentnu ortografiju sa vrlo pravilnim korespondencijama u pogledu pravopisa. Fonološka transparentnost podstiče razvoj fonološke svesti i olakšava učenje pravopisno zvučnih korespondencija na turskom jeziku tokom učenja čitanja. Deca koja govore turski jezik sa poteškoćama u čitanju radije koriste fonološki put pri čitanju reči, uprkos svojim nedostacima u korištenju ovog načina. Njihov deficit bio je izraženiji u vremenu čitanja nego u tačnosti. Potreba za fonološkom svešću za tečnim čitanjem zamenjuje se brzim imenovanjem u višim razredima osnovne škole. Odnos između brzine čitanja i rezultata razumevanja čitanja bio je pozitivan i umeren za treće i četvrte razrede sa poteškoćama. Jezičko-kognitivne veštine koje nisu fonološka svest igraju se za uspeh u razumevanju čitanja u kasnijim razredima. Među decom sa poteškoćama u čitanju na turskom jeziku, ima i dece koja imaju poteškoća u razumevanju čitanja iako tečno čitaju. Veštačke jezičke veštine (vokabular i gramatika) igraju važniju ulogu u uspehu turskog razumevanja čitanja od tečnog čitanja. Vide se da su studije u turskoj literaturi uglavnom na čitanju reči i tečnosti. Međutim, smatra se da će prepoznavanje jezično-kognitivnih faktora povezanih sa problemima razumevanja čitanja, osim toga otkriti vezu između tih problema i složenih i zahtevnih pažnji jezika, pomoći da bolje razumemo turske poteškoće u čitanju i kreiraju intervencije. Gledajući teškoće u razumevanju čitanja, važno je ispitati probleme dece koja govore turski jezik u verbalnom jeziku, kao i njihov učinak u izvršnim funkcijama, naročito radnu memoriju i veštine samokontrole. Potrebne su dalje studije na ovu temu.

Ključne reči: *deca, teškoće čitanja, transparentna ortografija.*

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THE ROLE OF PARENTS IN CHILDREN'S EARLY SPEECH AND LANGUAGE DEVELOPMENT

Abstract: The early speech and language development is a gradual, consecutive and systemic process in the first three years of child's life. This process depends on an overall environment and conditions that promote development, the social interaction between parents and children, and also the child's general functional development and his health condition. The parents' comprehension of the significance of developmental activities and active participation in the child's development is an important factor which promotes development of the speech and language. The parents' participation in promoting the children's development ensures not only an optimal speech and language development, but also the prevention of functional speech and language disorders. The educatiion of society and parents about the speech and language disorder prevention, and its importance in the children's early development stage has to be continued. Quality of parent-child interactions is essential for shaping a child's language development. Many individual factors have been found to be associated with language development, but their interaction with each other and their relation with language development is still less clear. The aim of the study was to evaluate whether the quantity and quality of parent-child interactions contribute to language development and to detect the factors that would influence this interaction in different socioeconomic standards to consider them while planning the therapy program. This study included 100 parents, among them 60 women and 40 men; age between 21 and 43 years (mean M = 32.7; SD = 5.5), and their 100 children, age between 27-49 months (mean M = 38; SD = 5.7). The parents were asked to fill in a questionnaire, which was divided into two sections (A and B). Section A described the parents' communicative behavior and section B included basic information about the parents and their attitudes on their child language development. Socioeconomic status of the parents was assessed.

Key words: *the early speech and language development, parent interection, prevention.*

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Introduction

During the first years of life, children undergo major developmental changes in different domains. Entering the world of "formal language" is one of the great achievements of early development. Language enables children to share experiences with others and to participate in learning and culture in their own way. Moreover, language is the basis for children's readiness and achievement in school[2]. Children's language development is a complex process based on their communication skills. Parents are the main contributors to support and constantly communicate with newborns; therefore, parents represent the first child teacher. Positive and high-quality parent-child relationships and increased verbal interaction are crucial for shaping a child's literacy and language development. The first three years are the most intense since the brain develops rapidly and can easily receive new information. If this critical period passes without adequate interaction and opportunity for language development, the achievement of child's linguistic independence will be a real challenge in the future[3].

Parental perceptions are essential for developing parent-child interaction. Understanding how parents view language development, difficulties, and the intervention itself would allow language therapists and speech therapists to be more sensitive to the needs of the families they work with[4]. This, in turn, can affect parental acceptance, attendance, participation and satisfaction with the therapy[5]. However, scarce data are available regarding parents' and speech therapists' views on the nature of language development, difficulties, and the interventions themselves[6].

Language and conceptual development involve many factors: socioeconomic status (SES) is considered to be one of many important factors closely related to language development as it captures differences in parental beliefs, attitudes and behavior. A great deal of research has been devoted to understanding the social-contextual factors that support children's early development and learning. Many individual factors have been found to directly influence lanuage development, but their interaction and relationship with language development is not yet clear[7].

We supposed that different patterns of parent-child interaction may play a

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[6] Garcia, S., Mendez-Perez, A., & Ortiz, A. (2000) Mexican American mothers' beliefs about disabilities. Implications for early childhood intervention. *Remedial and Special Education*, 21, 90-100.

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major role in improving or, on the contrary, regressing the language development of the child. To verify this hypothesis, a parent-child interaction analysis was conducted, where the aim of this paper was to assess whether the quantity and quality of parent-child interaction contribute to language development and to identify factors that influence this interaction in different socioeconomic standards and to consider them planning a therapy program.

Research methodology

The study was conducted over a 6-month period, from October 2018 to March 2019, in Serbia, in 17 preschool institutions in Belgrade ("Poletarac", "Vračar", "Čika Jova Zmaj", "Lane", "Zvezdara", "Dr Sima Milošević", "Rakila Kotarov-Vuka", "Jelica Obradović", "11. april", "Perka Vićentijević", "Boško Buha", Palilula, "Rakovica", „Savski venac", "Naša radost", "Dečji dani", "Surčin", "Čukarica"). Based on the pedagogical documentation and interview with the professional pedagogical service, it was established how many children have problems with language development. In this way, the consent and query of the parents to be present in the research related to the language disorder were developed.

This research included 100 parents (60 women and 40 men; age between 21 and 43 years; mean M = 32.7; SD = 5.5) and their 100 children (age between 27-49 months, mean M = 38; SD = 5.7). The parents were asked to complete a questionnaire, which was divided into two sections (A and B). Section A examined the communicative behavior of parents (i.e., the quality and quantity of parental interaction with their children). Quality meant using different strategies to improve their child's speech development. The frequency of interactions was measured using a scale of three determinants (never, sometimes, very often). Section B provided basic information on parents and their views on the causes and management of late language development. The socioeconomic status of parents was assessed on a scale developed by El-Gilani and colleagues, which measured six domains: a score was assigned for each item and the total score was calculated[8]. At the end of the interview, parents were instructed on how to communicate with their child to facilitate language acquisition; they were then asked for a feedback on whether they would be able to carry out those interactions.

The children included in the study were subjected to the language and speech assessment protocols and were selected those who had a Stanford-Binet intelligence test above 89, with a total of 100. In this study, we did not consider children's gender, but left it for some further research in which the gender of the child would be considered as a variable. Children with hearing impairment, severe medical conditions, as well as those with mental, neurological or developmental disorders were not included in the study.

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The results

The frequency of parent-child interactions was measured using a three-point scale - never, sometimes, and very often. Parents were asked to answer the questions regarding their communication style and interaction with their children. The results are shown in Table 1.

Table 1. Frequency distribution of parent-child relationships

Interaction quality	Never (%)	Sometimes (%)	Very often (%)
You oppose to your child	50	48	2
You allow your child to take the initiative	77	23	0
You change the tone while talking	53	47	0
You slow down your speech speed when needed	65	24	11
You use short simple sentences	58	34	8
You name things from the environment	50	42	8
You repeat daily routines	0	35	65
You introduce new activities	1	70	29
You imitate a child's behavior	39	59	2
You reply immediately	44	56	0
You use a gesture to explain a term	68	31	1
You emphasize your mimic	78	20	2
You show the objects you are talking about	2	72	26
You are discussing the present moment	4	78	18
You are physically involved in playing with your child	60	35	5
You focus your attention on an item	51	48	1
You form a certain type of behavior	55	44	1
You use various types of stimulation and rewards	3	65	32
Your child express his needs verbally	12	78	10
Your child express his needs non-verbally	35	43	22
You ask your child what he wants	4	73	23
You only give your child one part and let him ask for more	76	23	1
You correct your child's pronunciation	20	61	19
You extend your child's speech	60	34	6
You use keywords to explain the meaning	95	5	0

The results of mean, range and interquartile range (IQR) for the total percentage (%) of parent-child interaction quality, parents' knowledge of language and speech development and their SES are shown in Table 2.

Table 2. Range, mean and IQR in the research

	Range	Mean	IQR
Interaction test	18.4- 55.3	37.4 ± 8.4	31.6 – 43.4
Knowledge test	44.1-76.3	59.3 ± 7.8	52.5 – 66.1
Socioeconomic status	20 -48	34.8 ± 5.9	31-39.5

Interactions were classified as insufficient (<50%) and sufficient (> 50%). The results show that 93 (93%) of the parents involved had insufficient interactions and only seven (7%) had sufficient.

Parents' knowledge of language and speech development as well as interventions was classified as insufficiant (<50%), satisfactory (50-70%), and excellent (> 70 %). The results show that 18 (18%) of the parents involved had insufficient knowledge, 78 (78%) were satisfactory, and only 4 (4%) of the parents had excellent knowledge.

Socioekonomicstatuswas classified into three categories based on the evaluation: 1) 20 and less (low SES), 2) 21-40 (medium SES), 3) 41 and more (high SES). The study showed that 81 (81%) of parents has medium, and 19 (19%) high status.

Besides that, the language age of each child was individualy measured, which later helped in the comparing it with knowledge and interaction tests, as well as the socioeconomic status.

Discussion

The primary purpose of this research was to understand the relationship between parent-child interaction and speech development in the child; and the secondary was to determine the possible relationship between socioeconomic status and parental communication behavior. The results show that most parents involved did not use effective methods to encourage language acquisition in their child, although their knowledge of language development and intervention was adequate. Existing findings reveal that the quality and quantity of parent-child interaction in most of the samples tested (93%) were scarce in providing the supportive environment necessary for language acquisition. Several studies have found similar findings[9].

From most parent reports, it was obvious that parents failed to create the ideal environment while interacting with their child, and that their communication style and responses were poor. The mothers stated that their verbal interactions generally involved asking questions, corrections, and directions. More than half of parents (60%) reported that they were not actively involved in their child's activities, which were left to play alone or with friends; they did not consider that their children learn important things while playing and emphasized the role of directly teaching and im-

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itating others. Sixty-five percent (65%) of parents indicated that they participated in routine activities with their children. Scientists show that frequent and consistent participation in routine activities provides young children with a familiar structure for interpreting other people's behavior and language, helps them predict the timing of events, provides rich information about objects and events in the environment, and enables them to draw lessons from new experiences[10].

Umek and his colleagues offered a possible explanation for the relationship between interaction quality and language outcome[11]. In their study, they found that the quality of parent-child verbal interaction during reading and playing enhances the child's language development, and enhances his vocabulary skills and reading comprehension.It alslo increases his school readiness[12]. Parents who respond at the same time to their children's verbal initiatives generally have children with advanced phonological awareness and comprehension skills. The role of maternal interaction with a child has been emphasized in several studies, where frequent labeling of items, spreading child's vocabulary, addressing the child in grammatically correct way, and interactive storytelling have been recommended[13].

Existing data provide evidence that parental interactions are related to language development; however, it was not obvious whether the quality or quantity of parental interaction was the cause of language development. Several studies emphasize that the quality of interactions could be a better causative agent of achievement than quantity[14]. They also show that maintaining joint attention is more effective in enhancing children's vocabulary than native vocabulary alone[15]. Westerlund and Lagerberg came to the conclusion that parents who were gentle and caring while interacting with their child had interactions that involve and continuously engage the child[16].

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[10] Raikes, H., Green, B.L., Atwater, J., Kisker, E., Constantine, J., & Chazan-Cohen, R. (2006) Involvement in early head start home visiting services: demographic predictors and relations to child and parent outcomes. *Early Child Res* Q, 21, 2-24.

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[14] Huttenlocher, J., Vasilyeva, M., Cymerman, E., & Levine, S. (2002) Language input and child syntax. *Cognitive Psychology,* 45(3), 337-374; Hoff, E., & Tian, C. (2005) Socioeconomic status and cultural influences on language.*Journal of Communication Disorders,* 38, 271-278.

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[16] Westerlund, M., & Lagerberg, D. (2008) Expressive vocabulary in 18-month-old children in relation to demographic factors, mother and child characteristics, communication style and shared read-

As noted above, the unexpected finding is that the majority of parents involved (78%) had a satisfactory knowledge of language development and intervention, and there was a strong positive correlation between parenting knowledge and interaction. Based on the parents' opinion about the possible cause of the delay in language development of the child, 51% of parents considered most of their child's language learning to be accidental and reported that the home environment had a strong influence on improving or hindering language acquisition. Peacey reported a similar finding[17]. Another 49% of parents stated that problems arose from hereditary factors, difficulties in the family, lack of time spent with the child, inconsistencies in the implementation of strategies that would facilitate language acquisition and difficulties in dealing with stubborn children.

Few parents find the reasons for delays in language development unclear and others have blamed themselves as they consider that these problems reflect poorly on their parenting abilities. Parents' concerns were consistent with the findings of Ayoub and his colleagues[18]. They suggest that interacting with children who has lower language skills can be more stressful for parents.

It was apparent from the survey that parents had differing opinions about the effectiveness of interventions; consequently, their willingness to engage in the therapy process varied. In this study, many parents (61%) thought that kindergarten would be the main solution for improving their child's social and communication problems. Thirty-six percent (36%) suggested that watching television would be effective because they believed that their children needed "see and hear more" then their immediate family environment to acquire new vocabulary. A minority (25%) thought that the medication would help increase the child's concentration, while other took speech development for granted and awaited spontaneous recovery given that their child had no physical disabilities. It was also apparent that there were differences in the assessment of children's problems by parents and professionals. A few parents stated that their children were in therapy and counseling, however, they failed to make all the recommended language adjustments and / or did not notice the expected improvement.

Upon completion of the questionnaire, 20% of parents were surprised that they would have to participate in treatment and said that they would not be able to apply interactions that would improve their child's language acquisition. There are several reasons for this: some parents reported that they were not convinced that it would work, some claimed that they did not have the necessary skills to communicate effectively with their child because they were patient and wanted a quick response, and some claimed that other family members were not ready to help. Also, although some parents were willing to be involved in their child's therapy, they believed that it was necessary to involve a therapist who would be mostly in charge of the therapy. Differences in the extent of parental involvement may reflect the fact that what may be

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effective for one family may be inappropriate for another.

Regarding the effect of SES, the present data revealed a strong positive correlation with the overall interaction score and to a less extent with the child's knowledge score and language years. In line with this finding, other studies have found that parents with middle or high SES will engage in longer conversations with their children, participate more actively in their child's play, have more understanding, patience, and less punishment during interaction.

In this study, differences between financial status, parental education level, occupation, and number of children in the families involved may have contributed to different results. Low correlation was found between poverty and late speech development. It is suggested that parents who are preoccupied with day-to-day stress may understand their child's needs as additional and excessive stress and fail to establish an emotional connection with their child.

Poverty can affect the quality of the environment, the availability of material resources and the provision of age-appropriate means of living, adequate nutrition and medical care. The data on the aspect of poverty that is causally linked to the delayed development of the language is incomplete. Education allows different life experiences that may affect parenting values and child-rearing practices, and this was evident in the significant positive correlation of parents with access to health information and their knowledge and interaction results. Several studies have found similar results[19]. Ruhm and Pancsofar suggest that mothers' employment may negatively affect the quality of parental interactions because of the less time mothers spend with their children[20].

SES has proven to be a significant cause of children's language development. However, it is possible that, even with the presence of demographic barriers, the child's language skills will improve if parental behavior is improved. As demographic characteristics are fairly stable and difficult to change, parenting behaviors appear to be a critical point of intervention for chils's language acquisition.

Strenghs and limitations of the research

Strenghs. The research findings enhance our understanding of parenting perspectives on language development, developmental delays, and intervention. The study includes a relatively large sample of families with different socioeconomic status. Reliable and valid measures (in-depth interviews as well as questionnaires) of the quality of parental interaction were used, and the correlation between socioeconomic variables and outcomes was examined.

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Limitations. The survey did not include results of direct observation of parents with their children; in addition, contributions from each parent interaction and different language scores could not be identified.

Conclusion

Parent-child interaction is an important element in a child's language development. Future research should focus on enhancing the quality of these interactions; this would include providing parents with an education that aims to increase the sophistication of their language skills. This research highlights the need to understand the components of an appropriate environment for a child. Speech therapists should investigate and take into account socioeconomic variables in order to better interact with families from a wide range.

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ULOGA RODITELJA KOD RANOG GOVORA DETETA I NJEGOVOG JEZIČKOG RAZVOJA

Rezime:

Rani govor i jezički razvoj su postepeni, uzastopni i sistemski procesi tokom prve tri godine detetovog života. Ti procesi zavise od sveobuhvatnog okruženja i uslova za podsticanje razvoja, društvene interakcije roditelja i dece, kao i od detetovog opšteg funkcionalnog razvoja i njegovog zdravstvenog stanja. Razumevanje roditelja o značaju razvojnih aktivnosti i aktivno učešće u detetovom razvoju važan je faktor koji podstiče govor i jezik. Učešće roditelja u poboljšanju dečijeg razvoja obezbeđuje ne samo optimalan razvoj, već i sprečavanje funkcionalnih poremećaja govora i jezika. Edukacija društva i roditelja o prevenciji govornog i jezičkog poremećaja i njegovom značaju u ranoj fazi razvoja dece ima jako važnu ulogu. Kvalitet interakcije roditeljdete od suštinskog je značaja za oblikovanje jezičkog razvoja deteta. Istraživanje pokazuje da su razni pojedinačni faktori povezani sa jezičkim razvojem, ali njihova međusobna interakcija i njihov odnos sa jezičkim razvojem su i dalje manje jasni. Cilj studije bio je proceniti da li količina i kvalitet interakcije roditelja i deteta doprinose razvoju jezika i otkriti faktore koji će uticati na ovu interakciju u različitim socioekonomskim standardima kako bi ih razmotrili tokom planiranja programa terapije. Ovo istraživanje je obuhvatilo 100 roditelja, od toga 60 žena i 40 muškaraca, uzrasta od 21 do 43 godine (srednji uzrast M = 32.7; SD = 5.5) i 100 njihove dece, uzrasta od 27 do 49 meseci (srednja vrednost M = 38; SD = 5.7). Od roditelja je traženo da popune upitnik

koji je podeljen u dva odeljka (A i B). Odeljak A je opisivao komunikativno ponašanje roditelja, a odeljak B je sadržao informacije o roditeljima i njihovim stavovima o jezičkom razvoju kod dece. Uzet je u obzir i socioekonomski status roditelja.

Ključne reči: *rani govor i jezički razvoj, roditeljska interakcija, prevencija*

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EARLY INDICATORS OF READING PERFORMANCE

Abstract: The development and acquisition of reading skills is a complex and relatively long process that is based, first and foremost, on the developed language ability, that is, explicit and implicit knowledge of language and continuous exercise to make this ability automated. Literature data indicate the importance of pre-reading ability testing. The aim of this research is to examine the relationship between pre-reading skills and reading in order to determine early reading performance indicators. The study sample consisted of 200 children who were tested for pre-school reading skills at the preschool age, and at the end of first grade the reading performance. Emerging Literacy Language Assessment and the Syntax Awareness Task List were used to test pre-reading abilities. Reading was examined using the Three-dimensional Reading Test. Multiple regression was used to determine early reading performance indicators to determine that 50% of reading performance can be predicted. The most significant indicators of reading success were phonological awareness ($p = .002$) and judgment of grammatical correctness of sentences ($p = .007$). Based on the results of this research, it can be concluded that higher achievement on phonological awareness tasks and on-the-job judgment of grammatical correctness of preschool sentences result in more successful reading at the end of first grade.

Keywords: *reading success, phonological awareness, syntactic awareness*

Introduction

Reading can most easily be defined as the process of understanding written words and sentences [2]. Reading is defined in short and concise definitions as the ability to transform a written word into speech, that is, a written word into meaning[3]. Literature review reveals that the term competency is often used for reading ability at the beginning of the 21st century[4]. The definition of reading as a competence has been

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adopted in international projects: *Definition and Selection of Competencies – DeSeCo (2000), International Association for the Evaluation of Educational Achievement – IEA (2001), Progress in International Reading Literacy Study – PIRLS (2006), Programme for International Student Assessment – PISA (2009).* Reading is a key competence for gaining academic knowledge as well as for productive functioning in contemporary society[5].

The development and acquisition of reading skills is a complex and relatively long process based primarily on the developed language ability, that is, explicit and implicit knowledge of the language (meaning already acquired declarative and procedural knowledge but also the existence of their interaction) and continuous exercise in order to make this ability automated. Reading is based on processes that can roughly be divided into lower and higher cognitive processes. The lower cognitive processes are: word recognition, syntactic parsing of words, and encoding of semantic propositions. Higher cognitive processes are: understanding the text, forming a model of interpretation and executive control, that is, a set of resources for which working memory is responsible[6]. The basic cognitive abilities on which reading is based can be roughly divided into two groups - general abilities and specific abilities. General abilities include attention, visual functions and executive functions (working memory, inhibition, cognitive flexibility and the ability to plan and create strategies). The group of specific abilities consists of phonological abilities and other linguistic abilities. Other language abilities include morphological awareness and vocabulary, while phonological ability combines three sub-abilities, phonological awareness, verbal short-term memory and rapid information processing[7].

Reading learning is thought to begin by associating spoken language with written code through a range of abilities, above all grapheme-making knowledge, grapheme-phonemic conversion ability, and developed phonological awareness[8]. National Reading Panel - NRP (2000) is a project that, through systematic research, sought to determine the developmental preconditions for acquiring reading skills. It identified basic skills for reading acquisition: phonological awareness, grapheme-phonemic conversion, mental lexicon / vocabulary, reading fluency, and reading comprehension[9]. Levels of phonological, semantic, and syntactic knowledge have been identi-

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fied as predictors of reading acquisition and automation[10].

According to previous studies, phonological ability is most determined by initial reading[11]. According to the psycholinguistic model, phonological ability is defined as the ability of phonological processing that includes three components: 1. phonological awareness; 2. phonological memory and 3. rapid automated naming. The acquisition of reading requires the development of all aspects of phonological ability. Phonological disorders are reflected through the three areas mentioned above and a large number of predictive studies show that misunderstanding of the phonological structure of language is an important predictive factor of later reading impairment[12].

In the literature, the most dominant theory that explains the development of reading ability and specific reading disability is phonological theory[13]. According to the phonological theory, the prerequisites for the development of reading are the developed phonological ability and the formed verbal representations.

Methodology

The aim of this research is to examine the relationship between pre-reading skills and reading in order to determine early reading performance indicators.

The study sample consisted of 200 children, who were tested at pre-school age for reading skills, and at the end of first grade, reading performance was examined.

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The sample criteria were: average intellectual ability, ie IQ> 89, preschool age, absence of evident somatic, neurological and sensory disorders, absence of expressed emotional distress, absence of bilingualism, parental permission and acceptance of the child to participate in the research.

Instruments and procedure

Emerging Literacy Language Assessment[14] and Syntax Awareness Test Task List[15] were used to test pre-reading abilities. Reading was examined using the Three-Dimensional Reading Test[16]. At preschool age, phonological awareness, syntactic awareness, rapid serial naming, decoding ability, memory, verbal fluency (semantic and phonological fluency), and intelligence were examined. First, we applied Raven's progressive color matrices[17], because only children with an IQ of at least 90 could be selected into the sample, and later ELLA test and the Syntax Awareness test. Testing at preschool age was individual. In the second semester of first grade, reading was examined. The children were individually tested and were taken out of the class individually. They were tasked with reading the text One Snowy Day. The reading speed in seconds, reading comprehension through the number of memorized facts were measured, and errors made by the child during reading were recorded.

Data processing methodology

Multiple regression analysis was used to determine the correlation of achievement between pre-school and school testing, or to determine early reading performance indicators through the level of correlation between phonological awareness, syntactic awareness, grapheme-phonemic conversion, decoding, memory, verbal fluency, and rapid serial naming.

Results

Multiple regressions was used to analyze the prediction of reading success at school age using preschool variables: phonological awareness, syntactic judgment of grammatical correctness of sentences, syntactic correction of grammatically incorrect sentences, memory, quick naming and decoding. This analysis revealed that 50% of the initial reading performance can be predicted through the above pre-school variables (Table 1).

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Table 1: *The significance of reading prediction*

R	R2	Df1	Df2	F	p
0,707	0,500	6	99	16,481	**0,000**

Phonological awareness and a syntactic judgment of the grammatical correctness of sentences stand out as good indicators of initial reading success. This data shows that the better the child is on phonological awareness and syntactic judgment of the grammatical correctness of sentences, the later they will be more successful in initial reading (Table 2).

Table 2: *The significance of regression coefficients of reading prediction*

	Beta	t	P	correlation	partial
phonological awareness	0,440	3,168	**0,002**	0,651	0,303
syntactic judgment	0,225	2,767	**0,007**	0,399	0,268
syntactic correction	-0,211	-2,057	0,042	0,393	-0,202
memory	0,103	0,898	0,371	0,521	0,090
fast naming	-0,038	-0,434	0,665	-0,269	-0,044
decoding	0,230	1,773	0,079	0,620	0,175

Discussion

Multiple regression examines the dependence of a single occurrence, in this case reading on two or more independent occurrences, in this case of phonological awareness, syntactic judgment, syntactic correction, memory, fast naming and decoding. Based on the size of the beta coefficient, it can be concluded what is the value of the independent variable, ie what is its effect on the dependent variable. The analysis found that the correlation index of the dependent variable, ie reading with independent variables, that is, preschool variables, was high (R = 0.70). The highest importance and correlation with reading had phonological awareness (beta = 0.44; correlation = 0.65; p = 0.002). The syntactic judgment of the grammatical correctness of sentences was also found to be significant but with lower values of beta coefficient and correlation (beta = 0.22; correlation = 0.39; p = 0.07) than phonological awareness.

According to the results of this research, phonological awareness is in the first place in terms of importance for reading and such a result is in accordance with the views and results of research by other authors who consider phonological awareness to be a critical element in the process of reading acquisition[18]. According to Čudina-Obradović, children who learn to read before going to school show strong phonological sensitivity of all forms (shallow, medium, deep), while children with learning disabil-

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ities are typically underdeveloped in phonological awareness combined with "poor" short-term memory . Based on the canonical analysis, Vuksanović and colleagues concluded that the development of phonemic awareness is a clear indicator of later reading acquisition, while short-term verbal memory is, based on correlation analysis, to a certain extent, an indicator of later reading acquisition, the highest reading speed and reading comprehension[19]. In foreign studies where children were monitored from pre-school age, the abilities identified as predictors of later reading were grapheme-phonemic conversion, phonological awareness, rapid serial naming, intelligence and vocabulary[20].

In addition to phonological awareness, syntactic awareness stood out as a significant indicator of early reading success, but with a lower value of significance than phonological awareness. In other studies, conducted on deep orthography, the relation between reading and syntactic awareness has been examined, where, based on the results, this relation has been found to be in a positive and significant correlation[21]. The result of this research on the importance of syntactic awareness for initial reading is consistent with the hypothesis that in addition to phonological awareness, syntactic awareness determines reading achievement[22]. That the basic aspects of morphosyntax are important for early reading, and that more complex aspects of morphosyntax develop precisely as a result of reading, is the view of individual authors[23].

Based on the results of this study, the rapid serial naming variable was not identified as an indicator of reading quality at this age, that is, in the first grade. Therefore, the findings obtained are not in agreement with the findings of a large number of researchers who believe that rapid serial naming is as important as phonological reading awareness, especially in the initial stages of reading[24]. In the linguistic longi-

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tudinal study of Caravolas, four languages (English, Spanish, Slovak and Czech) were compared and in all four languages the results showed that rapid serial naming was an important predictor of later reading as well as phonological awareness[25]. According to researchers who have dealt with this issue in transparent orthographies, phonological awareness is much more important in the initial phase of reading training, while rapid serial naming is important at a later stage[26]. It can be said that the results of this study are in agreement with the phonological hypothesis, since phonological awareness stands out for its significance correlation with initial reading.

Conclusion

Based on the results of this study, it was found that children who had higher scores on phonological and syntactic awareness tasks in preschool were more successful in all three aspects of reading, namely speed, accuracy, and reading comprehension. This result implies that phonological awareness and syntactic awareness (syntactic judgment) are early indicators of initial reading success.

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RANI POKAZATELJI USPEŠNOSTI ČITANJA

Rezime

Razvoj i sticanje sposobnosti čitanja je složen i relativno dug proces koji se zasniva, pre svega, na razvijenoj jezičkoj sposobnosti, odnosno eksplicitnim i implicitnim znanjima o jeziku i kontinuiranom vežbanju kako bi ova sposobnost postala automatizovana. Podaci iz literature ukazuju na značaj ispitivanja sposobnosti koje prethode čitanju. Cilj ovog istraživanja je da se ispita odnos između pretčitalačkih sposobnosti

i čitanja kako bi se utvrdili rani pokazatelji uspešnosti čitanja. Uzorak istraživanja činilo je 200 dece kod koje su, na predškolskom uzrastu, ispitane pretčitalačke sposobnosti, a na kraju prvog razreda ispitana uspešnost čitanja. Za ispitivanje pretčitalačkih sposobnosti korišćeni su Emerging Literacy Language Assessment i Lista zadataka za ispitivanje sintaksičke svesnosti. Čitanje je ispitano pomoću Trodimenzionalnog testa čitanja. Za utvrđivanje ranih pokazatelja uspešnosti čitanja primenjena je Multipla regresija kojom je utvrđeno da je moguće predvideti 50% uspešnosti čitanja. Kao najznačajni pokazatelji uspešnosti čitanja izdvojile su se fonološka svesnost ($p = .002$) i suđenje o gramatičkoj pravilnosti rečenica ($p = .007$). Na osnovu rezultata ovog istraživanja može se zaključiti da veća postignuća na zadacima fonološke svesnosti i zadacima suđenja o gramatičkoj pravilnosti rečenica na predškolskom uzrastu rezultiraju uspešnijim čitanjem na kraju prvog razreda.

Ključne reči: *uspešnost čitanja, fonološka svesnost, sintaksička svesnost*

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SENSORY INTEGRATION IN THE SCHOOL CONTEXT

Abstract: In recent years, disorders of sensory integration in children have become more prevalent, and the focus of researchers on the phenomenon of sensory integration is increasingly pronounced. Sensory integration is a scientifically based and internationally recognized therapeutic approach that was founded and developed by Jean Ayres over the last century. The approach includes theory, a frame of reference for assessment and intervention. The sensory-integrative approach focuses on the importance of integrating sensory stimuli (information) for the development and use of skills in all areas of an individual's functioning. As an intervention approach, sensory integration is used as a reference framework for the assessment and therapy of individuals who have functional disorders in sensory processing. Based on research findings in the field of neuroscience on central nervous system maturation, the importance of sensory development is emphasized and linked to motor development. At the same time, their importance in the development of behavioral responses is equalized, that is, the response to the environment underlying the available sensory information. The starting point for working with children with disabilities is to achieve communication and interaction. The statement above is conditioned by a degree of motivation, emotional reaction and directed attention. The paper gives an overview of the development of sensory integration, defining the concept of sensory integration and sensory dysfunction, as well as an overview of the basic principles and the organization of sensory integration treatment in educational institutions for children with disabilities.

Key words: *sensory integration, sensory dysfunction, treatment, children with disabilities*

Introduction

The school implements a systematic, planned and organized learning process that enables students to acquire specific knowledge and to manage social relationships, adapting their behavior to specific social demands and interactions [2]. Thus, the school

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environment is a context that provides opportunities for students to form positive behaviors during the regular teaching, extracurricular and other activities and develop and build social relationships[3].

Research shows that students who have positive interactions with peers also have better school achievement, a positive attitude toward school and learning, and exhibit pro-social behavior patterns[4],[5], [6], [7], [8]. Also, students who exhibit responsible behaviors and are accepted by peers achieve better school outcomes than peers who are socially rejected and maladapted. Similar research shows that positive interaction among students adds to the motivation to work and learn [9].

Specifically, positive interactions in addition to facilitating the adoption and understanding of content, enhance self-esteem and increase emotional support, and thus directly contribute to the overall intellectual development of students[10]. Whitaker and coworkers highlight behavior as one of the leading factors in building an effective school and achieving positive educational and social outcomes.

Problems in the field of sensory integration are often one of the causes of slower learning, poor behavior and, although sometimes not so obvious, they are present in a large number of students. Very often, inadequate sensory integration is the cause of misbehavior of students who have a favorable family social environment, as well as the cause of learning problems for "bright children."

The sensory-integrative function and dysfunction

Researchers' focus on the phenomenon of sensory integration has become more pronounced in recent years. The aforementioned finds its starting point in the research findings so far, which point to the increasing disorders of sensory integration

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in children[11], [12], [13].

Sensory integration is a scientifically based and internationally recognized therapeutic approach that was founded and developed by Jean Ayres over the last century. Based on the research findings in the field of neuroscience on the maturation of the central nervous system, the author points out the importance of sensory development and links it with the development of motor skills. At the same time, she equalizes their importance in the development of behavioral responses, that is, reactions to the environment that determine the available sensory information[14].

Basic theoretical concepts of sensory integration are used to explain behavior, the plan of intervention, and the expected outcome in post-intervention behavior change [15]. Thus, the approach includes theory, a reference framework for assessment and intervention [16],[17],[18]. The sensory-integrative approach focuses on the importance of integrating sensory stimuli (information) for the development and use of skills in all areas of an individual's functioning. As an intervention approach, sensory integration is used as a reference framework for the assessment and therapy of individuals who have functional disorders in sensory processing. It is important to emphasize that the achievement of successful communication and interaction is conditioned by a certain degree of motivation, emotional reaction and directed attention[19].

Author Gene Ayres points out the ways in which a person develops his sensory abilities, through which he obtains information about the physical state of his body and the environment that surrounds it. What is crucial in this process is the integration of all sensory information into the whole, which is sensory integration. Therefore, immensely different sensory information in the form of nerve impulses arrives in the brain at any moment, not just through sight or hearing senses, but from every part of the body. The integration of all nerve impulses is accomplished at the level of the cerebral cortex, and in order for a person to move, learn and act normally, the brain must organize all the sensations received. It is sensory organization that represents the most important type of sensory processing because it enables the connection of all sensory stimuli that enter the nervous system and the formation of a complete experience of each human being as a unique and separate body in space [20].

Sensory integration is the organization of sensory stimuli to use. The human being experiences the world around him through the seven senses, and the way that

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sensory information is received, that is, sensory input, directly affects behavior and learning process. Sensory information comes from tactile (touch, pressure, pain, warm, cold, vibration), vestibular (balance, orientation in space, movement), proprioceptive (deep sensibility, movements, conscious perception of the position of different parts of the body), auditory (sound), visual (information received through sight), olfactory (odours), and gustatory (flavours) systems[21]. The meaning of what the person sees is given by the vestibular, tactile, and proprioceptive systems, bringing in the information obtained through the sense of sight with what he or she experiences in touch or movement. Sensory needs are specific and vary from person to person because each individual experiences and receives sensory stimuli in a unique way. Therefore, an individual approach is imperative in the implementation of a sensory-integrative approach to work with children with disabilities.

Sensory integration is a neurobiological process of organizing sensory stimuli from the body and the environment, and in a situation where all systems function harmoniously, quality integration at the level of the global system occurs, and good orientation is provided in the environment in which the person is located, as well as appropriate emotional expression and experience of self [22]. The whole process of sensory integration in healthy individuals flows spontaneously, and under such conditions different sensory stimuli integrate effortlessly.

The disorder of sensory integration implies that the brain does not process or organize the flow of sensory information, impulses, in a way that would provide the individual with good, accurate information about himself and the world [23]. In other words, sensory integration dysfunction is the ability of the brain to receive and integrate information received from the external environment in such a way that the adaptive response is inadequate [24].

Difficulties may arise as a result of inadequate, insufficient or poor sensory processing resulting in dysfunction of sensory integration. A person may be insensitive to a particular type of stimulus, overly sensitive, or may express a combination of the two types of sensitivity. If there is a sensory integration dysfunction, the activities and normal functioning of the person in daily activities are disabled[25]. The difficulties faced by children and adults with such a disorder are different, such as learning disabilities regardless of orderly intellectual status, low self-esteem, low value, difficulty controlling behavior, poor attention, delayed speech development, lack of movement coherence, change moods, fear of heights, avoiding the use of hands, difficulty in buttoning.

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Sensory processing, sensory integration, sensory modulation

In the literature, the authors point to the importance of defining and delimiting the notion of sensory processing and sensory integration. Sensory processing is a broader term and sensory integration makes up only one segment of this process. Thus, sensory processing primarily refers to the way in which the entire nervous system, central and peripheral, manages the sensory information coming from the sensory systems in order to give them meaning and context[26]. Its components are the reception, modulation, integration, and organization of sensory stimuli as well as behavioral responses to sensory input.Sensory integration, on the other hand, implies the brain's ability to receive, integrate, and respond to the reception of sensory stimuli, and is manifested by an adaptive response [27].

Thus, the theory of sensory integration suggests the unification of principles in neuroscience, special education and rehabilitation, developmental psychology with the intention of explaining the role of sensory perception and integration in functional behavior and development[28]. It is emphasized in the theory of sensory processing that efficient reception and integration of received sensory stimuli is a condition for optimal functioning in everyday environment[29].

In addition to these, the concept of sensory modulation has been singled out in the theoretical elaboration of sensory integration[30]. Sensory modulation is the balance between increasing or decreasing the amount of sensory input that the central nervous system receives. As a spontaneous process, it enables the establishment of self-regulation and adaptive response through behavior. Thus, it refers to the capacity to regulate and organize the nature in a gradual and adaptive manner, intensity and degree of response to sensory input, thereby maintaining an optimal response and adaptation to everyday life contexts[31],[32].

Development of sensory integration

Sensory integration is present throughout life continuously and at different levels. It occurs more intrauterine, at the moment when the fetal brain senses the

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movements of the mother's body. Further, to achieve crawling and standing, which occurs in the first year of infant's life, an enormous amount of sensory integration is required. Also, children's play leads to a lot of sensory integration as children organize their body and force of gravity together with the image and sound. The act of reading requires a very complex integration of the stimuli from the eyes, eye and neck muscles and special sense organs in the inner ear. What underlies the ability of sensory integration are genes, but that ability must evolve. It is during the adaptive response that the greatest development of stimulus integration occurs, and it implies a meaningful response to the sensory experience[33]. The formation of an adaptive reaction also helps the brain to develop and organize itself, because the adaptive response overcomes the difficulties and learns something new at the same time. For example, in situations where the child sees the rattle and reaches for it, reaching is an adaptive reaction, while simply aimlessly waving his hands is not. A more complex adaptive reaction occurs when a child perceives that the rattle is far away and crawls to fetch it.

Until the age of seven, the brain is primarily a device for sensory processing, and so a young child does not think much about things and phenomena in his environment, but tries to feel them and move about them. Thus, all of the child's adapted responses to environmental stimuli are more muscular or motor than mental, and the period of the first seven years is called the period of sensorimotor development. With age, changes occur and some sensorimotor activities are replaced by mental and social responses. On the other hand, the basis of mental and social functioning is sensorimotor processing. The integration of all sensory stimuli that occurs in movement, speech, and play is the basis for the more complex integration required for reading, writing, and good behavior. In other words, if sensorimotor processing is well organized in the first seven years of life, it will be easier for the child to master and acquire all mental and social skills during the school period.

Basic principles of the sensory integration intervention program in the school context

An intervention that emphasizes a sensory-integrative approach is focused on the sensory needs of the child with the goal of providing him with adaptive and organized responses to different circumstances and environments[34]. It is best determined by the active engagement of a child who is allowed to move, jump, swing and collide. In addition, the child is encouraged to move and change the environment in order to create as many and as complex requirements as possible for perceptive-motor integration. A characteristic of sensory integration is that it is realized through the context of play, and children love activities, which represent their reward.

Gene Ayres has structured her approach to intervention using sensory integration theory around the principles of motor learning, adaptive response, and pur-

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poseful activity. The key principles in implementing the intervention are outlined below[35].

- The intervention is performed by a qualified occupational therapist or occupational therapy assistant under the direct supervision of the occupational therapist, speech therapist, as well as other professionals who, in addition to their initial education, have acquired the knowledge and skills necessary to pursue a sensory integration approach. In the Republic of Serbia, sensory integration treatments are implemented in schools for children with disabilities as part of a regular curriculum of individual activities. Based on the enrollment documentation and the assessment of the child's need for additional hours of individual teaching, activities in the field of sensory integration, psychomotor re-education, auditory and speech exercises and corrective gymnastics are determined. Sensory integration treatments are carried out by special educators certified by Sensory Integration Pedagogy.
- The intervention plan is focused on the whole family and is based on the complete assessment and interpretation of the pattern of sensory dysfunction in collaboration with persons who are important to a child, respecting ethical and professional standards.
- The treatment of sensory integration takes place in a secure environment that includes adequate equipment to enable vestibular, proprioceptive and tactile sensations and conditions for practice.
- Activities are rich in stimuli, especially vestibular, tactile, and proprioceptive, and offer opportunities to integrate that information with other stimuli, such as the visual and auditory.
- Activities promote regulation of influence and alertness and provide a basis for visible learning of opportunities.
- Activities promote optimal postural body control, oral-motor, ocular-motor and bilateral motor control, including maintaining body posture during movement and adjusting posture in response to changes in the center of gravity.
- Activities promote practice, including organizing activities and yourself in time and space.
- Sensory integration intervention strategies provide so-called "just challenge".
- There are opportunities for the child to adapt to the change and the increasingly complex demands of the environment. Prominent in Jean Ayres principles of sensory integration is the somatomotor adaptive response, that is, the adaptability of the whole body of the child to communicate with people and things in three-dimensional space by moving. Thus, inner, intrinsic motivation and urge are used to interact through enjoyable activities for the child or through play[36].

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- The therapist creates an atmosphere of trust and respect through possible interaction with the child.
- Activities are not planned, but agreed upon, with the therapist responsible for changing the task, interaction, and environment depending on the child's response.
- Activity of the child is his reward and it is the therapist's responsibility to ensure the child's success in all activities through changes in those activities, in accordance with the abilities and capabilities of the child

The results of more than eighty studies on the effectiveness of sensory integration methods have been published in foreign literature, but many have methodological shortcomings, which directly indicates the need for further research [37],[38]. Results from an examination of parents' perspectives show that their comprehensive care for a child with sensory integration disorders is related to social participation[39]. Specifically, parents value a child's improved ability to engage in activity as more meaningful than their child's sense of self-worth. Also, results from similar studies suggest that a family-oriented sensory integration approach equally affects the engagement and involvement of parents and the child undergoing treatment[40].

Terminological explanations

In recent years, the attention of researchers has been focused on the role of stimuli, sensations in development, learning and behavior, and the use of many terms that share similarity with Ayres sensory integration has been present. The overlap of terminology creates the potential for confusion and lack of clarity in an area that requires careful distinction from both professionals and the wider audience. Expressed terminological confusion occurs in two areas related to "types or patterns of dysfunction" and "approaches to intervention". There have been variations in terms used for the types or patterns of sensory integrative dysfunction as research has contributed new and modified information. These changes in terminology have been clearly documented in numerous studies of sensory integrative function and dysfunction. In future research designs, concepts derived from Ayres sensory integration will further build upon and develop this original work, while other concepts may lead to completely different perspectives and completely new frameworks. Thus, research in the field of sensory modulation over the past two decades indicates an expanded finding of tactile defense and a description of gravitational uncertainty according to Ayres sensory in-

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tegration. [41], [42], [43], [44], [45], [46], [47], [48].

On the other hand, the explanation for the differences that arise in terminology about the type of sensory dysfunction is sometimes less clear. Specifically, the literature states that terms such as dysfunction in sensory integration and dysfunction in sensory modulation have been proposed as more acceptable than the term disorder[49], [50], [51].However, more recently, some of these same authors have used the term disorder rather than the term dysfunction in their works[52].Although this shift in terminology may be related to efforts to integrate some aspects of sensory integration problems into the categorization system, the clinical reason for the proposed change in dysfunction into disorder remains unclear to everyday practitioners, especially due to the fact that it has been highlighted in prior occupational therapy publications not to use this term. In addition, the authors propose to use the term sensory processing instead of that of sensory integration for deficit patterns. The reason for this is the author's belief that the term disorder should be distinguished from the expression of theory and intervention. However, Gene Ayres and other researchers in the field of sensory integration have already assigned many specific terms to the patterns of disorders that accomplished this differentiation of terms, such as bilateral integration or deficit sequencing[53].

Gene Ayres developed the theory of sensory integration at a time when several teachers and psychologists were studying and developing programs called sen-

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sorimotor or visual-motor approaches [54], [55]. These approaches focused on visual and sometimes auditory perception, but did not prioritize sensations of the tactile, proprioceptive, and vestibular sensory systems, just like Ayres sensory integration. Finally, particularly prominent motor planning is crucial in Ayres sensory integration, as opposed to emphasizing specific motor skills such as eye-hand coordination as can be seen in perceptive programs.

The literature cites the various approaches developed by occupational therapists that include sensations or supplements of sensory-based strategies [56]. One such program, the Alert Program for Self-Regulation, is a complementary approach that enhances cognitive awareness of alertness by utilizing sensory strategies to support behavioral learning. Other approaches primarily use passive sensory experiences or sensory stimulation based on specific protocols, such as the Wilbarger Approach [57] and the Vestibular-Oculomotor Protocol [58]. In addition to the fact that these approaches include sensation, stimulation and may possibly show evidence of efficacy if explored in the future, they are not consistent with the principles of Ayres sensory integration and, therefore, represent a different model.

Conclusion

In everyday teaching and rehabilitation practice in working with children with disabilities, it is necessary to apply new approaches to work [59]. Sensory integration is an approach whose application enables the whole sensory experience, and the effects of stimulating sensory integration are more lasting precisely because of the strong positive emotions that students experience during treatment. Knowledge of the different experiences that result from sensory stimulation and integration of stimuli, then the assessment of sensory responses, as well as the implementation of appropriate strategies depending on how the student receives the stimuli, plays an important role in understanding student behavior and planning individual educational plans. By applying individualized plans and programs to encourage sensory integration, students are enabled to more successfully adopt adaptive skills and reduce the incidence of inappropriate behaviors. Fisher and his collaborators emphasize the importance

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of a cautious approach in understanding the causes of behavior [60]. Often, in many children of typical development with sensory integration dysfunction, standardized assessment and an adequate incentive program are missed, and this makes students with disabilities even more vulnerable.

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[60] Fisher, A. G., Murroy, E. A., Bundy, A. C., Sensory integration: Theory and practice. Philadelphia: F. A. Davis, 1991.

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SENZORNA INTEGRACIJA U ŠKOLSKOM UZRASTU

Rezime:

Poslednjih godina sve su prisutniji poremećaji senzorne integracije kod dece, te je usmerenost istraživača na fenomen senzorne integracije sve izraženija. Senzorna integracija je naučno utemeljen i međunarodno priznat terapijski pristup koji je tokom prošlog veka utemeljila i razvijala Džin Ers. Pristup uključuje teoriju, referentni okvir za procenu i intervenciju. Senzorno integrativni pristup je fokusiran na važnost integracije čulnih podražaja (informacija) za razvoj i korišćenje veština u svim područjima funkcionisanja pojedinca. Kao intervencijski pristup senzorna integracija se koristi kao referentni okvir za procenu i terapiju pojedinca koji imaju funkcionalne poremećaje u senzornoj obradi. Na osnovu istraživačkih nalaza iz oblasti neuronauke o sazrevanju centralnog nervnog sistema, ističe se značaj senzornog razvoja i povezuje se sa razvojem motorike. Istovremeno, izjednačava se njihov značaj u razvoju bihevioralnih odgovora, odnosno reakcija na okolinu u čijoj osnovi je određena dostupna senzorna informacija. Polazna osnova u radu sa decom sa smetnjama u razvoju jeste ostvarivanje komunikacije i interakcije. Navedeno je uslovljeno određenim stepenom motivacije, emocionalnom reakcijom i usmerenom pažnjom. U radu je dat pregled razvoja senzorne integracije, definisanje pojma senzorne integracije i senzorne disfunkcije, kao i pregled organizacije tretmana senzorne integracije u vaspitno obrazovnim ustanovama za decu sa smetnjama u razvoju.

Ključne reči: *senzorna integracija, senzorna disfinkcija, tretman, deca sa smetnjama u razvoju*

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OCCUPATIONAL THERAPY AS PART OF A STRUCTURED ACTIVITIES IN THE DAY CARE CENTRE FOR ADULTS WITH MENTAL DISORDERS

Abstract: Persons with disabilities have the right to live in a community. It is clearly definied by the Convention on the Rights of Persons with Disabilities. In the field of the protection of persons with mental disabilities worldwide, there is a clear understanding that reform of the institutional model is a human rights issue. The transition from institutional care to life in a community is a process commonly referred to as deinstitutionalization. The essence is to create conditions in the environment for people with disabilities to be able to integrate into society and everyday life, and to maximize control over their own lives. As an example of a good practice of deinstitutionalization and development of community-based mental health care is being used an Italian example, characterized by cross-sectoral cooperation, developed community services and three areas of work with beneficiaries: housing, socialization and employment. The first and basic service that a beneficiary with a mental disorders should use in a modern community-based mental health care system is the day care service. In the social welfare system in the Republic of Serbia, day care is a daily service in the community aimed at improving the quality of life of beneficiaries in their own social environment through maintaining and developing social, psychological and physical functions and skills in order to maximize their ability to live independently. Through day care services, persons with mental disorders in an organized environment, and with the necessary supervision, meet developmental needs, acquire and develop life skills, personal and social responsibility for the development of independence, social, cognitive and other important functions. In order to achieve better quality of life, beneficiaries of day care centre implement individually adjusted content, all with the aim of improving their personal independence so that they can perform as much of their everyday activities as possible. The day care service is implemented through designed programs, in the planned and limited time periods, occupying the stay of the beneficiaries with various activities that are in accordance with their individual needs.

Key words: *human rights, deinstitutionalization, community-based care, mental health, day care, occupational therapy.*

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Introduction

The right to live in a community is a fundamental right for all persons with disabilities. This is clearly emphasized in the United Nations Convention on the Rights of Persons with Disabilities[2], which recognizes the right of all persons with disabilities, regardless of the type or extent of their physical, mental, intellectual or sensory impairment, to live in the community.[3]

In the field of the protection of persons with mental disorders worldwide, there is a clear understanding that reform of the institutional model is a human rights issue. The transition from institutional care to life in a community is a process commonly referred to as deinstitutionalization. The essence is to create conditions in the environment for persons with disabilities to be able to integrate into society and everyday life, and to maximize control over their own lives. The process of deinstitutionalization is not just about roughing a person out of structures, but about changing the focus from structures to people and their needs. Such a process usually involves preventing placement in institutions and returning people from institutions to the community. The development of quality and innovative community services and the establishment of a support system is a respect for human rights and the achievement of a certain quality of life.

Italy is being used as an example of good practice regarding implementation of deinstitutionalization. Dr. Franco Basaglia[4] and his associates succeeded in deinstitutionalizing of the St. John's Psychiatric Hospital in Trieste and afterwards community-based services were launched as an alternative to institutional care.

One of the first things Dr. Basaglia did when he became director of the St. John's Psychiatric Hospital in Trieste was to hire new people instead of old paramedics. The newcomers were people of various professions: painters, butchers, cooks, who taught daily hospitality skills to the people situated in the hospital. And this is the best example of occupational therapy for persons with mental disorders. Instead of useless work people do something that has the end result and thus occupy their time in a useful and creative way, acquire the necessary life skills that will help them lead an autonomous life at the end of the rehabilitation process.

Occupational therapy is nothing more than devising a beneficiary's creative spending time with the goal that the beneficiaries perform everyday life activities and thus enhances the quality of their own lives.

An occupational therapist is a professional who helps beneficiaries to carry out certain activities, not for them, not to be the "keeper" of the beneficiary, but to support them in the realization of the activity, realizing the activity together with the beneficiary.

The Italian example is also characterized by the fact that Dr. Basaglia drew

[2] The Parliament of the Republic of Serbia ratified the Convention and the Optional Protocol in 2009 (RS Official Gazette, No. 42/2009)

[3] Article 19 of the United Nations Convention on the Rights of Persons with Disabilities

[4] Mezzina, Roberto, Whole Life - Whole System in Trieste - 40 years of experience of social inclusion, empowerment and citizenship, York, 2016

attention to the abuse of beneficiaries with mental disorders. Under occupational therapy, beneficiaries often do jobs that they need to be paid for, or that should be done by someone who is employed. A clear boundary must be drawn between occupational therapy and work to be paid. The Italian reform was characterized by the formation of social cooperatives (social enterprises) where persons with mental disorders who were able to work were employed.

Social problems, become part of human reality. social problems are not only "objective social facts", but also social artifacts, products of cultural, value and historical exchanges among people.[5] The aim of this document is to point out the importance of occupational therapy in the rehabilitation of persons with mental disorders, especially in a day care centre, as a place where it can be implemented in the best way possible. Structured activities within the day care centre serve to occupy beneficiaries' time, in organized space and time, all with the aim of improving their personal independence in order to be able to carry out everyday activities as much as possible.

Community-based mental health care

According to the World Health Organization definition, mental health is a state of well-being in which each individual achieves his or her own potential, can cope with normal life stresses, can work productively and fruitfully and can contribute to the own community.[6]

The second half of the twentieth century brought innovation to the understanding of disability. The old, moral as well as the medical model, have been subject to review due to changes in thinking and understanding of disability. New, alternative models, such as social, ie bio-psycho-social and human rights based model, have marked a change in the paradigm, policies and legislation all around the world in the field of disability, as well as increased acceptance of persons with disabilities as members of diverse societies [7]. Throughout history, persons with disabilities have been "isolated, imprisoned, observed, reported, worked on, instructed, implanted, regulated, treated, institutionalized and controlled to the extent that probably no other minority group has experienced"[8]. The 1960s brought about a change.

The reason for institutional care in many cases is the lack of an alternative in the community.[9]

The idea and concept of community-based mental health care emerged as re-

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[5] Brkic, Miroslav, Nikolic, Miroljub, Social Protection as Constructs of Social Reality, Institute for Political Studies, 2018

[6] World Health Organization - https://www.who.int/features/factfiles/mental_health/en/ accessed on 10/15/2019

[7] Stankovic, Dragana, Establishment and sustainability of the process of deinstitutionalization and development of community services for persons with intellectual and mental disorders in Serbia, Doctoral dissertation, Faculty of Political Science, Belgrade, 2016

[8] Davis, Lennard, Introduction, in: Davis, L. (ed.). *The Disability Studies Reader*. New York: Routledge, 1997, pp. 1-6.

[9] Brkic, Miroslav, Nikolic, Miroljub, Social Protection as Constructs of Social Reality, Institute for Political Studies, 2018

sponse to the shortcomings of the hospital, the so-called asylum treatment, and abuse of the rights of the disabled persons, and has historically been interpreted in various ways, primarily as protection outside large institutions and protection by the community in order to normalize everyday life[10]. It is based on the idea that the mentally ill should not be excluded from society (family, community) through long-term and repeated or sometimes lifelong hospitalizations in psychiatric hospitals or placement in social care institutions, but that assistance, treatment and rehabilitation should be provided at the place of residence, in permanent collaboration with the community. This concept is also related to the idea of protecting the rights of the mentally ill, as well as to the process of deinstitutionalization in psychiatry, and should be its desired outcome[11].

It is important to note that the idea and concept of community-based care does not imply negation of the hospital form of treatment, which will remain necessary even in most developed systems. In other words, "a modern mental health service should strike a balance between community-based care and hospital care, as opposed to the traditional care system dominated by large psychiatric hospitals and ambulatories that provide care and follow-up to the patient, with treatment usually reduced to medication."[12]

Community care includes general services, such as housing, health care, education, employment, culture and recreation, that is, services that should be accessible to all regardless of the nature of their disabilities or the level of support required. This also applies to specialized community services.[13] Community services are aimed at providing assistance and support to beneficiaries in their natural environment, in order to establish as much control over their lives as possible, to exercise and maintain as much autonomy as possible and to prevent, or reduce, the risk of institutionalization.[14]

Occupational therapy

Occupational therapy is one of the oldest forms of so-called ergotherapy practiced first in psychiatric institutions and then in all others where possible. The goal of therapy is to motivate clients to actively participate in purposeful activity. If possible, these are often the forms of work that are interesting, which contribute to a better re-socialization as well as preparation for a lay-off and independent life. Occupational therapy is most often realized as part of group work.[15]

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[10] Thornicroft, Graham, Tansela, Michele, Better Care for Mental Health, CLIO, Belgrade, 2011

[11] Helsinki Committee for Human Rights in Serbia, Manual for Establishment and Development of Community-based Mental Health Care Centers, "Civil Society Campaign for Effective Protection of Persons with Mental Disorders", 2016

[12] Ibid

[13] Unique European Guidelines for the Transition from Institutional Care to Community-based Care and Support, European Expert Group on the Transition from Institutional Care to Community-based Care and Support, Brussels, 2012

[14] Brkic, Miroslav, Licensing of Social Welfare Services in the Community, Faculty of Political Science and Ministry of Labor, Employment, Veterans' and Social Affairs, Belgrade, 2016

[15] Vidanovic, Ivan, Dictionary of Social Work, Belgrade, 2006

According to the World Federation of Occupational Therapists (WFOT) from 2012, Statement on Occupational Therapy, 2012: "Occupational therapy is a client-centered health and wellbeing care profession using occupation. The primary goal of occupational therapy is to enable persons to participate in activities of everyday living. An occupational therapist achieves results in that field by working with individuals and communities to enhance their ability to occupy the activities they want, need, or are expected to do, or by modifying the occupation or environment to better support their work engagement".[16] Through joint action for the purpose of change, the problem is *internalized*, becoming an integral part of the cognitive and active component of the social worker and the user.[17]

Ergotherapy was designed by German psychiatrist Hermann Simon[18] in 1929, based on his experiences at Warstein and Gutersloh hospitals. Simon worked including almost all patients in work activity starting with farms and hospital parks, stating that if they are occupied, it would improve their psychophysical condition and thus avoid degradation caused by inactivity, and in particular staying in bed. The work, designed as therapy, did not foresee compensation, since this activity is considered therapeutic (as is the case today in protective workshops and institutions). The ergotherapy, which Simon conceived as a practice that could be applied to all patients, created an ambiguous condition that differentiated the role of beneficiaries who worked from those situated in areas for chronic patients or for "disturbed" patients. The mere appearance of a minimum reward in cash or goods distinguished beneficiaries who were divided into active and inactive.

Development of a day care service for persons with mental disorders

The events of late 18th century in England, disciplines such as sociology, psychology and psychoanalysis provided a whole new way of looking at the psychological disorders and functioning of institutions in relation to the medico-psychiatric practices of the time. This approach was achieved primarily through a new vision of the beneficiary as an integral and equal part of the healing process and the systemic understanding of the institution as a whole. In this way, the strict division into the "healthy" part (those who heal), containing all mental health and all healing abilities, and the "sick" part (patients), completely passive and incapacitated, ceased, and the vision of the system assembled of the various parts that complement each other with the ability to constantly analyze the way and the amount of relationships and functioning was confirmed: the day care centre had to be able to "cure" itself in order to achieve its therapeutic goals[19].

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[16] World Federation of Occupational Therapists, Statement on Occupational Therapy, 2015; https://www.wfot.org/about-occupational-therapy - accessed on 11/11/2019

[17] Brkic, Miroslav, Nikolic, Miroljub, Social Protection as Constructs of Social Reality, Institute for Political Studies, 2018

[18]Biographical archive of psychiatry-https://www.biapsy.de/index.php/en/9-biographien-a-z/177-hermann-simon-e - accessed on 11/11/2019

[19] Miroljub Nikolić, Italian Model of Community-based Mental Health Care, Caritas Sabac, 2016

Although initial enthusiasm seemed to suggest them as a global alternative to a valid psychiatric system, patients who used the day care service suffered mainly from neuroses, personality disorders, including borderline personality disorders. Subsequently, interest was extended to other types of beneficiaries and to institutions that have traditionally dealt with them. The psychopathological characteristics of the beneficiaries have significantly contributed to the models becoming more diverse. The experience accumulated over the years makes it possible to argue that day care centre is not the right backdrop for all types of problems and that, in fact, beneficiaries' involvement can be considered in the following situations:

- when ambulatory or short-term treatment is clearly insufficient;
- when the characteristics of the source environment are objectively unfavorable and impair partial access to the problem;
- when there is compatibility with the experience of the group;
- when beginning to use the service is the result of a joint (even minimal) choice of the patient, his or her family and the competent service;
- when the conditions are not acute and do not require immediate intervention[20].

The day care service in the social welfare system in the Republic of Serbia

The process of transition from institutional care to community-based care inevitably entails constant changes and sets new requirements in terms of access to beneficiaries, organization of work, development of a whole range of new competencies for work in community, which represents a qualitatively different environment compared to their previous practice[21]. One of the groups of social care services that should essentially represent a different environment compared to institutional care are daily services in community.

The first and most basic service a beneficiary with a mental disorders should use in a modern community-based mental health care system should be the day care service.

In the social welfare system in the Republic of Serbia, day care is a daily community service aimed at improving the quality of life of beneficiaries in their own social environment by maintaining and developing social, psychological and physical functions and skills in order to maximize their ability to live independently[22].

The goal of the day care service is to maintain and improve the existing level of beneficiaries' abilities, to increase the level of socialization and practical skills, as well as to acquire new knowledge for their full inclusion in community life.

Through day care services, people with mental disorders in an organized environment, and with the necessary supervision, meet developmental needs, acquire and

[20] Ibid

[21] Nikolic, Miroljub, Brkic, Miroslav, Neskovic, Andrijana, Comparative Overview of Community-based Mental Health Care Systems in Italy and Serbia, Faculty of Political Science, Belgrade, 2018

[22] Rulebook on Closer Conditions and Standards for Providing Social Welfare Services, Republic Institute for Social Protection, Belgrade, 2013

develop life skills, personal and social responsibility in order to develop independence, social, cognitive and other important functions.

In order to achieve a better quality of life, beneficiaries in the day care centres realize individually tailored content, all with the aim of improving their personal independence so that they can carry out everyday life activities as much as possible.

The day care service is realized through designed programs, in the planned and limited time periods, occupying the stay of the beneficiaries with various activities that are in accordance with their individual needs.

Structured day care activities for adults with mental disorders

The acquisition of new knowledge and skills is achieved through structured activities selected in collaboration with the beneficiary and a professional team engaged to support the beneficiary and his/her family.

In the day care centre, beneficiaries acquire new knowledge, skills and experience through customized content during workshops, trainings and other structured activities.

The implementation of day care services provides adequate organized support for persons with mental and intellectual disorders, with the aim of improving their personal independence, which, in accordance with the needs assessment of the beneficiary in which they participate, may include:

1. Support in building, maintaining and developing positive relationships with the environment (family, competent bodies of the local government unit and other entities significant for the beneficiary);
2. Organizing work-occupational and/or educational activities that encourage the development of new knowledge, skills and abilities (sensorimotor, cognitive, integrative and psychosocial) with the aim of discovering, getting to know, confirming and developing oneself as a creative being, acquiring new knowledge and mastering certain techniques of creative work, methods of making useful and decorative objects, as well as mastering the skills of sewing, knitting, embroidery, etc .;
3. Developing working methods that encourage beneficiaries' participation in community activities, including individual and group activities through the application of different work methods to gain interest, knowledge and skills and psychophysical ability of beneficiaries to apply them;
4. Organizing free time in accordance with the needs and interests of beneficiaries, aimed at overcoming social isolation, exclusion and passivity of beneficiaries;
5. Organizing appropriate cultural and entertaining activities within the day care centre, that is, enabling beneficiaries to attend community activities, including trips to cultural, historical, entertainment and recreational places, enabling social inclusion and social inclusion of persons with mental and intelelctual disorders;
6. Development of skills for identification and problem solving, including activ-

ities for self-analysis, development of analytical, creative and critical thinking and reasoning, better social functioning and easier coping with new, unfamiliar situations, more successful identification of needs and feelings, clearer presentation of requests, constructive solving problems for better communication with others, more successful cooperation, increased self-confidence and personal safety and satisfaction;

7. Development of social skills, which include initiating social contacts, developing abilities and expanding social relationships, understanding oneself and others, accepting moral norms, emotional regulation and adapting to norms;
8. Development of communication skills, including developing active listening, removing barriers and obstacles to communication in order to achieve better communication and social closeness to the environment;
9. Development of self-care skills, including ways and opportunities to eliminate risks and situations that impair everyday functioning in the community;
10. Development of skills and knowledge necessary for living and working in the community, including experiential learning, finding out and adopting rules of conduct in different situations and environments, understanding the need to gain autonomy, understanding personal responsibility for choosing a partner, understanding the marital system and family functioning, adopting work habits, time and space orientation, money handling and social responsibility;
11. Rehabilitation and therapeutic activities, which include health education, control of vital functions, control of therapy;
12. Development of informatic skills, which include working on a computer in harmony with individual capabilities;
13. Organizing sports and recreational activities, based on the psychophysical abilities of beneficiaries with an emphasis on health status and motor skills, which include the adoption of basic elements of the technique and tactics of each discipline individually, encouraging general development, increasing the resistance of the organism, strengthening mutual cooperation, tolerance, healthy competition, development of physical expression, exercise of breathing and maintenance of physical fitness;
14. Organizing theater, musical, literary and visual activities, which include activities to encourage the development of creativity, originality, self-realization, talent, development of cultural needs, creativity, encouragement of curiosity, visual-pictorial sensitivity and spontaneous imaginative thinking, perception, memory, interest and will;
15. Mastering practical skills used in everyday life, which include maintaining personal and space hygiene, setting a table, serving food and using kitchen utensils, preparing simple meals, using and maintaining electrical appliances, maintaining clothing and footwear, aesthetics in clothing, dressing according to the weather;
16. Assistance in consolidating acquired knowledge and skills;
17. Activities aimed at supporting employment and education, including employ-

ment and continuing education activities, assistance in seeking employment opportunities within the community, encouragement and support in the first days of new employment.

The aforementioned groups of activities are in accordance with the Rulebook on Closer Conditions and Standards for the Provision of Social Welfare Services, as well as the activities of two licensed day care centres for adults with mental and intellectual disorders of Caritas Sabac, "St. Sophia" *("Sveta Sofija")* in Sabac and "St. John" *("Sveti Jovan")* in Bogatic.
All these activities occupy the beneficiaries' time and are suitable for raising the capacity and autonomy of the beneficiaries, which should enable for them a quality life in the community and prevent institutionalization.

Practical examples

Primary agricultural production

As part of primary agricultural production, day care centre beneficiaries acquire the skills to process agricultural crops. Primary agricultural production includes planting and nursing plants (weeding, plowing, watering, pruning) and picking fruits.

Secondary agricultural production

As part of secondary agricultural production, day care centre beneficiaries acquire the skills to process crops. Secondary agricultural production involves the preparation of sweet and salty winter stores (sorting, cutting, preparation and packaging of the finished product).

Maintenance of green spaces

As part of maintaining green spaces, day care centre beneficiaries acquire the skills of mowing and handling machines - the mower and trimmer, as well as the ways of maintaining the machines they use (pouring oil, gasoline, putting silk).

Horticulture

In the horticulture slope, day care centre beneficiaries acquire the skills to maintain yards and flowers. Activity involves the care and watering of flowers, collecting leaves, branches, fruits from the lawn.

Space hygiene

As part of maintaining the space hygiene, beneficiaries acquire the skills to clean and maintain the space, as well as to use the products provided for that purpose.

Art workshop

As part of the art workshop, day care centre beneficiaries acquire skills to develop artistic potential by making cards, decorative items and space decorations.

Literary workshop

As part of the literary workshop, beneficiaries acquire literary expression skills on given topics, practice spelling, presenting their views and opinions.

Theater workshop

As part of a theater workshop, day care centre beneficiaries play assigned roles,

read texts, develop the ability to understand and accept their own roles and those of others, have a rich vocabulary, develop communication skills, and develop problem solving skills.

Educational workshop

As part of educational workshops, day care centre beneficiaries acquire knowledge and new information on the topics that are presented to them. (topics on health, hygiene, behavioral norms).

IT workshop

As part of the IT workshop, beneficiaries learn basic computer skills (typing text in MS Office Word, saving and copying texts).

Spiritual workshop

As part of a spiritual workshop, day care centre beneficiaries discuss human values, develop communication skills and social skills in the group.

Music workshop

As part of the music workshop, beneficiaries develop talent, spontaneity, social closeness through group work and singing.

Characteristics of modern occupational therapy in day care centres within the social welfare system in Serbia

Caritas Sabac has so far initiated and got licences for two day care centres whose primary target group is adults with mental disorders. These are the day care centres "St. Sophia" *("Sveta Sofija")* in Sabac, with the licence granted in 2016 and "St. John" *("Sveti Jovan")* in Bogatic, which got licence in 2018. A characteristic feature of both day care centres is that they have been launched thanks to projects funded by the European Union. The first through the Open Arms project and the second is through the EU Support to the Development of Social Welfare Regulatory Mechanisms in Serbia project. Both day care centres have achieved sustainability after project funding, through the budgets of local governments where they are implemented. A special feature of these two day care centres is that they were created in cooperation with partners from Italy, a consortium of social cooperatives *Consorzio Operativo Salute Mentale from* Udine. During the mentoring support, colleagues from Italy instilled in the core of the day care centres the philosophy that day care centres are not “parking for beneficiaries”, a place where beneficiaries are brought in once and stay for a lifetime, but a place where, over time, members of the community are supported to return to the community, of which they should be active members In the "new vision of day care" occupational therapy is not only a means of spending time for beneficiaries, but an instrument for raising the quality of their lives, with the ultimate goal of full community involvement.It is important that the results of occupational therapy be services or products that have a useful value, which will increase self-confidence and self-esteem in persons who participated in the activity Said day care centres have become an inspiration for others and new ones with the same working principles are already being lounched.

Conclusion

Without occupational therapy, it is impossible to imagine quality work with persons with mental disorders. From the beginning of the use of occupational therapy by Dr. Simon to the successful process of deinstitutionalization in Italy, it has shown its justification. The groundbreaking results in the work with the mental illness of Dr. Basaglia and his associates in Italy in the field of deinstitutionalization and development of community-based mental health care have become an inspiration to many and an example recommended by the World Health Organization itself. In this modern system, occupational therapy, which needs to occupy beneficiary's time through meaningful activities in a high-quality way, has a key place. An occupational therapist, whose work is focused on the client, plays an important, and very often crucial role in the rehabilitation of mental patients. In the social welfare system in the Republic of Serbia, through structured day care activities, it is possible to carry out modern occupational therapy.

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TERAPIJA KAO DEO STRUKTURISANIH AKTIVNOSTI U DNEVNOM CENTRU ZA NEGU ODRASLIH SA MENTALNIM POREMEĆAJIMA

Rezime:

Osobe sa invaliditetom imaju pravo da žive u zajednici. Ovo je definisano mnogim međunarodnim i nacionalnim dokumentima, kao i Konvencijom o pravima osoba sa invaliditetom. Drugu polovinu dvadesetog veka karakteriše promena pristupa sa starog moralnog i medicinskog modela invaliditeta na novi alternativni socijalni model i dalje do jednog integrativnog bio-psiho-socijalnog modela invaliditeta. Očigledno je da institucije nisu odgovarajuće mesto za rehabilitaciju osoba sa invaliditetom. Zaštita mentalnog zdravlja u zajednici je alternativa institucionalnom zbrinjavanju. Primer iz Italije i „revolucija u mentalnom zdravlju", koju je dr Franko Bazalja sproveo sa svojim saradnicima, najbolji su primer deinstitucionalizacije i razvoja brige o osobama sa mentalnim poteškoćama u zajednici. Okupaciona terapija je jedan od najstarijih oblika radne terapije koji se praktikovao prvo u psihijatrijskim

ustanovama, a zatim gde god je to bilo moguće. Cilj okupacione terapije je motivisati klijente da aktivno učestvuju u smislenim aktivnostima. Dnevni boravak je osnovna i veoma važna usluga socijalne zaštite za osobe sa mentalnim smetnjama, na njihovom putu rehabilitacije. Okupaciona terapija u dnevnom boravku je od krucijalne važnosti i deo je strukturisanih aktivnosti. U Srbiji postoji zakonski okvir u okviru zakona o socijalnoj zaštiti koji uključuje dnevne boravke i mogućnost realizacije savremene okupacione terapije. U Srbiji Caritas Šabac upravlja sa dva dnevna boravka koji praktikuju okupacionu terapiju prema italijanskom modelu zaštite mentalnog zdravlja u zajednici. Osnovna vrednost je poboljšanje veština korisnika, realizacija korisnih aktivnosti i potpuna integracija osoba sa problemima koji se tiču mentalnog zdravlja u društvo.

Ključne reči: *ljudska prava, osobe sa invaliditetom, deinstitucionalizacija, dnevni boravak, okupaciona terapija*

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OCCUPATIONAL THERAPISTS COLLABORATING WITH THE SLOVENIAN SCHOOL SYSTEM

Abstract: In Slovenia, paediatric occupational therapists mainly work in hospitals, rehabilitation centres, and clinics. They are financed and supervised by the health-care system. Legally and structurally, they are not supported to enter other systems, such as the mainstream educational system. Therefore, it can be difficult for them to get involved in the inclusion process of children with special needs who attend regular schools. **Objective:** The aim of the study was to examine the experience of Slovenian occupational therapists who are entering the school environment and develop strategies that would facilitate their professional input. **Methods:** This was a qualitative study that included a representative sample of Slovenian occupational therapists who currently access the school environment (N=9). Semi-structured interviews were used to collect data. The interviews were analysed using a constant comparative method (Bogdan & Biklen, 1998). **Results:** Five categories emerged from the analysis: (1) first contact, (2) communication, (3) reasons for input, (4) occupational therapy work process, (5) barriers. Based on the findings, we proposed a new model for the inclusion of occupational therapists into the school system. This model suggests several strategies that could aid collaboration; for instance, role presentation, joint goal setting, using direct and indirect methods of work, improved communication, and feedback. **Conclusions:** Best practices in paediatric occupational therapy focus on the child's participation in everyday occupations within the natural context, such as the school. Occupational therapists in Slovenia encounter many barriers when working in the school environment. Some of the barriers can be negotiated by tackling the organizational aspects of collaboration and increasing interprofessional collaboration between occupational therapists and school-based professionals.

Key words: *school-based occupational therapy, children with special needs, inclusion, interprofessional collaboration, parents.*

Introduction

The United Nation's 1994 Salamanca conference sparked the developments in special education in Europe.[2] Most European countries, including Slovenia, started

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[2] Angelika Echsel, Lee Price, Staffan Josephsson, and Christina Schulze, "Together on the way:

working toward a "school for all". This transition triggered the need for new types of services, supported by a new legislation. For instance, in 1995, The White Paper on Education in the Republic of Slovenia[3] was adopted and formed a foundation for the new Elementary School Act, Organization and Financing of Education Act, and Act on the Guidance of Children with Special Needs. To receive additional help and support, children in Slovenia need to be formally assessed now and issued with a Decree that is followed during their educational process.

Interprofessional collaboration and collaboration with the child and the child's family became essential to the process of inclusion.[4] According to the theoretical framework of collaboration developed by Marylin Friend, collaboration is a style of interaction characterized by voluntary participation; all parties engaged in it have equal status, work toward a common goal, share decision making, resources, and accountability for outcomes.[5] School-based collaboration usually includes professionals such as teachers, special education teachers, occupational therapists and speech therapists, as well as other disciplines.

Occupational therapy is a profession with a big focus on enabling participation of all individuals, including the participation of children at school.[6] School-based occupational therapy has proved to be valuable for inclusive education.[7] In the United States, the United Kingdom, Canada, and Australia, occupational therapists are frequently employed by the school system and are a part of the school team.[8] Several occupational therapy models of work and frameworks that support collaborative interactions with the school system have been developed in the recent years, including the Partnering for Change (P4C)[9], the Occupational therapy into Schools model (OTiS)[10], and the Response to Intervention (RtI).[11] These models have mainly promoted indi-

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[3] Bela knjiga o vzgoji in izobraževanju v Sloveniji [The White Paper on Education in the Republic of Slovenia]. Edited by Janez Krek, Ljubljana: Ministrstvo za šolstvo in šport RS, 1995.

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[8] American Occupational Therapy Association (AOTA). "Occupational therapy services in early childhood and school-based settings", *American Journal of Occupational Therapy* 65, Suppl., 2011, pp. 1–12.

[9] Cheryl Missiuna, Nancy Pollock, Danielle Levac et al.,"Partnering for change: an innovative school-based occupational therapy service delivery model for children with developmental coordination disorder," *Canadian Journal of Occupational Therapy* 79, no. 1, 2012, pp. 41–50.

[10] Eve Hutton, "Occupational therapy in mainstream primary schools: an evaluation of a pilot project," *British Journal of Occupational Therapy* 72, no. 7, 2009, pp. 308–313.

[11] Scott Ardoin, Joseph Witt, James Connell, and Jennifer Koenig, "Application of a three-tiered response to intervention model for instructional planning, decision making,and the identification of chil-

rect interventions in the school environment (e.g., consultation, training, education), group work with children, and strategies that could benefit all children, not just those with special needs. There has been an increasing amount of evidence to support the use of these models with various groups of children.[12]

In contrast to international trends, Slovenian paediatric occupational therapists are mainly employed in hospitals, rehabilitation centres, Community Care Centres, and specialised institutions for children and adults with special needs. They are not a part of the mainstream school system; therefore, school-based occupational therapy is currently provided only on an individual basis and is not a part of an established framework. Medical system and educational system remain separated in Slovenia, making it difficult to arrange the funding of services that fall within both sectors. Nonetheless, occupational therapy input has been recognized as important, and efforts have been made to integrate occupational therapy services into the mainstream school system.[13]

Our aim was to examine the experience of Slovenian occupational therapists who are entering the school system and, based on the findings, develop strategies that could facilitate their professional input. This article is based on the findings of the author's doctoral thesis[14]; however, the findings have been further developed for this publication.

Methods

This was a qualitative study. The following research questions directed our study:

- What are the contributions of occupational therapists to the inclusion of children with special needs into regular school programs in Slovenia?
- How could an occupational therapist contribute to the process of inclusive education in a better way?

Sample and data collection

In Slovenia, 10,4 places are opened and financed by the Ministry of Health for occupational therapists in the Developmental Units of Primary Care Centres. Our sample consisted of nine therapists who were employed in the Developmental Units of Primary Care Centres either full time or part-time. It was considered that therapists working less than 20 hours a week would not be able to provide data of the same

dren in need of services," Journal of Psychoeducational Assessment 23, no. 4, 2005, pp. 362–380.

[12] Vera C. Kaelin, Sylvie Ray-Kaeser, Stefania Moioli, et al., "Occupational therapy practice in mainstream schools: results from an online survey in Switzerland," *Occupational Therapy International* vol. 2019, Article ID 3647397, 2019, p.2.

[13] Lea Šuc, *Model organizacije delovne terapije v vzgojno-izobraževalnem procesu za kakovostno vključevanje otrok s posebnimi potrebami v večinske osnovne šole* [Occupational therapy model of practice in the school environment for the inclusion of children with special needs in mainstream primary schools], doctoral dissertation, Novo mesto, Fakulteta za organizacijske študije, 2018.

[14] Šuc, *Model organizacije delovne terapije v vzgojno-izobraževalnem procesu za kakovostno vključevanje otrok s posebnimi potrebami v večinske osnovne šole*, 2018.

quality and depth compared to their colleagues who worked on a more continuous basis and had more opportunity to come into contact with the school environment. The sample included the majority of Slovenian occupational therapists working in the Developmental Units of Primary Care Centres and was, therefore, considered a representative sample.

Individual interviews were conducted with the participants. An interview guide was used to ensure topics of interests (e.g., initiation of collaboration with the school, work process, evaluation of work) were covered. Some of the questions were: Could you describe your work at the schools you visit? Based on your experience, when does the collaboration between the school and the occupational therapist usually develop? How do you get feedback about your interventions? The interviews were audio-recorded and transcribed near verbatim with the participants' permission.

Data analysis

The qualitative material was analysed using a constant comparative method.[15] To get a good overall understanding and familiarity with the material, the transcripts were first read several times. The text was then coded line-by-line. We generated 81 codes that were organized into preliminary categories and subcategories throughout the analysis. When developing the categories, we followed the rule of internal homogeneity and external heterogeneity.[16] With constant comparison, we detected relationships between the categories. Categories and subcategories were gradually linked, and the relationships between them were established.

Results

Parents emerged as the main theme of salience. Five categories were developed around this theme: (1) First contact, (2) Communication, (3) Reasons for occupational therapy input, (4) Occupational therapy work process, (5) Barriers. The category Barriers had two subcategories: (1) Systemic barriers, and (2) Cruel school.

The analysis revealed that although the aim of the inclusion was to enable participation of children with special needs, the process itself often emphasized the parents. The parents were the link between the somewhat disconnected parts of the system and facilitated therapeutic interventions and information exchange between different professionals. Without their engagement, occupational therapists rarely entered the school system. However, this has slowly been changing and some therapists experienced increased initiation-taking by the schools. Table 1 briefly describes each category and includes citations from the text.

[15] Robert Bogdan and Sari Knopp Biklen, *Qualitative research for education: An introduction to theory and methods.* 5th Edition, Boston, Allyn & Bacon, 2007.

[16] Barney Glaser and Anselm Strauss, *The discovery of grounded theory: Strategies for qualitative research*, Chicago, Aldine Publishing Company, 1967.

Table 1: *The results of the qualitative analysis*

Category	Description	Example of a citation from the text
1. First contact	This category is about the initiators of the collaboration and the circumstances in which an occupational therapist makes the first contact and starts collaborating. The initiators are most often the parents. Alternatively, it can also be the school. The first contact is easier if the role of an occupational therapist has previously been recognized; e.g., the occupational therapist has been to the school before.	This first contact is usually via the parents/…/ I do everything through the parents/…/ Most often, I would tell the parents that there is a possibility for me to visit the school, because the teachers usually don't know about it. And the parents then arrange it with the teacher. (OT6) If they [children with special needs] have been receiving input, it starts before they enter the school; we pay attention and inform them [the school] beforehand about the specifics of the child and if some adaptations will be needed in the school system and then the collaboration is established, so that the child is properly guided and the teacher is informed early on. (OT5)
2.Communication	This category involves different forms of information exchange and circumstances connected with the process. Direct feedback is often missing and prevents ongoing input. Parents frequently act as messengers between different professionals.	We mostly communicate with emails. At the start of the school year I send an email to the school advisor or the teacher or the special needs teacher and tell them that I will be coming to the school on this and this date with this and this reason. (OT7) If we don't adapt it right away, then I ask the parents to check on it and they tell me how it's coming along. Or, if something is missing or has been carried out badly, I also get the feedback from the parents. (OT6)

Category	Description	Example of a citation from the text
3. Reasons for OT input	This category includes the main motives for the involvement of an occupational therapist following the first visit. The motives mainly relate to the child and his or her developmental milestones, as well as legal requirements that originate from an individual child's Decree. Sometimes, however, occupational therapists are called in when the school cannot manage the situation any longer.	The school makes contact. Usually, when the child has some pronounced problems and the school doesn't know how to solve them. Despite the fact that they already have a Decree and some adaptations had been made, they still can't find a solution and they turn to us. (OT9) Yes, and when they progress to the next level. Some schools are also interested when the teachers change. We had a nice collaboration with one school about one girl; we had a meeting every year at the start of the year and at the end/.../ or when there are some problems. But usually not more than that. (OT3).
4. OT work process	This category is about the work of an occupational therapist in the school setting and the approaches they use. A problem-based approach prevails. The lack of direct contact and continuous presence is noted.	Consultation, from handling, maybe we also go a little into the adaptations of the school environment, accessories, the table, this kind of consultation. And maybe also a bit from the special education aspect, so that I guide them a little bit, for instance, in which areas does the child encounter difficulties, where is expected he or she will need the assistance and also the education and inclusion of the personal assistant. (OT4) It would be great if we could also get actively involved in the school concept, for instance,… during the school lessons, so we could first see how does a child function in a group, where the problems are, and then we could actively get involved with the adaptations. Because there is a difference if I work with the child individually or, if I work in a group. If somebody just brings me the information and I don't see the situation by myself and can't see the problem necessarily. (OT9)

Category	Description	Example of a citation from the text	
5. Barriers	This category is about the difficulties occupational therapists encounter when working in the school environment. They can be divided into barriers connected with systemic factors and barriers that have to do with the school as an institution.	**a) Systemic barriers:** The subcategory describes some of the characteristics of the current school system that make it difficult for OTs to get involved. One of the big issues is the lack of formal arrangements for the inclusion of an occupational therapist.	The problem is that these services are not systemized, so we do this in our free time when we collaborate with the school/.../ the two of us are lucky, because if we were only employed in the Developmental Units where there is a normative [how many children a therapist needs to see in a day] we would have to make up for it [for the visits]. (OT9)
		b) Cruel school: This subcategory is about the characteristics of the school itself and the way it is arranged that does not always support the inclusion or only in a limited way.	We had some examples when the child could not stay after school for the activities; always straight home after lunch. Why? It's when it's the nicest, let's prolong it/…/ this social part. I think the school can be very cruel for a child with special needs. (OT3).

Summary of the findings and proposed strategies for better collaboration

Currently, most occupational therapists who want to enter the school environment depend on the involvement of the child's parents who often act as gatekeepers. The occupational therapist's interventions are appreciated; however, their contribution is usually limited to a few school visits during which they offer advice and training on specific issues. A model of interprofessional collaboration is not fully established yet and occupational therapists usually act in an isolated way and are not a part of the school team. We found that the interactions were better when:

- an occupational therapist introduced herself and explained the aim of the intervention;
- there was a good relationship with the school's principal, teachers, and other staff;
- the parents were actively involved;
- a combination of different approaches and models was used (direct and indirect methods of work);
- there was a continuous exchange of information between different professionals.

Based on the identified strategies, we developed a proposal for a work process that would include an occupational therapist as an active team member and would build on teamwork and continuous information exchange (Figure 1). The proposed process is cyclical and adapts to the needs of the child and the family, while taking into consideration the characteristics of the school environment.

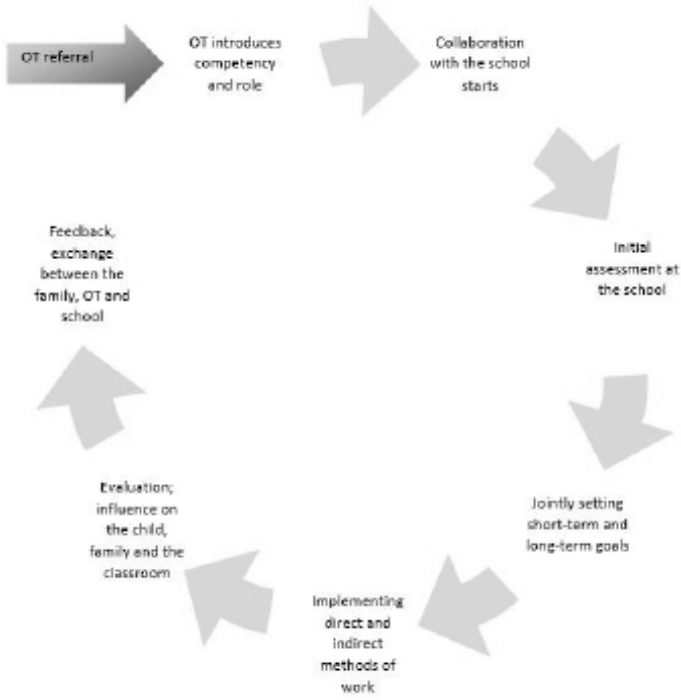

Figure 1: *Occupational therapy process within the school setting*

Discussion

This was the first qualitative study in Slovenia that explored the experiences of occupational therapists who are trying to support the inclusion of children with special needs in the regular school system. We found that occupational therapists encounter several barriers when accessing the school setting, mainly of organizational and systemic nature. As in many other European countries, there is a sharp division between education-based and health-based professionals[17], which hinders the collaboration between the two sectors. Currently, interprofessional collaboration is rarely fully enacted, which can influence the quality of the inclusion process. However, although occupational therapists are formally not a part of the school system in Slovenia, many of them creatively find ways to support the children they know from their practice. A similar situation has been described in Switzerland where occupational therapists also struggle to provide direct services in the school environment.[18]

Focusing on some of the positive experience of our participants, we proposed a new model of work consisting of 7 steps that include (1) initial introduction, (2) entry point, (3) assessment, (4) collaborative goal setting, (5), implementation of direct and indirect methods of work, (6) evaluation, and (7) feedback. Some of the steps can be implemented concurrently; for instance, while working with the child in the classroom, the therapist could gather feedback from the teacher or the personal assistant and adjust future goals accordingly. One of the differences of the proposed model compared to the existing one is that the therapists are encouraged to enter the school system directly via the school, not using the parents as an entry point. The new arrangement could make occupational therapy services accessible to more children,

[17] Echsel, Price, Josephsson, and Schulze, "Together on the way: Occupational therapy in mainstream education – A narrative study of emerging practice in Switzerland," p. 2.

[18] Kaelin, Ray-Kaeser, Moioli, et al., "Occupational therapy practice in mainstream schools: Results from an online survey in Switzerland, p.7.

not just those with proactive parents. In some other European countries, school-based occupational therapy does not rely so heavily on the parent engagement; for instance, in Portugal, the school coordinates different interventions that are required for a child with special needs, and the parents are not involved in the organizational aspect.[19]

It has previously been shown that before entering a new system, it is important to introduce yourself and your skillset. Before visiting the school, occupational therapists should promote their services and present their role in the inclusion process.[20] This would require meeting more frequently with teachers and other professionals employed at the school to increase professional recognition and build connections. Our participants expressed a wish to be continuously present at the schools and visit more often than biannually. A study by Silverman and Millspaugh[21] showed that better collaboration and communication between different professionals were facilitated by greater proximity. In Slovenia, a shift toward a more intense collaboration between the school system and occupational therapy services (the health-care system) would require organizational and systemic changes, as well as personal motivation and engagement of all involved. It is essential to start practising new, evidence-based interprofessional models of collaboration in the school environment, which can increase the communication between teachers and occupational therapists and improve the accessibility of occupational therapy services.[22] In this way, we can create a better educational system for all children, not just those with special needs, and contribute to a more inclusive society.

Conclusions

Each country needs to create its own path to inclusive education. School-based occupational therapy could improve inclusive education services in Slovenia. Creating good quality interprofessional collaboration might be the first step in this process and could promote the contribution of occupational therapists as well as help increase the recognition of this discipline. Currently, occupational therapists are collaborating with the school system; however, the legal and organizational frameworks for their involvement are still missing. It is the flexibility and open-minded attitude that often make their services possible. We have identified several strategies that could aid future collaboration; for example, better role presentation, joint goal setting, using direct and

[19] Florela Batista Rodrigues, Sofia. Campos, Claudia Chaves, and Conceicao Martins. "Family-school cooperation in the context of inclusion of children with special educational needs." *Procedia - Social and Behavioral Sciences* 171, 2015, pp. 309-316.

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[22] Andrea Wilson and Susan Harris, "Collaborative occupational therapy: Teachers' impressions of the partnering for Change (P4C) Model", *Physical and Occupational Therapy in Pediatrics* 28, no. 2, 2018, p 140.

indirect methods of work, improved communication between the professionals and the child's family, and continuous feedback. Further research is required in this field to substantiate the contribution of occupational therapists in the school system in Slovenia.

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SARADNJA OKUPACIONIH TERAPEUTA I SLOVENAČKOG ŠKOLSKOG SISTEMA

Rezime :

U Sloveniji, dečji okupacioni terapeuti uglavnom rade u bolnicama, rehabilitacionim centrima I klinikama. Sistem zdravstvene zaštite finansira i nadgleda njihov rad. Zbog toga im može biti teško da se uključe u proces inkluzije dece sa posebnim potrebama koja pohađaju redovne škole. Cilj studije bio je istraživanje iskustava slovenačkih okupacionih terapeuta koji su ušli u školsko okruženje i razvili strategije koje bi mogle da im olakšaju profesionalni delovanje. Metode: ovo je je kvalitativna studija koja uključuje reprezentativni uzorak slovenačkih okupacionih terapeuta koji trenutno imaju pristup školskom ambijentu (N=9). Za prikupljanje podataka korišćeni su polustrukturisani intervjui. Intervjui su, zatim, analizirani korišćenjen konstantne komparativne metode (Bogdan & Biklen, 1988). Rezultati: u analizi e pojavljuje pet kategorija: (1) prvi kontakt, (2) komunikacija, (3) razlozi za unos, (4) proces okupaci-

one terapije, (5) prepreke. Bazirajući se na rezultatima istraživanja, predložili smo novi model inkluzije okupacionih terapeuta u školski sistem. Ovaj model sugeriše nekoliko strategija koje bi mogle da pomognu saradnji; na primer, predstavljanje uloga, postavljanje zajedničkih ciljeva, korišćenje direktnih i indirektnih metoda rada, poboljšana komunikacija i feedback. Zaključci. Najuspešnije prakse u dečijoj okupacionioj terapiji fokusiraju se na dečjoj participaciji u svakodnevnim okupacijama, u prirodnom ambijentu, kakav je, uostalom, i škola. Okupacioni terapeuti u Sloveniji susreću se sa mnogim preprekama u radu u školama. Neke od tih prepreka se mogu otkloniti rešavanjem organizacionih problema i povećanjem interprofesionalne saradnje između okupacionih terapeuta i školskih profesionalaca.

Ključne reči: *okupaciona terapija u školi, deca sa posebnim potrebama, inkluzija, međuprofesionalna saradnja, roditelji.*

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RESEARCH IN GROUP NURSING DIAGNOSTICS

Abstract: Health Literacy is characterized by the skills of understanding, assessing and applying relevant information, also called W El Health skills. This is important in making choices for the health and quality of life of the individual. Commissioned by the research group Nurse Diagnostics, research has been done on the impact of the pilot of the Health Literacy targeted communication training. The reason for the research is that there is a possibility that the Health Literacy-oriented communication training will be implemented in the curriculum BN 2020 of Nursing. The purpose of this research was to obtain results on the impact of the pilot of the Health Literacy focused communication training provided to students nursing Bachelor Junior Two level of the School of Nursing at the Hanze University Groningen. To achieve this goal, the following research question has been drawn up:' The pilot of a health Literacy focused communication Training has a positive effect on increasing communication skills aimed at health Literacy of the bachelor nursing students, level junior two of the School of Nursing at the Hanze University Groningen? To answer this question, a mixed-methods study has been done. The sample of this study consisted of six nursing students who followed the pilot of the Health Literacy focused communication training. The quantitative survey was carried out by means of a survey. This survey was taken at three different times by the students: for the communication training, after the communication training and after the practice learning period. The qualitative research has consisted of four times an interview. In the discussion, several results were substantiated with other studies. The strengths of this research are that the research has a mixed methods design and in addition the results are analyzed independently of each other. This research also has limitations. The Cronbach's alpha does not meet the degree of reliability. In addition, the sample of six students is not representative of the entire population. These students participated on a voluntary basis, which influences the results. The main conclusion that can be made on the basis of the results is that the communication training has had a positive effect on increasing the communication skills of nursing students. This emerges in the results, in which the students indicate to be more conscious of the and better to patients with Low Health Literacy. After the communication training the students have more knowledge about Health Literacy and even after the practical learning period this knowledge is increased. In addition, the application of communication skills is also increased after the communication training. This has decreased after the practical learning period. And can be traced back to

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the need for repetition of communication skills. On this basis it is recommended that the communication training be returned annually to the training. It has been proven that the subject of self management is not well controlled by the students, this is perceived as tricky. It is recommended to pay more attention to this subject by means of two lessons of two hours to devote to self-management.

Key words: *health literacy, nursing, nursing education, communication training, nursing care, nursing students.*

INTRODUCTION

Individuals with limited health literacy have more difficulties in finding, understanding and applying health information and as a consequence have an increased chance on negative health outcomes. Health Literacy is defined as "the degree to which people are able to access, understand, appraise and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life-course"[2]. Nutbeam classifies health literacy into three levels:

1. Functional health literacy: which are the basic skills of reading, writing and numeracy necessary to function effectively in a health context?
2. Interactive health literacy: which refers to more advanced cognitive literacy skills that with social skills, can be used to actively participate in everyday situations, extract information and derive meaning from different forms of communication, and apply this to changing circumstance?
3. Critical health literacy: is the ability to critically analyze information and use this to exert greater control over life events and situations?

Limited health literacy can have a negative impact on interaction between patients and provider, while patients use a passive communication style and do not engage in shared decision making. Individuals with limited health literacy have poorer knowledge about their disease process, adherence and self-management. However, by adequate communication, the health care professional can decrease or mitigate these negative health outcomes. Effective communication between patients and professionals is associated with improved patient outcomes in health, safety and adherenc.

Future health professionals can benefit from training while it is associated with improved outcomes on communication skills and strategies to address health literacy. Mostly, research on health literacy communication training has been conducted in the United States of America and therefore adaptation of interventions to the European context is needed.

Research conducted by the IROHLA project showed that a comprehensive ap-

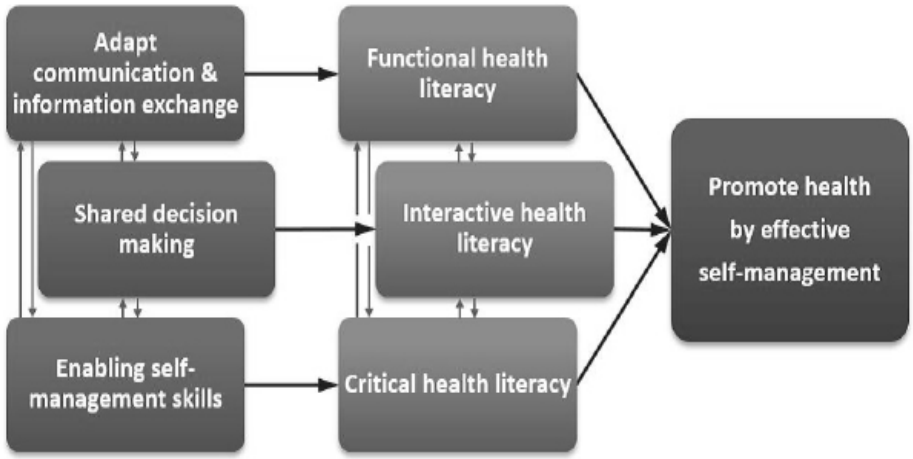
[2] Kwan, B,. Frankish, J., & Rootman, I. (2006) The Development and Validation of Measures of "Health Literacy" in Different Populations. Institute of Health Promotion Research, University of British Columbia. Retrieved: http://blogs.ubc.ca/frankish/files/2010/12/HLitfinal-report-2006-11-24.pdf

proach is needed to mitigate the effects of limited HL. However, our literature study showed that health literacy training frequently addresses clear communication and teach back which is associated with functional health literacy. On the other hand, interventions exist which addresses self-management strategies of patients with limited HL. We argue however that a comprehensive approach in training is needed to mitigate effects of all levels regarding functional, interactive and critical health literacy effectively.

Description of the training in Health literacy focused communication.

The training is based on the model of Haes and Bensing with the following components adapted for patients to reduce the impact of health literacy related problems and to increase functional, interactive and critical health literacy skills: gathering and providing information, fostering relationship and responding to emotions, shared decision making and enabling self management.

Figure 1: *Model of training in Health literacy focused communication*



In collaboration with the University Medical Centre Groningen and Hanze University has developed a pilot of the Health Literacy focused communication training. Since the development of the pilot of the Health Literacy focused communication training, the research group wants to implement the Health Literacy targeted communication training in the curriculum BN 2020, which is not yet realized. The goal of the implementation in education is that the communication skills that are learned contribute to the awareness of low health skills. This will allow the nurses in training to understand the importance of Health Literacy in health care. The research proposal focuses on this communication training.

Commissioned by the research group Nursing diagnostics of the School of Nursing at Hanze University Groningen, research has been carried out on the impact of the pilot of the Health Literacy targeted Communication training. The pilot of the Health Literacy focused communication training has been given to students nursing

junior two level of the School of Nursing at the Hanze University Groningen in school year 2016-2017. The effects of this communication training are measured on the basis of a survey. Finally, recommendations will be made so that the pilot of the Health Literacy targeted communication training can be optimized. This is done through the goal and question and answer the part questions.

Objective

The research aims to obtain results on the impact of the pilot of the Health Literacy targeted communication training provided to bachelor nursing students, level junior two of the School of Nursing at the Hanze University Groningen.

Research question

Did the pilot of the Health Literacy targeted communication training have a positive effect on increasing communication skills aimed at Health Literacy of students nursing Bachelor junior two level of the School of Nursing at the Hanze University Groningen?

Sub questions

- What communication skills have been practiced in the pilot of the Health Literacy focused communication training for students nursing Bachelor junior two level of the School of Nursing at Hanze University Groningen?
- Which knowledge and communication skills are applied after following the pilot of the Health Literacy targeted communication training more frequently used by the students nursing Bachelor two level of the School of Nursing at Hanze University Groningen versus for the pilot?
- What experiences have students gained with regard to Health Literacy during the clinical learning period?

Definitions

Communication skills

The communication skills focused on Health Literacy are skills that the nurse can apply to recognize and join patients with low health skills. The communication skills are tested against the following points:

- Gathering information
- Providing information to patients with low health skills
- Promoting the relationship in patients with low health skills
- Joint decision-making in patients with low health skills
- Promoting self-management in patients with low health skills

These points are highlighted in the survey (appendix A).

Health Literacy

Health Literacy, also called health skills, consist of the skills: understanding, assessing and applying health information to promote and maintain good health[3].

Knowledge about Health Literacy

The knowledge about Health Literacy is focused on the knowledge that the nurse must have in order to connect with patients with low health skills. The knowledge is tested against the following points:

[3] Ibid.

- I understand what it means for people to have low health skills
- I know how often low health skills occur
- I know which groups are more likely to have low health skills
- I know what the effects of low health skills can be on patients ' health

Positive effect

A positive effect of the pilot of the Health Literacy focused communication training will consist of two components: knowledge and application of communication skills. When both components after the pilot of the Health Literacy focused communication training indicate a higher score compared to for the communication training, there is a positive effect.

Students nursing Bachelor junior two level

Students nursing Bachelor junior level Two sit in the second grade of nursing training, level 6. These students follow the nursing training at the Hanze hogeschool in Groningen.

Experiences

In the interviews will be asked about the experiences in practice about the Health Literacy of nursing students who participate in this research. These experiences are subjective and can be positive or negative.

Research methodology

This chapter describes the research method. The research design, the data collection methods and the data analysis are available. The population and sample of the research are described in addition to the reliability, validity and generalisability. Finally, this chapter describes ethical accountability.

Design

This study has chosen a mixed methods design. This means that the research consists of qualitative and quantitative research.

Quantitative research collects numerical data. This data is entered and analyzed in a database by means of statistical techniques[4]. Characteristic of qualitative research is that it focuses on experience, experiences and underlying reasons for choices that people make. In addition, qualitative research focuses on the nature of the problem in contrast to quantitative research that focuses more on the extent to which the problem occurs[5].

Mixed methods has been chosen because quantitative research could quantified the impact on the communication skills of the pilot of the Health Literacy targeted communication training. Through qualitative research, the experience and experiences of the pilot have been mapped in order to obtain a broad picture in which the qualitative data has given more insight about the quantitative data. The Lectorate Nurse

[4] Verhoeven, N. (2016) What is research? (pp. 31, 39-41, 100, 123, 126, 155, 202, 231, 317-318, 333-334). Amsterdam: Tree Publishers.

[5] De Jong, A., Maesschalck, L. De, Legius, M., Vandenbroele, H., Glorieux, M,. Visser, M. (2016) introduction of scientific research for health Education (pp. 70,142,184). Wooden: Bohn Stafleu of Loghum

Diagnostics has commissioned this research, in which the researchers themselves have given shape to the content and design of the research.

Data

Because it is a mixed methods study, two data collection methods are used. The quantitative and qualitative data collection methods are described below.

Quantitative Data collection method

The quantitative data collection method of the research was a survey study. The survey research has taken three moments. These are the following moments: before (pre) the pilot, after (post) the pilot and after the practical learning period, this is called a longitudinal study[6]. It is a structured data collection method because the targeted questions were fixed beforehand and there was no possibility of self-interpretation. The answers from the survey study were the basis for the dataset of the research[7]. In the survey, the knowledge, the opinion and the application of communication skills of the students are numerically mapped. This research has examined whether the communication training has had a positive effect on the communication skills and the knowledge of the nursing students Bachelor Junior two level of School of Nursing at the Hanze University Groningen.

The goal of the quantitative research was to display the effect of communication training on the communication skills of nursing students. The surveys on Health Literacy focused communication training of students nursing Bachelor junior two level are made available by the lectorate of nursing diagnostics. This was about six pre-and six post-surveys. The presurveys are in September 2016 before the pilot of the Health Literacy directed communication training is given, completed by the nursing students. The post surveys have been completed after students have followed nursing Die Health Literacy targeted communication training. The completed surveys are completed on the training on paper by the respondents. The last survey moment of the research was been a web-based survey. This has been chosen because in general the response is higher in an Internet survey than on a paper survey[8]. This internet survey was created with the program: Survey Monkey. To be able to collect these data, the survey has been sent by mail to the six respondents. In the mail to the respondents, the survey link was also a description of the study.

Qualitative Data collection method

The qualitative data collection method was an in-depth interview. The interviews have been conducted with bachelor nursing students level junior two, who have followed the pilot of the Health Literacy focused communication training. The interview was mainly based on the experiences of the students during the practical learning period. In Total, six students participated in the pilot of the Health Literacy focused communication training, the researchers approached these six students through the mail for an interview.

[6] Verhoeven, N. (2016) What is research? (pp. 31, 39-41, 100, 123, 126, 155, 202, 231, 317-318, 333-334). Amsterdam: Tree Publishers.

[7] Ibid.

[8] Ibid.

Population and sample

Population

Six students of the bachelor nursing at the University of Nursing Hanze University who followed the training Health Literacy targeted communication training were included for this research. Beside that 5 students who participated in the first Health Literacy targeted communication training and did their clinical placement.

Sample

A self-selection sample has been used for the surveys. This was chosen because the sample had to meet certain conditions[9]. The terms of this sample consisted of: having followed the pilot of the Health Literacy targeted communication training and giving permission to cooperate in this research. The pre-survey is completed by the students prior to the pilot of the Health Literacy targeted communication training. The post-survey was completed by the students after the pilot of the Health Literacy focused communication training. The Practice post-survey is completed after the practice learning period has been followed.

Table 1: *Sampling of research*

Research	Sample: Made available	Sample: Survey/Interview absent	Total:
Pre-Investigation	6	0	6
Post-investigation	6	0	6
Clinical Post-Survey	0	5	5
Interview	0	4	4

Data-analyses

Quantitative Data analysis

The six completed pre-surveys and the six completed post-surveys that have been made available have been scanned by the researchers and then processed in the quantitative analysis program SPSS. Survey Monkey included the answers of the five practice post surveys completed by the respondents. With these answers, the researchers have processed the Internet surveys in the program SPSS. This is an overview of results. This overview has been analyzed by the researchers where a conclusion has been drawn.

Qualitative Data analysis

The four interviews have been analyzed and transcribed by the researchers. The interviews were then incorporated into the qualitative analysis program ATLAS TI. This program has been chosen because it can be used to display the data clearly, after which it can then be analyzed in accordance with the steps described below for the qualitative analysis:

Step 1: Explore data

The first step is to read the interviews. Then the interviews are divided into small fragments and finally in a word summarized[10].

[9] Ibid.

[10] Ibid.

Step 2: Evaluating used terms

In This step, the terms used have been evaluated. Here the value of the term is determined by interpretation. Here it will become clear whether it is a positive or negative experience[11].

Step 3: Encode

In this step, the snippet is described in a word, which is called encoding. A code is used when describing the fragment for summarizing the material. This is called open coding, also known as unraveling. This is the first form of definition of the concepts. When necessary, new data can be collected[12].

Step 4: Grouping

In This step, groups are created. Here is what codes belong to each other[13].

Step 5: Apply Hierarchy

In this step, the coded terms are sorted and hierarchy is applied here. Here it has become clear which codes are most important.

Step 6: Search for links

In This step, links between the concepts have been established. The method of ordering the codes has been used to create main groups and subgroups .

Step 7: Apply structure in concepts to a model

In this step, structure is applied to the concepts. Here is a search for relationships between concepts. The question of why you have encountered certain concepts and certain sequence of terms has been answered, which is called Selective coding.

Step 8: Model related to the problem statement

In the final step, the model which has been drawn up has been associated with the problem statement.

Reliability, validity and generalisability

Reliability

Reliability indicates the extent to which the research is free from accidental errors. The research is considered reliable when the research is repeatable and leads to the same results[14]. The reliability of the quantitative research has been demonstrated by means of a statistical analysis. The homogeneity (uniformity) has been analyzed by this reliability analysis. This reliability analysis has been done with the SPSS program used to clearly map the results, which increases the reliability of the research. The Cronbach's alpha has been calculated to determine the reliability[15]. Here is looked at the strength of relationships between the different items. This is shown in a number from minus infinity to a maximum of one. If the number exceeds 0.70, it will be able to say with certainty whether the investigation was reliable[16].

[11] Ibid.

[12] Ibid.

[13] Ibid.

[14] Ibid.

[15] De Jong, A., Maesschalck, L. De, Legius, M., Vandenbroele, H., Glorieux, M,. Visser, M. (2016) introduction of scientific research for health Education (pp. 70,142,184). Wooden: Bohn Stafleu of Loghum

[16] Verhoeven, N. (2016) What is research? (pp. 31, 39-41, 100, 123, 126, 155, 202, 231, 317-318, 333-334). Amsterdam: Tree Publishers.

The qualitative research consists of data from interviews which has been analyzed independently by two researchers. The researchers have analyzed the interviews objectively[17]. When different interpretations were made during the analysis, this would be discussed between the two researchers to apply the correct interpretation in the course of the investigation. When the researchers did not agree with each other on the correct interpretation, it was agreed that an independent person will be consulted; there were no differences in interpretations during analysis. In addition, recording equipment has been used to improve the reliability of the researchers listening to the recordings.

Validity

The validity is determined by the extent to which the investigation is free of systematic errors. The authenticity and veracity of the research are examined. This means that the measuring instrument measures what is to be measured[18]. The measuring instruments of the quantitative research were the surveys of the pilot of the Health Literacy targeted communication training. These measuring instruments were used in previous studies. This means that the measuring instrument has been declared valid. The existing survey removed several questions because they were not applicable for this research. For this study, two same surveys were needed to make a comparison of these two surveys.

The measuring instruments of the qualitative research were the researchers themselves. In order to increase comprehension validity, the researchers have used conversation techniques such as questions, open questions, etc. As a result, the researchers have come behind the real answer[19].

Generalisability

The generalisability is determined by the degree to which the sample is representative and generalizable to the entire population. In order to reach a representative sample, the sample must meet a number of conditions that are important in the study[20]. A representative sample was present in this study because all respondents complied with the following condition:

- The Student nursing Bachelor junior two level has followed the pilot of the Health Literacy focused communication training.

These students have followed the pilot of the Health Literacy focused communication training as an elective course, which means that the students were motivated and interested and participated on a voluntary basis. This can affect the generalisability of the research. When the Health Literacy targeted communication training will be implemented in education, it will be generalized to a larger group because all nursing trainings are built on the basis of The Professional Profile 2020[21].

[17] De Jong, A., Maesschalck, L. De, Legius, M., Vandenbroele, H., Glorieux, M,. Visser, M. (2016) introduction of scientific research for health Education (pp. 70,142,184). Wooden: Bohn Stafleu of Loghum

[18] Verhoeven, N. (2016) What is research? (pp. 31, 39-41, 100, 123, 126, 155, 202, 231, 317-318, 333-334). Amsterdam: Tree Publishers.

[19] Ibid.

[20] Ibid.

[21] Ibid.

Ethical Accountability

During the execution of the research, the communication with the Lecturer supervisor and the client, the researchers have made themselves respectful, carefully and transparently. In addition, the researchers have been integer and have been able to justify their choices and behaviour[22]. The researchers also had a secret attitude towards each other. This means that the information has remained with the researchers and is not shared with others. Beforehand it was made clear that it was a practice teaching post-survey and an interview. The Mail has asked for permission to use the results in the survey, which is called informed consent[23]. The mail with the survey was sent with the BCC function. This means that the e-mail addresses of the recipients were not visible, which belongs to the privacy and respectful handling of the data[24]. The researchers were treated with care and confidence with the research results, where the attitude of the researchers was transparent. The results of the surveys and interviews have been processed anonymously and have had no adverse effect on the respondents, taking into account the privacy of respondents[25].

Results

The results of the research offer are provided In this chapter. The results are described on the basis of the surveys and interviews that have been conducted.

Study population

In the first instance, six respondents participated in this study. The six respondents completed the pre-and post-survey. These six respondents have been approached by the researchers for completing the Practice Learning Survey and for an interview. One respondent has indicated that they do not want to work on this research, which means that the researchers have not received any results from the practice study survey and the interview of this respondent. One respondent has completed the Practice Learning survey and the researchers have scheduled this respondent for an interview. This respondent did not show for the interview. This means for the survey that six respondents have completed the pre-survey, five respondents have completed the Practice Learning survey and four respondents have been interviewed.

Research Results

The results are detailed below for each sub question. Important quotations from respondents have been used to underpin the results.

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[22] Andriessen, D., Onstenk, J., Delnooz, P., Smeijsters, H., & Pei, S. (2010) Code OF conduct practice-oriented research FOR HBO. Retrieved http://www.lectorenzorgenwelzijn.nl/Gedragscodepraktijkgerichtonderzoekdefinitief.pdf

[23] De Jong, A., Maesschalck, L. De, Legius, M., Vandenbroele, H., Glorieux, M,. Visser, M. (2016) introduction of scientific research for health Education (pp. 70,142,184). Wooden: Bohn Stafleu of Loghum

[24] CGMV Trade Association for Christians, CNV Care & Welfare, FNV Care & Welfare, HCF, NU ' 91, RMU Sector Health care and welfare ' the guideline ', V & VN, (2015) Professional code of nurses and caregivers. Retrieved: https://www.nursing.nl/PageFiles/13935/001_1420709885774.pdf

[25] V & V 2020 (2012) Part 3 Professional profile nurse. Retrieved on http://www.venvn.nl/Portals/1/Nieuws/Ouder%20dan%202010/3_profiel%20verpleegkundige_def.pdf

Communication Skills

Part question 1: "What communication skills have been practiced in the pilot of the Health Literacy-oriented communication training for students nursing Bachelor junior two level of the School of Nursing at the Hanze University Groningen?"

The surveys and interviews have highlighted. The fact that the following communication skills have been taught and practiced during the pilot of the Health Literacy targeted communication training:

- Asking Open questions
- Using Active Listening
- Observing non verbal Signals
- Slow speaking
- Use of clear non-medical language
- Showing or drawing pictures
- Limiting the amount of information provided and repetition
- Using the Teach-back technique
- Exploring and responding to emotions
- Creating a shame Free environment
- Make the patient aware that there are choices regarding the care or treatment
- Training patients to participate in joint decision-making
- Discussing obstructing and stimulating factors related to adherence to therapy
- Formulating personal goals and action plans together with the patient
- Training patients in conducting adequate self-management behaviour

Knowledge and application of communication skills

Sub question two: "What kind of knowledge and communication skills after following the pilot of the Health Literacy targeted communication training were more frequently applied by the bachelor nursing students level two of the School of Nursing at the Hanze University Groningen compared to the pilot?"

Knowledge

To get a general picture of the knowledge of the respondents, knowledge questions have been merged and averages have been calculated. These questions have been merged to provide an answer to the sub question. Here from emerges that knowledge about Health Literacy of respondents has been increased after the communication training (the average of 17.00 to 22.33). In addition, the knowledge about Health Literacy is also increased after the practical learning period (the average of 22.33 to 23.60). See table 1.

To get a more specific picture of what knowledge has been improved and which has been reduced, the questions are highlighted one by one. It has emerged that four of the four knowledge points have been greatly improved compared to the communication training.

These are the following knowledge points:

- I understand what it means for people to have low health skills
- I know how often low health skills occur in people
- I know which groups are more likely to have low health skills
- I know what the effects of low health skills can be on patients ' health

In addition, the above knowledge points are not or barely diminished after the practical learning period.

Table 2: *Statistics: Knowledge Health Literacy*

	Pre knowledge	Post knowledge	Practical Learning Knowledge
N Valid	6	6	5
N Missing	0	0	1
Mean	**17,00**	**22,33**	**23,60**

Applying communication skills

To get a general picture of how respondents are applying the communication skills, the application questions have been merged and averages have been calculated. These application questions have been merged to provide answers to the sub question. This shows that the communication skills on Health Literacy of the respondents after the pilot are applied more frequently (the average of 67.00 to 83.00). In addition, the application of the communication skills after the practical learning period is reduced (the average of 83.00 to 74.40). See table 2.

In order to get a more specific picture of which communication skills have been applied more frequently/less, the questions are one of the highlights. It emerged that one of the seventeen communication skills have decreased, this involves the following skill:

- Using plain not medical language.

In addition, it emerged that one of the seventeen remained the same, the following skill:

- Exploring and responding to emotions.

This means that fifteen of the seventeen communication skills have been greatly improved compared to the communication training (see results of the sub question one).

The interview has once again asked about the communication skills that are applied in practice. The respondents said the following:

R1: "I am very much trying to pay attention to not having to say a lot of jargon."

R1: "Teach-back I had very much in my head, when we were ready then I really have to ask here: What have you learned from me? I thought this was a very special technique to ask to your patient."

R4: "I found the Teach-back to be useful, and drawing to explain things, I also applied it."

R3: "Asking open questions and the Teach-back method is really a good method."

R4: "Well you use simple language and you are aware that they may not be able

to understand the information."

The research also looked at the specific communication skills that would have been improved or reduced after clinical practice. It emerged that three of the seventeen communication skills were still improved after the clinical practice period. These were the following communication skills:

- Asking Open questions
- Using plain not medical language
- Limiting the amount of information provided and repetition

In addition, it emerges that one of the seventeen remained the same after the practical learning period, this is about the following skill: observing non verbal signals. This means that thirteen of the seventeen communication skills have decreased after the practical learning period.

Table 3: *Statistics: Applying communication skills*

	Pre Communication Skills	Post Communication Skills	Practical Learning Communication Skills
N Valid	6	6	5
N Missing	0	0	1
Mean	**67,00**	**83,00**	**74,40**

Experiences

Sub Question 3: "What experiences have students gained with regard to Health Literacy during the practical learning period?"

During the interview, we asked about the experiences gained with regard to Health Literacy during the practical learning period. In this, all (4) respondents indicated that they have become more aware of communication training and are better able to identify people with low health skills. Respondents 3 and 4 have said this:

R3: "Yes, you find yourself very much involved. That you pay more attention to it. There are also many more things to be aware of, that you are going to pay more attention to it, these are things I have learned from this."

R4: "I am more aware of Health Literacy, I can also recognize it better."

During the interview, we asked about the experiences gained with regard to the application of Health Literacy in the practical learning period. The respondents have all indicated that the communication training can be applied properly in practice. Respondents 1 and 4 have said this:

R1: "But to really join now, that's really something of wow I did learn. If I hadn't had that communication training, I didn't really think so either."

R4: "And the methods you apply, certain methods that I still know now, and I think I'll still use that in the next stages of my training."

During the interview, the subject of self-management emerged. The respondents had difficulty in applying this part in practice. As an argument, it is indicated that the communication training was mainly focused on identify and applying, and less on the concept of self-management. In addition, respondents indicated that there

was not much time available for this with the short time frame of the communication training.

R3: "I do notice that the bit of self-management I find difficult myself. So how do you do it?"

R2: "That (self-management) sometimes remained a bit vague, which is exactly what you should do with it. It could be more than that. "

Discussion

This study looked at the effect of the Health Literacy focused communication training provided to students nursing Bachelor junior two level of the School of Nursing at the Hanze University Groningen. For this research quantitative and qualitative research were used. These are surveys and interviews that have been taken from a sample of six students. This study looked at the knowledge, communication skills and experiences of the students before the communication training, after the communication training and after the practical learning period.

The research has highlighted that the knowledge of the students has improved in relation to the communication training. A striking result is that after following a clinical period, the knowledge is higher than just after the communication training while no repetition time has been found. This result was also consistent with Hofstra's research. This is a positive link between experience in practice and performance/ knowledge. The performance in this research is knowledge. This knowledge can be increased by experience in practice which also emerges in this research[26].

In addition, the communication skills have also been greatly improved compared to the communication training. These results correspond to results from Ammentorp's research. From this it emerges that the self-confidence of healthcare professionals in certain communication skills has grown by 37% compared to for a communication training[27]. This corresponded to the results of Heaven's research. This shows that communication skills learned during a communication training are difficult to apply in a practice setting[28]. This can be traced back to the need for repetition to maintain communication skills. During the communication training, not enough attention was paid to the subject of self-management. The respondents indicated that this subject was complicated during the communication training and could not have

[26] Hofstra, M.L., Hobus, ppm, Boshuizen, H.P.A., & Schmidt, H.G. (1988) the influence of experience on diagnostic performance of general Practitioners. General practitioners and Science 31. Retrieved 01-06-2017 from https://repub.eur.nl/pub/2731

[27] Ammentorp, J., Sabroe, S., Kofoed, P.E., & Mainz, J. (2006) The effect of training in communication skills on medical doctors' and nurses' self-efficacy A randomized controlled trial. Elsevier. Geraadpleegd op 07-06-2017 van http://ac.elscdn.com/S0738399107000067/1-s2.0-S0738399107000067-main.pdf?_tid=55414218-4b6c-11e7-a046-00000aab0f27&acdnat=1496831611_1f64b070fc16bb481ac489fc068e279b

[28] Heaven, C., Clegg, J., & Maguire, P. (2005) Transfer of communication skills training from workshop to workplace: The impact of clinical supervision. Elsevier. Retrieved 07-06-2017 van http://ac.els-cdn.com/S0738399105002454/1-s2.0-S0738399105002454-main.pdf?_tid=01343e08-4b64-11e7-997a-00000aacb362&acdnat=1496828034_2064d1c3c4f78d20826133a82a715560

applied it in practice.

One of the points of this research is that the use is made of quantitative and qualitative research, which has increased the reliability of the research. SPSS and ATLAS TI were used to analyze data. In addition, data were analyzed independently, which has increased the reliability of the research.

This research also has limitations regarding reliability. The proposed survey shows each component (knowledge and application of communication skills) to have a Cronbach's alpha that is not considered reliable (0.4 and 0.609). This has been analyzed by the qualitative program ATLAS TI. The sample of this study consists of six students, this is not representative of the entire population. In addition, these students participated voluntarily in the Health Literacy focused pilot. This means that these students were enthusiastic and motivated, which has an impact on the results. Based on the sample of six students, it can be argued that further research is necessary. The advice for follow-up research is therefore to carry out a similar study with a larger representative sample to find out whether it gives the same outcomes

Conclusion and recommendations

This research gave an answer on the research question: 'the pilot of the health Literacy targeted communication training has a positive effect on increasing communication skills aimed at health Literacy of bachelor nursing students, junior level two of the School of Nursing at the Hanze University Groningen?' To get an answer qualitative and quantitative research was carried out on the knowledge and application of communication skills and experiences of students.

All knowledge criteria are increased after following the pilot of the Health Literacy focused communication training. Which can be concluded that the pilot of the Health Literacy focused communication training has had a positive effect on the knowledge of the students. The results of application of communication skills showed that fifteen out of the seventeen communication skills have been improved, one remained the same and one was reduced in relation to the pilot of the health literacy targeted communication training. From this It can be concluded that the pilot of the Health Literacy focused communication training has had a positive effect on the communication skills of the students. The interviews have highlighted the fact that the students have become more aware of Health Literacy and can apply this better in practice. In addition, the students have indicated that the experience with the promotion of self-management was not yet positive. This was particularly difficult and unclear. It can be concluded that the pilot of the Health Literacy targeted communication training has had a positive effect on the awareness and application of the communication skills in practice. In addition, more attention will have to be paid to the subject of self management.

The mixed-methods research can conclude that communication training has had a positive effect on increasing the communication skills of the students.

The research can help to ensure that repetition is needed to maintain commu-

nication skills. On this basis, it is recommended that the communication training be returned annually to the training in order to keep up with the communication skills. This should be done in the curriculum BN 2020 at the Hanze University College in Groningen, where more focus will be placed on this communication training. The students have indicated that they needed more information, examples and exercises about the subject of self-management. This means that more attention needs to be paid to the subject of self-management and also more needs to be practiced during the communication training. Therefore, it is recommended to devote two lessons of two hours to self-management so that the students can better connect to this subject and apply it better in practice.

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RESEARCH IN GROUP NURSING DIAGNOSTICS

Rezime:

Zdravstvenu pismenost karakterišu veštine razumevanja, procene i primene relevantnih informacija. Ovo je važno posebno prilikom donošenja odluka u vezi sa zdravljem i kvalitetom života pojedinca. Naručeno od istraživačke grupe Nurse Diagnostics, ovo istraživanje je bilo usmereno na procenu uticaja pilot projekta Health Literacy na komunikacijsku obuku. Istraživanje je sprovedeno zbog mogućnosti da se komunikacijske obuke iz zdravstvene pismenosti uključe u nastavni plan i program BN 2020 of Nursing. Svrha ovog isttaživanja bile je dobijanje validnih rezultata o uticaju pilot projekta komunikacione obuke usmerene na zdravstvenu pismenost koja je organizovana za mlađe polaznike Škole za medicinske sestre na Hanze Univerzitetu u Groningenu (Holandija). Osnovno istraživačko pitanje bilo je: „Da li je pilot projekat obuke iz zdravstvene pismenosti imao pozitivan uticaj na poboljšanje komunikacionih veština studenata Škole za medicinske sestre Univerziteta Hanza u Groningenu?“. Da bi se došlo do odgovor na ovo pitanje primenjen je mešoviti metod. Uzorak je obuhvatio šest studenata koji su pratili obuku iz zdravstvene pismenosti. Kvantitativno istaživanje je sprovedeno anketom. U istraživanju, posebno su obrađena tri perioda: tokom obuke, posle obuke i period nakon sprovedene prakse. Kvalitativno istraživanje sprovedeno je putem četiri intervjua. U diskusiji smo dobijene rezultate potkrepili drugim studijama. Dobra strana ovog istraživanja svakako leži u tome što je korišćen mešoviti metod, ali i u tome što su rezultati mogli da se analiziraju i nezavisno jedan od drugih. Takođe, istraživanje ima i svoja ograničenja. Kronbah alfa test nema zadovoljavajući stepen pouzdanosti. Pored toga, uzorak od šest studenata nije reprezentativan, tim pre jer su ovi studenti učestvovali u istraživanju dobrovoljno, što utiče na rezultate. Osnovni zaključak koji se može izvesti na osnovu dobijenih rezuultata je da je komunikacioni trening iz oblasti zdravstvene pismenosti pozitivno uticao na poboljšanje komunikacionih veština studenata. Iz ovih rezultata jasno se vidi da su studenti svesniji i bolji prema pacijentima od onih koji nisu prošli obuku. Nakon komunikacijskog treninga, studenti su imali više znanja o zdravstvenoj pismenosti. Pored toga, nakon obuke povećana je i primena komunikacionih veština u praksi. Primećeno je, takođe, da primena ovih znanja vremenom opada. Na osnovu toga, preporučuje se da se komunikacijski treninzi ponavljaju svake godine.

Ključne reči: *zdravstvena pismenost, medinske sestre, obrazovanje, komunikacijska obuka*

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OCCUPATIONAL THERAPY IN SCHOOL CHILDREN WITH CEREBRAL PARALYSIS

Abstract: The goal of occupational therapy is to enable children with cerebral palsy to participate as actively and independently as possible in everyday activities that are appropriate to their age, needs, desires and expectations. The aim of research is to present the impact of occupational therapy intervention on children with cerebral palsy of school age. Case study was conducted on a sample of 2 subjects (PS1 and PS2) diagnosed with cerebral palsy. In both subjects we used the client-centered approach, non-standardized assessments (structured observation method, interview and activity analysis) as well as standardized tests: Manual Ability Classification System (MACS), Gross Motor Function (GMFM) and Barthel Index (BI). Therapeutic interventions were conducted through individual and group occupational therapy program to increase the degree of independence and participation in activities of daily living using elements of the Bobath concept. Subjects are full-time elementary school pupils in Banja Luka and attend classes according to individual curriculum for children with mild intellectual function impairment, have teaching assistant and more than one associated medical problem and function. The results showed progress in self-care in both subjects. BI values for PS1 initial (BI-68) and final (BI-83), while for PS2 initial (BI-85) and final (BI 94). GMFM in subjects PS2 (Level-I) and PS1 (Level-II) was not significantly altered, as well as manipulative ability that remained at Level-III. PS1 started taking care of its appearance, was motivated to finish the task and showed desire to learn other activities. More often, she took the initiative to communicate with peers. The PS2 became independent in bathing, button and zipper activities on the model. Significant is the trust and relationship that is established on the mother-daughter relationship. The results indicate that a holistic approach and continuous work in children with school-age cerebral palsy can influence the development of optimal functioning skills in day-to-day activities that include self-care, productivity, and leisure.

Key words: *cerebral palsy, occupational therapy, school-age children, activities of daily living, manipulative abilities.*

Introduction

Cerebral palsy (CP) is a heterogeneous and permanent neurological disorder caused by non-progressive brain damage in the early developmental period. Damage occurs in the central nervous system before, during, or immediately after birth[1]. CP is manifested in disorders of movement, posture and motor function; it is constant but variable; not progressive; it is caused by damage or abnormality of the immature brain and the brain in early development. The causes of CP are divided into prenatal, perinatal and postnatal, and any child who has been exposed to risk factors in any of these periods is considered a neuro-risk child[2]. CP is caused by damage or abnormality of the brain that limits the activity of the centers responsible for controlling muscle tone, strength and coordination of the body.

Motor deviation (damage to muscle tone, gross and fine motor function, balance, control and coordination of movement, reflexes and posture) are the primary symptoms of CP and affect the achievement of important milestones in motor development such as flanking, sitting, crawling, walking etc. As the child grows, motor limitations affect the overall development of the child, and especially the development of the locomotor system[3].

Due to motor limitations, CP is often accompanied by poorer salivation control, incontinence, generalized or localized spasticity, and multiple orthopedic problems such as scoliosis, hip dislocation, ankle deformity[4]. Kraguljac et al. state that CP, besides motor impairment, is accompanied by numerous associated difficulties with vision, hearing and functionality of other senses, speech difficulties, epilepsy, intellectual disabilities, learning disabilities, behavioral disorders, etc.[5], which is why it is important to start early treatment the early as possible. In the process of habilitation and rehabilitation, not only a child is included, but also parents, specialist physiatrist, neuro-pediatrician, orthopedist, social worker, speech therapist, defectologist rehabilitator, physiotherapist, occupational therapist, educator, therapist trained in sensory integration training, nurse, dietitian. The most effective therapy is one that is early, continuous and lasts long enough. Since CP affects the overall development of the child, it is important that habilitation is team-based and integrated into daily life[6]. Kraguljac indicates that there are two main goals of habilitation: to

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reduce complications caused by CP and to improve the ability to acquire new skills[7]. Vrlič emphasizes the importance of educational rehabilitation, speech therapy and occupational therapy activities in order to improve functioning in all areas of daily life[8]. Occupational therapy, as a health activity, has a significant place in the training of children from a young age. The training process itself may be supported or limited by personal characteristics, the context of the activity and / or environment, and the active participation of a child with CP in personally selected activities is crucial and necessary to achieve a successful habilitation outcome. Occupational therapy intervention for children with CP is tailored to the age and individual needs of the child in order to enable the child to actively and independently participate in the basic and instrumental activities of daily living (self-care, school, play, leisure and social interactions) that the child wants, needs or has to spend in his or her usual environment.

The aim of this work is to present the influence of occupational therapy on the process of training children with cerebral palsy of school age.

Material and methods

The case study was conducted on a sample of 2 subjects (PS1 and PS2) diagnosed with CP school age who were enrolled in a habilitation and treatment program in occupational therapy. Respondents are full-time primary school students in Banja Luka and attend classes according to an individualized curriculum for children with mild intellectual disabilities, they have teaching assistants and more than one associated medical problem and functioning. The study was conducted from September 2017 to September 2018 in the periods of repeated hospitalizations at the Institute of Physical Medicine and Rehabilitation (Institute), "Dr. Miroslav Zotović" Banja Luka at the Department of Habilitation and Rehabilitation of Children and Youth with Locomotor Disorders. For the purposes of the research, the approval of the institution to conduct the research was obtained, as well as the written consent of the parents to participate in the research. The institution's medical records were used to collect basic information in the paper.

The model was applied to both subjects: client-oriented approach, non-standardized assessment method: structured observation, semistructured interview, activity analysis, as well as standardized tests: Manual Ability Classification System (MACS), Gross motor function (GMFM) and Bartel Index (BI)[9]. The subjects were included in comprehensive habilitation treatment. After the initial assessment, they were included in both individual and group treatment in occupational therapy, followed by a final assessment with the same measuring instruments.

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Case report

1. *The case of the first subject PS1*

First subject (PS1) in the age of 13, with the diagnosis of Paralysis cerebralis infatilis G80, Epilepsio G40, Obesitas G66, Retardatio mentalis levis F60. The girl from the second uncontrolled pregnancy, born a month before the proposed date of birth, the birth started with bleeding and ended at home. Upon admission to the hospital, the baby was hypotonic. The first habilitation treatment at the Institute for Physical Medicine and Rehabilitation "Dr Miroslav Zotović" Banja Luka started at 13 months. She continued her habilitation treatment and schooling at the age of 7. Now she regularly attends 8th grade according to a customized curriculum with slight impairment of intellectual functioning. She has a teaching assistant. She lives in a rural socio-cultural environment in a multi-member family, with parents, grandmother and three siblings who are healthy. Due to being overweight, he is under the constant supervision of an endocrinologist and pediatrician specialized for nutrition. Of the supplies, the girl uses orthopedic shoes and a walker. The goal of habilitation is comprehensive stimulation, functional training and education. Current habilitation treatment includes the program of kinesitherapy, occupational therapy, as well as the treatment of psychologists, speech therapists, educators, and regular check-up of neuro-pediatricians and endocrinologists.

Assessment in occupational therapy

At the first meeting, visual contact and communication with the therapist is established, but it takes considerable time. She executes the tasks, answers the questions asked. Difficulties are noticed in socio-emotional development, which the girl hasn't overcome yet and which are expressed by fear, both for adults and for children. She hardly fits into the group. She has no initiative to enter into communication first. She is able to move, but walks on a paraparetic pattern. Cervical reflex is evidently dominant, symmetrically tonic. Poor posture is present throughout all postural positions. The posture is disturbed with the trunk in anteflexion and the arms in semiflexion. When sitting weights on the right side, kyphosis is present. Squat and lift from the squat she does carefully with the support. For longer distances she uses a walker to move, but with the supervision of another person. She is able to step with a support. Transfer is slow and uncertain. GMFM estimates the girl in Level II/V (63,63). The activity is dominated by the left hand with evident and dominant tremor on both GEs, which increases to the left during activity. Graphomotor is underdeveloped. Fine motor skills, agility and coordination of movement are impaired. Performance is poor due to poor coordination, which disrupts the rhythm of work. By assessing manipulation skills MACS is at III/V level. Uses items with difficulty, needs help with preparation and adaptation. In self-care activities, she is partially independent (undressing and dressing, performing personal hygiene and feeding activities). Assistance is needed with putting on socks, shoes, cutting groceries, and bathing activities. She did not adopt activities requiring greater bimanual dexterity (tying the button, button buckling). BI (68/100) places the child in the category of medium moderate dependence. Situations requiring

sitting activity she can withstand 45 minutes, but with ergonomic adjustment.

The girl has difficulty directing attention, remembering the sequence of activities, does not know how to look at the clock, and has difficulty understanding more complex verbal orders. She has no relation to her own accomplishments, nor insight into her personal appearance (her wardrobe is infused and often odorless). The girl is not motivated to complete the activity started and shows no interest in showing herself in the best light during the evaluation. Her mood is changeable. She prefers to spend time at the Department in a room and a playroom, where she likes to listen to music and hang out with peers from school.

Training plan and therapeutic goals in occupational therapy

Due to age, occupational therapy treatment was focused on all components of the necessary activities (sensory processing, perceptual characteristics, cognitive abilities, morodic components, emotional and social): posture correction through all postural positions, increasing endurance while maintaining different positions, relieving tremors, improving manipulative skills, bilateral manipulation and bilateral integration in order to gain independence in self-care activities, improving attention, stimulating and maintaining motivation, socialization and greater participation in social life at the deparment, developing a more realistic insight into one's own personal appearance, ie, developing experiences of oneself and structuring leisure.

Techniques and activities in occupational therapy

The girl (PS1) is undergoing inpatient habilitation treatment. She received regular occupational therapy treatment for eight months with a break during the winter and summer holidays during the 2017/2018 school year. Three times a week, she attended an individual occupational therapy program according to the Bobath concept for 1 hour and twice a week for two hours in a group of primary school children, ranging from 4-6 children. By activity analysis we explained the steps of activities - putting on and taking off socks and shoes, button-buckling and zipper activity, grocery cutting and bathing activities, in order to help the girl with her tasks. We have trained nurses to perform procedures on a daily basis, with naming the each step. At the workshop, with the help of a therapist, she decided to make glinamole hearts, to paint objects with decoupage techniques, and to make wool toys. From tools and accessories, she used a brush, scissors, roller, wooden wand, and from materials: decoupage paints, napkins, wooden boxes, wool and a rubber hollow rug. We also fostered social skills at the Department by participating in group activities in the kitchen (preparing simple but healthy meals for weight control). We stimulated more realistic insight into our own appearance by constantly repeating the set steps with verbal stimulation (teeth are clean, hair is combed, body is clean, face is clean, hands are clean, nails are clean and short, deodorant is put on and clothes are clean).

Re-evaluation

After individual and group treatments, neither the gross motor function level GMFM (Level II/V) nor the MACS manipulation level (Level III/V) significantly improved, but the level of autonomy in self-care activities was clearly better (BI 83/100), although she is still classified in the category of moderate dependence. After

group activities in the kitchen, the girl showed the highest degree of independence in the dishwashing activities. She showed a collegial attitude only to her peers with whom she goes to school together. Compared to the initial sessions, when she was faced with difficulty adhering to the rules of the workshop itself, a noticeable improvement was observed. The endurance in postures increased and lasts up to 60 min. In self-care activities, we adapted for her the activity of putting on socks and by the end of May 2018 she had completely become independent. We revised short-term goals in early March 2018 and added activities with button and zipper buckling and cutting meat. Until the first half of June 2018 the girl became independent in the zipper buckling and slightly smaller buttons by a model by Maria Montesori. We practiced cutting food with custom accessories using a non-slip surface. By the end of the first half of June, the girl had achieved her independence in cutting softer foods. At the workshops, she became interested in the chosen activity, but also developed a more active attention and motivation to finish it to the end. In decoupage techniques, the girl showed a willingness to take the initiative in a work activity. The girl's insight into her personal appearance progressed in the sense that she began to make sure that her hair was combed, face and hands were clean, as was her clothing. Occupational therapy terms were related to the rhythm and events at the Department (after breakfast, after lunch), so the girl showed significant progress in time orientation but also motivation to come. Initially, she was not able to make the decision that was important for the continuation of the activity, but towards the end she began to show a desire to learn other activities that were carried out in the group. In the workshop, she began to seek the opinion of the therapist when difficulties arose, but not other members of the group. Progress in leisure management (structured workday) has also been demonstrated. A higher level of confidence has led her (PS1) to take initiatives and become more involved in social life in the department.

2. *The case of the second subject PS2*

Second subject (PS2) in the age of 10, with the diagnosis of Paralysis cerebralis infatilis G 80, Retardatio mentalis levis F70, Pedes plani M21. She is the first-born child from the twin-pregnancy by extracorporeal fertilization. The birth occurred before term and ended naturally. On the recommendation of the pediatrician, she was sent to the Institute for Physical Medicine and Rehabilitation "Dr. Miroslav Zotović" Banja Luka, when she started her first habilitation treatment at 3.5 months old and has since come to regular check-ups and repeatedly to habilitation treatment. She had two surgical interventions, by a neuroortoped, application of intramuscular injection of botulinum (Dysport) at 4 muscle points into the medial and lateral flexors of the lower legs on two occasions. The first was in early June 2017 and the second in early April 2018, after which she underwent habilitation treatment at the Institute through Day Hospital. PS2 is a regular pupil of the 5th grade of elementary school in Banja Luka, and takes classes according to an individually tailored plan and program for children with mild impairment of intellectual functioning. She has a teaching assistant. She lives in a fully three-member family with her parents, in the urban socio-cultural en-

vironment. Her mother takes her to school. From aids, she wears orthopedic shoes. Current habilitation treatment includes a kinesitherapy program, occupational therapies and treatments for psychologists, speech therapists, educators and social workers.

Assessment in occupational therapy

The girl moves independently. He walks hard through a paraparetic pattern, with the torso in anteflexion. The knees are semiflected, hallux valgus is expressed on both sides, which is enhanced during walking. The right knee is in internal rotation. Spinal findings: sinistroconvex scoliotic in the thoracolumbar segment. Possible passive correction of the extension in both knees completely. Passive dorsal flexion in the ankles possible over neutral. GMFM estimates the girl in the I / V level (70.39). The girl was restrained at the beginning of the treatment, answering only the questions asked. As time went on, she adequately began communicating with both the therapist and other children. She understands therapist's orders and directions for a particular activity. Activities are dominated by the right hand. Fine motor skills, speed and agility are impaired. The performance of actions without assistance is in most cases unsatisfactory, but assists at specific times are generally sufficient to overcome obstacles. Assessing the manipulative abilities MACS is at III/V level, ie, she uses objects with difficulty, needs help in preparation and adaptation. In self-care activities, she performs personal hygiene, feeds himself, controls sphincters and uses the toilet. Assistance is needed with cutting groceries, undressing and dressing, putting on shoes and socks and bathing activities. She did not adopt activities requiring greater bimanual dexterity. The BI score is (85/100) and shows moderate dependence. She finds it more difficult to keep her attention while sitting, often seeking a change of position. She can withstand sitting for up to 1 hour, but only with ergonomic adjustment. Her mood is changeable. The girl is sensitive to the perception of her own diversity. At school, she would like to make a doll that she used to do at a workshop without help of others. She also wants to be able to put on and off her shoes herself, as she uses daycare at school.

Training plan and therapeutic goals in occupational therapy

With regard to age, occupational therapy treatment focused on all components of the activity (sensory processing, perceptual characteristics, cognitive abilities, motor components, emotional and social): posture correction through all postural positions, increased endurance in different positions, improvement of bilateral manipulation, stimulation and maintaining motivation, enhancing capture skills to achieve self-care in self-care activities, training the mother with stimulating procedures in self-care activities, and training the mother to apply clay techniques.

Techniques and activities in occupational therapy

The PS2 girl was admitted for habilitation treatment through the Day Hospital on two occasions for two months each, with breaks of seven months between treatments during the 2017/2018 school year. The occupational therapy program included individual treatment three times a week for 1 hour according to the Bobath concept, and group workshops daily for 2 hours in a group of primary school children, ranging from 4-6 people. By activity analysis, we explained the steps – stages of activities of putting on and taking off shoes, undressing activities, bathing activities, but-

ton-buckling and zipper activity, through simultaneous training of the mother with stimulating procedures. We have made a recommendation to customize the bathroom (non-slip floor for the bathtub and in front of the bathtub). During the treatment, the child's desire to become self-sufficient in self-care activities is strongly expressed, as well as good motivation. At group treatments, PS2, with the help of a therapist, chose activities that are familiar to her - drawing and making paper collage dolls. Something she had done before gave her the feeling of security. The doll was intended for a display cabinet in the Children's department. When the child-therapist trust was established, she began accepting other activities for which she showed interest - making wool toys and working with clay. From the tools she used a roller, a wooden stick, scissors, a pencil and a felt-tip pen, and from the materials: collage paper, plastic spoon, string, straws, cotton, foil, double-strip, adhesive stick, glinamol and leather. The technique was new, challenging and creative for her.

Re-evaluation

After individual and group treatments, the level of gross motor function GMFM (Level I/V) and the level of manipulative skills of MACS (Level III/V) did not improve significantly, but the level of independence in self-care activities improved and placed the girl in the category of small dependencies (BI 94/100). Work endurance did not increase significantly. We rehearsed dressing and undressing activities through steps, but with tailored broader clothing. Based on the recommendation, the mother bought the girl new shoes and slippers for easy dressing, which she manage to close partly. We trained the mother to perform the activities at least 5 times a day in the same way, with naming the each step. At the next inclusion in habilitation treatment in early May 2018 the girl was independent in the activities of dressing and undressing of costumized clothing and putting on and off sock and shoes. We revised short-term goals, broken them down into steps, and added a swim activity. Until next inclusion in July 2018, the girl became independent in bathing activities with the presence of her mother. We revised short-term goals again and in early July 2018 added button and zipper activity and practiced every step on the bases of Maria Montesori's model. By the end of July 2018, the girl achieved independence in clasping bigger buttons on her own cloths and zipping cloths on the model. Significant is the trust and relationship that has developed between mother and daughter. In order to build confidence, we also teached both the mother and the girl the techniques of making glinamol jewelry that they have shown considerable interest in, to further strengthen their relationship.

Results and discussion

In an attempt to explain the results of one-year treatment in Occupational Therapy of CP school-age children, it should be recalled that numerous studies have focused on mortality attitudes, options for prevention of cause of death, relationships between indicators of health and daily functioning of children with CP[10].

[10] Kennes, J., Rosenbaum, P., Hanna, S.E., Walter, S., Russell, D., Raina, P., ... & Galuppi, B. (2002). Health status of school-aged children with cerebral palsy: information from a population-based sample. *Developmental medicine and child neurology,* 44(4), 240-247; Liptak G.S., et al. (2001) Health status of

There are numerous methods and therapeutic procedures used in the process of empowering children with CP, but there is no official evidence which therapy is the most effective to achieve a satisfactory level of independence for children and their full active involvement in the community. Therapy rarely relies on only one system; an eclectic approach is common because it allows flexibility and individualization to achieve the goals set for the child and family. The training plan is created separately for each child (individual approach), because there are no two same children with the same clinical picture and pathophysiological background. In order to explain the sample of two respondents, discussions will be conducted through the presentation of mutual similarities between the respondents with regard to etiological factors, associated medical and functional difficulties, habilitation treatment and involvement in the education system. Observing both subjects (PS1 and PS2), it is evident that they had low weight at birth and were prematurely born, which was noted in the work of Mejaški (2007) as one of the common causative factors of cerebral palsy[11].

The incidence of CP is higher in multiple pregnancies due to the difference in gestation compared to pregnancies with one child[12] as well as in twins of same gender. In cases where one of the twins does not survive intrauterine, the risk of brain damage to the other twin is significantly increased (Pharoah et al 2002), as is the case with PS2. Respondent's habilitation treatment (PS1) was performed as an inpatient unaccompanied with parent, while respondent (RS2) conducted habilitation treatment as a day hospital patient accompanied by her mother.

Although the progress of PS1 and PS2 is evident, it can still be stated that the role of the mother is of particular importance no matter the age, and that continuous therapy brings only good results. Based on the measurement instruments used, respondent PS2 has better functional coarse motor functions, while in the assessment of manipulative abilities it is evident that both subjects have difficulty using objects, they need help in the preparation and / or adaptation of activities. Motor stimulation is not only required when the child's progress is visible, it also plays a key role in maintaining the existing condition and preventing additional complications that are often present in children with CP. By stimulating fine and coarse motor skills, we affect the development of a child's cognitive abilities. As Joković-Turalija et al. (1999) points out, therapeutic procedures should be focused on intact systems, as they never act sepa-

children with moderate to severe cerebral palsy. *Developmental medicine and child neurology,* 43, 364-370; Liu, J.M., Li, Z., Lin, Q., Zhao, P., Zhao, F.L., Hong, S.X., & Li, S. (2000). Cerebral palsy and multiple births in China. *International journal of epidemiology,* 29(2), 292-299; Mejaški-Bošnjak, V. (2007). Neurološki sindromi dojenačke dobi i cerebralna paraliza. *Paediatrica Croatica,* 51, 120-129.

[11] Mejaški-Bošnjak, V. (2007). Neurološki sindromi dojenačke dobi i cerebralna paraliza. Paediatrica Croatica, 51, 120-129.

[12] Gibson, C.S., MacLennan, A.H., Goldwater, P.N., & Dekker, G.A. (2003). Antenatal causes of cerebral palsy: associations between inherited thrombophilias, viral and bacterial infection, and inherited susceptibility to infection. *Obstetrical & gynecological survey,* 58(3), 209-220; Liu, J. M., Li, Z., Lin, Q., Zhao, P., Zhao, F. L., Hong, S. X., & Li, S. (2000). Cerebral palsy and multiple births in China. International journal of epidemiology, 29(2), 292-299; Petterson, B., Nelson, K.B., Watson, L., & Stanley, F. (1993). Twins, triplets, and cerebral palsy in births in Western Australia in the 1980s. *British Medical Journal,* 307(6914), 1239-1243.

rately from the function of the overall system[13]. All of these functional limitations can have an impact on the level of the child's functionality, but also perceptual difficulties can significantly lead to a decrease in autonomy and safety in self-care and community activities[14]. Kosinac (2011) points out that motor and perceptual development are interrelated. Specifically, difficulties in perception greatly influence the behavior and sensory motor behavior of a child[15]. Also, both subjects had more than one associated medical problem and functioning from the earliest age - hemangioma, epilepsy, mental deficits, sensorimotor disorders, perceptual-cognitive impairment, emotional disorders. Kraguljac (2018) points out that the trend of inclusion of children with disabilities in regular education as much as possible is currently prevailing in Croatia. Engaging in full-time teaching brings a positive psychosocial aspect of schooling and increases academic expectations of students with disabilities[16]. This approach to children with disabilities is also prevalent in Republika Srpska, as shown in both case reports. After the group and individual treatments, PS1's personal appearance progressed in the sense that she started taking care of her appearance, showing a collegial attitude. More often, she has taken the initiative to engage with peers, which is of particular importance, because, as Klaić and Malešević (2007) state, children with cerebral palsy have psychosocial difficulties manifested in the problems of communication, socialization and daily life skills, which are sometimes more important for the functioning of the child than the motor difficulties themselves and lack of mobility[17]. Horvatić et al. (2009) in their research came to the conclusion that loss of motivation was the inability of a person to formulate goals and initiate actions, which was the biggest difficulty with PS1 at the beginning of treatment[18]. Without an external stimulus, the PS1 could not function in a way that utilized a minimum of capacity. It is important for people with brain damage to cope with and learn to deal with the problems of motivation and dysfunction. They should be encouraged to face different challenges and especially appreciate every success, which is also a motivation. With ergonomic adjustment, the durability of the PS2 did not significantly improve for which are partly responsible, except for tone disorders and general and physical fitness, age and frequent discomfort when declaring that she was tired or expressing concern, which was also noted by Horvatić (2009) in their work[19]. Automatic postural adjustment, as

[13] Joković-Turalija I., Oberman-Babi M. Komponente programa neurorazvojnog tretmana. *Međunarodni simpozij o komplementarnim i suportivnim terapijama "Umjetnost i znanost u razvoju životnog potencijala"*, Hvar; 1999.

[14] Bartolac, A. (2016). *Metode procjene u radnoj terapiji.*

[15] Kosinac, Z. (2011). *Morfološko-motorički i funkcionalni razvoj djece uzrasne dobi od 5. do 11. godine.* Split: Savez školskih športskih društava grada Splita.

[16] Kraguljac, D., Brenčić, M., Zibar, T., & Schnurrer Luke-Vrbanić, T. (2018). Habilitacija djece s cerebralnom paralizom. *Medicina fluminensis,* 54(1), 6-176.

[17] Klaić, I., & Milaščević, D. (2007). The influence of physical activity on various determinants of health-related fitness in children and adults with cerebral palsy. *Hrvatski športskomedicinski vjesnik,* 22(2), 63-70.

[18] Horvatić, J., Joković Oreb, I., & Pinjatela, R. (2009). Oštećenja središnjeg živčanog sustava. *Hrvatska revija za rehabilitacijska istraživanja,* 45(1), 99-110

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suggested by Klaić and Milaščević (2007) is necessary for the selective control and coordination of movement, its deviation has huge consequences on the child's functional status, as is the cases of PS1 and PS2. Because daily activities require constant adaptation of the muscular activity of the torso and pelvis, girls do not have adequate automatic postural adaptability and perform functional activities through numerous movement compensations and with much more energy expended[20].

Conclusion

CP is a permanent disorder of posture and movement that affects the health status of the child as well as general functioning in daily life. Early recognition and involvement in continuous and intensive habilitation / rehabilitation treatments significantly increases the degree of independence. It is important that therapeutic procedures are performed at home as well. Environmental support increases the independence and ability of a person with CP to participate in daily life activities. The role of parents is significant and they need to be constantly educated with stimulating methods / procedures. The conclusion is certainly that every child with CP should be given the opportunity to integrate and given time to adapt. Occupational therapists help the child, parents, nursing staff, personal assistants, and academic staff to facilitate the child's participation in independently selected daily life activities in order to develop, maintain or adapt functional skills in the most optimal way. Occupational therapy as a health care activity not only focuses its intervention on the treatment of illness, but facilitates participation in daily life activities and meeting the occupation needs of the child in order to build his or her occupational identity that should be unique to him or her and to each of us.

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RADNA TERAPIJA DJECE SA CEREBRALNOM PARALIZOM ŠKOLSKOG UZRASTA

Rezime:

Zadatak radne terapija je da omogući deci sa cerebralnom paralizom što aktivnije i nezavisnije učestvovanje u svakodnevnim aktivnostima koje treba da budu primerene njihovom uzrastu, potrebama, željama i očekivanjima. Cilj istraživanja je bio da se prikaže uticaj radne terapije u procesu osposobljavanja dece sa cerebralnom paralizom školskog uzrasta. Prikaz slučaja je sproveden na uzorku od 2 ispitanika (PS1 i PS2) sa dijagnozom cerebralne paralize. Kod obe ispitanice primenjen je model klijentu-usmeren pristup, nestandardizovane procene (metod strukturiranog posmatranja, intervju i analiza aktivnosti) kao i standardizovani testovi: Manual Ability Classification System (MACS), Gross motor function (GMFM) i Bartel Indeks (BI). Terapijski postupci su sprovedeni kroz individualni i grupni program radne terapije za povećanje stepena samostalnosti i učestvovanja u aktivnostima svakodnevnog života sa elementima Bobath koncepta. Ispitanice su redovne učenice osnovne škole u Banjaluci i nastavu pohađaju po individualnom prilagođenom nastavnom planu i programu za decu sa lakim oštećenjem intelektualnog funkcionisanja, imaju asistenta u nastavi i više od jednog pridruženog medicinskog problema i funkcionisanja. Rezultati su pokazali napredak u samostalnosti u aktivnostima samozbrinjavanja kod obe ispitanice. Vrednosti BI kod PS1 inicijalni (BI-68) i finalni (BI-83), dok kod PS2 inicijalni (BI-85) i finalni (BI 94). GMFM kod ispitanica PS2 (Nivo-I) i PS1 (Nivo-II) nije značajno promenjen, kao ni manipulativna sposobnost koja je ostala na Nivou-III. PS1 je počela da void računa o svom izgledu, bila je motivisana da započeto do kraja završi i pokazala je želju da nauči i druge aktivnosti. Češće je preuzimala inicijativu da stupi u komunikaciju sa vršnjacima. PS2 se osamostalila u aktivnosti kupanja, kopčanju dugmadi i rajsferšlusa na modelu. Značajno je poverenje i odnos koji se uspostavljen na relaciji majka–kćerka. Rezultati ukazuju da se holističkim pristupom i kontinuiranim radom kod dece sa cerebralnom paralizom školskog uzrasta može

uticati na razvoj veština optimalnog funkcionisanja u aktivnostima dnevnog života koje uključuju samozbrinjavanje, produktivnost i slobodno vreme.

Ključne riječi: *cerebralna paraliza, radna terapija, deca školskog uzrasta, aktivnosti svakodnevnog života, manipulativne sposobnosti.*

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PSYCHODRAMA TREATMENT AS METHOD OF REHABILITATION AND RESOCIALIZATION OF PATIENTS WITH PSYCHOTIC DISORDERS

Abstract: The chance to develop ourselves to our full extent is a basic human right. For people suffering from the mental disorders, this chance is significantly reduced. It's well known that problems with mental functioning produce a different difficulties in the many areas of living as well in the area of social adaptation. The persons who suffer from mental disorders are socially very sensitive category. Rehabilitation in psychiatry has goal to enable them their further personal development and better social adaptation. Development of the social psychiatry enabled the professionals the better understanding social and sociological aspects of mental illness. The social rehabilitation of people who suffer from psychotic disorders requires a multidisciplinary approach, with emphasis on socio-therapy and group psychotherapy. Psychodrama is an action method of group psychotherapy, originated from J.L. Moreno, who treated psychotic patients with psychodrama groups. This paper examines the effectiveness of the psychodrama treatment applied on the groups of psychotic patients in the goal of their rehabilitation. Applied methodology is clinical and statistical.

Key words: *psychodrama, group, psychotic, rehabilitation, resocialization.*

Introduction[2]

Psychodrama is an action method of group psychotherapy, based on Moreno's role theory, creativity and action2 "Group psychotherapy in small and large groups is a long process that sometimes take a years. Every treatment is process, which over time leads to some improvement but not to healing. The treatment consists in many changes, big and small"[3] In psychodrama a person is encouraged to explore the psychologi-

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[2] Jacob Moreno Levi , *„Psychodrama",* Vol. I, Beacon House, New York, 1946:46.

[3] Jasna Veljkovic, Vera Despotovic, The Sociodrama Narrative: Political Aspects, *„Serbian Political Thought,"* No.1/IX, 2017, Vol.15, pp.95.

cal dimensions of his personality through the enactment of the different interpersonal situations rather than by talking about them. Terminology of psychodrama reflects the dramaturgic nature of the therapeutic process. The main motto of psychodrama is: "Don't talk it, show it!" Therefore, it is clear that in psychodrama people do not talk about their problems, they enact their problems, conflicts, fears, dreams, doubts, fantasies etc., on the psychodrama stage. In psychodrama session the members of a group are encouraged to finish uncompleted actions in their lives on psychodrama stage, with a help of psychodrama director and the group members. The main psychodrama technique is role reversal. In development of group psychotherapy, psychodrama is one of the first recognized, acknowledged and widely used methods of group psychotherapy. The scenes that take place in psychodrama are subjective interpretations of scenes that have occurred or are still going on in real life situations protagonist psychodrama. In psychodrama equal attention is paid to verbal and nonverbal communication.

"In scientific circles it's well known the fact that the evaluation of the effects of psychotherapeutic modalities has always been difficult and rare methodical precise. There were a few therapeutic modalities that have created a precise methodology of research relevant for its approach. This problem remains unresolved for a long time due to the very different and unequal standards that define the effects of psychotherapeutic practice"[4] Israeli psychodramatist Peter Felix Kellerman[5] collected twenty-three studies concerning various aspects of the evaluation of application of psychodrama, in the period between the 1952-1985. Latest studies evaluating the effects of psychodrama are based on the criteria of the Tenth classification of mental and behavioral disorders[6] The closer analysis of studies on treatment effects of the psychodrama therapy should be carried out on the background of the ICD-X to identify the constraints of research encountered in this field and to suggest possible avenues for future research. Austrian psychodramatist Wiesser, made a meta-analysis of published papers on the subject of effectiveness of psychodrama treatment applied in a different diagnostic cathegories.

The evaluation studies about positive effectiveness of the psychodrama treatment applied to different diagnostic categories according to Wieser, gave findings that psychodrama could produce good therapeutic effects in the following categories of mental disorders: mental and behavioral disorders due to psychoactive substance abuse(F10-F19), mood (affective) disorders (ICD-10 F30-F39), neurotic, stress-related and somatoform disorders (F40-F48), behavioral emotional disorders with onset usually in childhood or adolescence (F90-F98) and schizophrenia, schizotypal and delusional disorders (F20-F29).[7] One Serbian author has presented the optimistic results

[4] Jasna Veljkovic, Application of Psychodrama in integration of self in adolescents, *"Sociologija,"* Vol.LVII, 2015, 315.

[5] Felix Kellerman, *"Focus on psychodrama"*, Jessica Kingsley Publishers, London, 1992.

[6] World Health Organization, *"The ICD-10 Classification of Mental and Behavioral Disorders"*, World Health Organization, Geneva, 1992.

[7] Michael Wiesser, "Studies on treatment effects of psychodrama psychotherapy", In: *Psychodrama – Advances in Theory and Practise*, ed. Baim, Clark, Burgmeister Jorge, Maciel, Manuella. Routledge, London, 2007, pp. 271–293.

of the research study on the issus of efectivness of psychodrama treatment in the work with psychotic patients[8]

Concept of mental health in psychodrama

The concept of mental health in psychodrama is based on the Moreno's role theory[9] Mental health according to Moreno involves functioning a person in the wide range of roles. The main characterstic of the roles are: spontaneity of flexibility. Spontaneity and creativity are essential ingredients of psychodrama process. When the repertoire of the roles is narrow, people express more rigidity and less spontaneity in their behavior. Roles are established forms of human behavior, they are characterized by reciprocity and mutuality, and they always occur in interaction with another person. Analysis of roles in psychodrama is important diagnostic tool and enacting roles is significiant therapeutic tool. Problems in adaptation of personality, arised from the inability of people to modify their main roles and to develop them. In reality, the role doesn't exist without the other person. Every role involve relationship with the other human being. Through the enactment of their interpersonal relationships, people externalize their intrapsychic world on the psychodrama stage. Everyone has a "basic" role which is a main "pillar" in the functioning of a personality. When the basic role becomes dysfunctional, there is a loss of personal integrity which implies a crisis or a mental breakdown. People who suffer from psychotic disorders are functioning in the small range of roles and doesn't have that "pillar". They have a significiant difficulties in adaptation to reality, which produce the luck of communication with other people.

Fundamental principles of psychodrama applied in the treatment of psychotic patients

Sigmund Freud, the founding father of psychoanalysis, thought psychogenesis of psychosis to be possible. Freud was sceptical about the utility of psychoanalysis for the treatment of psychosis and he stated that the basic requirement for his method is the establishment of transference, what is not possible in psychosis due to withdrawal of the libido from the objects. Later, describing the Schreber's case, Freud has explained the transference and defense mechanisms in psychosis as also psychological meaning of schizophrenic symptoms[10]. (Veljković, 2005:374). Pol Federn developed the concept of ego-boundaries. He stated that psychosis is an illness of the ego, not a conflict between ego and reality[11] He thought that the transference in psychotics is possible but that it is very variable. He has also thaught that transference is very important because it represents the realization of the patient's contact with reality, through the therapeutic relationship.

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[8] Jasna Veljkovic, *"Psihodrama i promena",* Zadužbina Andrejević, Beograd, 2014.

[9] Jacob Levi Moreno, *"Psychodrama, Vol.III",* Baecon House, New York, 1969.

[10] Jasna Veljković, Zoran Djurić, Primena psihodrame u radu sa psihotičnim pacijentima, U: *Shizofrenija na razmeđu milenijuma*, ur. Vladimir Paunović, Medicinski fakultet, Beograd, 2005, str. 373–385

[11] Paul Federnl. *"Ego-psychology and the Psychoses"*., Basic Books, New York,1953.

Moreno considered psychodrama as a therapy of relationships. Spontaneity and creativity are the two pillars of good health. Psychodrama is a therapy of relationships, where the person can explore and try to reconcile various parts of his life (past, present or future). Moreno applied psychodrama on psychotic patients with some modifications. The main principle of his work with psychotics was to provide a meaning for the objectification of the patient's inner world[12]. Moreno was working with psychotic patients in his sanatorium. He started to treate acute psychotic patients with psychodrama in the fourties of the last century. He considered that the longer psychotic experiences persist within the person, the more it become dangerouus for her, but also for the other people who are in its immediate vicinity. So he sought a way to establish the relationship with a patient and to explore the significance of inner reality. The initial objective of psychodrama work was to help patient to externalize the content of his psychotic delusions, fears and phantasies. Narcissistic elements of patients Ego in altered psychotic states produce "expanding" out of the boundaries of reality. Moreno gave opportunity to his patients to act out their: delusions, the ideas of size, fantasy, hallucinatory experience on psychodrama stage, in controlled therapeutic conditions. The role of assistant therapists was very important, because they were in the roles of "auxiliary egos, from patient's altered reality. Nowdays, in psychodrama members of the group play auxiliary roles in the protagonist's drama. Psychodrama with psychotic patients is usually practicing within a small groups, conisist of 5 -8 patients. Contraindications for psychodrama treatment are: acute psychotic acute, paranoid states, suicidal, homicidal, hostile and patients. The importance of the supportive group as a whole is very important for psychotherapeutic work. "The goals of the application of psychodrama as a treatment were, in brief, to enlarge the number of roles in this type of patients, to expand fl exibility within the individual roles, to facilitate role-reversal thus developing empathy but also developing a critical distance between "me and other" and to improve adaptation to reality of the group members. Three steps are very important in the psychodrama work with psychotics: 1.To be capable to be in the role of one's self – I, 2. To be in the role of the other - You, 3. To reverse the roles and return into one's self → Me and You[13] That is an ongoing process which gradually returns a encounter with reality. As well psychodrama treatment is a way of interpersonal learning and modeling of behavior thorugh the interaction with the group. The emphasis in group therapy is to develop good horizontal transferences within the group. A cohesive group is that what provides the greatest protection of the members of a groups.

Goals, objectives, research hypothesis and research sample

The main objective of the research was: to identify and evaluate the effects of psychodrama on the quality of life of patients with psychotic disorders as well as the impact of the application of psychodrama on the personality functioning of the

[12] Jacob Levi Moreno, *"Psychodrama. Vol. I",* Beacon House, New York, 1946, pp.27.

[13] Jasna Veljkovic, *"Psihodrama i promena",* Zadužbina Andrejević, Begrad, 2014, pp. 123.

respondents. We expected that the implementation of psychodrama provides a better adaptation to the environment in social and psychological terms. We also assumed that the psychodrama treatment will enable significant behavioral change in our respodents. As far as it happen we expected as a result of those changes the more adequate social, family and work functioning. Indirectly, this would produce greater satisfaction with the quality of life. Finally this would indicate that the psychodrama is a good method of re-socialization and rehabilitation of patients with psychotic disorders. We tested the personality profile of subjects in experimental and control groups before and after surveys; we tested the quality of life of patients in the experimental and control groups; we compared the test-retest results of the personalitie profiles test and life quality scale in schizophrenia, in the same groups and between the experimental and control group.

Hypothesis

- Participation in the psychodrama group, for a longer period of time, significantly reduces disability in the quality of life of psychotic patients.
- Participation in the psychodrama group in the long term contributes to the learning and adopting new social roles, which previously did not exist in the repertoire of behavior of these patients.
- Participation in the psychodrama group leads to the formation of a new defense mechanisms, as well as those patients begin to develop patterns of behavior that are more appropriate to reality.
- We expect statistically significant differences between the experimental and control groups in the personality profiles as well as the specific area, which is related to life quality.
- We expect statistically significant differences between the test/retest results of experimental group, but also, statistically non significant differences between the test/retets results in the control group of respodents.

Methodology

Methodology of our research involved the application of clinical and statistical methods. All respodents passed the selection process, in order to enter the sample of study. All respodents was diagnosed, according to criteria of ICD-10 classificication. Their diagnostic category are shown in table 1. For the purposes of this study, we applied: Minnesota Personality Inventory MMPI and the Scale for assessment of the Life Quality in schizophrenia. Statistical processing and analysis was performed in SPSS ver.12.0, a graphic and tabulation was done for it in the relevant statistical computer programs.

Sample surveys:

The survey covered a total of 50 patients in clinical population. All respondents were identified on the basis that they fulfilled indications for the psychodrama

treatment. We were following up the elements of group process, and especially quality of life, and we analyzed the impact of group psychotherapy on changes in quality of life. Subjects were divided into the following two groups:

1. A group of a 30 subjects with psychotic symptoms who had regular pharmacotherapeutic treatment with anti-psychotics and who have undergone the regular psychodrama treatment once per week

2. A group of a 20 subjects with psychotic symptoms who had regular pharmacotherapeutic treatment and were not included in psychodrama treatment.

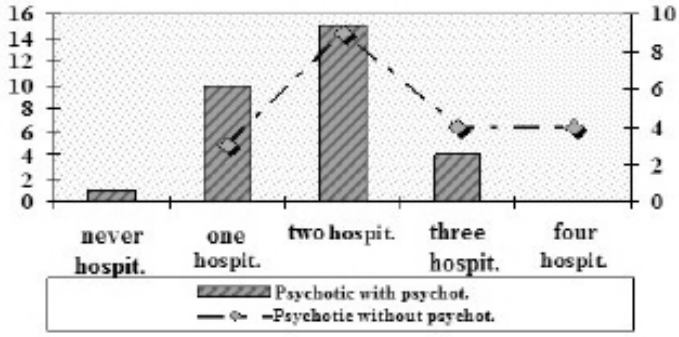
Table no. 1: *The distribution of subjects according by diagnostic categories within the groups*

Diagnosis	Experimental group	Control group	**Total:**
without	0	0	**0**
F20.0	0	2	**2**
F23.0	0	2	**2**
F23.1	3	3	**6**
F23.2	5	1	**6**
F23.3	2	4	**6**
F23.9	1	0	**1**
F25.0	8	4	**12**
F25.1	4	4	**8**
F25.2	3	0	**3**
F25.9	4	0	**4**
Total:	**30**	**20**	**50**

Statistically is significantly more patients with the diagnoses from diagnostic categories F.25. (F.25.0, F.25.1,F.25.2, F 25.9) in the experimental and also in the control group of patients in comparison to the respondents from the other diagnostic categories, c2= 26,581, df=4, p<0,001. An interesting fact is that if we consider the total number of subjects by sex representation in relation to the group they belong to, a statistically significant number of women were included psychodrama treatment, 5,987,df=2,p<0,05. Non-parametric correlation coefficient, R=-0,389, shows that a significantly higher number of male patients, do not accept psychodrama treatment (control group). Statistically is significant distribution of the patients by age and most frequent patients of the experimental group at the age of 25 to 34 in comparison of the age of patients in the control group, for c2= 48,918,df=10, p<0,001. The average age of patients in the experimental group was 31,90+5,02 godina, while the average age of the men was 32,50+5,37 godina, and the average age of female patients was 31,68+5,00 years.

The average age of patients in the control group was 31.00 + 5.44 years, while the average age for men was 30.00 + 5.29 years, and the average age of female patients was 32.00 + 5.68 years. The average age of patients in the control group was 31,00+5, years, while the average age for men was 30,00+5,29 years, and the average age of female patients was32,00+5,68 years. The average height of the intelligence quotient of patients in the experimental group was113.53+6.49, while the control was 107.80+5.51.

Figure no. 1: *The distribution of subjects by the number of psychiatric hospitalization within the experimental and control groups of patients with psychotic disorders*



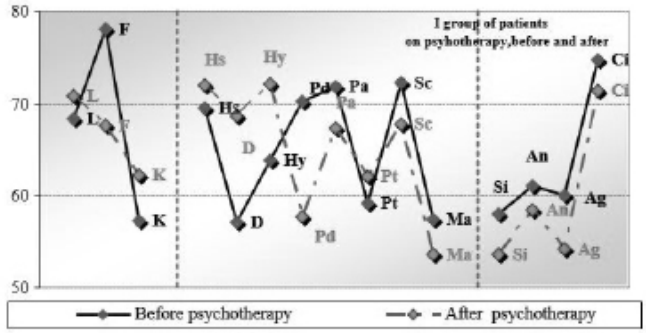
None of respodents were surveyed who previously were never hospitalized. Stastically was significant that more patients with one or two of hospitalization accepted to be a members of the experimental group, compared to patients in the control group, who have more hospitalizations, c2= 8,987, df=4, p<0,05.

Results

Ad.1. Test-retest results MMPI 202 of Personality Inventory

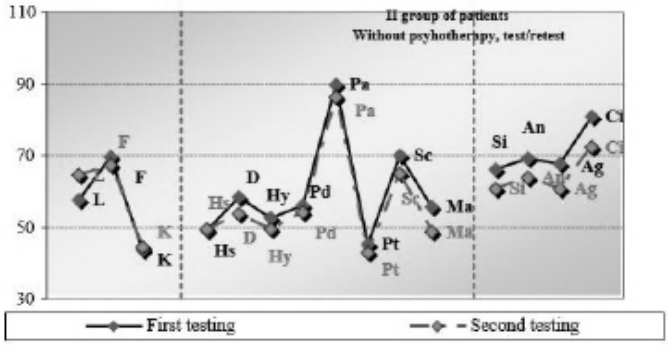
The expected changes are reflected in a statisticaly significant change in the value of the following scores on certain scales scales of this test. There is an increase in the scale of Depression on MMPI test only in the patients who were exposed to psychodrama. There is an increase in neurotic profi le (hysteria, depression, hypochondria) in the patients who were exposed to psychodrama. There is a tendency for substantial reduction in the scales that measure psychotic behavior (schizophrenia, mania, paranoia) in patients who were exposed to psychodrama. There is a significant lowering in the scale of "psychopathic behavior" in patients who were exposed to psychodrama

Figure no. 2: *Test-retest results MSTI 202 Personality Inventory experimental group*



The most important finding: the scales that measure neurotic behavior recorded a significant change in terms of increase in scores on two of the three scales that measure neurotic behavior. On the scale, which measures psychotic behavior, we register statistically significant reduction of scores on scales of v: Sc and Ma.

Figure no.3: *Test-retest results MMPI Personality Inventory in the control group*



In the control group we didn't register statistically significant elevations on scales that measure neurotic behavior. There is reuction on a scale which measure psychopathic deviation, but it's not statistically significant.

Results on the scales that measure psychotic behavior, are slightly lower, but this reduction scores also were not statistically significant. Ad.2. Test-retest results of the scale the quality of life in schizophrenia (QLS) The differences between the experimental and control group on the Scale of of life quality in schizophrenia:

Table no. 2: Average value QLS scale in subjects in experimental and control group

QLS	The groups	N	Aver-age	SD	95% Interval		Min.	Max.
					Upper	Lower		
QLS test	Experimental	30	42.63	6.12	40.35	44.92	32	55
	Control	20	40.05	2.82	38.73	41.37	36	45
	In total:	**50**	**41.60**	**5.19**	**40.13**	**43.07**	**32**	**55**
QLS retest	Experimental	30	67.87	7.65	65.01	70.72	49	78
	Control	20	46.25	3.54	44.59	47.91	41	53
	In total:	**50**	**59.22**	**12.41**	**55.69**	**62.75**	**41**	**78**

In the experimental group the average value of QLS scale is significantly higher in the retesting in relation of the same value tof the QLS cale in the patients of the control group for the F test: 139,00, for p<0,001. The quality of life is significantly improved in all the respodents of experimental group and the greatest changes in life quality are the respondents in the age of 20 to 29, for p<0,001.

An interesting finding is that in the experimental group, the biggest jump of quality of life after the QLS scale was in the group with college diplomas, for p<0,001, and also among the respondents with higher educatition, for p<0,01. In control group, level of education had no significant effect on quality of life.

On the QLS scale statistically significant changes in the experimental group of patients were in regard to work activities and social communication while in the control group statistically significant differencec in these domains of life have not been established.

We obtained interesting finding concerning the number of hospitalizations. The average value of the QLS scale was inversely correlated with the number of hospitalizations, namely the experimental group was decreased quality of life with more frequent hospitalizations, for the F = 4,669 for p < 0,01. In the control group, the average value of the scale QLS analyzed by the number of hospitalization is not statistically significantly different in the test, where the average value of the QLS scale was in direct correlation with the number of hospitalizations. The control group of subjects had in their subjective impression that their life quality increased with more frequent hospitalizations and reality is that they had developed the syndrome of hospitalization. Student's T - test demonstrates the greatest statistically significant improvement of the quality of life (when it's viewed from the length of time they spent on the group) for the patients of the experimental group. The total value of the QLS scores in recent retesting is highest in repodents who were treated two to three years on psychodrama ,T test = -15,013, p <0,000 ,and than in respodents who were 4 do 5 years on psychodrama

group, zatim , T test = -10,933 za p <0,001. The respodents who spent less than 2 do 3 years or more than 5 years on psychodrama groups, didn't have such a good results on life quality scale.

Discussion and interpretation of obtained results

The results obtained in this research are challenging for discussion and interpretation. The proposed hypotheses are confirmed. In the experimental group, the retest profile has been changed in terms of statistically significant reduction in the scores which are describing psychotic behavior.

On the other hand, we have significantly increase of the valuee of scores which are describing the neurotic behavior: hysteria, depression and hypochondria. Also, on the retest in the experimental group , we registered a statistically significant reductionof the value of the scale of psychopathic deviation(PD), which has not happened in the control group.

This speaks in favor of that immature and psychopathic defences of the experimental group (which are registered in the first test) has not only ceased to be dominant, but are significantly reduced.

They have replaced with the significantly mature models of defense, which we dare to call "pseudo-neurotic" type of defence. We didn't think that the members of the experimental group are "cured of a psychotic disorder", but we believe that their models of behavior are substantially modified, due to corrective emotional and social experience that they had in psychodrama sessions.

If we regard the control group with psychotic disorders, dominant profile which is registered to a first testing (and refers to the manifest as paranoid, schizophrenia, and manic-expression), didn't changed on a second testing. That means that they didn't develop the better model adaptation on reality and didn't develop more mature defence mechanisms. Also, the valued of thez: anxiety scale, the scale of critical items for psychotic behaviour,svale of social isolation and scale of aggressin, has the same scores as in the first testing.

Very interesting data for us as researchers is a noticeable difference in the results on a scale of depression on re/test of Personaly Inventory, MMPI in the experimental group.

In the experimental group, we obtained a significant increase in scores on the scale of depression, not only in relation to the first testing and also with a significantly low scores on that scale in the control group. We wonder what it means that the scale of depression recorded higher scores to those of the respondents who were on psychodrama treatment? Since this is a reality, the next question we pose is: how to explain this score of depression, with respect to the significant increase in the quality of life of the experimental group? Object relation theory of Melanie Clein, (Klein, 1946) might lead us into the better understanding of this phenomenon. In her Object-relations theory, she postualtes two different positions: paranoid-schizoid and depressive posisition. Contemporary understanding is that paranoid-schizoid mental states play

an important part throughout life. The chief characteristic of the paranoid-schizoid position is the splitting of both self and object into good and bad, with at first little or no integration between them. A different kind of splitting, 'fragmentation', in which the object and/or the self are split into many and smaller pieces is also a feature of the paranoid-schizoid position. Persistent or enduring use of fragmentation and dispersal of the self weakens the fragile unintegrated ego and causes severe disturbance. The paranoid-schizoid position can be thought of as the phase of development preceding the depressive position as a defence against it and also as a regression from it. Klein considers that both constitutional and environmental factors affect the course of the paranoid-schizoid position. The central constitutional factor is the balance of life and death instincts in the infant. The central environmental factor is the mothering that the infant receives. The establishment of a good internal object is thought by Klein to be a prerequisite for the later working through of the "depressive position" (Spillius, et. all. 2011). The results in the experimental group on the "D" scale, we can not interpret as depression, but acquiring capacities for "depressive" position. Achieving this position is a huge step in the growth of personality because it implies better insight into reality with the inevitable acceptance of themselves and the others. The group was "the Good Mother", who helped establishing of this position, which involves reality testing. Also members of the experimental group have established control over their behavior and their illness. Integartion of the own self, with the recognizing all the "good" and "bad" parts of a long and painfull process. By accepting themselves the respodents of experimental group has learnt to accept the others. Patients who were the members of the psychodrama group, come closer to "depressive position". That means that they developed better reality testing, but not depression per se. We allow also the use of the term "schizo-paranoid" position for the inverse situation in patients who were not in the psychodrama treatment. Life quality in psychotic patients who were in the psychodrama treatment was improved in the following areas: friendship (existing and new), work activity, feeling satisfied with their work, level of general motivation and the anticipation of a goal, signifi cantly lower anhedonia, increased number of day activities. This has indirectly led to an increasing number of active social roles and higher level of empathy and more frendly communication with other people. Let us remember the sentence one of the founders of social psychiatry Sulilvan, who said: "Neuroleptics, also known as antipsychotic medications, are used to treat and manage symptoms of many psychiatric but not cure major socio-psychological and social consequences of adaptation of schizophrenia[14] .

The respodents of the experimental group had "their own" group, the group members and the therapist. They had a several years a "safe" place where they did express their feelings, fantasies,fears, delusions,family situations, conflicts, real or imaginar.A commonly known effects of psychotic illness are precisely those variables that measure the quality of life scales in schizophrenia such as social isolation, poor family communication, reduced labor activity, decreased self-care, reduction of daily activities. The subjects of the control group who were treated only with conventional

[14] Stuck Sullivan, *"Schizophrenia as a Human Process"*, N. N. Norton, New York, 1974, pp. 36.

psychiatric treatment regularly, showed some benefit in improving the quality of life but not statistically significant. They stayed mostly in their own world or, their only social world become psychiatric ward at the hospital where they were frequent "guests. Integrative treatment (that involves applying of appropriate psychiatric medications and long-term psychodrama groups) has enabled these patients to adapt to reality and function independently in their lives. The group has a long time a role of their "alter ego", later a role of "the good family", which accept her memebrs and don't accuse them. The group was a place where they could spoke up the good and the bad things, without a fear that they will be not punished, the place where they had the opportunity to learn from each other, through horizontal transferences. The group was the temporary container for the projection of many feelings; the same group has learnt how to hold in herself that feelings , as long as its members were not become capable to recognize and accept themselves , with all the good and bad parts.

"If psychodrama as a psychotherapy modality produces signifi cant changes in various areas of everyday life, it means that it develops new models of behavior. In that sense, this study shows that the method of psychodrama does not have only therapeutic impact, but it operates at different levels of prevention of mental disorders"[15]

Conculusion

Treatment of patients who suffer from with psychotic disorder (schizophrenia), requires the coordinated implementati of diffrerent interventions, carried out on several levels. This applies to: medical-psychiatric, psychological and social and sociological level. Overcoming the different resistances to the treatment of psychotic patient and his family is one of the most important steps in the begginig. The attitude of classical psychiatry considering the treatment of psychotic disorders, that the patients should be treated a long time on the psychiatryc ward, under the the strong control of medical staff, is long outdated. This research has shown us, that the people with psychotic disorders can be trained to better functioning and independent living and working. The findings of this study suggest us that psychodrama psychotherapy treatment should be started immediately after the establishment of the first stable remission. So, the best choice is to start a psychodrama treatment, after a first psychotic decompensation, because the best results were achieved on the age of the youngest respondents. If we should metaphorically present psychotic patients as a frightened people who don't find way out of labyrint, there would be a logical question: is it ethically permissible to leave people in the it and not give them a chance to try to go out? As „Exit" we don't consider only psychiatric treatment but also different forms of social rehabilitation, where psychodrama treatment has important role. People with psychotic disorders who were on psychodrama, continued their lives without psychiatry hospitalizations and with more social respective contacts. They have taken responsibility for the own lives and to support themselves. Those who were treated with conventional psychiatric approaches, sought the greater protection under the wing of the hospital,

[15] Jasna Veljković,*"Psihodrama i promena",* Zadužbina Andrejević, Beograd, 2014, pp.130.

which is reflected in a large number of repeated hospitalization. Hospital treatment gives them the feeling that they are not alone, gives them a structured content, but does not disable exit the maze. The reality test, that is happening in the psychodrama group is a emotionally, cognitively strong and clear. "In classical clinical psychiatry, determining a psychopathological diagnosis is the process of identifying the disoreder, and it's subsequent categorization based on signs and symtoms. Existentialist psychiatry tends not to accept the classical psychiatric diagnosis. Also, existentialist-oriented psychotherapist emphasize, above all, the importance of the relationship established between the therapist and the client, the equitable relationship between two human beings, and not the relationship between the superior and the subordinate".[16](Veljkovic,at all.,2019: 226). Developing individual and collective responsibility of itsmembers psychodrama therapy group promotes the process of individuation and maturation of its participacants. Developing a "As if" neurotic model of adaptation to the reality of a patiemts who suffer from psychotic disorders, actually means directly expand the repertoire of the roles, especially a social roles and therefore greater functionality in many areas of life in which our respondents have a long time been dysfunctional. This is what the essence of the process of rehabilitation and social reintegration of psychotic patients.

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PSIHODRAMA KAO METODA REHABILITACIJE I RESOCIJALIZACIJE OSOBA SA PSIHOTIČNIM POREMEĆAJIMA

Rezime:

Šansa da se kao ličnost razvijemo do svog punog stepena je osnovno ljudsko pravo. Ljudima koji pate od mentalnih poremećaja, ova šansa je bitno umanjena. Poznato je da problemi u mentalnom funkcionisanju imaju kao direktnu posledicu i teškoće u socijalnoj adaptaciji. Samim tim oni spadaju u ugroženu kategoriju ili populaciju koja je "pod rizikom".Veoma često kategorija osoba koje pate od psihotičnih poremećaja jesu i socijalno ugrožene kategorije. Rehabilitacija u psihijatriji ima za cilj pre svega da omogući osobama koje pate od mentalnih poremećaja dalji lični razvoj i adaptaciju u društvo. Danas se time bave ne samo psihijatrijske institucije, već i komunalna psihijatrija koja se ubrzano širi na nevladin sektor. U rehabilitaciji osoba

obolelih od psihotičnih poremećaja neophodan je timski multidisciplinarni pristup, sa akcentom na socioterapiju i grupnu psihoterapiju. Psihodrama je akciona metoda grupnog rada, koja je pored Grupne analize jedan od dva najzastupljenija grupna modaliteta u svetu. J.L. Moreno prvi je premenio psihodramski rad sa psihotičnim pacijentima. Nakon sto godina postojanja ova metoda je opravdala svoje postojanje time što je pokazala kapacitete za široko indikaciono područje primene u kliničke i nekliničke svrhe. Kao metoda grupne psihoterapije, u devet evropskih zemalja ona se nalazi u sistemu zdravstvene i socijalne zaštite. U ovom radu cilj nam je da prikažemo deo našeg istraživanja koje dokazuje efikasnost primene ove metode u svrhe rehabilitacije i resocijalizacije psihotičnih pacijenata. Metodologija je klinička i statistička.

Ključne reči: psihodrama, grupa,psihotični, rehabilitacija, resocijalizacija.

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ETHICS OF RESEARCH IN SOCIAL WORK

Abstract: As one of the main goals of social work is giving direct or indirect assistance to people who face difficulties, ethical aspect represents an inseparable part of treatment in this field. Research in social work needs to be according to the scientific standards and ethical principles in order not to cause any damage to the examinees, compromise their privacy or data confidentiality. Ethics of research in social work refers to data collection, processing and analysis, but it also needs to be incorporated in the very process of research and each interaction. Research that isn't conducted with respect to rights, needs and emotions of people that are in focus only leads to loss of trust, and with that withdrawal of consent to participate in the research, which harms credibility and reliability of results. Specificity of this type of research is that to a great extent they are not monitored, by means of personal contact of the researcher and the examinee, which opens a broad field of possible misconduct. Although there is aspiration to organise this area through a code and legal regulations, a safe protection would primarily entail a well-informed, conscious, compassionate and responsible researcher. The purpose of this paper is to portray different approaches to ethics and other forms of regulations on the level of specific countries, in order to help researchers recognise and respect ethical conduct in research practice.

Key words: ethics, research in social work, regulation, codex

Introduction

Science presupposes a systematised human knowledge about nature, man and society which relatively[2] suits objective reality. Scientific research, as a way of acquiring knowledge originate from the human need to get to know the world, but only research that respects basic principles of ethics could make the world "a better place to live in". Ethical behaviour or application of ethical values to all aspects of science contributes to the protection of individuals, communities, environment and indirectly to the wellbeing of human kind.

General ethical principles of research are especially important in social re-

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[2] Scientific research about nature, human and society are never complete, but always partial and approximate.

search, because their subject are people, their mutual relations and relations with their social and natural surroundings.[3] Ethics of research in social work relates to acquiring data, its processing and analysis, but it has to be incorporated in the very process of research and its each interaction. Research that has not been conducted in accordance with rights, needs and emotions of people which are the focus, leads to not only loss of trust, and with it revoking consent, but also harms the credibility and reliability of results.

Exceptional complexity of these research, regarding subjects, goals, variety of methods and techniques used, specific decision to conduct them without supervision, in personal contact between researcher and respondent bring ethical dilemmas and open door for potential misuse. There are many examples of mistreatment in the past hundred years. "Some research has been conducted in a way that little care is given to people which are in focus and present an antithesis in the very terms of social sciences"[4]

Most examples of abuse are related to biomedical sciences, however cases of careless treatment, insensitivity to cultural differences and even jeopardising health and life of the examinees have been recorded in social sciences as well. These cases increased the need for the ethics question to be regulated and formalised in advance, to transfer the ethic principles related to biomedical sciences to the social sciences as well, and to form professional ethic codes with respect to specificities of certain social sciences.

All this refers to the necessity of high ethic and professional responsibility of those that conduct research in social work.

Ethics: term definition, areas and approaches

Ethics is a science about morality, which deals with the good and the correct. Subject of its study are the perspectives about what is acceptable in human behaviour. "It is a generic term for different ways of understanding and reconsideration of moral life."[5] It is common that for the purpose of analysis, ethics is divided into metaethics, normative ethic and applied ethic. Metaethics deals with research of idea and meaning of „correct", „good", „virtue" and ways of ethical assessment of these terms. „It is not primarily dedicated to building a systematic theory about how daily life should be lived, but rather of the analysis of moral concepts."[6] Normative ethics gives a framework that leads to ways in which people should or should not act in particular situations. It also allows us to judge the actions and decision of others as „right", „wrong", „good", or „evil". „Understanding of normative ethics is more important that metaethics when conducting research in social sciences." [7]

Applied ethics analyses ways in which normative ethic theory could be ap-

[3] Milosav Milosavljević, *Socijalna istraživanja,* Službeni glasnik, Beograd, 2013, str.139

[4] Mark Izrael, Ijan Hej, *Etika istraživanja u društvenim naukama*, Službeni glasnik, Beograd, 2012, str.22

[5] Tom L. Beauchamp, James F. Childress, Principles of Biometrical Ethics, 4th edn, Oxford University Press, New York, 1994

[6] Allan J. Kimmel, ethics and values in applied social research, Sage, London, 1998.

[7] Mark Izrael, Hej Ijan, Etika istraživanja u društvenim naukama, Službeni glasnik, Beograd, 2012, str.33

plied in situations and circumstances in a concrete area of research, so there are medical ethics, business ethics, professional ethics, etc.

Different professionals face different problems related to their sphere of work, which creates ethical questions specific for each profession. Specialised research of different fields of ethics proved to be useful. However, all professions are part of a wider society and their codes should be aligned with wider ethical norms of society in which these professions should serve their purpose in.[8]

Professional ethic

Professional ethic derives from particular responsibilities related to a specific area of work. Different professions bring specific obligations which these professionals accept, collectively and individually. Also, each position inside this profession has its own duties and obligations. Person's desires and interests are expected to come second after the demands of his role. Institutional trust is based on this.[9] Nevertheless, responsibility of the role is always subject to general moral responsibility. Because professionals are firstly moral beings, and then experts and professionals, professional ethics cannot release anyone from moral obligations that apply to all people.[10]

This paper deals with professional ethic area related to research in social sciences, especially in ethics of research in social work.

Different ethic approaches to research in social work

Historically, we can differentiate several ethical approaches to dilemmas that we face during research in social work.

Consequential approach assesses the moral status of each action through analysis of its consequences, rather than intentions or motives of its initiation. Consequences of a certain action are therefore the ones that determine its value, and not the intentions behind it. From the consequential position, every malicious act with good consequences can be seen as more righteous than a benevolent act with bad outcome. For example, betrayed trust, releasing of identity of examinee that was promised anonymity, although it is immoral, from the consequential viewpoint could be justified if that act has positive consequences, more "greater benefit" than the harm to the examinee, meaning that the "greater harm" would be reduced.

Utilitarianism is a form of consequentialism according to which no one is more important than the one whom the act is concerning. Hence, every act that can achieve more good for a greater number of people can be seen as ethically correct. Utilitarianism is a philosophy of morality which represents maximization of greatest good for the greatest number of people. "All actions are assessed based on consequenes

[8] Ričard T. De Džordž, *Poslovna etika,* Filip Višnjić, Beograd, 2003.

[9] Institutional (or depersonalised) trust is connected to the formal structure, which guarantees features and behaviour of individuals or organisation (laws, institutions, champers, codes, associations…)

[10] Ričard T. De Džordž, *Poslovna etika,* Filip Višnjić, Beograd, 2003.

of all people impacted by these actions."[11]

Deontological approach to ethics believes that good is not assessed according to consequences, but rather that certain acts are good, morally righteous and obliging by themselves. This approach is concisely explained by the saying "Let justice be done though the heavens fall." (lat. fiat justitia, ruat coelom) If we come back to the example of the researcher, deontological approach would at all costs require the researcher to preserve the confidentiality of the respondent's identity and not let down his trust.

Ethics of virtue comes from the assumption that morally high individuals will behave in accordance with moral principles and rules. This approach is explained with the saying „good acts come from good people". Applied to the field of scientific research field, it means that „before research participants are protected with rules and state regulations, the most reliable protection of ethics is an informed, conscious, emphatic and responsible researcher".[12]

Believing that utilitarian and deontological approaches are too general to be applied in decision-making, bioethics scientists Tom Beauchamp and James Childress developed in 1970s the „four principles approach". This approach is based on respect of basic principles – autonomy, benevolence, harmlessness and righteousness. Respect of these principles is the basis for making moral decisions.

Unfortunately, in social work research it is possible to have situations in which these principles contradict themselves, and the approach does not give instruction to resolve these dilemmas.

Aside from the listed, there are different approaches in research ethics in social sciences such as approach of casuistic (when researchers bring conclusions about ethical questions by getting principles from other, less problematic dilemmas, and then apply them on complex questions which they face)[13], approach of ethical relativism (when assessment of a certain act whether it is good or bad depends on the society in which this act is placed and the value system of the people in it) and approach of ethics of care (according to which righteous acts are based on care, compassion, understanding of interpersonal relations and connection that the researcher has with family or other groups).

This wide spectrum of approaches appears as a problem in solving ethical dilemmas facing researchers that need clear and unambiguous instructions, so that their actions would be in aligned with demands of ethics. That is why in scientific circles the need arouse for institutionalisation and formalisation of key principles of ethics of research. For that purpose, in many countries ethical codes were adopted that present the guide in everyday scientific and professional activities.

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[11] Milosav Milosavljević, Marketing – časopis za marketing teoriju i praksu, 43(3), *SeMA*, Beograd, 2012, str.178

[12] Tom L. Beauchamp, James F. Childress, principles of biometrical ethics, 5th edn, Oxford University Press, New York, 2001, p.28-9

[13] Lucinda Peach, *An introduction to ethical theory, Research Ethics: Cases and Materials,* Indiana University Press, Bloomington, 1995, p.13-26

Regulating and codifying of research practice in social work

For the process of research practice regulation conducted on or with humans, the key were the Nurnberg Code in 1946, Declaration from Helsinki 1964, Belmont report in 1979 and Guidelines of CIOM - Council for International Organisations of Medical Sciences in 1982. These documents were primarily related to codification of practice in medical research, but they had great impact on all social research, even social work research.

Although it is common to take the beginning of codifying research ethics as Nurnberg code in 1947, different shapes of regulation, primarily research in the fields of medicine, existed before WWII.[14] Still, because of great pressure from the public that were horrified by the medical experiences conducted by Nazis during the war, and as a desire to save the trust in science in general, doctors stood trial in Nurnberg. At the trial, the defendants' stance that in ethical terms interests of the community or humanity were superior from the interests of individuals was rejected.

As a consequence of this trial, Nurnberg Code was adopted, from which all future codes derived from.

Nurnberg code emphasised 10 key principles that all researchers on humans should comply with. First principle is that voluntary consent of human beings is absolutely necessary. That means that the person involved in research has to have legal capacity, that is capable to give consent, that has the freedom of choice and possesses knowledge and understanding of reality enough to make that decision. The Code marks as unethical every way of impacting, including by force, fraud, deception, coercion, outsmarting or other concealed forms of restriction and conditioning. It is also listed that the duty of the researcher, as well as every person that initiates, participates or leads the experiment is to determine quality of that consent.[15]

Other principles concern the regulation of experiment as a way of collecting data, and it is stated that the experiment should be such as to produce significant results that cannot be achieved by other methods; that it should be planned and based on the results of research on animals and knowledge of the nature of the disease; that it should not be carried out if there is a possibility of injury or death; that it must be conducted by qualified persons; that it must be possible for it to be interrupted at all times if continuation could result in injury or death to the participants.

In 1964, the World Health Organization (WMA) adopted a Declaration in Helsinki[16] containing 12 principles, and in relation to the Nuremberg Code introduced

[14] The regulation of medical experiments ethics existed in many countries, including Germany, before World War II. In 1864, the Ethics Council for Science and Research was formed in Hungary. On the other hand, despite the great importance, the adoption of the Nurnberg Code did not mean breaking all forms of unethical researches (most commonly cited in the literature are ethics violations during the Hepatitis Survey at a school for children with special needs in New York, the study of syphilis among Tuskegee residents, cervical cancer therapy research in New Zealand, Research on the Behaviour of Homosexuals by Laud Humphreys, etc.)

[15] The Nuremberg Code does not foresee participation of persons who do not have or have reduced ability to reason (incompetent subjects)

[16] https://www.who.int/bulletin/archives/79%284%29373.pdf

the rule that research must respect scientific principles, that it should be carried out by an expert in accordance with a predefined procedure, that it should be considered and chaired by a specially appointed independent committee to ensure that it is procedurally and legally acceptable, and the possibility of the participant interrupting the experiment has been abolished; this right is only given to the researcher if they think that the continuation could be detrimental. The most significant novelty of the Declaration of Helsinki was the introduction of a guardianship institution as a way to obtain the consent of incompetent persons. This change opens the possibility to include children, persons with intellectual disabilities, etc. in the research. The declaration has been repeatedly revised and expanded with new rules that have tended to reconcile differences between researchers from different countries. [17]

However, "The Helsinki Declaration and the Nuremberg Code have proven to be very difficult to use outside the medical field." [18] To help regulate ethical issues raised by social science research, the US State Commission for the Protection of Human Subjects During Biomedical Establishment and Behavioural Research. At its Belmont conference, the Commission summarised its findings in a document entitled Ethical Principles and Guidelines for Codes and Principles for the Protection of Human Subjects. The document is more commonly known as the Belmont Report. The report focuses on three principles: respect for persons, goodwill and fairness.

Respect for individuals requires that all research participants be treated as autonomous, that is, able to reflect on their goals and make a decision accordingly. If for some reason this ability is impaired (illness, age, circumstances ...), participants must be offered protection. All participants must be informed in advance and give their consent.

Goodwill means that all research is conducted with the aim of doing good or at least reducing harm.

Fairness in this context means that all research participants are equal and should be treated accordingly.

These principles in the Belmont Report have been operationalised through the following requirements:

- the researchers are obliged to provide all the necessary information to the respondents, to be sure that they have correctly understood that information and to obtain formal consent to participate based on that understanding,
- researchers are required to evaluate the risks and benefits of the research and to decide which will be of greatest benefit,
- the selection of participants must be made on the basis of fair procedures and strive for fair results.

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[17] At the Edinburgh General Assembly in 2000, the World Medical Association extended the Declaration with the following view: Researchers should be aware of the ethical, legal and regulatory requirements of human research in their countries as well as applicable international regulations. No national ethical, legal or regulatory precondition should be allowed to diminish or abolish the protection of human subjects established by this Declaration.

[18] Mark Izrael, Hej Ijan, *Etika istraživanja u društvenim naukama,* Službeni glasnik, Beograd, 2012, str.57

When we talk about trying to regulate the research process at the international level, we must also mention the CIOMS (International Ethical Guidelines for Biochemical Research in Human Subjects), first published in 1982. CIOMS is based on the same three principles as the Belmont Report, but places particular emphasis on international research involving people from less developed countries.

It is explicitly stated that researchers should not exploit the inability of vulnerable populations to protect their interests, not to participate in activities that may make the situation worse, or that they should leave the situation better than at present or at least the same. CIOMS has introduced an obligation for the Ethics Committees to evaluate and approve all human-related research and, where necessary, to monitor their implementation. [19]

Provisions of international ethical standards, primarily enacted to protect the rights of people participating in biomedical research, have been transferred to all research that concerns people, their behaviour and relationships.

Along with adapting the codes to the requirements of social research, national codes of ethics have been adopted in many countries, ethics committees have been established to evaluate and approve research, and ethical committees have been set up for particular types of research.[20] Universities, institutes and professional associations have also adopted their codes. Although derived from the provisions of common international codes, national codes have often taken different approaches, so the practice of ethically regulating social research is now very diverse in different countries.

This has created very complex procedures in some countries that greatly impede researchers, leading to resistance and dissatisfaction in many countries. Unfortunately, many find that acting ethically is harder than it should be. "In the US, Canada, the United Kingdom, New Zealand and Australia, researchers complain that regulators are guided by biomedical experiences that have little or no connection to the social sciences." [21]

The problem is particularly pronounced in international research, because ethics committees have different requirements in different countries.

In Denmark, on the other hand, it is estimated that research in the social sciences does not carry as high a risk to participants as in medical research, and that there is no need for their performance to be specifically regulated outside health science.

In Poland, there are two levels for assessing research ethics, but only for biomedical research. Social research is not subject to specific regulation. There are

[19] U komentarima uz Smernice precizirano je i ko treba da budu članovi Etičkog komiteta: sastav komiteta uključuje i žene i muškarce, lekare i naučnike, etičare, predstavnike struke, ali i laike koji dele kulturne i moralne vrednosti zajednice i mogu da obezbede da prava subjekta budu poštovana.

[20] In the UK, social work research is regulated by the Local Research Ethics Committees, the Multidisciplinary Research Ethics Committees, the codes of the Social Research Association, the Educational Research Association, the British Sociological Society, the British Psychological Society, the British Criminology Society (Izrael, M, Ijan, H.(2012): *Etika istraživanja u društvenim naukama, Službeni glasnik, Beograd, str.81*

[21] Mark Izrael, Hej Ijan,., *Etika istraživanja u društvenim naukama,* Službeni glasnik, Beograd, 2012, str.57

sevenethics committees in Switzerland[22], two in French-speaking, one in Italian-speaking and four in German-speaking regions. The task of the committee is to provide dignity, preserve the health and privacy of the persons involved in the research through giving opinions and advice. They need to confirm that clinical trials and all research projects with and on humans, as well as other research that may affect human health, are in accordance with the ethical, legal and scientific requirements of the HRA (Human Research Act). The first principle of the HRA is that the interest, health and well-being of every human being outweighs the interests of science or society. [23]

A number of declarations were also made in the EU Member States aimed at creating a single research area. At the 2005 Brussels Conference, the Declaration on the Establishment of the European Network of Research Ethics Committees (EUREC) was adopted. Among other things, the aim of the Network is to help harmonise ethical requirements with multinational and multidisciplinary research.

Particular attention is paid to projects funded by EU funds. Thus, all research funded by Horizon 2020 (EU Research and Innovation Program) must be conducted in accordance with: a) ethical principles (including the highest standards of research integrity) b) relevant international, EU and national laws.

In the Guidelines governing the conditions for participation in Horizont 2020 funds, Article 13 reads: A proposal that is contrary to ethical principles or any applicable legislation or that does not meet the conditions set out in Decision No. 2013/743 / EU, in the work program, work plan or in the call for proposals may be excluded from evaluation, selection and award at any time.

For all Horizon 2020 funded research projects, a mandatory process has been defined that includes ethical reviews. The process begins with the applicant's "Ethical Self-Assessment" by completing the so-called Ethics Question Table. They include questions such as "Are people from sensitive social groups, children, patients included in the research; Does the research involve physical effects on the respondents; Does it require that they be observed or monitored; Does it involve the collection of information such as information on health, sex life, ethnicity or political views; Does it have the potential to be used for military purposes." Based on the answers to these questions, the experts evaluate the ethical complexity of the project and decide whether the project will be approved, whether monitoring of its implementation is necessary.

Ethical aspects of research in social work

Social work research is a systematic process of collecting, analyzing, processing and presenting data that helps us to understand, describe, predict and control the phenomena and processes we face in social work. It is based on scientific principles and methods and uses different instruments.

"It is research based on the use of personal documentation, systematic observation, qualitative case studies, in-depth interviews and field-ethnographic partici-

[22] http://www.eurecnet.org/information/switzerland.html

[23] https://www.admin.ch/opc/en/classified-compilation/20061313/index.html

pation (with observation), bringing us closer, with all the richness of life, values, subcultural lifestyles, smells, tastes, violence, crime, language and jargon, to the "remote" social worlds of ghettoes, hubs and urban homelessness, vagrants, slums, gangs, areas of poverty, marginals and foreigners, working-class and immigrant settlements, ethnic urban enclaves, outskirts and abandoned urban centres. "[24]

Due to the complexity of the subject matter and the complexity of methodological approaches, many national federations, including the International Federation of Social Workers, have in their professional codes specifically defined ethical principles relevant to the process of research in social work. These principles were adopted in order to protect the respondents, and on the other hand to protect the integrity of the researchers as well as the science itself.

"Scientists have no inalienable right to conduct research on other people. The fact that we still have the freedom to carry out such research is largely the result of the goodwill of individuals and society as a whole, and it depends on whether we behave properly and do no harm. Ethical behavior can provide a climate of trust in which we can continue our work, beneficial to society. "[25]

Most provisions of the code of ethics relate to the protection of respondents, but they also regulate all relations with those who directly or indirectly participate in the process, such as other researchers, institutions or organisations within which they operate, research clients, the scientific community, communities or the organisations to which the respondents belong or represent them. For the purposes of this paper, we will group the provisions of the code into three groups: those that regulate the researcher-respondent relationship; researcher-client relationship; and the researcher-other researchers relationship.

In the part of the code that regulate the researcher-respondent relationship, these practice regulators are most often mentioned:

- the researcher is obliged to refuse any research which may cause harm, physical or psychological damage or endanger the dignity of the respondents,
- the researcher is obliged to inform the respondent of the aims, procedure and phases of the research, as well as how the results will be used,
- the researcher is obliged to provide the formal (usually in writing) consent of the respondents to participate in the research under clearly stated conditions,
- the researcher is obliged to protect the confidentiality of the research data and results and to ensure the anonymity of the participants,
- the researcher is obliged to inform the respondents about the research results and how the results will be used,
- no one should participate in research activities unless they are professionally qualified and competent (due to the delicacy of research in social work, researchers require knowledge and experience).

Researchers are also expected to have a compulsory knowledge and respect of

[24] Yolanda Y. Johnson, Oliver C. Cox and the Chicago School of Sociology: Its Influence on His Education, Marginalization, and Contemporary Effect. *Journal of Black Studies* 35 (1), 2004, p. 101

[25] Mark Izrael, Hej Ijan, *Etika istraživanja u društvenim naukama,* Službeni glasnik, Beograd, 2012, str.22

differences and ethical, religious and cultural particularities.

"In no way are researchers expected to change their life views, beliefs or value system, but it is expected that they do not affect research relationships and the selection, interpretation or use of research results, including the elimination of any potential for abuse." [26]

The relationship between researchers and the ones ordering the research, especially in the case of political structures, is complex and largely depends on the objectives of the research. Usage of results is usually decided by the ones ordering. In addition, politicians often determine what research is to be prioritised, which will be funded, and they usually have no patience for those that last for years. Therefore, this relationship is fraught with dilemmas. On the one hand, politicians are more willing to fund research that confirms the success of the social policy they are pursuing, while the scientific aim of the research is to shed light on the problem and initiate social change. Some scientists are addressing this discrepancy by concentrating solely on ethics in the research process itself, without addressing how the results will be used.

However, ethics in social work research requires researchers to:

- resist any political, economic or other pressure,
- prevent possible misuse of research results by centres of political and / or economic power.

A particularly significant ethical issue in social work research is the relationship of researchers to other researchers and their previous results. Researchers are expected to respect the highest standards of ethical integrity. Furthermore, it is very important that he knows the work of other scholars in order to be competent, but even more important is how he relates to their scientific discoveries - he must not neglect, disparage, uncritically reject or appropriate them without respect for authorship and intellectual property. Ethics requires that the work does not use fabrication, forgery, plagiarism or any other abuse. The European Code for the Protection of the Integrity of Researchers sets out the following basic principles of research integrity: honesty in communication, reliability in undertaking research, objectivity, independence, openness and accessibility, fairness in assessment and accountability. [27]

In 2018, the National Council for Higher Education of the Republic of Serbia adopted a Code of Conduct in the Scientific and Research Field, which in a few paragraphs talks about “cheating in science ”.

The Code refers only to scientific and research projects, which are financed from the state budget, and for violating one of the ethical norms in research work, foresees the sequences and exclusions from the the next cycle o financing scientific and research projects. The hardest predicted measure is to forbid the use of science and research funds on projects of Ministry of Education and Science for five years. In order to monitor and implement the provisions of the Code, the Ministry has established a Committee for Ethics in Science. The Committee for Ethics in Science has

[26]Milosav Milosavljević, *Socijalna istraživanja,* Službeni glasnik, Beograd, 2013, str.141fc

[27]https://ec.europa.eu/research/participants/data/ref/h2020/other/hi/h2020-ethics_code-ofconduct_en.pdf

13 members, from the ranks of researchers as scientific advisers to full professors of universities and academics.[28]

Conclusion

Specific features of research in social work - to be done with or on people, often performed without supervision, that respondents may be persons who for various reasons are unable to give consent, express their position or determine their best interest (children, mentally handicapped persons, mental patients, etc.), reinforce the responsibility and obligation of all participants to behave ethically and professionally.

The fact that research has the potential to jeopardize some aspect of personality or a respondent's right has imposed the need for ethics to be pre-regulated and formalised. Many international documents (codes, guidelines, recommendations) have been adopted since the Nuremberg Code (1947), and on the basis of them many national, professional and academic codes have been adopted relating to research on and about people. In its professional codes, the International Federation of Social Workers has specifically defined the ethical principles relevant to the process of research in social work. These principles were adopted in order to, on one hand, protect the respondents and on the other hand, to protect the integrity of the researchers as well as the science itself. The principles stem from the core values underpinning social work, such as assistance to people, social justice, equality, dignity, the importance of interpersonal relationships, integrity and competence, honesty and reliability. [29]

"However, one may ask whether the mere existence of a large number of documents that formulate recommendations on ethical standards ... does indeed ensure respect for all ethical principles in specific research projects? As Cohen and colleagues note, ethical dilemmas are multiplied many times when, in the process of operationalising ethical standards, it moves from general principles to specific procedures that should be applied, as well as from abstract principles to the planning and fulfilment of specific relationships."[30]

The critique of codes of ethics most often refers to values being too abstract, detached from the social context of social work; that they insist on the right to privacy and confidentiality in a way it is usual in the West, where the individual has free choice; that the language in which they are written is too general and professionalised. If social workers are to internalise the rules of their profession, or if researchers in the field of social work are to intimately adopt its rules, they need to understand how those rules are derived and how they enforce moral principles. Only in this way will persons who are subject to the code be able to reasonably can and want to apply it to conflict situations, or those situations that are not explicitly addressed in the code.

It is a common remark that the number of requirements to be fulfilled causes the respondent to remain confused by the emotional coldness of the researcher and,

[28] Zakon o nauci i istraživanjima, član 94 („Službeni glasnik RS", broj 49 od 8. jula 2019)

[29] https://socialwork.utexas.edu/dl/files/academic-programs/other/nasw-code-of-ethics.pdf

[30] Slađana Đurić, Etički problem u istraživanjima o deci, *Specijalna edukacija i rehabilitacija,* Vol. 11, br. 3, 2012, str. 452

on the other hand, many researchers remain discouraged from all the approvals they need to obtain and give up.

However, these criticisms do not diminish the need and importance of ethical behaviour. Ethical professional codes are no guarantee, but they are much better than nothing and their adoption has proven useful in many ways. The effort to draft a code in itself is worthwhile because it leads people in the organisation to think appropriately about their tasks and the important obligations they, as individuals and groups, have to the organisation, to each other, to their clients / users and to society as a whole. Once adopted, the code can be a source of constant conversation and possible adjustments and modifications to the rules. It can help to infuse new employees at all levels with the notion of responsibility, the need to think about their actions from a moral standpoint, and understanding the importance of the virtues appropriate to the position they occupy. The code can be used as a document that employees can refer to when asked to do something to the contrary.

Knowledge of ethical norms formalised in codes, knowledge of legal regulations governing social work, as well as continuous work on oneself to form a firmly established and consistent value system, in a specific situation will help researchers protect research participants, and society from various abuses , but also their profession from an affront that can be cast on an institution or profession by the unethical practices of individuals. A characteristic human response to a violation of moral principles in a situation and by an individual is that the resulting distrust quickly generalises to other situations and actors. Violation of professional ethical standards leads to a loss of trust, or credibility, of the institution of the service provider or of the whole profession. When professionals violate relationships and relationships built on trust, or otherwise abuse the research participants, they endanger not only the well-being of the respondents but also the credibility of their colleagues and the entire profession.

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ETIKA ISTRAŽIVANJA U SOCIJALNOM RADU

Rezime:

Kako je jedan od glavnih ciljeva delatnosti socijalnog rada briga o ljudima, odnosno pružanje posredne ili neposredne pomoći osobama koje se nalaze u životnim teškoćama, etički aspekt predstavlja nerazdvojivi deo svih postupanja u ovoj oblasti. Istraživanja u socijalnom radu moraju biti u skladu sa naučnim standardima i etičkim principima kako ne bi na bilo koji način nanela štetu ispitanicima, ugrozila njihovu privatnost ili poverljivost podataka. Etika istraživanja u socijalnom radu odnosi se na prikupljanje podataka, njihovu obradu i analizu, ali mora biti ugrađena u sam proces istraživanja i svaku njegovu interakciju. Istraživanje koje nije sprovedeno uz uvažavanje i poštovanje prava, potreba i osećanja ljudi koji su u fokusu, dovodi ne samo do gubitka poverenja, a time i povlačenje saglasnosti za učešće u istraživanju, već nanosi štetu verodostojnosti i pouzdanosti rezultata. Specifičnost ove vrste istraživanja je da se velikim delom obavljaju bez nadzora, u ličnom kontaktu istraživača i ispitanika što otvara široko polje za eventualno nedozvoljeno ponašanje. Iako postoji težnja da se kroz kodeks i zakonsku regulativu ova oblast uredi, pouzdanu zaštitu predstavlja pre svega dobro informisan, savestan, saosećajan i odgovoran istraživač. Cilj ovog rada je da kroz prikaz različitih pristupa etici i oblika regulisanja na nivou pojedinih država pomogne istraživačima da prepoznaju i poštuju etičko postupanje u istraživačkoj praksi.

Ključne reči: *etika, istraživanja u socijalnom radu, regulacija, kodeksi*

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