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Everyday Welfare and Ethnographic Vignettes of Social Work Across Central and Eastern European Countries: Is there Something like an Eastern European Social Work?

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Abstract

Social work practice in the region of central and eastern Europe is deeply imbedded in the social history of the countries. The professional responses of the three welfare players, the state, non-governmental organisations and faith-based welfare services are determined by economic hardship of the majority of populations especially in the countries of south east and eastern Europe. Economic instability and insecurity are experienced also by social workers and other helping professionals and the precarious work conditions influence their professionalism and active engagement at the work place. Social workers from state social services instrumentalised by the needs of the governments are driven by the pragmatic idea of delivering welfare assistance money for those in need with often limited engagement and even more limited resources. The local and international NGO's are busy in the areas which remain abandoned by the state and often focus on diversity, equality and community and street-work approach but with limited influence on the broader population. Social workers in the religious organisations are serving the poor and often reach families with many children, the lonely elderly and those who are traditionally prone to seek help in the religious organisations. . A remaining medically oriented institutionally based social work model and thinking and the lack of practising diversity within social welfare and policy by the major welfare services in the countries remain almost a general characteristics of the eastern European social work.

Key words

Social work in central and eastern Europe; social policy; historical perspective; economic disadvantage; diversity

Introduction

The official definition of the socialist social work until 1991 in Yugoslavia - where social work education existed since 1952, and as the only example of the study of social work at the university level (since 1976) under state socialism at that time - was that social work “carries out the goals of social policy” (Zaviršek 2005, 2008, 2012a). Isn’t this precisely how social work is defined in the today’s welfare regimes across central and eastern Europe¹ and also in some western societies? Social work interventions in the region as historically- and context-specific practices are today imbedded in the decades of state socialism, post-communist economic and social transformations and so is social work education.

The article is an overview of the social welfare and social work case studies in several countries of central and eastern Europe and includes ethnographic vignettes and fieldwork observations made by the author across different countries. Despite regional diversities, some social policy facts and social work responses can be generalized (poverty, migration, the lack of community based welfare services, a strong presence of the international welfare money and actors) and some of them even transnationalised (the issue of social welfare among Roma and little welfare strategies to lessen the level of their social and economic exclusion). Other examples are limited to specific local contexts (ethnic wars and conflicts). Some examples from the region can be read as the metaphor of the eastern European social work and suggest that issues like the lack of diversity thinking and social inclusion are the characteristics of social work and policy in the region. The historical perspective intends to give a framework from which the readership might better understand the current social welfare processes in central and eastern Europe. The article gives an overview about major social changes after 1991 in central and eastern Europe which have shaped the welfare systems in the region. The focus will be oriented in three welfare players: the state, the non-governmental and the religious organisations.

How eastern Europeans moved from socialism towards neoliberalism

After the change of the political regimes in 1991, the region of eastern Europe faced ethnic wars, massive economic crises, migration and the appearance of state building among the former Soviet Union and Yugoslav republics alongside international political players (World bank, the International Monetary Fund, institutions of the European Union and international NGO’s) which influenced economic lives, social policy and welfare as well as social work responses in the region. The “emergency welfare state”² processes included new social policy legislation and the development of the mixed system of social services (governmental, non-governmental and private organisations). The times of economic liberalization were harsh for most central and eastern European countries and for the majority of people (Jäppinen et al. 2011, Bessudnov et al. 2011). Local industries and the majority of state enterprises collapsed

¹ The author uses small letters in the words “central” and “eastern” Europe instead of capital letters which are most often used as meaningful adjectives, the words that are contested, ideologically-loaded and often used to stigmatize some parts of Europe (more on that Zaviršek 2014, in press). This type of writing expresses a more neutral, geographical positioning, although geography and ideology can never be really separated.

² The term used by Tomasz Inglot (2009).

and a period of enormous unemployment, among men, women and ethnic minorities (especially Russian in the Baltic countries, and Roma people in the Czech Republic, Slovakia, Slovenia, Croatia, Romania, Hungary and Bulgaria) started to dominate everyday life. Poverty expanded and remained the central fact of life. It affected most heavily the rural areas of the region, from where people migrated to the capital cities, or from more eastern parts of the region towards the western parts, and from more southern parts towards the north (from central Asia to Russia; from Ukraine to Poland and Italy; from Kosovo and Albania to Croatia and Slovenia). In Albania, rates of poverty in rural areas are almost 70 percent higher than in the capital city (Ymeraj 2007).

People faced many breaks in their everyday routine: privatization of publically created goods during state socialism (kindergartens, local health centres, factories); flexibilization of labour and consequently unemployment after a long period of full employment; early retirements of a huge number of workers in some countries³; ethnic conflicts and wars; economic migration and consequently the transformation of extended family care system and family life; the development of huge economic inequalities (“the new rich”); the return of religious powers as the key political and social players in secularized societies. Eastern European countries moved from the period of state socialism to the era of neo-liberalism. Many researchers show that the international financial institutions heavily influenced national governments’ decision-making in the economic and social policy areas and worked towards the neo-liberalization of the whole region (Deacon, Lendvai, Stubbs 2007).

Violent ethnic conflicts (Croatia, Macedonia, Georgia), ethnic wars (Armenian, Azerbaijan, Chechnya), ethnic cleansing and mass killings (Bosnia and Herzegovina, Kosovo) which appeared almost immediately after the fall of Yugoslavia and Soviet Union caused deaths, disability, forced migration, a big number of refugees, internally displaced persons as well as voluntary and compulsorily re-migration, increased poverty, trans-generational losses and trauma. In Bosnia and Herzegovina 100,000-300,000 persons were killed and out of 4.4 million population one million fled the country between 1992 and 1995 (Maglajlić Holiček, Rašidagić 2007). Similarly, 850,000 persons fled from Kosovo in 1999 and 360,000 Kosovans sought refuge in neighbouring Macedonia which was about 17 percent of the whole population of Macedonia (Gerovska Mitev 2007; Cococelli 2007). After Kosovo proclaimed the independent state in 2008, social work students disputed whether they are ethnically “Albanians”, “Moslems” or “Kosovans”, and remained divided into three different ethnic identities (participatory observation, 28. Oct. 2010, University of Pristine). In several countries of the region ethnic belonging constructs a singular identity and remains the most important social signifier. Georgia with less than 5 million populations has formally 250,000 internally displaced persons, and half of them still today live in Collective Living Centres (since the Russian occupation of Abkhazia and South Ossetia regions in 2008) (Institute for Social Research, UN Entity for Gender Equality, 2014).

During state socialism, the 19th and 20th Centuries’ primordial understandings of the blood-kin relationship based on singular ethnic belonging were replaced by the pragmatic

³ Vanhuyse analyzed this phenomenon as the deliberate governmental strategy against the potential resistance towards the neo-liberal reforms in Poland and the Czech Republic (2009).

communist ideology which suppressed the ethnic identity in order to construct again a singular, but new identity of a “socialist proletariat”. After 1991, ethnicity became for the vast majority of people almost a “new” political and social identity, not formally recognized and mostly not individually lived for almost half of the 20th century. The “imagined identities” were mobilized by political elites for a new political project of shifting the national and state borders. In 1992 the new Slovenian government deprived more than 25,000 persons (official holders of Yugoslav passport who came to Slovenia as economic immigrants during the 1960ies when this was still one country) of their citizenship rights and erased them from register of permanent residents of the Republic of Slovenia (2 million population) (Zorn, 2013). They lost all social and political rights and were treated as “illegal migrants” vulnerable to detention and deportation. In 2012 they won a case at the European Court, and the Slovenian government still has to compensate the harm with financial compensations. In the Baltic countries, too, the exclusion of the internal »others« (the Russian ethnic minority) helped to construct seemingly ethnically homogeneous states.

One of the transnational social work issues which cut across national lines in the region and transgress the old-fashion divide between east and west is the critical economic and social situation of Roma people. In order to develop a transnational response towards effective social work and policy, it is important to have a historical perspective on the situation of this ethnic group which has been a minority in all European countries. Most of them live in central and eastern Europe, but have become daily or long-term migrants in the west. Roma people, who are today the largest ethnic minority in Europe (9 – 12 million), have suffered severely during the last twenty years. The figures are estimates and include people who have defined their Roma ethnic belongings during National Censuses and those who have not (mostly because of racism). Roma men have lost their jobs due to the closing down of heavy industry and their poor education. Additionally, they have lost the alternative sources of earning (e.g., collecting iron, plastic bottles, simple craft, music) and remained largely without income, and dependent on social assistance money. Many Roma fled ethnic wars. In Kosovo, for instance, Roma villages were burnt after the war, as the local population deemed the Roma as Serb collaborators. Some of them became asylum seekers, illegal migrants and long-term homeless. Unemployment levels among Roma people in all countries of eastern Europe are extremely high, currently ranging from 60 to 90 per cent. Roma women are transgenerationally marginalized, living mostly in segregated settlements that they hardly leave. They are unemployed, sometimes illiterate, but receive welfare assistance if they have children. Regardless of whether they have small or large Roma population, all eastern European countries have from moderate to extreme nationalist rhetoric against Roma peoples, some ethnically motivated hate speech and violent attacks against Roma settlements (Vermeersch, Ram, 2009). The ethnic hatred has been a product of a long history of exclusion in the pre-communist period, during communism (since Roma lacked long-term industrial employment, they were categorized into the lowest class among socialist citizens, and called the lumpen-proletariat) and continues today. In Slovenia for instance which has a high rate of unemployment since 2011 and a strong anti-Roma sentiment, there are hardly any job-opportunities for Roma people (Urh, 2014). Therefore, Roma who live in towns and villages close to the Austrian border, have recently become daily migrants to the neighbouring country Austria which offers seasonal and temporary work to Roma workers.

Economic crises and the neoliberal transformation of the national governments, made thousands of people migrate to western countries to seek jobs and support those who stayed in their country of origins with remittances. In Albania (3.1 million population) a quarter of its population (mostly young men) left the country between 1990 and 2005 mostly to Greece and Italy (Ymeray 2007). A study with the sample of 1.097 respondents shows that in almost 50% of cases people were given help to migrate by friends and family members who already left Albania and that 67% of them bribed someone who facilitated the migration process (visa procedure etc.) (Dragoti, Hoxha, 2011). This shows that migration affects many levels of interpersonal relationships and that the processes of decision making about preparing to leave and to migrate have become part of everyday life in the poorest countries of the region.

Thousands of women from Ukraine and Lithuania have become care workers and are today part of the phenomena known as “global motherhood” (Ehrenreich, Hochschild, 2003). They care for the family of the employer abroad while providing economic care for their families at home, especially their children. Only in Germany there are about 200,000 female care workers from eastern Europe with more than 30,000 from Lithuania. In the Ukraine, some estimates show, that in every third family at least one female member is a migrant worker abroad (Tolstokorova, 2010) and population sank from 52 to 45 million people in 20 years.

Remittances from eastern European emigrants have become a crucial income source or the only family income which help numerous families to survive, and are therefore desired by governmental officials. Only after 2011 has the large-scale female migration become a governmental concern. In Lithuania, the mass media speak about the “national epidemic”, while in the Ukraine, social workers and other social service professionals speak about the “Italian syndrome” (abandoned and lonely children but with monthly income from their mothers working mostly in Italy). Some creative responses by social workers were developed to support children who are left alone. For instance, Lithuania, introduced temporary guardianship for grandparents who care for children of migrant workers (Malinauskas 2011). Not only relatives, but also friends, neighbours and school teachers provide some social parenthood for these children. Social parenthood has become a reality for a growing number of adults and children (Zaviršek 2012b).

Nevertheless, many researchers express concern that in poorer eastern European countries, the system of home care is entirely based on the unpaid care work of the family members, mostly women, who are today leaving home to seek paid care work abroad (Prochazkova, Schmid, 2009). Older people who are left alone can neither afford to pay state run nursing homes nor even more expensive private ones. In some countries social workers are involved in poorly paid community based home assistance services for the elderly.

The welfare and social work practices: the state services, the NGO’s and the religious players

Social work profession has become developed very rapidly and often as a double track: social workers employed in the governmental state services distributing welfare support money and mediating between different state institutions and people in need and social workers employed at the international NGO’s, whose main focus has been to work in the areas that remained marginalised by the governmental welfare policies (violence against women and children and

human trafficking, supporting parents - mostly mothers – whose children had intellectual disabilities, victims of HIV and AIDS, developing more individualised support for people with disabilities in their homes etc.). In the countries of former Soviet Union and the south-east Europe social work innovations with rare exceptions were only possible with the use of the international money.

The relationship between these two layers of the welfare system complements each other as well as cause competition and jealousy. A common critique against the overrepresentations of the international NGOs which offered social services was that they dictated the topics of concern and often ignored the context and needs of local population, creating a “project-culture” instead of needs-based provision (Arandarenko, Golicin, 2007) . In some of the poorest countries of the region, international NGOs locally distributed food and other goods to people in need, which established them as the main welfare players among people. A director of a state center for social work from Kosovo recalled: “They had the money to help people, and we didn’t have anything to distribute. Then we lost even more credibility” (personal interview, 20. Sept. 2009, Pristine). The social workers’ salaries from state services are often smaller than the one in the NGO’s funded by international donors, but in the eyes of the governmental social workers their responsibility and the number of service users who came to the welfare services is higher than the one in the NGO’s. At the same time social workers from the NGO’s claim that they more often than governmental officers serve the immediate needs of the service users and that they fill the gap of the welfare spheres which are overseen by the governments.

In the contexts of scarce resources and great needs as shown before, the competition for resources has remained very big. Sometimes even people in need of services believe that due to the international money some groups of service users are prioritized while other suffers without economic resources. In Ukraine for instance, the government has been ignorant to ensure the universal free-of-charge health system, what is one among the reasons for massive civil uprisal on the streets of Kiev in January 2014. Social workers from some NGO’s have been distributing free-of-charge medicine for people with HIV and AIDS with the help of international funding for several years since Ukraine has the European widest epidemic of HIV and AIDS, estimating that at least 350.000 persons are infected in the population of 45 million (Semigina, 2014). This disparity between regular provision of medicine for those suffering from HIV and AIDS and no free-of-charge medicine and services for people with other illnesses, caused a common hatred and rejection not only towards the state but also towards the international funders and people affected by the diseases, who are seen as getting “undeserved privileges”.

Newly established social work practice, was not ready to respond to huge economic and social demands faced by people across the region. A post-socialist mentality of “nothing really can be changed”, little financial support by the states to develop an engaged, service-users-friendly social work system and a continuous state instrumentalisation of social workers has brought very little changes into social welfare from a professional point of social work. The concept of the third mandate⁴, which expresses that social workers are neither only the welfare officers representing the interests of the governments nor only the advocates of the services users, but primarily the professionals whose work is based on a theoretical

⁴ The concept developed by Silvia Staub Bernasconi. Cf. Staub Bernasconi (2007).
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knowledge, research evidences, the ethics and values of the profession, has not yet been implemented neither in teaching nor in practice.

Some forms of service users' participation has been practiced but rather on a formal level instead of engaging in conversations, negotiations and advocacy for and with services users, other services and policy makers. One of the examples are very formal complaining procedures, where people can write notes in the books of complaints but can neither express their concerns in not-violent communication nor experience that some changes get implemented in practice.

Recently, a psychiatric social worker from Georgia presented the formal "complaining procedure" at the one of the semi-closed psychiatric wards at the psychiatric hospital. She showed to the visitors a mail box placed on the wall which gets opened by the workers from the hospital from time to time and read what people had written (participatory observation, 18. Nov. 2013, Tbilisi). Instead of listening to service users on the wards, taking them serious and trying to respond to complaints during their stay in the psychiatric hospital, the social worker's response is formal and non-engaging. In addition to that, even if social workers act as advocates for persons whose rights are violated, the institutional system and the hierarchy between medical and social professionals prevent bigger changes. Similar attitudes can be found across all countries of former Yugoslavia where deinstitutionalisation of large institutions for people with mental health services and other disabilities despite a modest mental health people's movement has not yet happened (Zaviršek 2014a, 2014b).

The central and eastern European countries which became part of the European Union (in 2004, 2007 and 2013) but also some other states from the region, have adopted modern legislations which have foreseen social inclusion, community services and deinstitutionalization, but they are far from being implemented. In Slovenia most services for persons with disabilities are still institutionally based. Despite a long-term advocacy work for deinstitutionalisation, none of the institutions got closed, and there are still 20.813 children, adults and elderly with different disabilities who live in different institutions across the country (1% of the population). The only difference is that some of the long-stay institutions have opened smaller units in order to move the residents from big building (castles, barrack etc.) to smaller units, often only a stone's throw from old buildings where they have stayed before (ibid.). The financial support for these changes comes mostly from the European Union Structural Funds money, and should be used according to the United Nations Convention on the Rights of People with disabilities, for community-based services and independent living schemes. Some advocates from Bulgaria have been emphasising the potential misuse of these funds since the governments in central and eastern Europe signed the United Nation Convention of the Rights of People with Disabilities but don't take the ideas of deinstitutionalisation serious (personal interview with Kapka Panayotova, 11. Nov. 2013, Brussels). The medical model of the social work practice in the realm of mental health and disability has remained most common response to children, youth and adults with different impairments and mental health problems.

Nevertheless, some social work activities within the welfare systems have focused on social inclusion. As other social work practices "social inclusion", too is culturally-specific concept that travels across the welfare systems but means many different things. For service users in the region, "social inclusion" has been the consequence of early exclusion on the basis of

medical diagnosis (intellectual disability, mental health diagnosis, ethnic belonging seen as a pathology) and early long-stay institutionalization (sending children into boarding schools far away from home). Sheltered workplaces for people labelled as intellectually disabled or having multiple disabilities that would in the past only be at home or locked in an institution, is a very common form of “social inclusion” in Slovenia (there are about 3.200 persons working in these workplaces which is the majority of the intellectually disabled). Service users spend the working days in places where they do repetitive activities and socialize with other persons, before they are driven either home or to the institution where they live. The payment is symbolical. Some of the professionals have called sheltered workshops “adult kindergadens”, where persons with disabilities are kept active with simple tasks but are not encouraged to acquire skills which would help them to become more competent and independent (Zaviršek 2014a). Can these activities really be called “social inclusion”? One of the problems is that the economically, socially and symbolically constructed exclusion which has been over the years carried out mostly by social workers, health professionals and pedagogues, has been recently followed by reverse processes of “social inclusion”, but by the same professionals who most often do not really have professional knowledge what “social inclusion” and independent living really means.

While children with different impairments are more often than before send to ordinary schools, Roma children, for instance, have in the last decade across the entire region been disproportionally often labelled as intellectually disabled and sent to special schools (OSI, 2006). These professional decisions done by social workers are also seen as a form of “social inclusion” of the members of ethnic minorities whose ethnicity is seen as intrinsically pathological. The common - sense has been that Roma are “unemployable”, therefore, no harm is done when they obtain special schools instead of ordinary. Some social workers believe that it is better for Roma children to be in a special school than to experience an early drop out from the mainstream education. Both of the argumentation manifest social inequalities and discrimination and show that the label disability is neither only a “medical” diagnosis nor an “objective” measure of the person’s intellectual abilities. “The Roma question” remains an oppressive conceptualisation of constructing the “Other”. Roma ethnic background is seen from the eyes of most social workers in the region as »the problem« *per se*.

The ascribed Otherness comes partially from the outside, which is especially obvious in the case of Romania after the migration of Romanian Roma to western countries (there are aprox. 2,5 million Roma people living in the country). The Romanian citizens have become in the eyes of the West symbolically or even actually seen as Roma altogether (»Romanians are Roma«). At the same time the constructed Otherness comes from inside, too, as the majority of the local population in the region show hatred and discrimination against members of Roma ethnic minorities. In the very first social work symposium on Roma in Slovenia organised by the Community Centres for Social Work (the governmental umbrella organisation which link together all 62 center for social work which are the major welfare organisations in the country) the majority of invited speakers mostly the directors of governmental welfare services started their speeches with the sentence: »Roma come from India.« (participatory observation, 30. May 2013, Krško). The everyday construction of the internal Other, is rarely reflected but rather used for the construction of the “natural difference” among the ethnic minority group and the majority population. In many countries

in the region mostly social workers who work in local NGO's work closely with Roma communities and especially with the children. There are several innovative projects in Bulgaria and Romania, where international NGO's together with social work students and local people set up Roma cooperatives in their settlements.

In one of the social work research conducted in Romania, Roma people are real subjects of research along with other social groups instead of remaining invisible and "mute" like in many other countries. During the study the researchers explored the risk behaviours for HIV transmission among adolescent and young female sex workers from three large cities of Romania (sample of 300 girls and women from 13- 24 years old). The study shows an overlap between selling sex and drug injecting which are both risk factors for the HIV infection and showed that young Roma female sex workers became involved in the sex industry at earlier ages than other female sex workers in the country and have poorer education (Preda, Buzducea, Lazar, Grigoras, Busza, 2012). The research pledges for a range of free-of-charge medical and social services which would help young women from Roma and non-Roma background overcoming dependency, getting medical treatment in case of infection and keep them out of sex work. In this study Roma girls and young women are not a "pathology-driven group" upon which the "Roma question methodology" is applied, but are shown as the members of impoverished population using their bare lives in order to secure daily living. While struggling for survival they expose themselves to the high risk behaviour that endangers their health and prevent social integration.

Nevertheless, the delivery of social assistance money to people who are unemployed, poor families, ethnic minorities, elders and persons with disabilities is the main part of social workers' activities from Russia to Slovenian (cf. Grigoryeva 2013). In wealthier countries in the region with a wide range of long-stay governmental institutions and community-based welfare services (day centres for people with multiple diagnosis, sheltered workshops, crises centres for children in need, family-helpers system, women refuges and the group homes for people with mental health problems and other disabilities) social workers provide placements to these institutions and organize payment contracts usually covered by local municipalities, the state and the person and his or her relatives. Most of the welfare facilities are located in the cities and people from rural areas hardly reach them or must send relatives far away from home to long-stay institutions. In Slovenia since the economic crises after the 2008 and forced radical cuts in social protection by the international financial organizations, even more social work activities are focused on social transfer delivery, and fewer activities happen in the area of community development.

Economic hardship has been experienced by social workers, too (Social Work Education and the Practice Environment in Europe and Eurasia, 2008). There is no research about its impact upon the quality of social work practice, but some personal stories from practitioners show that they sometimes identify their own needs and disadvantages with the ones of their clients. A Kosovan social worker who has worked at the center for social work for 30 years recalled his personal story:

"My son woke me up in the morning asking me for the money to buy bus tickets. I told him I couldn't give him the money as I didn't have it. Then I thought to myself that I became "a social assistance case" myself. I made myself ready to go to work, went to the center for

social work where the clients already waited for me'' (personal interview, 20. Oct. 2008, Pristine).

The story shows how a social worker in a state-run social service hardly differentiates himself from the welfare recipients. Like the service users he feels powerless and socially deprived which inevitably affects his ability for advocacy, empowerment and a reflective professional practice.

The economic crises and the neoliberal governments across the region have caused more poverty among the retired workers, the elderly, people with disabilities and elderly single women. The consequence is that the religious organisations and the staff without academic education started to offer “social work” services. These organisations have become sometimes the only sheet anchor for people in extreme poverty. It seems like that two parallel processes exist in the region: on the one hand the academization of social work (Zaviršek 2009) and on the other the growing number of organisations practicing charitable activities that are replacing the state social work services and professional support. The revival of the religious social services can be observed across the entire region. Church power has been re-established ideologically and economically after states returned some (or even whole, like in Slovenia) of its confiscated property from the times before communism. Despite the regained power of the religious institutions which suffered persecutions during communist era, the religious authorities see themselves as the “victims of the former communist regime” and in need to be compensated for survived atrocities. With the increased neoliberalization, the state abandonment of people in need from social assistance money, housing and other forms of support, the church got involved in social welfare work by “serving the poor” (religious kitchen, help for the families with many children, the elderly, the disabled, individual counselling).

At the same time the religious authorities became front-runners in morally-driven debates and are together with the leading political parties responsible for the increased level of intolerance and violence across eastern Europe. In November 2013 the Patriarch of the Georgian Orthodox Church prohibited the local NGO to open the shelter for homeless families in the capital city Tbilisi. The organisation called *Identoba* (Engl.:Identity), funded by international donors, has become known for its liberal views on same-sex partnerships and the promotion of the equal rights of lesbian, gay, bisexual and transsexual community members. The religious spokesmen publically condemned the members of the NGO for being dangerous for the homeless children. As the consequence of constructed moral panic *Identoba* got hundreds of anonymous threads from people across the country what eventually stop them to open the first shelter for homeless people and families in the country (Robakidze, 2013; personal interviews, Tbilisi, 14. – 17. Nov. 2013). Between 2009 and 2012 the Catholic Church in Slovenia started violent campaign against the governmental proposal of the new Family Act which meant to disallow physical punishment of children by parents and carers, gave more rights to children with intellectual disabilities and equalize families of the same-sex parents with the heterosexual ones. The ideologically driven campaign by the Slovenian Catholic Church was followed by the right wing supporters constructed gay people as dangerous paedophiles, who pose a threat not only to an individual child but to the health of the nation as the whole (Zaviršek, Sobočan 2012). The proposed Act was banned. Similarly in Croatia the

Catholic Church and the right wing parties succeeded to push a national referendum for a similar matter in December 2013 which ended into changes of national Constitution. Those who attended the referendum supported the religious claim saying that the constitutional changes should clearly define the marriage as being only possible between a man and a woman (G.V., T. G. 2013). All of these examples show that eastern Europe remains the “zone of sameness”, where diversity and difference are seen to be a threat to the homogeneous majorities.

Social workers and social work educators in the region vary in their responses towards human rights violation. Some of them practice critical social work while the majority see social work as a rather “neutral” profession which helps, assesses, transfers, evaluates, measures, but does not criticize the existing social order and unequal social structures.

Conclusions

Social work practice in the region of central and eastern Europe, as shown in the article is deeply imbedded in the social history of the countries. When social work teachers and professionals from the region want to contextualise their professional activities, they most often use an expression that they work and live in a “society which is in transition”. The “transition” has become a cover-word which can be translated in variety of ways: as the justification of the given situation of economic hardship, an excuse for poor practice and services, an expression of a fatalistic world-view where little can be changed and for those who “speak out loud”, even the achieved might be lost.

Social workers from state social services instrumentalised by the needs of the governments are driven by the pragmatic idea of delivering welfare assistance money for those in need with often limited engagement and even more limited resources. The local and international NGO’s are busy in the areas which remain abandoned by the state and often focus on diversity, equality and community and street-work approach but with limited influence on the broader population. Social workers in the religious organisations are serving the poor and often reach families with many children, the lonely elderly and those who are traditionally prone to seek help in the religious organisations. The professional responses of all three welfare players are determined by economic hardship of the majority of populations especially in the countries of south east and eastern Europe. Economic instability and insecurity are experienced also by social workers and other helping professionals and the precarious work conditions influence their professionalism and active engagement at the work place. A remaining medically oriented institutionally based social work model and thinking and the lack of practising diversity within social welfare and policy by the major welfare services in the countries remain almost a general characteristics of the eastern European social work.

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