



Regional Perspectives on Social Work: Europe

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INTRODUCTION

At different points in history the geopolitical boundaries of Europe bordering Africa, Asia and the Arctic and Atlantic Oceans have shifted, variously including and excluding different nation states. The two most prominent of Europe's institutions define Europe differently, the European Union (EU) having 27 member states (Europa, 2011) (population of 495 million inhabitants), whilst the Council of Europe (representing over 800 million people) counts 47 member countries covering all countries in the continent (with the exception of Belarus) (Council of Europe, 2010).

Lyons and Huegler (2010) describe Europe's geographical spread as stretching from the Nordic and Baltic countries in the northwest, encompassing Russia in the northeast and in the southwest, including the Iberian Peninsula and extending southeast to Turkey (to the west of the Bosphorus). The countries within this continent vary enormously in size of both land mass and demography. Compare for example, Malta with 408,333 people and occupying 316 square

kilometres with Russia with a population of over 138,739,892 and covering over 17 million square kilometres.¹

The United Nations (UN) divides Europe geographically into four regions based on the main compass points. Northern Europe includes the Nordic and Baltic countries along with the United Kingdom and Ireland; Southern Europe comprises mainly the countries bordering the Mediterranean Sea; Western Europe includes Belgium, France, Germany, the Netherlands, Switzerland and some of the smaller countries of 'continental Europe', and Eastern Europe includes former Soviet Union countries. The UN categorises the countries of Europe as amongst the world's economically 'developed' areas (UN Statistics Division, 2011). Further sub-divisions of these four regions are variously utilised when attempting to explain or describe commonalities and differences within and between countries in Europe. The rationale given or implied for such groupings can be tenuous and the countries included in these regions often differ.

The cultural diversity of Europe is exemplified by its range of languages. Within the

EU, there are currently 23 official working languages and over 60 indigenous or minority language communities (Europa, 2010). Historically, Europe has been and remains connected with its colonial legacy. Migration has contributed significantly to its rich tapestry of cultural and ethnic diversity, encouraged since the late 20th century by policies of 'multiculturalism' in countries such as the Netherlands, Sweden and UK. Elsewhere, policies of 'assimilation' sought to indigenise newcomers into the dominant culture of the receiving country, as was the case in France (Lyons and Huegler, 2010).

HISTORICAL PERSPECTIVES

As with the region itself, social work in Europe, since its professional origins around the beginning of the 20th century, has been prone to political and ideological interpretations. The largest European country, Russia (which extends into Asia), has sometimes been seen as part of Europe and at other times been pushed beyond its borders. Some parts of Europe, which were geographically embraced, were culturally seen as strangers (Turkey for instance). The Cold War division of Europe (between NATO and the Warsaw pact countries), had built a political and social border as well as a physical barrier (the Berlin Wall), a division reflected in the history of European social work.

Since the early 1990s a growing internationalisation and the establishment of networks among social work schools and scholars have contributed towards a better understanding of social work across Europe. Examples are the ECSPRESS Network (Chytil and Seibel, 1999) the European Platform for World-Wide Social Work (EUSW)² and the Network for Historical Studies on Gender and Social work in Europe.³ Many social work researchers previously thought that social work was only known in the 'West' and that professional social work was established with the aid of

those from the 'West' following the collapse of communism. This type of thinking, known as the 'cold-war methodology' had constructed Eastern Europe as a homogenous entity and overshadowed the specific social work traditions of various European countries in different periods of the 20th Century (Hering and Waaldijk, 2005).

The attempts to establish professional social work could be seen across Europe, beginning with courses in Germany, Holland and the UK in the last years of the 19th century. A school of social work was established in Amsterdam in 1899 (Healy, 2001) while Alice Salomon (1872–1948) founded the first women's school for social work in Berlin (1908). In 1912, another Jewish German 'welfare theorist', Ilse Arlt (1876–1960), opened a school of social work in Vienna (Maiss, 2009). Similar schools were also established in Budapest (1926, Margit Slachta); in Bucharest (1929, by Princess Ileana); and in Warsaw (1925, Helena Radlinska).

These vibrant social work activities were halted in many countries by events from the 1930s onwards, including a growing economic recession and the rise to power of the Nazi regime. Yugoslavia was the only post-war European country where communist leaders established several schools of social work (Zaviršek, 2005, 2008). Perceived as an activity for petit-bourgeois women, social work was deemed unsuitable within state socialism. The dominant belief was that socialism would eradicate the need for such intervention and ensure the well-being of every human being. Therefore, social work in Eastern Europe had apparently been erased when communism ended in the 1990s. After the historic fall of the Berlin Wall (1989) and the demise of different forms of state socialism (by 1991) an intensive process of European integration took place, which led to the expansion of the Council of Europe and the EU. The EU enlargements in 2004 and 2007 included 10 former socialist countries.⁴ These events also influenced social work developments. Two important associations

assisted integration: the International Association of Schools of Social Work (IASSW; established in 1927) and the European Association of Schools of Social Work (EASSW; established in 1995).

The early professionalisation of European social work (up to 1938) occurred at a time when capitalist societies realised that economic and social stability required support structures for people who were vulnerable or disadvantaged. The consequences of the Second World War strengthened the secular concept of welfare and the development of European welfare states. In the aftermath of the Holocaust, the Universal Declaration of Human Rights (1948) and the Convention for the Protection of Human Rights and Fundamental Freedoms (1953) seemed to signal a commitment towards humanity, equality, and the well-being of everyone (Appendix 4). Later on, the European Social Charter (adopted in 1961 revised in 1996)⁵ aimed to guarantee the social and human rights of people in Europe, including the right to social security (Article 12); the right to social and medical assistance and appropriate public and private services (Article 13). Article 14 explicitly mentions the right to benefit from social welfare services and the promotion of services ‘which, by using *methods of social work*, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment’ (emphasis added). In the post-war climate, therefore, the value base and ethical discourse within European social work and social policy shifted from 19th century thinking (help to the deserving needy) to a focus on human and citizen rights; and equality among European populations, regardless of age, gender, ethnicity, sexual orientation and disability.

Paradoxically, the division of Europe into two competing political and economic systems of capitalism and communism that lasted for nearly 50 years, had importantly influenced the development of European welfare states and professional social work.

Scheppele (2010) has suggested that the period of ‘compassionate liberalism’ of Western societies actually started with the Russian Revolution (1917) and ended with the collapse of the Soviet Empire. When European liberalism lacked the competition of another political system, it started to promote a more aggressive competitiveness, increased the neo-liberal ideology of work, and started to re-organise state institutions (ministries, welfare and educational institutions including universities) to serve the private rather than the public sphere. The neoliberal ideology and processes have substantially transformed social work and social policy throughout Europe.

THE SHRINKING DOMAIN OF SOCIAL POLICY AND SOCIAL WORK

Some commentators have utilised comparative social policy models when attempting to typologise social work in different countries, on the basis that social policy and welfare systems are significant for the way social work is formed and organised (Meeuwisse and Sward, 2007). Lorenz (1994) argued that the ideological basis informing different welfare regimes permeates the practice of social work and from this perspective he identified four broad categories of social work in Europe, largely building on work on welfare regimes (Esping-Andersen, 1990; Leibfried, 1992).

In Lorenz’ (1994) typology, the *Scandinavian model of social work* (e.g. in Sweden) saw state agencies as the principal employers of social workers within networks of multidisciplinary services, existing to promote democracy and solidarity. Social workers were expected to evaluate and develop services and enjoyed a relatively high status. This model is based largely on social democratic political approaches. The *residual model* (dominant in the UK), largely described countries where the state and market jointly operate in the provision of social work services and privatisation of welfare has been

evident since the later part of the 20th century. Services are mainly means-tested, largely targeted at the poorest members of society and there is an orientation towards individualised approaches that often emphasise a 'polarisation of care and control', relying more on coercion than social cohesion (Lorenz, 1994: 24). The *corporatist model* exists mainly in countries following the principles of Bismarck's welfare state organization and based on Catholic principles of subsidiarity. The responsibility for welfare resides in the institution closest to the point of need, i.e. the individual, family, community, non-governmental organisation (NGO) before the state. The state funds NGOs to deliver services and because of the lack of centralisation, the social professions diversified. State social workers were often left to carry out tasks associated with 'control' and such positions were not attractive (examples are Germany and The Netherlands). The final model offered in this typology is the *rudimentary model*. In some countries, Lorenz suggests that because the state offers very limited social protection and has patchy provision of social services it is difficult to generalise about social work. In some countries a number of social workers are employed by the state, but more typically by NGOs. (This grouping includes 'southern' or 'Mediterranean' countries such as Spain but also Ireland.)

Meeuwisse and Sward (2007) identify a series of objections to such typologies in their review of cross-national comparisons of social work, e.g. that they are built upon dubious assumptions – for example male wage-labour models. They also question the direct link between welfare models and social work. Further, Wilensky (2002) argues that 'convergence theory' has made such models irrelevant as the processes of economic globalisation and changing demography have blurred distinctions in the 'welfare mix' in different countries resulting in welfare systems having greater similarity. Others propose profession- or practice-oriented comparisons as useful perspectives for

comparison (Hokenstad et al., 1996; Jergeby and Soydan, 2002). However, Meeuwisse and Sward point to the danger that 'sweeping and one-sided generalizations' and 'similarities and differences in social work are either underestimated or overemphasised' (2007: 494) when using comparative modelling techniques and that such studies inevitably become quickly outdated. The study by Lorenz illustrates this point as it pre-dated the accession of the ten Central and Eastern European (CEE) countries into the EU which consequently were excluded from the typology.

Over the last 20 years Europe has undergone (and is still experiencing) multi-dimensional welfare state transformations in financing, provision and regulation accompanied by the export of jobs from Europe. Current social issues include mass unemployment of young and older people; the exploitation of workers, e.g. through flexible employment and low wages; and privatisation of the public sector across the region. Exacerbated by the economic crisis in Europe that began in the United States in 2008, poverty and social inequalities are growing and elements of 'social Darwinism' are returning as the rich grow richer and the deprivation of the poor is individualised and sometimes punished. In 2010 mass protests of workers and trade unions in several European countries demonstrated reactions to these processes. The more conservative analysts describe these changes as 'refocusing of state interventions and redefinitions of the mixed economy of welfare' (Seeleib-Kaiser, 2008: 211) but do not yet see this as signalling the 'end of the welfare states', while more radical thinkers see these processes as the withdrawing of public responsibility, the shifting of public savings into private hands and a retrenchment in the domain of welfare policy with harmful long-term consequences. In the view of many social work scholars the European commitment towards welfare and human rights is shrinking (Jordan, 2004; Fortunato et al., 2008).

Critical researchers in social work and social policy have variously described recent

trends as: from welfare to workfare (Ginsburg and Lawrence, 2006); from welfare safety net towards a scarcity of resources (Dobkowski and Walliman, 1998); from managing resources to managing people (Littlechild, 2009); from welfare entitlements to the criminalisation of the poor (Wacquant, 2009 [2004]); from a structural understanding of inequality to the individualisation of responsibility for poverty, illness and old age (Dominelli and Hoogvelt, 1996; Moussu, 2008); from welfare activities of the state to policies and practices directed at governing the social (Clarke, 2004); from welcoming immigrant labour to the system of border controls, detention centres and deportation policy known as 'Fortress Europe' (Humphries, 2004; Zorn, 2009), and from secular-based social work towards the re-religisation of welfare services (Rommelspacher, 2010).

Measurements of income distribution within the EU indicate that levels of inequality are connected to the risk of poverty and point to a gap between CEE countries, Mediterranean countries and other Western European countries. Income inequality is highest in CEE and high in some Mediterranean countries, but lower in the majority of Western countries (e.g. especially in Sweden and Denmark). Poland, Hungary, Greece, Spain, Italy, Ireland and the UK all face above-average levels of inequality while other EU member states have a middle level of inequality (Ward et al., 2009). The increasing level of poverty is partly related to a growing number of migrant and domestic workers in flexible and precarious jobs across

Europe (Pena-Casas and Latta, 2004). During 2008 and 2009 the number of people working in flexible or short working day employment increased dramatically, as shown in Table 27.1.

Current welfare transformations show differences in the design and arrangements of social welfare provision across Europe but, as emphasised by Seeleib-Kaiser (2008), also evidence a strong convergence of social policies, its institutions and welfare regimes. The welfare changes evidently show a common trend of states' withdrawal from their responsibilities in most areas of social welfare, social housing, pensions, health and even education.

Many other issues are also of concern for social work in Europe today, for instance racism towards migrants, ethnic and religious minority groups; the slow process of inter-ethnic reconciliation after ethnic wars in former Yugoslavia and the former Soviet Union; and the rise of new political conflicts (e.g. in Georgia) (Ramon, 2008). Uncertainty and disappointment are replacing a period of great hope and trust in stable European welfare states, which impacted upon social work values in the second part of the 20th century. These changes are having a profound effect on social work practice and education. The shrinking of people's social rights has been one of the reasons for an increased interest in ethics. Social workers are currently actively engaged in debates about social work ethics and different codes of ethics that exist across Europe (Banks, 2006; Staub-Bernasconi, 2007). They acknowledge that social work ethics have to be connected with other areas

Table 27.1 People in flexible forms of employment in Europe

	2008	2009
Belgium	120,000 persons	185,000 persons
Ireland	20,800	89,250
Austria	8800	62,000
Germany	50,000	1,400,000

Sources: Leskošek, 2010.

such as feminist ethics, disability ethics and the area of human rights and democracy. For example, one of the ongoing ethical dilemmas for social work is that people with disabilities are partially excluded from ordinary life by the disability label in order to be re-included through welfare system provision. They are part of society, but their participation is exclusionary and their identity formation is based upon negative images, stereotypes, stigma and parallel institutional provision (e.g. special schools and segregated employment places or occupational activities) (Zaviršek, 2002, 2007). It can be noted that social workers are sometimes complicit with these types of exclusionary provision but sometimes advocate against them. Another ethical dilemma across Europe concerns whether religion should transcend the private sphere and influence human rights issues and social work interventions within the public sphere.

Social work in Europe is inevitably connected with social movements, political activities and regional,⁶ international and professional networks. In its early stages, members of the women's and feminist movements and those who advocated for workers' rights were among the most important agents of change. Today, critical social work thinkers and practitioners are contributing to European networks and global initiatives against the negative effects of global capitalism, climate change and environmental and human made disasters (Climate Change and Disaster Intervention task force groups of the IASSW); against managerialism, marketisation and stigmatisation of service users (Social Work Action Network – SWAN⁷); against the negative effects of inequalities on people's health (Social Work and Health Inequalities Network⁸); and for the increase of social work knowledge on interventions in times of political conflict (International Social Work and Political Conflict Resolution Network⁹). These innovations and critical approaches are likely to have important consequences for the future of social work education and practice in Europe.

PROFESSIONALISATION OF SOCIAL WORK THROUGH EDUCATION

Although the ethos of caring for and protecting the more vulnerable members of a community or society can be traced back many centuries (Adams et al., 2000), organised social work education and training courses emerged in Europe in the late 19th and early 20th centuries onwards (Kantowicz, 2005). This was based variously upon ideological concepts from the four broad traditions of Christianity, philanthropy, feminism and socialism (Lorenz, 1994). Early attempts at internationalisation were documented by pioneers during the 1920s and early 1930s, and continued after the Second World War when social, community and group work methods were utilised in social and political reconstruction (Lorenz, 2006).

The convergence of social work training and education in many European countries from the late 1940s onwards could have resulted in casework-based approaches becoming the only dominant pattern. However, challenges to such uniform ideas (from the late 1960s on) came from several sources: from attempts to indigenise social work to pre-war forms in some countries; and from more radical perspectives associated with mental health and disability user-led movements as well as feminist and anti-racist social work that emphasised structural and collective explanations and interventions. In several European countries the allied discipline of social pedagogy with its own epistemological paradigm was influential for social work's development (Hämäläinen, 2003).

EU education policy included student and staff mobility programmes from the late 1980s and these have facilitated the sharing of knowledge about and broadening of the social professions throughout Europe. Scholars, practitioners and students, facilitated by EU-funded mobility grants, began to discover and experience different and unfamiliar approaches and interventions (Seibel and Lorenz, 1996; Lyons and

Lawrence, 2006). Exchanges revealed a rich diversity of education and training forms. The location of education programmes within academia and the differential status afforded to social work academics in different countries point to cultural, political and historical differences and similarities within Europe. A key issue in this context is whether education for the social professions is considered as an academic discipline, impacting on the roles and status of professionals (Frost and Camapanini, 2005).

The so-called 'Bologna Process' in Europe in the early 21st century sought to establish a European Higher Education Area and furthered the recognition of qualifications both within Europe and internationally through a common pattern of undergraduate (bachelor), postgraduate (master) and doctoral (PhD) study. The result is that most social work education qualifying programmes subject to the Bologna initiative now conform to a recognisable pattern of awards at bachelor and/or masters level (Ginsburg and Lawrence, 2006: 35). They are delivered in the tertiary education sector, mainly but not exclusively in universities or 'universities of applied science' (formerly institutions providing vocational or applied professional education). (Labonte-Roset, 2005). Most programmes include practice placements as well as an academic focus although there remain differences in programme length (between 3 and 5 years) and named award (e.g. Bachelor, Diploma, License) (Kantowicz, 2005: 303).

The Bologna reform, however, opened the gates for the corporatist orientation of education and commercialisation of public universities. The reforms helped to mask the high rate of youth unemployment across Europe. There was also an ideological shift concerning the purpose of science, seen increasingly as serving the needs of industry and capital through an emphasis on 'skills acquisition' over the potentially transformative intellectual power of critical thinking. Conversely, the same reform has (at least formally) provided an opportunity for the rapid academisation of

social work education. Research has become more highly valued within social work departments and, increasingly, the internationalisation of social work schools is becoming an everyday reality. Postgraduate European courses have emerged within social work. An example is the long established MA Comparative European Social Studies (MACCESS), a collaborative course delivered since 1994 at Zuyd University in Maastricht and validated by London Metropolitan University. MACCESS is taught by a pan-European team drawn from a network of partner Universities throughout Europe (Lawrence, 2006). In 2009 the very first joint European doctoral programme INDOSOW (International doctoral studies in social work) was established by six social work schools in Europe.¹⁰ This programme promotes critical thinking, comparative perspectives and innovative methodologies such as service-user and academic joint research (Zaviršek and Videmšek, 2009).

But such developments are far from typical. In many Western European countries (paradoxically often those with the longest and strongest traditions in social work) the social work discipline has been traditionally placed in universities of applied science, which are still not eligible to validate doctoral programmes. The opposite is true for most East European and Scandinavian countries, as well as Ireland and the UK, where social work is taught at university level with relevant PhD opportunities. In some countries, such as Ukraine, the new doctoral social worker programmes have to compete with potentially more profitable programmes, such as 'management in public health' or 'social administration', which better fit into the corporatist logic of the higher education business, favouring more practical and managerially oriented approaches (Zaviršek, 2009a). This diverse and hesitant pattern of development reflects ambivalence towards social work as an academic discipline with its own theoretical foundations.

Today, a variety of different occupational roles and titles exist within the landscape of

activities known as 'social work' within Europe, and in an endeavour to be more inclusive, the term social professions has been used by some European commentators since 1996 (Seibel and Lorenz, 1996; Lyons and Lawrence, 2006: 7). Shardlow and Payne (1998) argue that in some countries social work and social pedagogy are seen as having closely linked theoretical paradigms (Germany, Poland, etc), while in other countries they have been developed as two separate social science disciplines (Croatia, Macedonia, etc). However, broader disciplines within Europe in fields such as youth and community work, social care, residential work, 'special educators' and 'animators' could also be categorised as being allied to the social pedagogic tradition (Shardlow and Payne, 1998).

Some authors are critical of the fragmentation of social work and believe that 'social work' should be kept as the wider name of a social science discipline which includes different professional activities (Staub-Bernasconi, 2006). The fragmentation into many different occupations (e.g. rehabilitation, social management, case and care management) might have a future negative effect upon social work's scientific knowledge base and fuels an on-going debate about whether social work is a social science discipline or 'just a profession'.

MULTI-SECTOR APPROACH IN SOCIAL WORK RESEARCH AND PRACTICE

The multi-sector approach, intersectionality, and multidimensional research are similar concepts which are gaining fundamental importance in social work research and are reflected in social work practice across Europe. These concepts consider more than one dimension of a person's condition and focus at the intersection of different analytic categories (age, gender, ethnicity, disability etc) in order to gain a better understanding of

the person's needs, strengths and life-course prospects. A person's life, desires and future opportunities are shaped by their life context (e.g. gender, educational skills, age, family and ethnic background, employment, disability); household characteristics (e.g. composition and size of the household, number of earners, housing situation, social networks, caring responsibilities); structural factors (social welfare provision, social and economic policies, social values and morals, diversity and discrimination against minority groups); and global conditions (economic crises, neo-liberalism, international migration, asylum politics).

While it is obvious that people traditionally defined as vulnerable (e.g. children, single mothers, elders, people with disabilities) remain disadvantaged, the intersectionality approach helps us understand how disadvantage varies according to class, welfare and value systems. For example, unemployed women face a high risk of poverty overall and this risk increases among older women, especially in Eastern Europe, but not, remarkably, in the Netherlands (Expert Group on Gender, Social Inclusion and Employment, 2006). The difference is caused by two dominant value systems with regard to gendered definitions of old age.

Another example shows the interrelatedness of economic vulnerability and welfare provision. While lone-parent households are generally vulnerable to poverty, this is less so in Scandinavian countries than in the UK and Ireland, demonstrating that the combination of more comprehensive welfare benefits and employment systems prevent impoverishment among female-headed households (Expert Group on Gender, Social Inclusion and Employment, 2006). When the risk of unemployment, poorly paid jobs, the absence of a strong welfare system and public prejudices come together, they create discrimination and disadvantage for individuals, families and groups which might not exist in other countries to the same extent. Therefore, a more radical and historically aware social work practice embracing advocacy and

empowerment is needed to support the person in a specific context.

This approach also has implications for the use of the strengths perspective in social work. Research undertaken by Schultz (2007) has shown that professionals often view members of ethnic minorities as being needy, dependant and less capable of solving everyday difficulties; 'the stranger is always thought to be very much in need of help, even though this person has many abilities' (2007: 62). The intersectionality approach considers home culture; age; ethnic group networks; the status of a particular ethnicity in the larger society; racism; gender; and personal resources and resilience. This provides a complex and diverse picture about the everyday life and needs of people and collectives.

Working with families seems to be the most commonly shared focus of social work across Europe, both in relation to teaching curricula and everyday practice. In countries with a stronger tradition of diversity approaches in social work, the notion of a 'family' encompasses diverse forms and circumstances while in countries with more traditional curricula social workers are still oriented towards 'desirable norm families' and less responsive to the support needs of differently constituted families. Although lone-parent households are increasing in absolute numbers and as a proportion of all households, images of the family have yet to change accordingly. Intra-familial violence and child abuse remain significant topics, as do poverty among young families and the particular economic vulnerability of single-parent households in countries such as the UK, Luxembourg, Lithuania and Malta (where poverty levels are higher compared with other households; Expert Group on Gender, Social Inclusion and Employment, 2006). A recent study which compared poverty in Nordic countries with that in Belgium and The Netherlands has shown that female labour market behaviour influences the poverty rates in these countries (Fritzell and Ritakallio, 2010). If Belgium and The Netherlands developed similar practices

towards dual-earners and single working persons to those common in Nordic countries, poverty would decline dramatically. Nevertheless, the multi-sector approach would additionally need to consider the differences in gender regimes, child welfare, employment and housing policies in order to contextualise differences in female labour market behaviours among these countries.

Families and individuals from ethnic minorities who need social services face additional disadvantages because most welfare services fail to provide culturally sensitive brokering for people from different ethnic backgrounds (Dominelli, 1988, 2002; Rommelspacher, 1995).

When working with people with disabilities and their families, social workers in many countries have adopted the social model of disability initiated by disability activists, service-users and academics (Oliver, 1983; Morris, 1993; Pečarič, 2002). The major contribution made by social work includes methods for assisting, encouraging, and implementing governmental policies to provide extra resources; and also for redirecting existing policies towards inclusionary transport, schooling, housing, supported employment and community-based services. Advocacy, citizenship rights, meaningful participation (especially in the field of work) and inclusion (especially in education) have become key concepts in social work. One of the most visible changes has been the rejection of the spatial segregation of people with disabilities and mental health problems as well as the recognition that acts of violence (including gendered violence) and abuse were being committed against people with disabilities at home and in institutions (Zaviršek 2002, 2009b).

Social parenthood, too, has become a reality for a growing number of adults and children. The increase in divorce, medically assisted reproductive technology, co-habitation, blended families, same-sex-parent families and international adoptions have been changing the traditional understanding of 'family' based on blood ties between adults

and children (Zaviršek 2009c). Instead of 'the demise of the family', social workers across Europe emphasise more inclusive understandings of 'family' and families' rights to self-definition.

Social work research has acknowledged the interrelatedness of unemployment and the pathologisation of people with different skin colours and minority ethnic backgrounds. For example, approximately 10–12 million Roma people live in Europe and their unemployment level has risen from 60 to 90 percent in some countries (Kosovo; Romania). This is partly as a consequence of poor education received by Roma children who are frequently labelled as 'intellectually disabled' and sent to special schools (Zaviršek, 2007). This form of medical-pathological intervention stems from an approach which sees the culture of ethnic minorities as fixed and inherently different and destructive. To counteract discrimination, the European Roma Summit in 2008 agreed a Platform for Roma Inclusion (2008). In 2010 priority was given to equal access to education for Roma children. This has profound implications for social professionals who work with Roma families across Europe. Several 'good practice' projects (against discrimination of Roma children and families) have been developed (e.g. in Finland, Sweden, Austria and the UK) (Guy et al., 2010).

The long history of discrimination against Roma people cannot be detached from their expulsions from France during 2010. Like other citizens of EU countries, Roma people have the right to stay unconditionally in another EU member state for up to three months, after which they have to prove employment or sufficient living resources (*European Directive 2004/38/EC*, Articles 6; 7).¹¹ People who are considered an 'unreasonable burden on the social assistance system of the host Member State' (Article 14) may lose their residence rights and in extreme cases face expulsion. This is more likely to affect those who are poor, unemployed and in need of social assistance. It is obvious that several conflicting ethics

simultaneously exist in Europe. While documents such as the Charter of Fundamental Rights of the European Union¹² ensure 'social security benefits and social advantages' and 'a decent existence for all those who lack sufficient resources' 'for everyone residing and moving legally within the European Union' (Article 34), these rights are shrinking, especially for the poorest in society.

From a social work perspective the entire notion of someone being seen as a 'burden' to the social assistance system shows how labels of social problems and potential criminality are ascribed to the poor in ahistorical and individualised ways. Despite historically-based racism towards the Roma on the grounds of skin colour, poverty and particular occupations, social workers in many countries are not sufficiently proactive in engaging in anti-racist practice, promoting empowerment and raising societal awareness against prejudice.

When such conditions prevail alongside the rising power of hate politics and right-wing governments in many European countries, the Roma are easily reconstructed as 'wandering travellers' representing scapegoats for the majority population. Therefore, social workers need to be vocal against political practices which discriminate against minority ethnic groups and which make them more vulnerable to racist attacks and further impoverishment. The European Union Charter of Fundamental Rights and the European Social Charter, together with the Global Standards of professional ethics (IFSW and IASSW, 2004), should ensure the foundations for protecting the human rights of minority groups.

Another analytical dimension is age. Within the EU, 85 million people (or 17 percent of the EU's total population) are aged over 65 years, with 22 million (or 4 percent) being over 80 years old (the majority of whom are women). Europe is considered to be the world's 'oldest' region with a rapidly ageing population: those aged over 65 are projected to constitute 30 percent of the EU population by 2060 (Eurostat, 2008).

Throughout Europe rural areas tend to have older populations than urban areas, partly due to younger people migrating in search of better employment opportunities, particularly in Greece, Moldova, Estonia and southern Italy (Manthorpe and Livsey, 2009). A rare exception is the Republic of Kosovo (with a population of approximately 2 million people), where more than one-third of the population is under 19 years of age; with an average age of 22–23 years; and only 5.5 percent older than 64 years (Labour Market Statistics 2007; 2008). Ageing populations in Europe are also becoming increasingly diverse, as migrants often ‘age in place’ rather than returning to their country of origin, either by choice or through necessity (Lawrence and Simpson, 2009).

Ageing populations typically lead to increased requirements for support, provided variously in different European states by families, communities, non-governmental organisations or health and social services – though more often a combination of some or all of these. In more affluent European countries, there has been a general shifting of social service provision from institutional to community-based care for elders requiring additional support. Poorer countries can barely afford social services and home care for elderly people. Some authors speak about the ‘Central and Eastern European model’ of home care, which denotes an almost complete lack of publicly supported and affordable home care, for instance in Poland, where home care is almost exclusively provided by relatives (mostly women) (Prochazkova and Schmid, 2009: 144).

Migration has impacted on European elders in a variety of ways. Some more affluent elders themselves choose to migrate across borders typically from northern to warmer southern European countries. Whilst EU citizens are entitled to emergency health-care when resident in another EU state, they are not entitled to social or domestic care and help (Warnes, 2006). This has sometimes required specialist, often bilingual provision delivered largely by NGOs in areas where

large numbers of older migrants settle and require support in times of need. An example of this is in Spain, particularly in coastal resorts, where large numbers of British, German and Dutch elders have settled after retirement.

Migration also impacts on elders in Europe through the trend to employ people from other countries as domestic or live-in care staff, either because nationals do not want to do this type of demanding and challenging work, or because staff from other countries can be employed more cheaply, flexibly or precariously, particularly if they are undocumented workers. Migration flows in this context are typically from east to west Europe, for example, Poland to the UK; Ukraine to Poland; Albania to Italy. Migrant social care workers are commonly employed in residential care settings and nursing homes but also in private domestic settings, the last particularly in Greece and Italy (Warnes, 2006; Lawrence and Torres, 2012). A study in Austria identified between 27,000 and 30,000 mostly Slovakian, Romanian and Czech caregivers working for approximately 15,000 families in need of 24-hour long-term care. Often their initial illegal status was regulated through new legislation enacted in 2007 and 2008 (Prochazkova and Schmid, 2009).

However, it can be noted that many European elders are also providing important intergenerational solidarity and social capital by caring for siblings, friends, children and grandchildren; offering financial and material resources and both paid and voluntary labour in a variety of commercial and charitable settings, in groups and in communities (Lawrence and Simpson, 2009). The importance of grandmothers as childminders is not confined only to day care. In countries such as Romania and Lithuania, for example, grandmothers are often sole carers of grandchildren whose parents have temporarily migrated west for employment. Social workers are required to register grandmothers as carers in such circumstances, although many of these arrangements remain ‘informal’ and

below the radar of the authorities (Lawrence and Torres, 2012). When young people migrate west an inevitable shortage of care workers in poorer parts of Europe can result. The question of who is going to care for sick, disabled and elderly people remains as yet unanswered.¹³

CONCLUSION

The fluidity of the boundaries of Europe over time and the different cultural and historical developments have given rise to a rich variety of occupational groupings present in the landscape of social care, social services and the social professions: these are sometimes called social work and sometimes not. Increasingly, social workers are expected to raise their critical voices and develop more radical forms of practice to counter the shrinking domain of welfare rights. Dignity, equality, justice and freedom as fundamental social work principles need to be protected not only for those living in Europe, but for everyone in a globalised world.

NOTES

1 Figures from CIA World Factbook <https://www.cia.gov/library/publications/the-world-factbook/geos/rs.html> (accessed 14/12/2011).

2 Established in 2001; cf. Campanini (2007).

3 Established in 2001; cf. Hering and Waaldijk (2005).

4 Poland, the Czech Republic, Slovakia, Hungary, Slovenia, Lithuania, Estonia and Latvia joined the EU in 2004, and Romania and Bulgaria in 2007.

5 European Social Charter, 1961. <http://conventions.coe.int/Treaty/EN/Treaties/html/035.htm> (10 October 2010).

6 A recent regional social work network is the Eastern European sub-regional Association of the Schools of Social Work, established in 2008 as part of the IASSW and the European Association of Schools of Social Work (EASSW). www.eesrassw.net (12 September 2010).

7 <http://www.socialworkfuture.org/> (12 September 2010).

8 http://www2.warwick.ac.uk/fac/cross_fac/healththatwarwick/research/devgroups/socialwork/swhin/ (15 November 2010).

9 <http://www.isw4peace.org/> (15 November 2010).

10 University of Ljubljana (Slovenia), Anglia Ruskin University (UK), University Of Siegen and Alice Salomon in Berlin (Germany), St Poelten in Austria and the University of Jyväskylä (Finland).

11 Directive 2004/38/EC of the European Parliament and of the Council, of 29 April 2004 on the Right of citizens of the Union and their family members to move and reside freely within the territory of the Member States. <http://europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2004L0038:20040430:EN:PDF>.

12 Official Journal of the European Communities C 364/1, 18 December 2000, http://www.europarl.europa.eu/charter/pdf/text_en.pdf.

13 The notorious demand for nursing staff in Bulgaria and Romania today is even more alarming if compared with the 8000 requests for documents allowing Romanian doctors to work abroad in the last three years, as has been reported by the Romanian health ministry (Mason, 2010).

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