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CONTENTS

Dear readers,

I am pleased to present another issue of the journal Social Pathology and Prevention. It contains three studies that hint at the future format of our publication. From the next edition, we would like to have a specific thematic focus to each issue, but, at the same time, to explore different aspects of the topic in question. We hope that the new direction of the journal in terms of content will be reflected in the number of papers submitted.

The first article is by our dear colleague from the USA, Jo Ann R. Regan, in which she describes *The Three Pillars of the Social Work Profession in the United States: Education, Practice, and Regulation.* It is a descriptive study of the US social work system, including both undergraduate education and professional organizations. The progress of social work as a profession in the US has been shaped by the interaction of these three national social work organizations, which act as pillars of the profession, and which work together to achieve certain defined professional aims.

The second article is also from the US and deals with *Restorative Justice Practices: Making Schools Safe through Relationship.* Restorative justice practices have a positive effect on a range of important school outcomes, including a reduction in exclusionary discipline rates, and a growth in academic performance, school safety, and relationships within schools (involving teachers, students, and families). When implemented effectively and consistently in schools, it can improve school safety and increase high school graduation rates.

The third study deals with a topic that exists on the fringes; indeed some prefer to pretend it does not exist at all. The authors, from the Czech Republic, draw attention to the issue of LGBTQ+ seniors who have experienced discrimination and ostracism all their lives, and are, hence, very distrustful of health and social services. The article and its findings will help to make this topic more visible and increase awareness of LGBTQ+ issues in care professionals.

The example of good practice comes from the US and is authored by Anthony M. McCrovitz. We learn interesting details about the Gentle Teaching Philosophy in connection with quality of life and its improvement for people with various types of disability in a humane way.

Finally, the report and the book review introduce the topic of the next issue of the journal – i.e., the Snoezelen method.

It remains for me to inform authors who wish to make future contributions to our journal that the proposed topics are as follows:

1/2021 Snoezelen as inclusion support/prevention of exclusion
2/2021 On the fringes of society
1/2022 Online world, social bubbles and risks
2/2022 Contemporary prisons
1/2023 Security and risk in the context of urban and rural areas

Marta Kolaříková

ARTICLES

THE THREE PILLARS OF THE SOCIAL WORK PROFESSION IN THE UNITED STATES: EDUCATION, PRACTICE AND REGULATION

Jo Ann R. Regan

Abstract

This article will discuss the professionalization of social work in the United States (U.S.). The path to the professional development of social work has been shaped by the features of strong professional associations with external influence on control over education, entrance to the profession through a specific knowledge base and accreditation, codified code of ethics, state licensing, restriction of title, and sanctions for breaches of code of ethics. In the United States, three national social work organizations represent the social work profession in education, practice and regulation. These are referred to as the three pillars of the social work profession with separate missions but shared values to promote the professionalization of social work. These organizations together have influenced social work's progress as a profession in the U.S.

Keywords

social work, social work pillars, social work education, social work regulation, social work practice, principles of social work

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Introduction

Social work has become a global profession practiced in over 144 countries. The global definition of social work is "a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing" (International Association of Schools of Social Work (IASSW), 2014).

Modern social work has been developing in the U.S. since the 20th century as an independent profession. In the U.S., social work became an occupation in the early 20th century and achieved professional status by the 1920's. The 1930 census classified social work as a profession for the first time. Social work education master's programs have been accredited since the 1950's and baccalaureate programs since 1974 so the accreditation standards have been evolving also in response to economic, social and political conditions of the country. Currently, the racial and social justice issues in the U.S. are having an impact on the revision of standards in terms of how to address anti-racism, diversity, equity and inclusion in the social work curriculum (www.socialworkers.org, 2021).

Like all professions, there has been an interest in the condition of social work as a profession. International systematic comparative studies of the profession have focused on eight key features of the social work profession: (i) public recognition (ii) monopoly over types of work (iii) professional autonomy (iv) knowledge base (v) professional education (vi) social work organizations (vii) ethical standards (Viii) prestige and remuneration. This exploration of the state of the social work profession indicates that certain professional features are common to social work. These are the establishment of professional organizations, the adoption of a professional code of ethics, the development of a specific body of knowledge and the placement of social work training in institutions of higher education. In studies comparing the success of professionalization of social work in different countries, the path to professional development in social work appears to be most shaped by the features of strong professional associations with external influence on state licensing, restriction of title, state sanctions for breaches of code of ethics, control over education and entrance to the profession (Weiss-Gal and Welbourne, 2008). In the United States, three national social work organizations-the Council on Social Work Education (CSWE), the National Association of Social Workers (NASW) and the Association of Social Work Boards (ASWB) represent the social work profession in education, practice and regulation. These are referred to as the three pillars of social work with separate missions but shared values to promote the professionalization of social work. These organizations together have influenced social work's progress as a profession in the U.S.

Social Work Education in the United States

Specialized professional education in the higher education system is considered to be an essential feature of professions based on the premise that knowledge, values and skills can only be obtained through professional education (Hugman, 1996). In the U.S., control over professional education lies with a non-governmental organization, the Council on Social Work Education (CSWE), that accredits social work education programs. Social work education master's programs have been accredited since the 1950's and baccalaureate programs since 1974. The DSW programs are currently being pilot tested for accreditation. In the U.S., there are four levels of social work education:

1. BSW – Bachelor's Degree in Social Work
   533 accredited; 17 in candidacy
   4 year program
   Prepares students for generalist social work practice
2. MSW – Master's Degree in Social Work
   296 accredited; 31 in candidacy
   2–year program (full-time) and 3–4 years program (Part-time)
   Required for clinical positions
   Prepares students for generalist and a specialized area of practice
3. DSW – Practice Doctorate
   Distinct from the PhD
   14 programs and growing
4. PhD – Research Doctorate
   78 programs

(Council on Social Work Education, 2021)

Only the BSW, MSW and DSW programs are accredited by CSWE. Accreditation is a voluntary, non-governmental process of review that involves a multi-step process that includes preparation & self-examination, peer review, visit and examination, decision, and a continuous review process. Quality assessment has moved from a model of curriculum design focused on content (what students should be taught) and structure (the format and organization of educational components) to one focused on student learning outcomes. Thus, the competency-based approach focuses on identifying and assessing what students demonstrate in practice. Rather than mandating the academic content that social work programs must provide, the standards now specify nine competencies of professional social work practice that include a set of measurable behaviors. Social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being. The generalist social work competencies include:

- Competency 1: Demonstrate Ethical and Professional Behavior
- Competency 2: Engage Diversity and Difference in Practice
- Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice
- Competency 4: Engage In Practice-informed Research and Research-informed Practice
- Competency 5: Engage in Policy Practice
- Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities
- Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities
- Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

- Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

(Council on Social Work Education, 2015)

Specialized practice competencies are developed for concentrations in a MSW program and should extend and enhance the defined generalist social work competencies listed above. These competencies allow social work to have a unique knowledge base relevant the profession and develop essential research and theory development to support the competencies.

The competency-based approach involves assessing students' ability to demonstrate these competencies and behaviors in practice situations. Through this orientation, programs begin the process of curriculum design with the outcomes, expressed as the competencies and practice behaviors, and then develop the substantive content, pedagogical approach, and educational activities that provide the learning opportunities necessary to develop competence. As in other professional disciplines, the competency-based approach was deemed particularly appropriate for social work since, rather than breadth of knowledge as the indicator of preparation as is the case in certain academic disciplines, competence is the necessary indicator of effective preparation for social work practice (Coe Regan & Dettlaff, 2016).

The specialized accreditation of social work programs enhances the positioning of social work education in the higher education system but also helps to retain control and influence over what is taught and how it is assessed through the social work competencies adopted by all accredited schools of social work in the U.S. This accreditation function is also related to the regulation function in that social work programs must be accredited by the Council on Social Work Education (CSWE), the sole accreditor of social work programs in the U.S., in order for their graduates to take the social work licensing exam after graduation. Thus, almost all social work programs seek specialized program accreditation through CSWE so graduates of their programs can take the social work licensing exams in all 50 states of the U.S.

Social Work Practice

The National Association of Social Workers (NASW) was established in the US in 1955 through the consolidation of seven social work organizations. NASW is the professional association for social workers. It is the largest organization of social workers in the United States with 130,000 members, 20,000 student members, 55 Chapters in each state, the District, and territories. It has taken on a number of roles including the development of a code of ethics that was first approved by NASW Delegate Assembly on October 13, 1960 with a latest revision on June 21, 2021 with a focus on self-care and cultural competence. It also disseminates knowledge about social work practice through journals and conferences, and policy advocacy to advance salaries, prestige and working conditions for social workers. All social work students are taught the NASW Code of Ethics in their education and training and must abide by these ethics even as students.

NASW is a membership organization dedicated to:

- Promoting the quality and effectiveness of social work practice in the United States through services to individuals, groups, and communities
- Furthering the broad objective of improving conditions of life in our democratic society through utilization of the professional knowledge and skills of social work
- Providing opportunity for the social work profession to work in unity toward maintaining and promoting high standards of practice and of preparation for practice and toward alleviating or preventing sources of deprivation, distress, and strain susceptible to being influenced by social work methods and by social action (National Association of Social Workers (NASW), 2021).

The role and functions of NASW mainly promote the interest of members of the profession but also promote the interests of consumers of social work services in a policy activist role. Current and past advocacy issues include medicare reimbursement, student loan forgiveness, social work reinvestment act, and workforce studies. NASW also operates a political action committee (PAC) that endorses and financially contributes to candidates from any party who support NASW's policy agenda.

NASW also does research and data about the social work labor force to determine trends in employment, to address professional training needs, to quantify barriers to quality service delivery, and to inform policy and advocacy efforts. The number of active social workers has been growing steadily. Overall employment of social workers is projected to grow 13 percent from 2019 to 2029 in the U.S., much faster than the average for all occupations. Between 2004/2005 and 2014/2015, the number of practicing social workers grew by 15.5%, according to the Bureau of Labor Statistics (BLS). Among types of social workers, according to the BLS, the most common were child, family, and school social workers (305,000 in 2014), followed by health care social workers (160,000); however, health care social workers were the fastest growing group over the decade, with an increase of 45. Social workers are predominantly female (83% overall, 85% of MSW degrees and above); women are likely to continue to dominate the profession, as 86% of the MSW graduates in 2015 were female (The George Washington University Health Workforce Institute, 2017).

The most common type of employer for social workers is a private, nonprofit, or charitable organization (34.3% of all social workers); however, 41% of social workers work for the government when combining federal, state and local governments. Private, for-profit companies and businesses employ 22.3% of social workers, leaving just 2.5% self employed or working in a family business. In terms of the settings, the greatest concentration of social workers is found in individual and family services (36.6 %), followed by 11.4% in administration of human resource programs, 10.6% in hospitals, and 8.3% in outpatient care centers (The George Washington University Health Workforce Institute, 2017).

Social Work Regulation

The Association of Social Work Boards (ASWB) is another national association in the U.S. that promotes the professional regulation of social work practice. The mission of ASWB is to strengthen protection of the public by:

- Providing support and services to the social work regulatory community
- To advance safe, competent, and ethical practices (Association of Social Work Boards, 2021)

The support and services to enhance the profession include protecting the title of social worker, protecting the practice of social work, recognizing social work as an important profession, facilitating reimbursement and increasing public awareness. It also focuses on protection of the public from incompetent, unsafe, unethical social workers, providing recourse for client if harmed by licensed social worker, guarantees privileged communication for client and establishes minimum qualifications to enter/remain in profession. Resources to provide these support and services include the ASWB Examinations Program that provides licensing exams in all 50 states and its territories, a Public Protection Database, Model Social Work Practice Act.
Model Regulatory Standards for Technology and Social Work Practice, ACE (Approved Continuing Education) program, a Path to Licensure campaign and Social Work Registry. All of these services are done in conjunction with CSWE and NASW.
There are over 500,000 licensed social workers in the U.S. Social workers are licensed at the clinical level in all 50 states and its territories, the MSW level in 46 states and the BSW level in 40 states. Forty-five states include both title protection and scope of practice for social work practice. Title protection ensures that only persons that hold the minimum qualifications can call themselves a social worker. Scope of practice describes the services that a qualified professional is deemed competent to perform, and permitted to undertake in keeping with the terms of their professional license.

Discussion

This exploration of the state of the social work profession as it is reflected in education, practice and regulation indicates that social work in the U.S. has developed several key professional features. These features are related to the establishment of three national organizations that work together to advocate for the profession in terms of education, practice and regulation. CSWE, the education association, ensures the development and dissemination of a specific body of knowledge for social work and the specialized accreditation of social work programs in higher education. It also sets the minimum competence a social work professional must have in order to enter the profession. NASW, the practice association, ensures that a single, formal, nationwide code of ethics reflects the values and priorities of social work practice. Also, they develop the profession

further through revisions to the code of ethics, journals, training and conferences. ASWB, the regulation association, works to ensure enforceable licensing regulations, restrictions on the use of title of social worker, sanctions for code of ethics violations and scope of practice guidelines. Weiss-Gal and Welbourne (2008) found that the ability of social workers to establish national organizations focused on these areas are examples of "inner power," where social workers work cooperatively as a professional entity and exert influence on the body of social workers as a professional group. They conclude that most professional features achieved for social work are primarily due to this "inner power". The ability of social workers to create a unique knowledge base, establish a code of ethics and sanctions for violating code of ethics reflect this type of power.

Conclusion

Social work's progress as a profession in the U.S. has been shaped by the interaction of these three national social work organizations, who act as pillars of the profession, as they work together to achieve certain defined professional aims. They have maintained a level of cohesiveness to exert internal professional power to influence the profession and promote the interests of those who call themselves social workers especially amid changing political, economic and social changes. The aspiration to professional status is strong and acts as a guiding force for these professional organizations as they continue to promote the profession of social work.

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Author

Jo Ann R. Regan
The Catholic University of America National Catholic School of Social Service
Washington, D.C., USA
reganj@cua.edu

RESTORATIVE JUSTICE PRACTICES: MAKING SCHOOLS SAFE THROUGH RELATIONSHIP

Samuel Song, Taylor Milner, Tara Raines
Heather Thompson, Alexis Sliva

Abstract

Restorative justice practices (RJP) are strategies and interventions that apply the restorative philosophy of relationships, empowerment, and collaboration to schools. Restorative justice practices have been shown to be effective across a range of important school outcomes including growth in academics, school safety, and relationships within schools (teachers, students, families). The benefits associated with RJP are causing them to become an increasingly popular approach to discipline issues in schools in the U.S and internationally. However, in order to maximize the potential long-term benefits associated with RJP, it is essential they be consistently implemented across all schools at a national level, which will require adjustments to existing educational legislation.

Keywords

restorative justice practice, elementary schools, collaboration and relationships in schools, school culture, school climate

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Policy Recommendations

The following policies are written from a U.S. perspective, as the authors are in the U.S. It is anticipated that these policies may still be useful to an international audience.
Exclusionary discipline should be eliminated for children pre-K thru 5th grade. For all other students, it should be reduced and used only as a last option. Policy should be developed to implement a phased, cessation on zero tolerance policies (and automatic suspension and expulsion) beginning with elementary schools. Data on exclusionary discipline (suspensions and expulsions) by race and disability status should be made available to the public.

Permanent exclusionary discipline should be used only when necessary and after other interventions and supports have been implemented. Only children who have gone through a disciplinary process that incorporates due process safeguards, have been identified as repeat offenders, have been referred to mental health professionals and received adequate support, and are still deemed by administrators and health professionals to pose a safety concern to themselves and others, should be excluded from comprehensive schools.

An indicator that recognizes schools for an overall reduction in exclusionary discipline including a reduction in disproportionality should be introduced in cities or districts such as the Common School Performance Framework [CSPF] (Yatsko, 2014). As part of this initiative, require public access to discipline data by school, sub-group, and offense in compliance with existing law.

Fund comprehensive restorative practice models to improve school culture, climate, safety, and student outcomes. Restorative practices should be implemented in a comprehensive manner throughout the school across multiple tiers (MTSS).

Restorative Justice Practices: Making Schools Safe Through Relationships

The Columbine tragedy of 1999 and other school tragedies over the past twenty years have highlighted several facts about school safety. First, milder forms of school violence such as bullying and hostile school climate are linked to extreme violence in schools (Leary, Kowalski, Smith & Phillips, 2003). These milder forms of violence are best addressed through comprehensive approaches that focus on prevention. Second, "get tough" approaches like increased security measures, armed guards, and zero tolerance policies including exclusionary discipline are ineffective. These approaches also have disproportionate or unequal outcomes for students based on race and disability. These differences in outcomes ironically make schools less safe for many students. While some security measures like single entrance to schools may be helpful, they are only part of the equation in creating safe schools.

Third, effective school safety strategies must include comprehensive prevention and intervention programming for positive behavior and discipline. Positive behavior and discipline programs are in no way aimed at "letting students off the hook" or allowing them to "get away" with bad behavior. These programs, instead, offer the opportunity for students to **learn** what is expected of them and make **repair** for their transgressions in the school community. One effective method for approaching student behavior from a positive, preventative perspective is the implementation of Restorative justice practices (RJP). Restorative justice practices in schools have been gaining popularity as an alternative to punitive and/or exclusionary discipline. Restorative justice practices foster overall positive behavior and discipline that makes schools safer for **all students.**

The purpose of this paper is to highlight the benefits and challenges of RJP and provide tips for successful RJP. We conclude this paper with recommendations and considerations for developing policy to support optimal implementation of RJ practices in schools.

What are Restorative Justice Practices?

Restorative Justice practices (RJP) are strategies and interventions that apply the restorative justice (RJ) philosophy to schools. This philosophy includes promoting a culture that focuses on relationships, empowerment, and collaboration (Song & Swearer, 2016). Students who violate school rules, those who are impacted by rule violations, and community members (e.g., administrator, facilitator, bystander) meet together to share how the violation harmed the relationships within the community and determine collaboratively how the students who caused the harm can take responsibility for it and make repair. There are a variety of ways to achieve these goals in schools: proactively building relationships, empowering the school community, and promoting collaboration among school personnel, students, and families. This approach leads to prevention of harms and the enhancement of school safety. These strategies are also well suited to be used in response to behavioral infractions and help schools intervene effectively and prevent further harms from occurring. These strategies collectively in schools are referred to as restorative justice practices (RJP).

Effectiveness of Restorative Justice Practices

Restorative justice practices (RJP) are an effective alternative to exclusionary discipline systems such as zero tolerance policies. The reason for this is that RJP have been shown to be effective across a range of important school outcomes that matter for high school graduation. These findings have been replicated in schools and districts around the country and internationally (Gregory, Huang, Anyon & Greer, 2018; High Hopes Campaign, 2012; Kehoe, Bourke-Taylor & Broderick, 2018; Lewis, 2009; Mansfield, Fowler & Raibolt, 2018; McCluskey, Lloyd, Kane, Stead, Riddell & Weedon, 2008; Russell & Crocker, 2016; Sumner, Silverman & Frampton, 2010; Wong, Cheng, Ngan & Ma, 2011). Importantly, these findings have been replicated in randomized controlled trials (RCTs), which is the gold standard for demonstrating efficacy (Augustine et al, 2018). Also, it is important to highlight that the research in RJ in non-school settings shows strong evidence for effectiveness across thirty years.

Exclusionary discipline. The most commonly studied outcomes of RJP are rates of exclusionary discipline and their disproportionality across race and disability. Current research findings suggest that the evidence base for the effectiveness of restorative practices in school settings is greatest for student suspensions and behavioural referrals (Weeber & Vereenooghe, 2020). Restorative justice practices has produced significant reductions in suspensions ranging from 40% to 90% (within the same year of implementation in some cases), a decrease in repeat offending, significantly fewer discipline referrals (decrease up to 80 %), and reductions in the disproportionality of exclusionary discipline for African Americans at the class and school levels.

School culture and climate. Another commonly studied outcome of RJP is school culture and climate, which is an important factor to enhance school safety. Schools implementing

RJP have enhanced school climate and improved school culture (Mansfield, Fowler & Raibolt, 2018). When students are asked about their thoughts and feelings regarding the use of restorative approaches, they tend to report benefits including increased self esteem and social and emotional skills (Gregory, Huang, Anyon & Greer, 2018; Russell & Crocker, 2016). Students who have reported experiencing restorative practices also indicate a more positive perspective on school climate, school connectedness, peer attachment, social skills and lower frequency of bullying; particularly physical and cyberbullying (Katic et al., 2020). Teaching and increasing the use of social-emotional skills has been shown to "reduce student behaviour problems such as aggression, and bullying as well as rates of anxiety and depression" (Kehoe, Bourke-Taylor & Broderick, 2018). Additionally, teacher-student relationships improved when RJP was used more.

Academics and school performance. There are a number of important findings on academics and school performance variables including increases in tenth grade PSAT scores (RCT), GPA, gains in graduation rates (60% increase in RJP schools compared to non-RJP schools), student and teacher reports of increased academic outcomes, and improvements in truancies and attendance. However, positive gains in these outcomes have not been consistently found and need additional study, which should be expected given that RJP is not an intervention that was designed for academic improvement directly, but more indirectly (increasing opportunities to learn by not being suspended and expelled).

Elementary schools. Restorative justice practices have been found to improve outcomes for all students across the K-12 spectrum. Research is emerging on the specific effectiveness of this approach in elementary (K-5) settings. When six schools implemented whole school restorative practices, it was shown that student behavior was impacted in the following "five key ways: harmony, empathy, awareness and accountability of one's own actions, respectful relationships, and thinking in a reflective way" (Kehoe, Bourke-Taylor & Broderick, 2018). Furthermore, the Los Angeles Unified School District implemented a suspension ban that was later paired with restorative justice practices which showed a decrease in suspensions and a steeper decrease for those populations who have been disproportionately suspended at higher rates in the past (Hashim, Strunk & Dhaliwal, 2018). Students that were referred for restorative interventions were found to be 35% less likely to get an out-of-school suspension, which is considered a punitive disciplinary measure (Gregory, Huang, Anyon & Greer, 2018). Schools that have implemented an RJP to discipline see a decrease in repeat offending, lower number of suspensions, and fewer referrals related to bad behavior (Russell & Crocker, 2016). There are higher levels of satisfaction found among participants of RJP, improved school environment, and increased student self-esteem (Russell & Crocker, 2016). RJP has proven to be beneficial for all involved, even at the systemic level.

RJ Framework as a Means of Addressing Racial Inequalities

One of the strengths of the RJ framework is that it addresses racial inequality and focuses on systemic racism (Song & Swearer, 2016). In order to create better outcomes for marginalized students, we must directly address the racial bias that underlies disparate discipline practices, and recognize that practices built on the foundation of these biases negatively impact the lives of Black and Indigenous students of color. We cannot continue to ignore the existing racial inequalities seen in current, traditional discipline practices because when we do, we allow for implicit bias to continue creating discrepancies in treatment of students of color and results in unjust outcomes in all areas of student development. For example, implicit anti-Blackness results in Black children being disciplined harsher and more often than their White peers, even when Black students are not actively exhibiting any behavioral concerns (Sevon et al., 2021). RJ and its ability to promote racial equity and combat systemic racism in schools needs to be examined more closely due to its potential to enact change and address issues in regards to disportionality by use of traditional, exclusionary discipline practices (Song & Swearer, 2016). Future research on RJP needs to place emphasis on anti-racism and advocacy as a means to promote social justice in schools (Song et al., 2020).

Secrets to Success in Implementing RJP in Schools

1. Multi-Tiered Systems of Support – RJP should be comprehensive focusing on prevention. This is best delivered as part of a multi-tiered system of supports (MTSS) that includes three tiers of support for students (see Figure below). Beginning with proactive and preventative strategies to support all students, MTSS builds more support for students as they need it. While there are various types of MTSS discussed, it is essential that it is responsive to the diverse cultural experiences of the student population, which is why RJP is highly recommended. Restorative justice practices as a model of MTSS focuses on creating a school culture of community, addressing harms, and restoring relationships that have been shown to be critical for students of color. In addition, RJP may address implicit bias in discipline decisions most effectively and highlights cultural responsiveness. RJP-MTSS may also integrate other strategies including Positive Behavior Intervention Supports (PBIS) which focuses on the behavioral support, Social Emotional Learning (SEL) focusing on skills in thinking, managing emotions, and friendships; and Trauma-sensitive (or informed) Schools that focuses on supporting students who may be experiencing symptoms related to chronic or acute trauma.

2. Critical RJP Ingredients – At the minimum, RJP implemented at the Tier 2 or 3 levels (i.e., after a rule violation has occurred), needs to include these two ingredients for it to be consistent with RJP best practices. First, students who violate school rules, those who are impacted by rule violations, and community members (e.g., administrator, facilitator, bystander) meet together to share how the violation harmed the relationships

within the community and their needs. Second, they determine collaboratively how the students who caused the harm can take responsibility for it and make repairs (action plan).

3. School-wide Implementation – The most effective RJP are implemented universally throughout the school. These practices lose their power when they are implemented inconsistently or only with a select group of students. RJP practices help shape the culture of the school community and have been found, repeatedly, to foster a positive school climate. To successfully initiate universal RJP, all school personnel must be trained throughout the school. As a part of this training, school personnel should receive information on the benefits and challenges associated with implementation. Plans should be made to navigate anticipated challenges based on the unique school culture. The training should be consistent, refreshed periodically, and include ongoing monitoring and evaluation of the practices. Further, this monitoring should include measures of fidelity (are the practices being implemented as they should be), feasibility (can the practices reasonably be implemented as they should be), and effectiveness (are the practices working). Outcomes should be regularly shared with stakeholders such as teachers, parents, and students.

Conclusion

Restorative justice practices (RJP) have been shown to be effective across a range of important school outcomes including reduction of exclusionary discipline rates, growth in academics, school safety, and relationships within schools (teachers, students, families). RJP also has the potential to assist educators in becoming change agents in the social justice movement, by creating a safe environment that addresses issues with disportionality by use of traditional discipline practices. It is essential that RJP is implemented effectively and consistently in schools to improve school safety and increase high school graduation rates.

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Authors

Samuel Y. Song
Counselor Education, School Psychology, and Human Services
University of Nevada, Las Vegas
4505 S. Maryland Pkwy., Las Vegas, NV 89154, United States
sam.song@unlv.edu

Taylor L. Milner
Counselor Education, School Psychology, and Human Services
University of Nevada, Las Vegas
4505 S. Maryland Pkwy., Las Vegas, NV 89154, United States
milnet1@unlv.nevada.edu

Heather Thompson
Counselor Education, School Psychology, and Human Services
University of Nevada, Las Vegas
4505 S. Maryland Pkwy., Las Vegas, NV 89154, United States
heather.thompson@unlv.edu

Tara Raines, Ph.D.
Morgridge College of Education
University of Denver
1999 E. Evans Ave.
Denver, CO 80208
Tara.Raines@du.edu

Alexis Sliva
Morgridge College of Education
University of Denver
1999 E. Evans Ave.
Denver, CO 80208
Alexis.Sliva@du.edu

INVISIBLE OLDER PEOPLE: LGBTI+

Naděžda Špatenková
Ivana Olecká

Abstract

LGBT older people are an integral part of the ageing population. Due to the unfavourable social climate, they have faced homophobia, discrimination, ostracism, criminalisation, and psychiatrisation for a significant part of their lives; therefore, they remain highly distrustful, wary and reserved to institutions providing social and health services. As a result of years of negative experience, older LGBTI+ people feel very vulnerable and threatened by disrespect of dignity, inappropriate (ill) treatment or even abuse even in these institutions, which is why they hide their identity and sexual orientation. Yet, older LGBTI+ people are clients of both health and social services, as well. However, their situation in health and social institutions has not been adequately dealt with in the Czech socio-cultural environment yet, and older LGBTI+ people are the so-called "invisible minority", "not seen" even by the managers of these facilities, as our research, the results of which we present here, has demonstrated. Setting the quality of services provided and eliminating potential discrimination, however, requires raising the profile of the issue and raising awareness among care professionals.

Keywords

+ LGBTI, older people, care, health care, social welfare, minority, heterosexuality

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Introduction

The senior population is multi-layered and very varied. Non-heterosexually oriented people are an integral part of the ageing older population as well. Previously, the term "homosexuals" or the pejorative term "homos/faggots" were commonly used; later the terms "lesbian", "gay" and "bisexual" prevailed (Hartl, Hartlová, 2010, p. 78). There are also transgender, intersexual, and non-binary people. This wide range of non-heterosexual people is now referred to by the term LGBTI+. The abbreviation refers to lesbians (homosexual women), gays (homosexual men), bisexuals (people

with a roughly balanced erotic and emotional attachment to persons of both sexes), transgender people (who transcend and break the boundaries between the traditional notions of masculinity and womanhood, such as transsexuals, transvestites, cross-dressers, etc.), intersexuals (people who were born with characteristics not clearly attributable to women or men), and "+" is an expression of the fact that the spectrum of identities is far broader (APA, 1991). There is also an umbrella term "queer" (Demčíšák, 2015; Pitoňák, 2014) or the euphemistic term "rainbow people" referring to the colourfulness and variety of (not only) sex life. The Czech society still lacks enough general knowledge of these terms, not only among the general public, but also professionals.

The exact number of LGBT+ people in the population is very difficult to determine. 4% of people are said to belong to this category, but the percentage is definitely higher. Ivo Možný (1999, p. 208) states that in the Czech Republic, the estimates of the proportion of persons with homosexual behaviour in the population are around 16% and 20% among men and 12–15% among women. It is clear from the data that this minority is certainly not insignificant, although it is "invisible" to many. Even those who work in social services and healthcare do not "see" older LGBTI+ people. Their situation people will need to be responsibly addressed, because they may need help and care and will certainly not be a marginal group whose values and needs could be ignored. It is also necessary to consider the possible existence of latent homophobia not only among workers in health and social services institutions, but also among other older people in these facilities (Lavrenčíková, 2019). These concerns are based on the historical context of the situation of LGBTI+ people who faced criminal prosecution in what was Czechoslovakia (non-heterosexual orientation was decriminalized in 1961, according to section 244, which, among other things, differentiated the lowest age for same-sex consensual intercourse but was not abolished until 1990; only then was homosexual behaviour judged under criminal law in the same way as heterosexual behaviour), and they were forced into treatment (homosexuality was not excluded from the international classification of diseases until 1993) and discriminated against at work (the prohibition of discrimination in the pursuit of a profession based on sexual orientation has been in effect since 2000) (Novotná a kol., 2016; Weiss, Zvěřina, 2001; Beňová et al. 2007). Experience with criminalisation, stigmatisation, ostracism and psychiatrism made LGBTI+ people hide their sexual orientation, which in turn made them "invisible" to the society as if they did not even exist. Therefore, older LGBTI+ people are still wary and reserved towards others and, above all, distrust institutions. While opinion polls currently confirm a certain tolerance of the majority society towards LGBTI+ people, the experience of non-heterosexual people with discrimination and harassment is three times more common than that of the heterosexual majority. Harassment mostly includes remarks or references to sexual orientation or gender identity (Ombudsman, 2019). According to the Public Opinion Research Centre research (Tuček, 2020), one in four Czech people say they would not want an LGBTI+ person for a neighbour and one in two believes that a person admitting that they are LGBTI+ would cause some trouble in their neighbourhood. In the Czech Republic, the so-called heterosexualism is still an established

rule and a social norm. Based on heteronormativity, heterosexuality is perceived as the only possible sexual orientation, and minority sexual orientation is considered an aberration, something not normal (Fafejta, 2004, p. 76–77; Beňová et al., 2007, p. 35; Lavrenčíková, 2019, p. 24). Those who fail to comply with heterosexual and gender norms are perceived as "the others". Their otherness is the basis for the emergence of stigmas, prejudice, discrimination, and violence (Institute of Medicine et al., 2011, p. 13). The normalcy of heterosexualism is so strongly rooted in the Czech society that homosexuals are usually considered as people who have "failed" their families by their sexual orientation and family members often break off contact with them. Thus, LGBTI+ people lose any opportunity for informal family help and care when they are ill and socially needy. Even those who tolerate homosexuality see it as something not to be presented in public. Public space does not belong to non-heterosexuals; they have access to it, but only if they behave according to heterosexual norms. In this sense, heterosexualism is a privilege (Fafejta, 2004, p. 80). LGBTI+ people often experience stress stemming from fears about social surroundings' responses to their sexual orientation, the so-called minority stress (Pitoňák, 2017, p. 580; Orel, Fruhauf, 2015). Minority stress can be the cause of the worse psychological and physical state of older LGBTI+ people. King and Richardson (2017, p. 61) mention research (e.g. by Cochran, Sullivan, Mays, 2003; Wright, Owen, Catalan 2012) that proves that older LGBTI+ people who have experienced minority stress suffer from more severe health and mental health problems than heterosexual people. The authors report that older LGBTI+ people exhibit more hazardous behaviour, manifesting, for example, excessive alcohol and substance abuse that enables them "escape" the reality of minority stress. They also suffer from a higher rate of depression, manifested by more frequent thoughts of suicide. Mental health is closely related to physical health. In his presentation created under the auscpices of the National LGBT Health Education Center, Simone-Skidmore (2013) states that LGBT older people suffer from the so-calledweis co-morbidity (multiple concurrent illness). Common chronic diseases include, for example, higher cholesterol, cardiovascular problems, cancer, obesity problems, and frequent occurrences of sexually transmitted diseases, predominantly in gay and bisexual men. The author also points out that the health of transsexual individuals is severely affected by lifelong use of hormones and other medications that support the conversion process. Therefore, it can be assumed that older LGBTI+ people will need help and both health and social care. They may feel vulnerable and threatened by discrimination, disregard for dignity, inappropriate treatment or even abuse as a result of their experience even in health and social services institutions. Therefore, it is imperative to pay close attention to their protection, including especially the protection of their dignity. This is also mentioned in the Article 10) of the Charter of Fundamental Rights and Freedoms: "Everyone has the right to maintain their human dignity, personal honour, good reputation and to protect their name." As the age of the older population becomes higher, the non-sufficiency of older people and their dependence on others increases, and so does the need to place older LGBTI+ people in health and social services facilities as they generally cannot rely on the help

of their family or informal caregivers. Social contacts of LGBTI+ people tend to be poorer due to the above-mentioned historical context. Discrimination based on sexual orientation and gender identity has led to more limited and fragmented interactions with the biological family. Biological links were replaced by non-family ones, the so-called "family of choice". It includes ex-partners, friends, or work colleagues who support each other and turn to each other in case of illness and need for help (Wenzel, 2015; Novotná et al., 2016, p. 8). Older LGBTI+ people also face a formal disadvantage compared to the majority population, e.g. even though they live in a registered partnership, this does not automatically confer entitlement to the partners' joint assets (assets acquired by an individual during a registered partnership remain either individually owned by one of the partners or shared equally), i.e. not even inheritance rights, let alone the widow/widower's pension. Negative historical experiences of older LGBTI+ people establish the specificities of this population relative to heterosexual seniors. However, the LGBTI+ community is not united, e.g. older people identifying as transsexual or bisexual are confronted with far greater problems than lesbian and gay people (Novotná a kol., 2016). Many have encountered more rigorous obstacles, e.g. some bisexual individuals say they are ignored and overlooked by the gay and lesbian community and they even describe instances where they are shunned by that community. Based on these experiences, they may feel they have to assume the gay or lesbian identity to be accepted. In terms of violence and harassment, transgender people experience much greater levels of physical and verbal violence (Hash, Rogers, 2013, p. 249–251). These problems become much more serious once these people are physically or psychologically indisposed and no longer able to defend themselves (Baker, Krehely, 2011; Daley et al., 2017).

The situation of LGBT+ older people in the Czech Republic has been outlined in Analýza situace lesbické, gay, bisexuální a transgender menšiny v ČR (The Analysis of the Ssituation of the LGBT Minority; Beňová et al., 2007). In 2016, the authors of this article carried out the Analysis of the Situation of LGBT seniors in Medical and Social Institutions (Novotná a kol., 2016), followed by the following partial survey. Currently, the Government Strategy on Removing Legal and Social Barriers to the Decent and Equal Life of LGBT+ People in the Czech Republic 2021–26 has been established.

Research methodology

The presented research was based on the following research question: *Are providers of care for older people ready to provide services to LGBTI+ people?* Due to the nature of the topic, a qualitative research paradigm has been chosen to answer this research question, namely the Interpretative Phenomenological Analysis (IPA), which provides a deep insight into the issue (Smith, 2004, 2007). Its aim is to understand the social situation, the way individuals or groups perceive or experience a situation they are confronted with, and what meaning they attribute to this experience. Through the examination of specific personal experiences, the analysis tries to apprehend events

or processes – the phenomenons – in the individual's world and the way the individual perceives and understands events, situations, and experiences. This approach allows us to explore even the qualities that cannot be easily quantified.
The research has been carried out among providers of care for older people, with senior managers (directors) of health and social institutions being approached. The aim of this research was to reflect on the experiences of the facilities with LGBTI+ people, and the readiness to take them and in address situations related to LGBTI+ issues. Semi-structured talks have been conducted with the managers of these institutions. A total of nine managers have participated in the research, including four health managers (MZ 1–4) and five social managers (MS 1–5) of institutions. All interviews have been recorded on a voice recorder, then verbatim transcribed and subjected to content analysis in accordance with the IPA methodology. A total of 8 categories have been identified.

Survey results

In analysing narratives, several categories have surfaced; these could be found in all the narratives. Altogether, we have defined five categories:

1. The invisible ("we cannot see them and don't have them")
2. No difference ("we are all human")
3. Heteronormativity as a norm ("to act normal")
4. All older people are somehow the same ("every older person has their own specificities")
5. No problem ("the problem is not the problem; the problem is how it is handled")
6. Regard and respect ("respect in the first place")
7. Ignoring individuality ("it doesn't matter anymore")
8. (No)topicality of the issue ("dementia is in")

The invisible ("we cannot see them and don't have them")

Managers of health and social institutions point out that they have never had and do not have, such older people in their facilities, confirming the established hypothesis of the population's "invisibility". "We don't have such clients. And if so, we don't know about them." (MS1) "I don't have personal experience with LGBTI+ people, at least not that I know of. We've never dealt with this issue in our care, or I think we haven't dealt with any problem that had to be solved by care staff... when analysing the complaints received, we haven't found any problems with the LGBT issue in our institutions so far." (MZ2)

No difference ("we are all human")

The managers questioned strongly agree that there is no need to make a distinction between LGBTI+ and heterosexual people; they think that in terms of both care and access, older LGBT+ people are ordinary clients; they do not reflect any specificities. Therefore, care should be the same and provided with no difference ("we are all human"). "I believe they are ordinary clients. There is no need for special approaches from either a health or social point of view." (MS3) "These are ordinary users of care; there is no need for a special approach in terms of health or social care. An immobile older LGBTI+ person needs the same solution, e.g. barrier-free treatment or mobility equipment (a wheelchair, walker, lift etc.) as any other immobile older person." (MZ3) "Is he ill? He is. And is he LGBTI+? So what? We provide health care based on his condition, not sexual orientation. We're a hospital, not a brothel. We're interested in his illness, not his sexual orientation..." (MZ4) "So what if he's LGBTI+? Am I supposed to take a banner, organize a parade and tell people I'm straight or something? I don't get it; I don't understand it... He's a man like us. So what's the problem?" (MS1) "...we in healthcare put the emphasis on the biological side. You just can't make a difference between people. The Hippocratic Oath is unequivocal, so if someone has lung cancer, it doesn't really matter if they're black, white, yellow, gay or lesbian or, for example, a mother of six. So I don't think there's any difference; care should be the same for everyone. No one should be discriminated against, but even those who live in a marriage as heterosexuals have a lot of children and so on…" (MZ1) "I don't think older LGBTI+ people need special treatment…" (MS4) "He's exactly the same human being as we are." (MS2) "Healthcare is the same for all; a good medic should do the same quality work, whether it's for an LGBTI+ person or anyone else." (MZ3)

Heteronormativity as a norm ("to act normal")

All the interviewed managers thought the key was the way the older person behaves or would behave, which closely correlates with heteronormativity in the Czech society and institutions providing care (not only) for older people. They believe, for example, that if the older LGBTI+ person would behave much differently, draw attention to themselves or manifest their sexual orientation too much (in their opinion), they might get into some trouble with the other older people (the recipients of care), as well as the workers in the helping professions (the care providers). Non-heterosexual people can be then endangered by intolerance and homophobia. "It depends on their behaviour; it they're radical and tell everyone... There are people who don't hide anything but act quite naturally, so no problem would occur..." (MS3) "It would depend on their behaviour..." (MS5)

All older people are the same in a different way ("every older person has their own specificities")

The interviewed managers see no problem in taking older LGBTI+ people in institutions providing health and social care. They see an older LGBTI+ person as every other older person, spontaneously emphasising that "every older person has their own specificities". "Well, God has us all sorts…" (MS5) "There are conflicts among older people because of other things as well..." (MS4) "Problems arise with all older people, for any reason." (MZ1) Institutions providing care for older people always need to approach solving their problems individually. Social and health services as such declare respecting the individuality of each person and accentuate personal comfort of the care recipients. Their (secondary) interest is then to helpfully reconcile the interests of stakeholders (LGBTI+ and other people) to general satisfaction ("everyone has their own specificities"). "After all, we in the social services continuously plan things, prepare individual plans of how we want things and the service work. So, this is not a problem." (MS1) "Social services look more at whether the person is happy or not..." (MS4) "In my practice, I've met several older handicapped LGBTI+ people in residential facilities and haven't seen a problem. Some lived there with their partners." (MS3) "It's always all about the individual, and in terms of health/social care; I believe it's necessary to have an individual approach to every client, whether an LGBT or heterosexual person." (MZ2)

No problem ("the problem is not the problem; the problem is how it is handled")

The approached managers of institutions providing health and social care believe that professional carers should have no problem with providing care to older LGBTI+ people. The education of future health and social workers adequately reflects the needs and requirements of the older population. At the same time, managers of institutions providing social and health care point out that some education dealing with the issues of LGBTI+ people should be available also to other employees in daily contact with older people, e.g. cleaners. "Caring professionals are encouraged to professionalism and approach without prejudice to all people." (MS4) "Our employees are trained to be able to communicate difficult or challenging situations, but I see no objective reason why care for older LGBTI+ people should be any different (in terms of sexual orientation) from care provided to heterosexual clients. I think communication problems and operationally difficult situations may arise in case of transgender people. Theoretically, I wouldn't expect any problems with lesbians and gays." (MZ2) "We think there are certain reserves, and we lack methodological instructions for working with these clients." (MZ4) "Cleaners are in daily contact with these clients as well; they're with them in their rooms and they all have to treat them with respect." (MS1) "I guess I'd provide some basic information about the older [non-heterosexual] person to the stuff but no special preparation is necessary. Older LGBTI+ people have already worked out their issues; they often live with their

partners for years. When they have physical pain, they need a doctor like everyone else. When they feel pain in the soul, for example, when they lose their partner, they need psychological care like everyone else. A psychologist should be able to handle this situation professionally, without any special preparation." (MZ3)

Regard and respect ("respect in the first place")

Participants in our research also agree that it is not practical to establish a special facility exclusively for older LGBTI+ people. Rather than segregate older LGBTI+ people and concentrate them in a special institution of social services, it is appropriate to integrate them and apply the fundamental rule: "Respect for the person as such is crucial regardless of their sexual orientation." "I think that mutual respect, ethical principals, love to your neighbour, even when they're impossible or seem to be impossible, just tolerating them and understanding them is much more urgent than any LGBTI+ issues..." (MZ1) "... mutual respect; I really think mutual respect is a must. And it doesn't matter if the person is young, old, white, black, or gay..." (MS3) "I wouldn't segregate them, really. Soon, someone would come to surround the place with barbed wire... no... that's not... I'm against this; if we just respect each another, they can live among the others, right...?" (MZ3) "Any discrimination or segregation is always wrong…" (MS4) "There are hunchbacked people, too, and we won't place them in a separate centre for the hunchbacked..." (MS1)

Ignoring individuality ("it doesn't matter anymore")

The interviewed managers are convinced that when older people get into a nursing home or a medical facility, sexual orientation doesn't have a crucial role anymore ("it doesn't matter anymore"). This attitude, however, most likely resonates with prejudices and stereotypes (Tošnerová 2002) or myths about old age, respectively (Haškovcová, 1990, 2010). "You know, it doesn't matter anymore... if the older person is LGBTI+ or whatever... they're simply infirm, dependent, confused... They're simply happy to be alive. This [issue] isn't important then. And they don't care either. When you have dementia, then you really care about nothing..." (MZ1) "When the person is in a hospital or nursing home, they don't feel well at all and cannot even walk... So, it probably doesn't matter anymore... well, I think... at a certain age, it doesn't matter... like in the satirical sketch of [comedians] Šimek and Grosmann, when one of them says: Are you waiting for the doctor, madam? And the other one says: I'm not a madam, I'm a gentleman. And the first one says: It doesn't matter at our age... So, yeah, something like that. At a certain age, it doesn't matter..." (MZ1) "When I feel really bad, I'd lie in a hospital next to a man." (MZ5) "As for nursing homes today, they take in people with the highest care benefits, so that's another thing. These people are basically immobile. We don't have any walking older people here." (MS3)

(Non-)topicality of the issue ("dementia is in")

Although none of the respondents considers the topic urgent, they all recognize that this is a subject little discussed and that older LGBT+ people are ultimately "invisible". Therefore, wider awareness nationwide would be extremely useful, mainly to eliminate and minimize the communication barriers. In the past, it was a very taboo subject but even today, it is not dealt with and reflected enough. "Older LGBTI+ people? Well I don't know. Cognitive disorders are a more topical problem. So, rather dementia. An older person with dementia – it doesn't matter if they're LGBTI+ anymore..." (MZ1) "I find this issue topical due to the increasing number of older people, so there probably will be a greater number of older LGBTI+ people, too." (MS5) "Different sexual orientation of older people isn't an issue for me. I don't they think about it anymore. What we have to deal with is dementia... This is an issue! Not whether these people are or aren't LGBTI+." (MZ1) "In my opinion, they're normal clients. In terms of healthcare, LGBTI+ doesn't seem a paramount issue." (MZ2) Even though the participants considered the issue of older LGBTI+ people irrelevant, they pointed out that it was more than likely to be topical in several years. The interviewed managers of health and social institutions estimate it would happen in thirty to forty years. It is possible that future generations will see it differently because ("young people are different"). „It'll be different later on... But not now... nobody would talk about it now. Can you imagine keeping secret from everyone for all your life and, once you grow old, coming to a nursing home saying: I'm gay!? Probably not... It probably won't happen. At least not now. In this generation. But it'll be different for the younger generation... It's quite possible that there even be a nursing home for gay older people. But I can't imagine that now, not really..." (MS3) "Young people see it differently, so it's highly likely that their ideas will be different, but the older generation... I can't imagine that – after so many years when they kept the secret so hard, afraid that someone would find out..." (MZ1)

Discussion

The principal findings of our research all the participants agree on lie in the fact that so far, no discussion of the situation of older LGBTI+ people has taken place among professionals. The research has shown that managers of health and social institutions see this issue as something new, unexplored. Most of them (like the majority of the society) feel that the situation of LGBT+ people is relevant to younger generations, not to older people. The situation of older LGBTI+ people is not seen as a social problem and it is not addressed by law and/or policies (e.g. by creating a legislative framework or an extension of quality standards). The reasons why this discussion does not take place can be found in the fact that it is a topic marginalized by the professional community, based on prejudices and ethically overly sensitive. The philosophy of care for older people in the Czech Republic and their mentality do play a role as well. However, it should be noted that all the managers interviewed were interested in the subject and admitted they

had never thought about it before. Only one manager sees the LGBTI+ issues among older people as a socially pressing issue. Clearly, older LGBTI+ people remain "out of sight" for our generation that knows virtually nothing about their problems (Beňová et al., 2007, p. 15). Thus, older LGBTI+ people are exposed to double visibility – not only to the majority population, but also to the LGBTI+ community itself (Novotná a kol., 2016). According to Baker and Krehely (2011, p. 19), invisibility is only one of the consequences of a lifetime of oppression. We must be constantly aware that the current cohort of older LGBTI+ people lived in times when non-heterosexual orientation was considered a psychological illness and sexual behaviour between individuals of the same sex was illegal and immoral (Orel, Fruhauf, 2015, p. 14). "To make oneself invisible" meant to survive; hiding one's minority sexual orientation and gender identity became a necessity. The persistence of social stigmas, prejudice, bias, and legally conditional discrimination has fundamentally affected not only older LGBTI+ people (Baker, Krehely, 2011, p. 19), but also the attitude to them. Orel and Fruhauf (2015, p. 117) point out that in recent years, public discrimination has often been replaced by an atmosphere of silence. This form of neglect or disregard leads to the marginalisation of older LGBTI+ people and should be seen as part of the discrimination. However, any form of discrimination is very dangerous and should be eliminated.

The topic of LGBTI+ seniors is an unexplored topic. Our research serves as one of the first entries into this sensitive topic. We believe that it would be highly appropriate to expand research efforts to other target groups such as direct care workers, lawyers, social workers and other stakeholders from the professional community in future research efforts. It would also be very interesting to find out the attitudes of the general public.

Conclusion

Older LGBTI+ people have lived a significant portion of their lives in the times of prevailing social homophobia and heterosexism, which, unfortunately, still affect their experience of ageing. At an older age, the experience of long-term discrimination and stigmatisation is reflected in several important areas (Novotná a kol, 2016, p. 9). The first area is significantly marked by a history of oppression is access to social and health services. Older LGBTI+ people delay not only hospitalisation in health facilities, but also possible entry into a social services institution (Meyer, 2011, p. 24). Meyer (2011, pp. 24–25), Baker and Krehely (2011, s. 20) agree that the reason for the postponement is fear of abuse, bias, discrimination, and mistreatment by staff of these institutions. Daley et al. (2017, pp. 145–146) point out that these people may be mistreated not only by workers, but also by other older people and their families who do not want to be in contact with LGBTI+ people. This situation leads in turn to feelings of isolation and loneliness and tends to cause physical and psychological hardship for LGBTI+ people. In this context, the requirement for a community-wide discussion on the topic, as well as specific training for workers in assisting professions to engage with LGBTI+ people, is becoming topical.

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Authors

PhDr. et. Mgr. Naděžda Špatenková, Ph.D., MBA
Faculty of Public Policies in Opava, Silesian University in Opava
Institute of Pedagogical and Psychological Sciences
Bezručovo nám. 885/14, 746 01 Opava, Czech Republic
nadezda.spatenkova@fvp.slu.cz

PhDr. et. Mgr. Ivana Olecká, Ph.D.
Department of Christian Social Work, Sts Cyril and Methodius Faculty of Theology
Palacký University Olomouc
Univerzitní 244/22, 779 00 Olomouc, Czech Republic
ivana.olecka@upol.cz

REPORT

REPORT ON THE IMPLEMENTED PROJECT SUPPORT OF SNOEZELEN AND ITS INTEGRATION INTO UNIVERSITY EDUCATION (ERASMUS+ KA203 – STRATEGIC PARTNERSHIPS FOR HIGHER EDUCATION 2020-1-CZ01-KA203-078267)

Kateřina Janků

The current trend of the 21st century, which responds to the uniqueness of each person with its social approaches, is, among other things, increasing the demands on the competencies and skills of workers in helping professions who contribute to improving the quality of life of people with disabilities and social disadvantages. The expanding and specialized fields of the Faculty of Public Policies of the Silesian University in Opava are proof of this innovative development.

The project *Support of Snoezelen and its Integration into University Education*, which has been implemented at this faculty since September last year (9/1 2020), aims in a completely unique way and anchors the innovative concept of Snoezelen – Multisensory Environment (abbr. MSE) in tertiary education and future training of professionals not only in the field of special education, but also graduates of helping professions, who will be able to adequately respond to the needs of the labour market.

Specifically, the project concerns the inclusion of the innovative course Snoezelen in the instruction of students of special education, educational psychology, and social, therapeutic and rehabilitative fields which are related to specific partner universities. The planned innovation also includes increasing the skills of university teachers and experts and the developing of strategic partnerships in scientific and research activities.

Snoezelen is now regarded as an innovative method whose aim it is to encourage a person with disability or disadvantage to be active by means of sensory stimulation thanks to a unique environment created. Snoezelen uses and combines numerous therapeutic, educational and relaxation activities which enhance the quality of life and purposefully promote human development. The concept was already created in the 1970s in the Netherlands and its development is evident throughout the world. Its professional patronage is formed by the International Snoezelen Association (abbr. ISNA-MSE), which brings together professionals from around the world and holds regular meetings in the form of international conferences. (The last conference in 2019 was organized in Prague and its organizer was the Czech ISNA section).

The priority of the project relates to the specific axis focusing on tackling skills gaps and mismatches, and the axis supporting the internationalization of universities. The main direction of the project objective is to achieve specific development of curricula aimed

at learning outcomes which meet the educational needs of students better while remaining relevant to the needs of the labour market and society as a whole. This direction can be ensured by systematically structuring methodical content of the specific "Snoezelen" course at the international level. At the same time, we will thus contribute to a strengthening of strategic cooperation among higher education institutions, especially by eliminating specific obstacles in the integration of mobility into curricula. Obstacles to integrating mobility into study programmes include differences in the content of offered courses which are of a particularly pro-national character and whose performance requirements relate to the practical application of the course only in a specific country, with the assumption of having mastered the local mother tongue and the resulting labour-market application of graduates only in the country of the specific university. The practical course „Snoezelen", which the project proposal is concerned with, does not at the moment have homogeneous content – to the contrary, external social, cultural and human factors are involved in its structure, segregating it from subjects suitable for instruction to foreign students. The innovative development of educational courses within the strategic partnership is always connected with the possibility of information comparisons, wider discussions, transfer of experience and improvement of instructor competence. However, it is also associated with the creation of instructional materials and modification of existing course curricula in individual countries which aim at their use for international mobility of foreign students. Sharing large amounts of information about Snoezelen is a driving force for further development of the programmes which implement it.

The three cooperating universities who constitute the proposed partnership in this project include a team of scholars from the Czech Republic from the Faculty of Public Policies, Silesian University in Opava, a team of scholars from the Republic of Poland from the Faculty of Rehabilitation, Academie Wychowanie Fizycznego im. Bronislaw Czecha, Cracow and a team of scholars from the Kingdom of Spain from the Faculty of Education, Pycholology and Social Affairs, University of Lleida (Facultat d'Educació, Psicologia i Treball Social de la Universitat de Lleida). By profile, the team from the Czech Republic focuses on the education and development of people with disabilities and social disadvantages. The team from the Republic of Poland is profiled in leisure-time, therapeutic and vocational rehabilitation. The team from Spain directs their activities in the field of educational psychology, counselling, recreational and therapeutic work with various clients.

The international partnership undoubtedly brings specific value, as the unification of contents of instruction of the course at the university level will help create a methodically structured instruction model focused on Snoezelen, which is currently missing completely. Consequently, it is possible to further develop the subject, strengthen and clarify its content, and make it more transparent throughout the whole European area.

The anticipated positive outcome is the elaboration of methodological materials, professional publications, and providing comparative outputs, which will of course be available to all students and scholars of the partner coalition. As part of the project, we expect the newly created partnership to also bring about innovative increase

in competences of the participating university instructors, connected to both their professional profile in science, and their approach to the students thanks to the planned short and intensive expert training. As part of the project, comparative outputs associated with the process of instruction in the field of Snoezelen are expected to be based on feedback and intensive use of the results for further development and innovation of instruction within existing programmes.

The cultural and social heterogeneity of countries whose universities are incorporated in the cooperation is also connected with the selection of activities and strategies which are used in Snoezelen. For students from abroad, one needs to unite the course content and instruction model so that it is enriching for all the partners, and by extension for each student. The project activities will therefore aim to create such a course which could be generally and strategically better applicable for instruction not only in the Czech Republic.

Author

Mgr. Kateřina Janků, Ph.D.
Assistant Professor at the Institute of Special Education,
Faculty of Public Policy, Silesian University in Opava
Address: Bezručovo náměstí 885/14, 746 01 Opava, Česká republika
katerina.janku@fvp.slu.cz

EXAMPLE OF GOOD PRACTICE

AN INTRODUCTION TO THE RELATIONSHIP-BUILDING FRAMEWORK OF GENTLE TEACHING

Anthony M. McCrovitz

Gentle Teaching validates the relational context of human existence by recognizing the foundational human longing for unconditional belonging (companionship). In establishing a learning environment for teaching four pillars that mentor social-emotional awareness and growth, a framework of Gentle Teaching creates the invitation to experience belonging and engagement with others (community).

The philosophy and principles of Gentle Teaching are rooted in a psychology of interdependence, a word from the Latin root inter, meaning 'among' or 'between.' The main idea about interdependence recognizes the web of human existence as an inseparable, social fabric through which unifying connections and forms emerge through the affirming and cultivating of relationships.

With coherent modelling and experiencing of these relational connections, an intrinsic alignment with elementary processes of social-emotional development occur.

Self-perception and growth in awareness in-forms the groundwork and development of value and meaning for one's identity and feelings of self-worth. Each one's capacity for relationship-building stems from this self-formed and self-perceived valuing that, ideally, flowers forth with imagination, reciprocation, and engagement, reflecting one's self constructed picture of value and meaningful quality-of-life outcomes, regardless of ability.

A framework of Gentle Teaching views quality of life in proportion to eight, foundational human values that are universally recognized and considered essential for meaningful human existence. With mutual respect, a framework of Gentle Teaching constructs dialogue (verbal and non-verbal) for engaging social-emotional awareness in a learning environment. This environment is a culture of gentleness that unconditionally values and acknowledges others, Creating Meaningful Moments (CMM) that support interactions between a mentor and Individual or group, engaging collaborative, relationship-building learning processes.

The role of "mentor" can be a teacher, caregiver, facilitator, therapist, parent, friend, etc., who uses "Our Tools" (hands, eyes, words, presence) for teaching the Four Pillars of Gentle Teaching: (1) how to feel safe; (2) how to feel loved; (3) how to feel and be loving; (4) how to be and become engaged (reciprocation).

These four pillars uphold the foundation of awareness and growth, guiding the interactions that teach one with elements of companionship and elements of reciprocation for engagement with community. The four pillars are interdependently whole for coherent and lifelong learning. One learns how to trust and how to feel and know they are safe and loved. When feeling safe and loved is meaningfully integrated and developed with

quality-of-life-values, new moral memory becomes rooted in one's experience, cultivating the core capacity for one's social-emotional awareness and growth.

New moral memory can develop when a new pattern is learned for the social-emotional processing of information. Much like practice of a new skill, the repetition of the new pattern is what allows for its integration.

Especially in working with trauma-informed expressions, a shift in awareness evolves as new moral memory is being created and becoming rooted in the "feeling/sense" foundation of self-concepts. Gentle Teaching opens up relationship-building potential, the invitational space 'between' all interconnecting points, where the mirroring of meaning and value exists for human connection; for creating new moral memory; for returning to the interdependent roots of our relational existence.

Accessibility to relationally – dynamic learning environments is critical for this development and growth, providing mentoring dialogue (verbal and non-verbal) and opportunities for meaningful, social-emotional interactions. While this naturally occurs in family and other social structures, this accessibility is often out of reach for marginalized and/or traumatized individuals.

Self-reflection and thoughtful planning is important to the mentoring role and practice of Gentle Teaching. The 'lead' is with the learner and their perspective; the 'direction' is with the framework of Gentle Teaching.

A framework of Gentle Teaching creates a dynamic learning environment, identifying possibilities for relationship-building, developing companionship and a sense of community with others; teaching that one is not isolated or separated, but included and connected within the social fabric.

Processes of learning/mentoring build from this foundation that forms the intrinsic knowing/sense of self and authentic identity, aligning perception and interaction with value and meaning that relates to the life of the Individual, as well as to the life of the community.

A framework of Gentle Teaching invites our professional engagement and asks: how do we see ourselves and how do we see the other? Are we identifying this person as having good or not good behavior? Or as a person who is holding a mirror into the world they perceive and internalize, with or without value and maybe without the meaningful and critical connections necessary for social-emotional development; for one's sense of self-worth and identity?

For the mentoring journey, a framework of Gentle Teaching establishes a platform for dialogue that speaks to social-emotional awareness and growth, creating social fabric within a relational, interdependent context of value and meaning, cultivating companionship and the formation of community. The relationship-building journey is our privilege and opportunity to behold who we are and who the other is; to plan and set the foundation for a mutually beneficial relationship-building teaching/ learning environment; to perceive the path between us as one of possibilities and potential outcomes for quality of life. How can I invite trust and create a connection? How can I identify and discover, with this person, what is unknown and unseen about their quality of life? (Relating to eight, quality-of-life values).

A practice of unconditional love and acceptance lays a foundation of value and meaning for the mentoring journey, whether the time together is a spontaneous moment, a scheduled hour, or a lifetime commitment. Gentle Teaching brings light into the shadows of separateness and brokenness that marginalize and distance human beings from one another. In the shifting of our perception, we change our view toward how we see ourselves in relation to others.

"Learning involves a change in self-organization and self-perception." (Rogers, Freiberg, 1994). In the same regard, teaching involves self-reflecting on the views and values that form our perception and frame the learning landscape.

As one can experience and awaken to unconditional acceptance of who (s)he is with mutual support/solidarity, awareness can shift and connect in the varied ways it seeks to find a valued and meaningful experience of existence, and then an expanded sense of self that exists as an interdependent unity – in community with others. As self-concepts evolve through companionship and community, genuine forms of expression become reciprocated (self-determination).

Unconditional love means unconditional acceptance. This is key to the understanding of our role in facilitating quality of life outcomes with a Gentle Teaching framework. As we teach, we learn; as we learn, we teach.

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Author

Anthony M. McCrovitz, Ph.D., LMHC, HSPP, BCPC, IMH-E® (II), DAPA
President, Indiana Professional Counseling Foundation (IPCF)
Past President, Indiana Counseling Association (ICA)
Executive Director
621 Broadway, Chesterton, USA
amccrovitz@globe-star.org

BOOK REVIEW

SNOEZELEN IN THEORY, PRACTICE, AND RESEARCH

Jan Viktorin

Janků, K. (2018). *Snoezelen v teorii, v praxi a ve výzkumu [Snoezelen in Theory, Practice, and Research].* Opava: Slezská univerzita.

The professional publication presents the scientific therapeutic concept of Snoezelen-MSE as a supportive, therapeutic and leisure method. The publication is divided into four chapters and several subchapters, it is properly provided with an introduction, conclusion, and summary. Its content focuses on the nature and characteristics of the therapeutic concept, which is currently used in education, social care, health, and other areas. Its concept thus responds to new approaches and changes in the support of children and pupils with multiple disabilities. The therapeutic concept of Snoezelen-MSE is one of the most dynamically developing disciplines of special education in the Czech Republic with an overlap in the field of social, health and other areas. The professional publication is intended for teachers, the professional public, and workers in the helping professions, who often enter the whole process of education theoretically or practically.

The first chapter deals with the epistemological outline of the Snoezelen-MSE paradigm in the context of special education, the definition of the Snoezelen-MSE concept and the characteristics from the point of view of historical development to the present. Based on the experience of experts in practice from abroad and from the Czech Republic, the author takes a critical approach to the evaluation of the development and transformation of the presented scientific concept. The text is suitably supplemented by various pictures of aids to the development of individual areas of perception. It also does not omit the connection of the concept with field school practice as a targeted intervention.

The second chapter deals in detail with the target groups of people in the paradigm of the Snoezelen-MSE concept. The whole chapter is correctly structured into individual subchapters according to the focus of the monitored issues. The author rightly draws attention to the ambiguity of the description of a group of people with multiple disabilities from the point of view of special education. It also concisely describes the social environment, which directly affects the development of each child, i.e., the family environment. Finally, it deals in detail with the description of diagnostically focused schemes of sensory perception.

The content of the third chapter is highly professionally focused on the issue of the educational reality of pupils with multiple disabilities in special primary schools. The chapter is objectively structured, concisely, and clearly commented on individual topics. I especially appreciate the possibilities and strategies of the educational process

in a special school and a detailed description of curricular documents, including partial goals and acquired competencies, on which more emphasis is placed.
The last chapter presents the concept of Snoezelen-MSE in special educational research. The empirical use of the Snoezelen-MSE concept in its current form is clearly shown here. The author purposefully reveals the essence of the Snoezelen-MSE concept and the pitfalls of research in this area, as seen in special educational research in the Czech Republic, which has certain rules and specifics.
The professional publication provides a comprehensive picture of the therapeutic concept of Snoezelen-MSE and reflects the current state of knowledge in the intervention and guidance of children and pupils with multiple disabilities. The text is processed using the technique of critical analysis of information sources of Czech and foreign literature, examples of good practice, and the author's own experience. The publication was created based on the author's practical experience and provides an insider's view of the current reality of providing the therapeutic concept of Snoezelen-MSE.

Author

PhDr. Jan Viktorin, Ph.D.
Faculty of Public Policies, Silesian University
Institute of Special Education
Bezručovo nám. 885/14, 746 01 Opava, Czech Republic
jan.viktorin@fvp.slu.cz

SILESIAN
UNIVERSITY
FACULTY OF PUBLIC
POLICIES IN OPAVA

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