Socijalne studije / Social studies - 2019.

SOCIJALNE STUDIJE

SOCIAL STUDIES

Godina II Broj 2 2019.

UNIVERZITET U SARAJEVU
FAKULTET POLITIČKIH NAUKA

SOCIJALNE STUDIJE
SOCIAL STUDIES
2019.

Socijalne studije
Social studies

Izdavač / Publisher
Fakultet političkih nauka Univerziteta u Sarajevu
Skenderija 72
71000 Sarajevo

Za izdavača / On behalf of the publisher
Sead Turčalo

Glavna urednica / Editor-in-chief
Suada Buljubašić

Redakcija / Editorial board
Sanela Šadić, Univerzitet u Sarajevu/University of Sarajevo
Dželal Ibraković, Univerzitet u Sarajevu/University of Sarajevo
Aleksandar Jugović, Univerzitet u Beogradu/University of Belgrade
Gordana Berc, Univerzitet u Zagrebu/University of Zagreb
Vladimir Ilievski, Univerzitet u Skoplju/University of Skopje

Savjetodavni odbor / Advisory board
Asim Mujkić, University of Sarajevo, Bosnia and Herzegovina
Mira Lakićević, University of Belgrade, Serbia
Marina Ajduković, University of Zagreb, Croatia
Reima Ana Maglajlić, University of Sussex, United Kingdom
Julie M. Watkins, Council on Social Work Education (CSWE), USA
Maja Gerovska Mitev, University of Skopje, Macedonia
Vito Flaker, University of Ljubljana, Slovenia
Ljubo Lepir, University of Banja Luka, Bosnia and Herzegovina
Darja Zaviršek, University of Ljubljana, Slovenia
Erika Bejko, University of Tirana, Albania
Erna Lučić, University of Tuzla, Bosnia and Herzegovina
Eleona Dhambo, University of Tirana, Albania
Suzana Bornarova, University of Skopje, Macedonia
Rossita Simeonova, University of Sofia, Bulgaria

Sekretarka redakcije / Secretary of the editorial board
Anida Dudić

Lektorica / BCS proofreading
Bjanka Alajbegović

Lektorica za engleski jezik / English proofreading
Sabina Bečić Isić

Naslovna stranica / Cover design
Armin Numanović

DTP
Armin Numanović

Štampa / Printed by
TMP d.o.o

Tiraž / Circulation
100 primjeraka / 100 copies

ISSN 2637-2061 (print)
ISSN 2637-2908 (online)

SOCIJALNE STUDIJE

Godina II Broj 2 2019.

SOCIAL STUDIES

Volume II Number 2 2019.

UNIVERZITET U SARAJEVU
FAKULTET POLITIČKIH NAUKA

SADRŽAJ

Jasenka Ferizović
Maternity Protection in Bosnia and Herzegovina:
Right to Maternity Cash Benefits.....7

Vera Despotović, Jasna Hrnčić
Analiza efikasnosti psihosocijalnog programa
za počinioce partnerskog nasilja u Srbiji.....35

Vladimir Ilievski, Ivan Trajkov, Aleksandra Coneva
Psychosocial support for people with mental disorders.....51

Anida Dudić
Prava djece u Bosni i Hercegovini kroz profesionalna
iskustva socijalnih radnika.....69

Andon Damovski
Employment of people with disability through
the prism of social entrepreneurship.....87

Ljubo Lepir
Kompetencije socijalnih radnika u radu
sa starijim osobama 105

Prikazi.....125

Originalni naučni rad

Jasenka Ferizović[1]

MATERNITY PROTECTION IN BOSNIA AND HERZEGOVINA: THE RIGHT TO MATERNITY CASH BENEFITS

Summary

Maternity protection rights comprise a set of entitlements related to employment, health and economic well-being of women-mothers. One of the rights that cuts across all these areas of protection is the right to maternity cash benefits. Bosnia and Herzegovina has a complex legal framework regulating maternity protection consisting of 12 separate legal regimes that are in force in different parts of the country. This paper analyses domestic legislation regulating the right to maternity cash benefits in the light of standards set by international human rights documents. Research focuses on the assessment of compliance of the legislation of Bosnia and Herzegovina with these standards and the impact of the existence of multiple legal regimes of regulation of maternity cash benefits on equality of treatment of women–mothers in Bosnia and Herzegovina.

Key words: *maternity cash benefits, maternity protection, labour rights, International Labour Organization, Bosnia and Herzegovina*

1 Pravna savjetnica, Sud Bosne i Hercegovine, Sarajevo, Bosna i Hercegovina, *jasenka.ferizovic@gmail.com*

INTRODUCTION

Maternity protection rights constitute important labour and social rights. They are significant not only for ensuring the economic security of women and their children, but also for achieving gender equality and equality of opportunity. These rights have been in the focus of the International Labour Organization (ILO) since its establishment and are recognized in key international human rights documents such as Universal Declaration of Human Rights (UDHR), International Covenant on Economic, Social and Cultural Rights (ICESCR) and Convention for the Elimination of all Forms of Discrimination Against Women (CEDAW). Bosnia and Herzegovina has ratified all these documents as well as relevant ILO conventions, and thus pledged to provide the highest standards of maternity protection.

Maternity protection rights are important not just as individual rights that enjoy legal protection, but also as a factor that influences processes at a societal level by affecting birth and fertility rates (Malkova 2014; Risse 2006). For this reason, maternity protection constitutes a relevant scholarly topic, particularly when it comes to developing countries such as Bosnia and Herzegovina, which tend to face severe demographic declines. Bosnia and Herzegovina makes an interesting case study also for another reason. Due to complex constitutional organisation of the state,[2] there exists no uniform regime of maternity protection for the territory of the entire country. Instead, maternity protection is regulated on the level of its constituent entities (Federation of Bosnia and Herzegovina and Republika Srpska) and Brčko District of Bosnia and Herzegovina. In the Federation of Bosnia and Herzegovina, regulation of certain maternity rights is further delegated to cantons.

According to the most recent standards set by the ILO (ILO 2000: 128), one of the essential components of maternity protection is the right to maternity cash benefits.[3]

2 Bosnia and Herzegovina consists of two entities - Federation of Bosnia and Herzegovina and Republika Srpska, and the Brčko District as neutral self-governing administrative unit. The Federation of Bosnia and Herzegovina is further divided into 10 administrative units - cantons.

3 Other elements of maternity protection are maternity leave, medical benefits, protection of the health of mother and child during pregnancy, childbirth and breastfeeding, mother's right to breastfeed a child after her return to work and employment protection and non-discrimination (ILO, 2000: 128).

This paper analyses legal regulation and practical implementation of the right to maternity cash benefits in Bosnia and Herzegovina with an aim to examine whether national legal framework meets international standards with respect to regulation of the right to maternity cash benefits and to explore how the existence of multiple regimes of maternity cash benefits affects women–mothers in Bosnia and Herzegovina. Research is based on analysis of relevant domestic laws and bylaws regulating maternity protection and the right to maternity cash benefits in Bosnia and Herzegovina in the light of applicable international standards.

The paper consists of three sections. First section provides a theoretical framework for the topic by examining international legal documents that prescribe obligations and set the standards in the area of maternity protection, especially concerning maternity cash benefits. Second section presents an overview of legislation regulating this subject matter in Bosnia and Herzegovina. Third section discusses domestic legislation in the light of international standards relating to maternity cash benefits.

THE RIGHT TO MATERNITY CASH BENEFITS IN THE INTERNATIONAL LEGAL SYSTEM

All major international human rights documents recognise maternity protection as an essential segment of labour and social rights. UDHR prescribes in general terms that "motherhood and childhood are entitled to special care and assistance" (Art. 25(2)). Other documents define the scope and the contents of maternity protection in more detail. One of the elements of maternity protection all these documents recognise is the right to maternity cash benefits. The ICESCR stipulates that "special protection should be accorded to mothers during a reasonable period before and after childbirth" and that "during such period working mothers should be accorded paid leave or leave with adequate social security benefits" (Art. 10(2)). General Comment no. 19 on the Article 9 of the ICESCR (right to social security) issued by the Committee on Economic, Social and Cultural Rights interpreted the right to social security to encompass the right to access and maintain benefits, whether in cash or in-kind, in order to secure protection from lack of work-related income caused by maternity (para. 2.).

In the same Comment, Committee also held that "paid maternity leave should be granted to all women, including those involved in atypical work", and that "benefits should be provided for an adequate period" (para. 19.).

The CEDAW sets forth that state parties are obligated, among others, to "introduce maternity leave with pay or with comparable social benefits" (Art.11(2)(b)). Revised European Social Charter further specifies obligation of the parties to provide "either by paid leave, by adequate social security benefits or by benefits from public funds for employed women to take leave before and after childbirth up to a total of at least fourteen weeks" (Art. 8(1)). Charter of Fundamental Rights of the European Union prescribes that "family shall enjoy legal, economic and social protection" and that everyone should have the right to paid maternity leave (Art. 33). The right to paid maternity leave is regulated in more detail in the Council Directive 92/85/EEC of 19 October 1992.
The subject matter of maternity protection is tackled more thoroughly in ILO conventions and recommendations. Since its foundation, the ILO has adopted three conventions on maternity protection: Maternity Protection Convention No. 3 in 1919, Maternity Protection Convention No. 103 (Revised) in 1952 and the most recent Maternity Protection Convention No. 183 in 2000. The latter entered into force on 7 February 2002 and to date has been ratified by 34 countries (ILO 2019). Maternity Protection Convention No. 183 complemented by Recommendation No. 191, sets out concrete international standards of protection in this area. When it comes to maternity cash benefits, the Convention prescribes that women who are absent from work due to maternity leave are entitled to cash benefits for the duration of the entire maternity leave which, according to the Convention, cannot be less than 14 weeks (Art. 4(1); Art. 6(1)). Maternity Protection Recommendation No. 191 suggests that states should strive towards extending the length of maternity leave to 18 weeks (Art. 1(1)).

The Convention leaves it to states to regulate the amount and methods of calculation of maternity cash benefits but stipulates that they "shall be at a level which ensures that the woman can maintain herself and her child in proper conditions of health" (Art. 6).

In this respect, it is prescribed that where, under national law or practice, maternity leave cash benefits are based on previous earnings, the amount of such benefits shall not be less than two-thirds of the woman's previous earnings (Art. 6(3)). In practice, this is the most common method of calculation of maternity cash benefits (ILO 2000: 17). However, where other methods are used to determine the cash benefits, the amount of such benefits shall be comparable to the amount resulting on average from the computation of cash benefits based on previous earnings (ILO 2000: 17). Maternity Protection Recommendation No. 191 advocates that cash benefits should be raised to the full amount of the woman's previous earnings (Art. 2).

With respect to the scope of enjoyment of this right, Convention further sets forth that states "shall ensure that the conditions to qualify for cash benefits can be satisfied by a large majority of women to whom this Convention applies" (Art. 6(5)) and that women who do not meet these conditions "shall be entitled to adequate benefits out of social assistance funds, subject to the means test required for such assistance" (Art. 6(6)). In order to mitigate discrimination of women in labour market, it is emphasised in the Convention that maternity cash benefits in principle shall be provided through compulsory social insurance or public funds and that employers should not have to bear the full cost of maternity benefits unless they expressly agree to it (Art. 6(8)). Even though ILO conventions on maternity protection have not been ratified by a large number of countries, all the countries in the world except for two stipulate the right to maternity cash benefits in their national legislation (ILO 2014: 16), which testifies to the fact that it has been almost universally recognised as an indispensable segment of maternity protection.

This chapter provided an overview of the international legal framework regulating maternity cash benefits as one of the crucial aspects of the right to maternity protection. The following sections will examine how these standards are applied in Bosnia and Herzegovina as a party to all the above mentioned international human rights documents and ILO conventions.

LEGAL REGULATION OF THE RIGHT TO MATERNITY CASH BENEFITS IN BOSNIA AND HERZEGOVINA

Bosnia and Herzegovina is the state with a complicated political and administrative organisation. This complexity generates convoluted division of powers and competences between different levels of government, which is evident also in the case of regulation of maternity protection and especially maternity cash benefits. In Bosnia and Herzegovina, the right to maternity cash benefits is not regulated uniformly for the territory of the entire state. Instead, competences in this area are delegated to Federation of Bosnia and Herzegovina, Republika Srpska and Brčko District, and in Federation of Bosnia and Herzegovina further to 10 cantons. Thus, in Bosnia and Herzegovina practically exist 12 different legal regimes of regulation of the right to maternity cash benefits that apply in different territorial-administrative units. This section provides a summary of the existing legal regimes of regulation of the right to maternity cash benefits in Bosnia and Herzegovina. In order to avoid overburdening the text with extensive references to legislation, an overview of laws/bylaws and relevant provisions thereof used in this analysis is provided in Appendix 1 instead. Comprehensive overview of 12 existing maternity cash benefits regimes with detailed information about the contents of the entitlements is given in Appendix 2.

Maternity cash benefits in the Federation of Bosnia and Herzegovina

In the territory of the Federation of Bosnia and Herzegovina, maternity protection rights are regulated by the Labour Law of Federation of Bosnia and Herzegovina and laws in the field of social protection. According to the Constitution of Federation of Bosnia and Herzegovina, competences in the social policy area are exercised jointly by the Federation and cantons and consequently there exist ten different legal regimes in this field. Distribution of competences between the Federation and cantons in this area is very significant for the subject matter of this study as it directly affects how the right to maternity cash benefits is implemented in Federation of Bosnia and Herzegovina.

Labour Law of Federation of Bosnia and Herzegovina prescribes that women–workers have a right to one year of maternity leave (Art. 62(1)) and that they are entitled to maternity cash benefits in the form of compensation of salary in accordance with the separate law (Art. 68(1)). This blanket clause refers us to the Law on Foundations of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children which stipulates that employed woman–mother, during maternity leave, has a right to compensation of salary in the amount of a percentage of her earnings during period of six months preceding maternity leave and that this percentage shall be established by cantonal law (Art. 93). This legal provision is again complemented by the Article 68(2) of the Labour Law which sets forth that woman's employer can decide to cover the payment of the difference between this percentage of salary paid from cantonal budget and woman's full salary. However, this is something that is done as a rule only in the public sector and much less often in the private sector. Law on Foundations of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children also prescribes that unemployed woman-mother is entitled to financial assistance during pregnancy and after giving birth but does not further specify the content of this right as detailed regulation is left to cantons.

Analysis of cantonal legislation shows that legal regulation of the right to maternity cash benefits differs from canton to canton. In all cantons employed women-mothers receive maternity cash benefits during the entire period of maternity leave. However, the amount of cash benefits to which they are entitled is not the same. In nine out of 10 cantons, maternity cash benefits are calculated based on the percentage of woman's earnings before maternity leave, but these percentages vary from 40% to 100% depending on the canton. Employed women-mothers in Herzegovina-Neretva Canton are in the least favourable position as they are entitled to maternity cash benefits in the amount of 40% of their salary. The situation is somewhat better in Una-Sana Canton and Central-Bosnia Canton where women receive compensation in the amount of 50% of their salary. In West-Herzegovina Canton maternity cash benefits amount to 70%, in Zenica-Doboj Canton, Bosnia-Podrinje Canton and Posavina Canton to 80% and in Tuzla Canton to 90% of woman's average salary. Women in Canton 10 enjoy the most favourable treatment because they receive cash benefits in the amount of their full salaries.

In Canton Sarajevo, maternity cash benefits are calculated in relation to the average salary in the Canton and women receive flat-rate amount of 360 KM.

However, it is important to note that six cantons[4] put a cap on maternity cash benefits by setting forth that they cannot exceed the amount of average salary in Federation of Bosnia and Herzegovina/canton or a percentage thereof, which in some cases practically amounts to derogation from the standard of two-thirds of woman's salary. For example, women in Canton 10 who are entitled to maternity cash benefits in the amount of 100% of their salary will receive full amount of their salary only if they are earning up to approximately 928 KM which is an average salary in Federation of Bosnia and Herzegovina (Federalni zavod za statistiku 2019). All other women who earn more than 928 KM will not receive the amount of 100% of their salary. Moreover, women who earn more than approximately 1406 KM will receive less than two-thirds of their salary, which is not in line with the requirements of the Maternity Protection Convention No. 183. In three cantons the right to cash benefits is further contingent on the length of woman's residence in the territory of the canton[5] and in four cantons on the length of employment.[6]

Each canton has its own regime of legal regulation of maternity cash benefits for unemployed women-mothers. In two cantons maternity cash benefits amount to a percentage of an average salary in canton or in Federation of Bosnia and Herzegovina – in Bosnia-Podrinje Canton unemployed mothers receive 25% of the average salary in the Canton and in Herzegovina-Neretva Canton 40% of average salary in Federation of Bosnia and Herzegovina.

4 In Herzegovina-Neretva Canton, West-Herzegovina Canton and Canton 10 the amount of maternity cash benefits cannot be higher than an average salary in Federation of Bosnia and Herzegovina, in Posavina Canton they cannot exceed the amount of 80% of an average salary in Federation of Bosnia and Herzegovina, whereas in Tuzla Canton and Zenica-Doboj Canton maternity cash benefits cannot be higher than average salary in the canton.

5 In Sarajevo Canton and Posavina Canton it is required that woman has been resident of canton for at least one year prior to maternity leave, whereas Canton 10 requires 3 years of residence.

6 In Posavina Canton, Herzegovina-Neretva Canton and West-Herzegovina Canton women have to be employed for at least six months and in Sarajevo Canton for 12 months in order to be eligible for (full amount of) maternity cash benefits.

In four cantons unemployed mothers have the right to maternity cash benefits in the flat-rate amounts of 100 KM during 12 months in Canton 10, 180 KM during 12 months in Sarajevo Canton, 250 KM during six months in the West-Herzegovina Canton (Vlada Županije Zapadnohercegovačke 2018) and 300 KM during six months in Posavina Canton. In the remaining fours cantons, unemployed women are entitled solely to one-time payments and other kinds of symbolic allowances.[7] It is important to mention that in three cantons not all unemployed women, but only those in the highest social need, are eligible for maternity cash benefits and other types of financial assistance. This is the case in Herzegovina-Neretva Canton, Tuzla Canton and Zenica-Doboj Canton. In all these cantons unemployed woman is entitled to maternity cash benefits and other types of financial assistance under the condition that monthly income per household member in woman's household does not exceed 15% (Herzegovina-Neretva Canton), 25% (Tuzla Canton) or 50% (Zenica-Doboj Canton) of an average salary in canton.

Maternity cash benefits in Republika Srpska

Labour Law of the Republika Srpska stipulates that woman has the right to one year of paid maternity leave and to 18 months for third and every subsequent child or in the case she gives birth to twins. Employed woman-mother in Republika Srpska is entitled to maternity cash benefits at the level of her average salary during the last 12 months before the starting date of the maternity leave.

7 In Central-Bosnia Canton unemployed women-mothers are entitled to one-time payment of 35% of average salary in the Canton, unemployed mothers in Zenica-Doboj Canton receive one-time maternity payment amounting to 150 KM, one-time payment for equipment of a new-born in the amount of 15% of average salary in the Canton and nourishment allowance in the amount of 10% of an average salary in the Canton for the period of six months, whereas in Una-Sana Canton they receive one-time payment of 100 KM. According to the Law, unemployed mothers in Tuzla Canton shall have the right to cash benefits amounting to 15% of average salary in Tuzla Canton during the period of 12 months after childbirth. However, in practice they cannot exercise this right because payment of cash benefits is dependent on availability on financial means in the cantonal budget which are currently not provided. For this reason, unemployed women in Tuzla Canton receive one-time payment of 20% of average salary in the Canton and nourishment allowance of 77 KM during the period of six months instead of monthly cash benefits as prescribed by the law.

Maternity cash benefits are paid to women by their employers who are entitled to claim refund of these expenses from the Public Fund for Children Protection. Unemployed women-mothers have the right to maternity allowance in the amount of 405 KM during 12 months after the childbirth or 18 months for the third child or twins. However, enjoyment of this right is subject to fulfilment of two condition – that woman has a residence in the territory of Republika Srpska for at least one year prior to maternity leave and that she has been unemployed for at least six months. In Republika Srpska, both employed and unemployed women-mothers are additionally entitled to one-time payment of 250 KM for equipment of a new-born.

Maternity cash benefits in Brčko District of Bosnia and Herzegovina

Employed women-mothers in Brčko District are entitled to 12 months of paid maternity leave. Like in Republika Srpska, the duration of maternity leave increases to 18 months in the case woman gives birth to twins and in the case of a third or every subsequent child. During maternity leave employed woman-mother receives maternity cash benefits in the full amount of the average salary she has earned during three months preceding the maternity leave. Maternity cash benefits are paid from the Budget of the Brčko District, under the condition that woman's employer has been regularly paying social and health contributions. Unemployed woman-mother is entitled to maternity cash benefits in the amount of 50% of an average salary in Brčko District for the whole duration of maternity leave providing that she has resided in the territory of Brčko District for at least two years prior to submission of request for maternity cash benefits and that she has been registered as unemployed with the Public Employment Service for at least six months. Both employed and unemployed women who fulfil the residence condition also have the right to a one-time payment of 25% on an average salary in Brčko District for equipment of a new-born.

THE RIGHT TO MATERNITY CASH BENEFITS IN BOSNIA AND HERZEGOVINA: CRITICAL REFLECTION

As it follows from the analysis of legislation on the right to maternity cash benefits in Bosnia and Herzegovina, this matter is regulated differently in different parts of the country. Due to complicated division of competences between different levels of government, in Bosnia and Herzegovina practically exist 12 separate legal regimes of maternity protection. When it comes to the right to maternity cash benefits, within each of these legal regimes exist distinct sub-regimes for employed and unemployed women, which is consistent with how this matter is treated in international documents. When compared against current standards set by international human rights documents and especially by the most recent ILO conventions in this area to which Bosnia and Herzegovina is a party, it follows that legal regulation of the right of employed women to maternity cash benefits is formally in line with the set standards in most parts of the country. Firstly, all three labour laws that are currently in force uniformly stipulate that employed women-mothers in Bosnia and Herzegovina are entitled to 12 months of paid maternity leave, which is significantly more than 14 weeks required by the ILO conventions, European Social Charter and EU legislation or even 18 weeks standard that has been set in the Maternity Protection Recommendation No. 191 as one of the goals to be achieved in the future.

Secondly, in all existing legal regimes except for the one in Canton Sarajevo, maternity cash benefits for employed women are calculated based on their previous earnings, as suggested in the Maternity Protection Convention No. 183. In Canton Sarajevo the basis for calculation of maternity cash benefits for both employed and unemployed women is the average salary in the Canton – employed women are entitled to 60% of the average salary, whereas unemployed women receive 30%. This approach to calculation of maternity cash benefits has been criticised by the Institution of Human Rights Ombudsman of Bosnia and Herzegovina for being incompatible both with international standards and with the Law on Foundations of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of Federation of Bosnia and Herzegovina which explicitly sets forth that maternity cash benefits should be computed based on woman's previous earnings (2014: 39). Republika Srpska and Brčko District provide maternity cash benefits

amounting to 100% of woman's salary, in line with the highest standards set by the Maternity Protection Recommendation No. 191. In six cantons in the Federation of Bosnia and Herzegovina, the level of maternity cash benefits formally exceeds the threshold of two-thirds of the woman's previous earnings established by the above-mentioned Convention. However, the remaining four cantons in which women-mothers receive maternity cash benefits in the amount of 40% - 60% of their salaries do not meet this standard. Institution of Human Rights Ombudsman has criticised cantonal authorities of these cantons for the failure to harmonise legislation with the requirement of two-thirds of woman's salary as minimum amount of maternity cash benefits (2014: 39), but this criticism has not yielded any improvements yet.

Maternity cash benefits for unemployed mothers are calculated according to two different models: 1) as a flat-rate amount (in Republika Srpska and five cantons in the Federation of Bosnia and Herzegovina) and 2) as a percentage of an average salary in canton/Federation of Bosnia and Herzegovina/Brčko District (in other five cantons and Brčko District). Regardless of how these cash benefits are calculated, what they all have in common is that they are very low or even non-existent in practice. Taking into account that the cost of consumer basket in Bosnia and Herzegovina ranges between 1907 KM and 2024 KM depending on the part of the country (Savez samostalnih sindikata Bosne i Hercegovine 2019; Savez sindikata Republike Srpske 2019; nula49.com 2019), maternity cash benefits that range from 100 KM in some cantons to 405 KM in Republika Srpska and approximately 440 KM in Brčko District are evidently insufficient to guarantee that "the woman can maintain herself and her child in proper conditions of health", as required by the Maternity Protection Convention No. 183. In most instances, maternity cash benefits are fully funded from the budgetary means, which is in line with the Maternity Protection Convention requirement that they be provided by public funds rather than by the employer.[8] However, it is often a case that cantonal budgets do not provide financial means for this purpose which affects regularity of payment of maternity cash benefits

8 Five cantons pay maternity cash benefits directly to beneficiaries, whereas in other five cantons (Bosnia-Podrinje Canton, Herzegovina-Neretva Canton, Tuzla Canton, Una-Sana Canton and West-Herzegovina Canton) and in the Republika Srpska maternity cash benefits are paid to employed women-mothers by their employers who are entitled to seek a refund of these expenses from the canton.

and sometimes even results in total suspension of payments (Institution of Human Rights Ombudsman of Bosnia and Herzegovina 2014: 42)

In addition to the identified problems, one of the main issues when it comes to maternity cash benefits in Bosnia and Herzegovina is that the existence of the multitude of legal regimes results in significant disparities in entitlements of women living in different parts of the country. The following example best illustrates the level of imbalances between administrative units in Bosnia and Herzegovina - unemployed woman in Sarajevo (Federation of Bosnia and Herzegovina) receives maternity cash benefits in the amount of 180 KM, whereas a woman who lives in the neighbouring Istočno Sarajevo (Republika Srpska) is entitled to 405 KM. Taking into account the difference of 44% between maternity cash benefits between Sarajevo and Istočno Sarajevo, it is not surprising that women from Sarajevo sometimes register their residence in Istočno Sarajevo in order to be eligible for more favourable maternity protection (Dakić and Nuhanović 2017). Although different regulation of maternity cash benefits is not in contravention with the existing laws, such an approach does not ensure consistent enforcement of the principle of equality before the law (Institution of Human Rights Ombudsman of Bosnia and Herzegovina 2014: 43). On the contrary, it practically generates discrimination of women based on their place of residence, which constitutes violation of non-discrimination clause contained in basically all internationally accepted human rights documents to which Bosnia and Herzegovina is a party. In this respect, it should be noted that identified imbalances in entitlements to maternity cash benefits are just one of the many examples of disparities in the level of enjoyment of economic and social rights in Bosnia and Herzegovina. Committee on Economic, Social and Cultural Rights observed in its Concluding Observations on the Second Periodic Report of Bosnia and Herzegovina that such disparities are particularly evident in the fields of social protection, social services and access to health care, and urged Bosnia and Herzegovina to undertake concrete steps to address them adequately (2013: para. 10).

Disparities in entitlements of women when it comes to maternity cash benefits have been recognised as a problem in the broader public, especially in the Federation of Bosnia and Herzegovina. Association "Žene Ženama" and HUG "Žene Trnova" in 2016 launched the campaign "No to discrimination of mothers in FBiH" (N1 BiH 2016).

The campaign clustered around two main requests: 1) transferring of competences for regulation of maternity protection from cantonal level to Federation of Bosnia and Herzegovina and adoption of new legislation that will provide for uniform regulation of maternity cash benefits for all women in the territory of Federation of Bosnia and Herzegovina and 2) establishment of the Family Fund for payment of maternity cash benefits. The Institution of Human Rights Ombudsman of Bosnia and Herzegovina also proposed the establishment of such fund following the conclusion that the current solution according to which payment of maternity cash benefits is dependent on influx and availability of financial means in cantonal budgets is not adequate as it does not provide security of payments. For this reason, the Institution of Human Rights Ombudsman has suggested that authorities in Federation of Bosnia and Herzegovina and cantons consider the possibility of establishing a special fund for this purpose modelled on the Fund Children Protection in Republika Srpska (2014: 42). Sabina Ćudić, member of the Parliament of Federation of Bosnia and Herzegovina from the political party Naša stranka, recently submitted a legislative initiative for the establishment of the Family Fund (Naša stranka 2019). It remains to be seen whether this initiative will be adopted, but it seems highly unlikely taking into account earlier rejection of Ćudić's amendments to this year's annual budget of the Federation of Bosnia and Herzegovina which proposed that financial means intended for the increase of salaries in public administration be transferred to cantons for co-financing provision of equal maternity cash benefits for all women in Federation of Bosnia and Herzegovina (Arnautović 2019).

When it comes to transferring of regulation of maternity protection from cantonal level to the level of Federation, in July 2018 the Government of the Federation of Bosnia and Herzegovina adopted Draft Law on Support for Families with Children in Federation of Bosnia and Herzegovina which establishes uniform regulation of maternity cash benefits for unemployed mothers in the territory of the entire Federation (Federalno ministarstvo rada i socijalne politike 2019). According to this Draft Law, unemployed mothers shall be entitled to maternity cash benefits in the amount of 30% of the average salary in Federation of Bosnia and Herzegovina under conditions 1) that they are officially registered as unemployed with the Employment Office or are in the process of completing their education, 2) that monthly income of their households does not exceed 20% of

the average salary in the Federation of Bosnia and Herzegovina per household member and 3) that none of the household members owns or possesses motor vehicle that is seven years old or younger. The legislative process of the adoption of this Law is still in progress.[9]

CONCLUSION

In all major international human rights instruments such as UDHR, ICESCR and CEDAW, as well as in Council of Europe and EU human rights documents, maternity protection rights have been recognised as important labour and social rights vital to the economic security of women and their children and as a vital factor of gender equality. Framework principles of maternity protection stipulated in these documents are elaborated in detail in the ILO conventions which set forth contemporary and concrete standards in this area. Maternity protection rights comprise a set of rights related to employment, health and economic well-being of women-mothers. One of the rights that cuts across all these areas of protection is the right to maternity cash benefits.

Bosnia and Herzegovina acceded to all mentioned human rights treaties and ILO conventions and thereby committed to ensure the enjoyment of all rights guaranteed by these documents in its territory. This paper examined legal regulation and practical implementation of the right to maternity cash benefits in Bosnia and Herzegovina with an aim to answer two questions: 1) Does Bosnia and Herzegovina meet international standards concerning regulation of the right to maternity cash benefits? and 2) How the existence of multiple legal regimes of regulation of maternity cash benefits affects women-mothers in Bosnia and Herzegovina? In order to answer these question, previous sections provided a detailed overview and analysis of the legal framework regulating the right to maternity cash benefits in Bosnia and Herzegovina.

Research findings have shown that legal regulation of the right of employed women to maternity cash benefits is in line with set standards when it comes to the length of paid maternity leave.

9 Draft Law was adopted in the House of Representatives of the Federation of Bosnia and Herzegovina in February 2019, whereas adoption procedure in the House of Peoples has not been completed yet.

However, in four cantons the level of maternity cash benefits does not meet the standard of two-thirds of the woman's previous earnings established by the Convention on Maternity Protection No. 183 and six cantons limit maximum amount of cash benefits by prescribing that they cannot exceed average salary in the canton/Federation of Bosnia and Herzegovina. Maternity cash benefits for unemployed mothers are meagre and in some parts of Bosnia and Herzegovina even non-existent in practice, which constitutes the State's failure to fulfil its obligation to provide cash benefits adequate to secure proper maintenance of health for women and their children. In most instances, maternity cash benefits are fully funded from the budgetary means, as suggested in the Convention. Unfortunately, financial means for this purpose are often lacking, which has a negative impact on the regularity of payments of maternity cash benefits and sometimes even results in total suspension of payments.

To conclude, approximately half of the existing legal regimes of maternity protection in Bosnia and Herzegovina is in formal compliance with international documents, whereas the other half does not fully meet the set standards. In addition to this, there are many problems when it comes to enjoyment of this right in practice. The research has further demonstrated that the existence of a multitude of regulatory frameworks within the single state results in significant disparities in entitlements of women living in different parts thereof. Unequal treatment of women-mothers living in different areas of Bosnia and Herzegovina generated by unharmonized legislation constitutes a violation of the principle of equality before the law and practically amounts to discrimination of women based on their place of residence.

Acknowledgements: I have developed this article from the cluster paper I had written during my studies at the European Regional Master's Programme in Democracy and Human Rights in South East Europe (ERMA). I thank my academic tutor Alina Trkulja (Center for Interdisciplinary Studies of the University of Sarajevo) for her encouragement, assistance and feedback.

REFERENCES

- *ABC of Women Workers Rights and Gender Equality* (2000). Geneva: International Labour Organization.
- Council of Europe. (1996). *European Social Charter Revised*
- Council of the European Communities. (1992). *Council Directive 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding.*
- European Union (2012). *Charter of Fundamental Rights of the European Union.* Luxembourg, https://www.europarl.europa.eu/charter/pdf/text_en.pdf. Retrieved April 22, 2019
- Federalni zavod za statistiku. (2019). *Prosječne neto plaće* (KM). http://fzs.ba/. Retrieved December 4, 2019
- Federalno ministarstvo rada i socijalne politike (2019). *Saopštenje za javnost: Nacrt Zakona o podršci porodici s djecom*. Federalno ministarstvo rada i socijalne politike. http://fmrsp.gov.ba/?p=4845, Retrieved October 25, 2019
- Malkova, O., (2014). Can Maternity Benefits Have Long-Term Effects on Childbearing? Evidence from Soviet Russia. *International Institute of Public Finance:* 1-42. https://www.iipf.org/papers/MalkovaThe_Effect_of_Paid_Parental_Leave_and_a_Child_Benefit-126.pdf?db_name=IIPF69&paper_id=463, Retrieved April 29, 2019
- *Maternity and Paternity at Work:* Law and Practice across the World (2014). International Labour Organization.
- *Maternity Protection Convention No. 183* (2002). Geneva: International Labour Organization.
- *Maternity Protection Convention No. 3* (1921). Washington

- *Maternity Protection Convention Revised No. 103* (1955). Geneva: International Labour Organization.

- *Maternity Protection Recommendation No. 191* (2000). Geneva: International Labour Organization

- Risse, L. (2006). Does Maternity Leave Encourage Higher Birth Rates? An Analysis of the Australian Labour Market. *Australian Journal of Labour Economics* 9: 343-370.

- Savez samostalnih sindikata Bosne i Hercegovine (2019). *Sindikalna potrošačka korpa za mart 2019. godine.* http://www.sssbih.com/wp-content/uploads/2019/04/Sindikalna-potrosacka-korpa_mart-2019..pdf. Retrieved April 23, 2019

- Savez sindikata Republike Srpske. (2019). S*indikalna potrošačka korpa.* http://savezsindikatars.org/sindikalna-potrosacka-korpa/ Retrieved April 23, 2019

- *Specijalni izvještaj o stanju zaštite majke i materinstva na području Federacije BiH* (2014). Institucija ombudsmena za ljudska prava Bosne i Hercegovine.

- UN Committee on Economic, *Social and Cultural Rights (2007). General Comment no. 19.*

- UN General Assembly. (1980). *Convention on the Elimination of All Forms of Discrimination against Women.* New York

- UN General Assembly. (1976). *International Covenant on Economic, Social and Cultural Rights.* New York

- UN General Assembly (1948). *Universal Declaration of Human Rights*

- Vlada Županije Zapadnohercegovačke (2018). Vlada donijela Odluku kojom poboljšava financijsku situaciju žena – majki koje nisu u radnom odnosu. http://www.vladazzh.com/detaljno.aspx?id=11229, Retrieved April 25, 2019

Online sources:

- Arnautović, M., (2019). Žene 'po direktivi' protiv prava porodilja. *Radio Slobodna Evropa.* https://www.slobodnaevropa.org/a/fbih-naknade-porodilje/29717568.html, Retrieved April 23, 2019.

- Brčko: Potrošačka korpa dostigla 2.000 KM (2019). http://www.nula49.com/brcko/brcko-potrosacka-korpa-dostigla-2-000-km/. Retrieved April 23, 2019

- Dakić, G., and Nuhanović, A., (2017). Zbog mizernih naknada u BiH se rađa sve manje djece. *Dnevni Avaz*, https://avaz.ba/vijesti/bih/331202/zbog-mizernih-naknada-u-bih-se-rada-sve-manje-djece, Retrieved April 23, 2019

- Novčane naknade za porodilje: Pravo, a ne privilegija. (2016). *N1 BiH.* http://ba.n1info.com/Vijesti/a83954/Diskriminacija-porodilja.html). Retrieved April 23, 2019

- Sabina Ćudić uputila izmjene zakona: Vezivanje porodiljskih naknada za neposjedovanje automobila unutar domaćinstva vrhunac je tragikomedije Novalićeve vlade (2019). *Naša stranka.* https://www.nasastranka.ba/sabina-cudic-uputila-izmjene-zakona-vezivanje-porodiljskih-naknada-za-neposjedovanje-automobila-unutar-domacinstva-vrhunac-je-tragikomedije-novaliceve-vlade/16766/, Retrieved April 23, 2019

Appendix 1

Overview of legislation regulating maternity cash benefits in Bosnia and Herzegovina

FEDERATION OF BOSNIA AND HERZEGOVINA				
Administrative unit	**Law/Bylaw**		**Official/ People's gazette (OG/ PG)**	**Relevant provisions**
	Original title	**Title in English**		
Federation of Bosnia and Herzegovina	Zakon o radu	Labour Law	OG FBiH, Nos. 26/16, 89/18	Art. 62, 68
	Zakon o osnovama socijalne zaštite, zaštite civilnih žrtava rata i zaštiti porodice s djecom	Law on Foundations of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children	OG FBiH, Nos. 36/99, 54/04, 39/06, 14/09, 45/16	Art. 89, 93
	Nacrt Zakona o podršci porodicama s djecom u Federaciji Bosne i Hercegovine	Draft Law on Support for Families with Children in the Federation of Bosnia and Herzegovina	---	Art. 18, 19
Herzegovina-Neretva Canton (HNC)	Zakon o zaštiti obitelji s djecom	Law on Protection of Family with Children	OG HNC No. 7/17	
	Odluka o utvrđivanju postotka naknade umjesto plaće ženi-majci u radnom odnosu za vrijeme dok odsustvuje s posla radi trudnoće, poroda i njege djeteta	Decision Establishing Percentage of Compensation of Salary to Employed Woman-Mother During Absence from Work due to Pregnancy, Childbirth and Childcare	No. 01-1-02-2029/17 of 20 September 2017	Art. I
	Odluka o utvrđivanju visine novčane pomoći ženi-majci koja nije u radnom odnosu	Decision on Establishment of the Amount of Financial Assistance to Unemployed Woman-Mother	No. 01-1-02-1514/18 of 14 June 2018	Art. I

Una-Sana Canton (USC)	Zakon o socijalnoj zaštiti, zaštiti civilnih žrtava rata i zaštiti porodice s djecom	Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children	OG USC Nos. 5/00, 7/01, 11/14	Art. 108
Central-Bosnia Canton (CBC)	Zakon o socijalnoj zaštiti, zaštiti civilnih žrtava rata i zaštiti porodice s djecom	Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children	OG CBC Nos. 10/05, 2/06, 3/18	Art. 150
West-Herzegovina Canton (WHC)	Zakon o socijalnoj zaštiti, zaštiti civilnih žrtava rata i zaštiti obitelji s djecom	Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children	PG WHC Nos. 16/01, 11/2, 4/04, 9/05, 21/12, 14/16	
	Naputak o postupku ostvarivanja prava na naknade i potpore u svezi sa zaštitom obitelji s djecom iz Zakona o socijalnoj zaštiti, zaštiti civilnih žrtava rata i zaštiti obitelji s djecom	Instruction on the Procedure of Realization of the Right to Compensations and Supports in Relation to Protection of Families with Children from the Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children	PG WHC No. 19/16	Art. 3(6), 6
Zenica-Doboj Canton (ZDC)	Zakon o socijalnoj zaštiti, zaštiti civilnih žrtava rata i zaštiti porodice s djecom	Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children	OG ZDC Nos. 13/07, 13/11, 3/15, 2/16	Art. 120-121
Bosnia-Podrinje Canton (BPC)	Zakon o socijalnoj zaštiti, zaštiti civilnih žrtava rata i zaštiti porodice s djecom	Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children	OG BPC Nos. 7/08, 2/13, 12/13	Art. 102, 110

Posavina Canton (PC)	Zakon o porodiljim naknadama zaposlenim majkama	Law on Maternity Cash Benefits for Employed Mothers	PG PC No. 7/16	Art. 5-6
	Odluka o porodnim naknadama nezaposlenim majkama	Decision on Maternity Cash Benefits for Unemployed Mothers	PG PC Nos. 2/05, 8/06, 6/11, 4/15	Art. 4, 9
Tuzla Canton (TC)	Zakon o socijalnoj zaštiti, zaštiti civilnih žrtava rata i zaštiti porodice s djecom	Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children	OG TC Nos. 05/12, 07/14, 11/15, 13/16, 4/18	Art. 90(1)
	Odluka o utvrđivanju novčane pomoći u prehrani djeteta do šest mjeseci	Decision Establishing Nourishment Allowance for Children up to Six Months	OG TC No. 5/19	Art. I
Canton 10/ Herzeg-Bosnia Canton (HBC)	Odluka o pravu na naknadu umjesto plaće ženi-majci za vrijeme odsutnosti s posla radi trudnoće, porođaja i njege djeteta	Decision on the Right to Compensation of Salary to Woman-Mother During Absence from Work due to Pregnancy, Childbirth and Childcare	PG HBC Nos. 1/13, 6/15	Art. III
	Odluka o pravu na novčanu naknadu neuposlenim majkama	Decision on the Right to Cash Benefits for Unemployed Mothers	PG HBC No. 6/15	Art. 4
Sarajevo Canton (SC)	Zakon o socijalnoj zaštiti, zaštiti civilnih žrtava rata i zaštiti porodice s djecom	Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children	OG SC Nos. 38/14, 38/16, 44/17, 28/18	Art. 13(1), 149, 157
	Instrukcija o iznosima novčanih davanja po Zakonu o socijalnoj zaštiti, zaštiti civilnih žrtava rata i zaštiti porodice s djecom	Instruction on Amounts of Monetary Expenditures According to the Law on Social Protection, Protection of Civilian Victims of War and Protection of Families with Children	OG SC No. 28/18	Art. 4(2), 4(3)

REPUBLIKA SRPSKA			
Law/Bylaw		**Official Gazette**	**Relevant provisions**
Original title	**Title in English**		
Zakon o radu	Labour Law	OG RS Nos. 1/16, 66/18	Art. 107, 112
Zakon o dječjoj zaštiti	Law on Protection of Children	OG RS Nos. 114/17, 122/18	Art. 11, 13-15, 26-29

BRČKO DISTRICT OF BOSNIA AND HERZEGOVINA			
Law/Bylaw		**Official Gazette**	**Relevant provisions**
Original title	**Title in English**		
Zakon o radu	Labour Law	OG BD BiH Nos. 19/06, 19/07, 25/08, 20/13, 31/14, 1/15	Art. 45
Zakon o zdravstvenom osiguranju	Law on Health Insurance	OG BD BiH No. 27/18	Art. 36, 37
Zakon o dječijoj zaštiti	Law on Protection of Children	OG BD BiH Nos. 3/15, 21/18, 4/19	Art. 2, 10-12

Appendix 2

Overview of maternity cash benefits in Bosnia and Herzegovina according to the legislation in force

	Administrative unit	Maternity cash benefits for employed woman-mother	Maternity cash benefits for unemployed woman-mother
Federation of Bosnia and Herzegovina	Bosnia-Podrinje Canton	Monthly payments of 80% of woman's salary for 12 months	Monthly payments of 25% of the average salary in the Canton (190,25 KM)* for 12 months *Sums of money indicated in brackets are approximate amounts calculated on the basis of average salaries in cantons/Federation of Bosnia and Herzegovina in 2018 according to the data of the Federal Office for Statistics of the Federation of Bosnia and Herzegovina.
		- One-time payment of 35% of the average salary in the Canton (266,35 KM) for equipment of a new-born child* - Monthly payments of nourishment allowance of 20% of the average salary in the Canton (152,2 KM) for six months* *Woman-mother is eligible for this type of financial assistance under the condition that monthly income of her household does not exceed 15% of the average salary in the Canton per household member.	
	Canton 10	Monthly payments of 100% of woman's salary for 12 months	- Monthly payments of 100 KM for 12 months - One-time payment of 300 KM for equipment of a new-born child
	Central-Bosnia Canton	Monthly payments of 50% of woman's salary for 12 months	One-time payment of 35% of the average salary in the Canton (244,3 KM)*
		One-time payment of 35% of the average salary in the Canton (244,3 KM) for equipment of new-born child* *Woman-mother is eligible for this type of financial assistance under the condition that monthly income of her household does not exceed 22% of the average salary in the Canton per household member.	

Federation of Bosnia and Herzegovina	Herzegovina-Neretva Canton	Monthly payments of 40% of woman's salary for 12 months (under condition that she has been employed at least six months before maternity leave) OR Monthly payments of 20% of woman's salary for 12 months (under condition that she has been employed less than six months before maternity leave)	Monthly payments of 40% of the average salary in the Federation of Bosnia and Herzegovina (344 KM) for six months*
		One-time payment of 400 KM for equipment of new-born child* *Woman-mother is eligible for this type of financial assistance under the condition that monthly income of her household does not exceed 15% of the average salary in the Federation of Bosnia and Herzegovina per household member.	
	Posavina Canton	Monthly payments of 80% of woman's salary for 12 months (under condition that she has been employed at least six months before maternity leave)	Monthly payments of 300 KM for six months
	Sarajevo Canton	Monthly payments of 360 KM for 12 months (under condition that woman-mother has been employed at least 12 months before maternity leave) OR Monthly payments of 180 KM for 12 months (under condition that woman-mother has been employed less than six months before maternity leave)	Monthly payments of 180 KM for 12 months
		One-time payment of 35% of the average salary in the Canton (368,55 KM) for equipment of new-born child* *Woman-mother is eligible for this type of financial assistance under the condition that monthly income of her household does not exceed 15% of the average salary in the Federation of Bosnia and Herzegovina per household member.	

Federation of Bosnia and Herzegovina

Tuzla Canton	Monthly payments of 90% of woman's salary for 12 months	- Monthly payments of 15% of an average salary in the Canton (115 KM) for 12 months* - Nourishment allowance of 80 KM during six months** *This right is established by law, but not enforced. **Unemployed woman-mother is eligible for this type of financial assistance under the condition that monthly income of her household does not exceed 25% of an average salary in the Canton per household member.
	One-time payment of 20% of the average salary in the Canton (153 KM) for equipment of a new-born child*** *** Woman-mother is eligible for this type of financial assistance under the condition that the monthly income of her household does not exceed 25% of an average salary in the Canton per household member.	
Una-Sana Canton	Monthly payments of 50% of woman's salary for 12 months OR Monthly payments of 50% of the average salary in the Canton (409 KM) for 12 months if a woman has not been receiving salary during six months before maternity leave	One-time payment of 100 KM
	One-time payment of up to 35% of the calculation basis which is to be established by the Cantonal Government for equipment of a new-born child* *Woman is eligible for this type of financial assistance under condition that conditions for child allowance are fulfilled monthly income per household member in woman's household does not exceed 25% of the average salary in Canton.	
West-Herzegovina Canton	Monthly payments of 70% of woman's salary for 12 months	Monthly payments of 250 KM for six months
	One-time payment of the amount to be established by the Cantonal Government for equipment of a new-born child	

Federation of Bosnia and Herzegovina	Zenica-Doboj Canton	Monthly payments of 80% of woman's salary for 12 months	- One-time maternity payment of 150 KM* - One-time payment for equipment of a new-born in the amount of 15% of the average salary in the Canton (110 KM)* - Monthly payments of nourishment allowance in the amount of 10% of an average salary in the Canton (74 KM) for six months* *Unemployed woman-mother is eligible for this type of financial assistance under the condition that monthly income of her household does not exceed 50% of an average salary in the Canton per household member.
	Republika Srpska	Monthly payments of 100% of woman's salary during 12 months/18 months	Monthly payments of 405 KM during 12 months/18 months
		One-time payment for equipment of a new-born in the amount of 250 KM	
	Brčko District of Bosnia and Herzegovina	Monthly payments of 100% of woman's salary for 12 months	Monthly payments of 50% of the average salary in Brčko District (419 KM) for 12 months
		One-time payment in the amount of 25% on average salary in Brčko District (209 KM) for equipment of new-born	

MATERINSKA ZAŠTITA U BOSNI I HERCEGOVINI: PRAVO NA PORODILJSKE NAKNADE

Sažetak

Materinska zaštita obuhvata niz prava vezanih za zaposlenje, zdravlje i ekonomsku dobrobit žene-majke. Jedno od prava koje prožima sve ove oblasti zaštite jeste pravo na porodiljske naknade. Bosna i Hercegovina ima složen pravni okvir koji reguliše oblast materinske zaštite i koji obuhvata 12 zasebnih pravnih režima koji su na snazi u različitim dijelovima zemlje. Ovaj članak analizira domaće zakonodavstvo kojim je uređeno pravo na porodiljske naknade u svjetlu međunarodnih standarda u ovoj oblasti koji su propisani u dokumentima za zaštitu ljudskih prava. U fokusu istraživanja su analiza usklađenosti propisa koji su na snazi u Bosni i Hercegovini sa navedenim standardima, te analiza efekata postojanja različitih pravnih režima porodiljskih naknada na jednak tretman žena-majki u Bosni i Hercegovini.

Ključne riječi: *porodiljske naknade, materinska zaštita, radnička prava, Međunarodna organizacija rada, Bosna i Hercegovina*

Originalni naučni rad

Vera Despotović[10]
Jasna Hrnčić[11]

ANALIZA EFIKASNOSTI PSIHOSOCIJALNOG PROGRAMA ZA POČINIOCE PARTNERSKOG NASILJA U SRBIJI

Sažetak

U radu su prikazani rezultati istraživanja efekata primene *Psihosocijalnog programa sa počiniocima nasilja u intimnim partnerskim odnosima*. Ciljevi istraživanja su bili određivanja efekata programa na korisnike i njihove porodične odnose, značaja koje je za korisnike imala svaka od osam tematskih celina programa i kvaliteta saradnje sa drugim službama tokom realizacije programa. Uzorak je obuhvatao 102 muškarca, koji su završili ovaj program u osam gradova u Srbiji. Podaci su sakupljani primenom Obrasca za prikupljanje podataka iz dosijea korisnika programa, Evaluacionog upitnika za korisnike programa i polustandardizovanog intervjua za voditelje programa. Na početku programa su skoro svi korisnici pokazali fizičko (91,2%) i/ili psihičko nasilje (98,1%), dok na kraju programa 97,8% njih nije pokazivalo fizičko nasilje, a psihičko nasilje je delimično zaustavljeno kod 82,3%, a potpuno kod 2,0% ispitanika.

10 Docentica, Fakultet za medije i komunikacije, Departman za socijalni rad u Beogradu, Srbija.
veradest@gmail.com
11 Redovna profesorica, Fakultet političkih nauka, Univerzitet u Beogradu, Srbija.
jhrncic@gmail.com
Doprinos Jasne Hrnčić je rezultat rada na projektu „Rodna ravnopravnost i kultura građanskog statusa: istorijska i teorijska utemeljenja u Srbiji“ (broj 47021), čiju realizaciju finansira Ministarstvo prosvete i nauke Republike Srbije.

Najčešće pozitivne promene su registrovane u kontroli besa (85,7%), iracionalnim uverenjima (84,3%) i stavovima o nejednakim odnosima moći između polova (68,9%). Došlo je do poboljšanja kvaliteta komunikacije sa partnerkom kod 32,4% ispitanika, dok je znatno ređe postignuto povećanje samopoštovanja (16,7%), smanjenje verbalne agresivnosti (14,7%), povećanje iskazivanja emocija (osim besa) (10,8%) i povećanje angažovanja oko dece (11,8%). Ocena značaja pojedinih tematskih celina od strane korisnika odražava patrijarhalne vrednosti korisnika. Dok su za većinu ispitanika bile značajne teme *Otac i dete* (73,5%), *Odgovornost* (66,7%), *Posledice nasilja* (66,7%), *O nasilju* (61,8%), *Psihičko nasilje* (59,8%), *Alternative nasilju* (55,9%) i *Uzroci nasilja* (52,9%), tema *Ljubav i seksualnost* je bila značajna samo za četvrtinu njih. Pokazalo se da je saradnja sa službama u lokalnoj zajednici daleko ispod potrebne za optimalan uspeh ovakvog programa. Rezultati su diskutovani u svetlu savremenih istraživanja. Nalazi ukazuju na kompleksnost fenomena nasilja u partnerskim odnosima. U radu se daju smernice za unapređenje prevencije, suzbijanja i zaštite od ovog nasilja.

Ključne reči: *partnersko nasilje, nasilje u porodici, učinilac, tretman nasilnika, službe u lokalnoj zajednici*

UVOD

Nasilje u porodici je globalno rasprostranjen i po posledicama izuzetno težak oblik nasilja (Nastasić, Hrnčić, Brkić, 2014). Njegovim ispoljavanjem ne samo da se krše osnovna ljudska prava i slobode, kao što su pravo na život, slobodu, bezbednost i sl., već i teško narušavaju porodični odnosi koji su ključni za razvoj i rast dece i osećanje lične sigurnosti i blagodeti. Nasilje u porodici je povezano sa nasiljem u društvu; na oba oblika nasilja utiču socijalni, ekonomski, politički, kulturni i drugi procesi. Najrasprostranjeniji i najučestaliji oblik nasilja u porodici je nasilje u intimnim partnerskim odnosima, u kojima su najčešće žrtve žene, a počinioci njihovi partneri. Ključno za razvoj efikasne prevencije i zaštite od nasilja u porodici je sistemski pristup ovoj pojavi, koji obuhvata kako rad sa žrtvama, tako i rad sa učiniocima nasilja.

Tokom poslednje tri decenije su učinjeni značajni napori u kreiranju pravnih i institucionalnih uslova za sistematsko bavljenje problemom porodičnog nasilja u Srbiji. Republika Srbija je 2011. godine usvojila Nacionalnu strategiju za sprečavanje i suzbijanje nasilja nad ženama u porodici i u partnerskim odnosima[12] i 2013. godine ratifikovala Konvenciju Saveta Evrope o sprečavanju i borbi protiv nasilja nad ženama i nasilja u porodici[13]. U oba dokumenta rad sa nasilnicima predstavlja značajan element prevencije daljeg nasilja.

Paralelno sa usvajanjem ovih dokumenata je započet institucionalni rad sa počiniocima nasilja na inicijativu Vlade Republike Srbije, a u okviru Ministarstva rada i socijalne politike i Uprave za rodnu ravnopravnost. Kao polazna osnova za koncipiranje programa za rad sa ovom populacijom koji će se sprovoditi u Srbiji je bio program norveške organizacije „Alternativa nasilju“ (Alternativ til Vold, ATV[14]), namenjen muškarcima koji su nasilni prema sadašnjim ili bivšim partnerkama iz bračnih ili vanbračnih veza.

12 Nacionalna strategija za suzbijanje nasilja nad ženama i nasilja u porodici i u partnerskim odnosima Republike Srbije, „Službeni glasnik RS”, br. 27/2011.

13 The Convention on preventing and combating violence against women and domestic violence.

14 *Alternativ til Vold (ATV), dostupno na*: http://atv-stiftelsen.no/english/

Na osnovu ovog programa, iskustava u radu sa učiniocima i žrtvama nasilja u Srbiji i relevantnih pravnih regulativa, tim od 15 stručnjaka iz savetovališta za brak i porodicu pri centrima za socijalni rad u Beogradu, Nišu i Kragujevcu je kreirao program pod nazivom Psiho-socijalni program sa počiniocima nasilja u intimnim partnerskim odnosima (u daljem tekstu *Program*).

KARAKTERISTIKE PSIHO-SOCIJALNOG PROGRAMA SA POČINIOCIMA NASILJA U INTIMNIM PARTNERSKIM ODNOSIMA

Program je počeo da se sprovodi u Srbiji 2011. godine. Spada u programe sekundarne prevencije koji imaju za cilj da spreče ponavljanje nasilja u porodici i da pomognu počiniocima da promene svoje stavove i nasilničko ponašanje. Uglavnom se uključuju počinioci koji su ispoljili nasilje lakšeg i srednjeg intenziteta. Program ne predstavlja zamenu za pokrenute postupke u vezi sa delima koja su već počinjena (mere zaštite od nasilja u porodici, krivični postupci, lišenje roditeljskog prava i dr.). Dominantni teorijsko-metodološki pristup u ovom programu je kognitivno-bihevioralni model, tako da racionalno-emotivno-bihevioralna terapija (REBT) u psihološko-edukativnoj formi koji osnovu za više od 50% sadržaja programa. Sistemski pristup je osnova oko 20% programa, dok je preostalih 30% programa oblikovano pod uticajem teorije afektivnog vezivanja, teorije mentalizacije, feminističkih pristupa, utvrđenih specifičnosti psihoterapeutskog rada sa zlostavljačima muškarcima i relevantnih pravnih normi.

Sam program se sastoji iz četiri segmenata:

1. procene podobnosti kandidata za uključivanje u Program,
2. grupnog tretmana,
3. procene uspešnosti na kraju tretmana,
4. praćenja nakon završetka tretmana (Despotović, 2017).

Procena podobnosti učesnika za uključivanje u Program odvija se na individualnim seansama, kojih obično ima četiri. Posebno su definisani kriterijumi za uključivanje učinioca u tretman i njihov ulazak u grupni rad:

1. da je počinjeno nasilje prema partnerki,
2. da je partnerka, žrtva nasilja, bezbedna, tj. da je nasilničko ponašanje zaustavljeno,
3. da počinilac prihvata da potpiše ugovor o nenasilju, kojim se obavezuje da tokom tretmana neće ispoljavati nasilničko ponašanje,
4. da počinilac priznaje da je bio nasilan prema partnerki i prihvata odgovornost za svoje ponašanje,
5. da počinilac dobrovoljno prihvata uključivanje u tretman, (ovaj uslov važi i kada se učinilac uključuje u program po nalogu tužilaštva ili suda) i
6. da je saglasan da voditelji programa održavaju kontakte sa partnerkom, žrtvom nasilja, radi mogućnosti provere odsustva nasilja (Despotović et al., 2016; Despotović, 2017).

U Program se ne uključuju učinioci nasilja:

1. ako su nasilni i van porodice i/ili imaju istoriju antisocijalnih i kriminalnih postupaka, za koje se pokazalo da ne reaguju na ovakav vid tretmana,
2. koji prete ili imaju fantazije o ubistvu i samoubistvu,
3. koji su opsednuti partnerkom,
4. koji imaju akutno zdravstveno i psihijatrijsko oboljenje koje ih onemogućava u praćenju programa tretmana ili koje može negativno da se odražava na dinamiku grupe,
5. koji poseduju oružje ili imaju lak pristup oružju,
6. koji imaju zavisnost od psihoaktivnih supstanci (PAS) (ukoliko se radi o zloupotrebi PAS uključuju se u tretman, s tim da prekinu konzumiranje PAS tokom trajanja tretmana, a ako je utvrđena zavisnost od PAS, onda se prvo upućuju na lečenje od PAS, a tek nakon završetka lečenja, moguće ih je uključiti u Program),
7. ako postoje indicije da su seksualno zlostavljali decu (Råkil, 2002; Despotović, 2017).

Grupni tretman se sprovodi tokom šest meseci i obuhvata osam tematskih celina, pri čemu se svaka celina obrađuje kroz tri seanse, što čini ukupno 24 tematske seanse, nakon kojih se radi 25. evaluativna seansa, namenjena proceni uspešnosti tretmana (Despotović, 2017).

Posle prve uvodne seanse, sastavni delovi svake naredne tematske seanse su: evaluacija prethodnog susreta; ventiliranje; rad na ličnom iskustvu, odnosno individualno vreme; psihoedukativni blok (vežbe, predavanja, domaći zadaci itd.), završnica seanse i grupni pozdrav (Sekulić et al., 2012). Tematske celine koje program obuhvata su: *O nasilju, Psihičko nasilje, Ljubav i seksualnost, Alternative nasilju, Odgovornost, Otac i dete, Uzroci nasilja i Posledice nasilja.*

Uspešnost na kraju tretmana se procenjuje preko tri kategorije: uspešno završio tretman, neuspešno završio tretman ili delimično uspešno završio tretman. Uspešnost se procenjuje na osnovu podataka dobijenih od strane tri tipa informatora: učesnika programa - počinioca nasilja, partnerke - žrtve nasilja, i voditelja Programa (Sekulić et al., 2012; Despotović, 2017:28). Ukoliko postoji nesaglasnost među informatorima, prednost se daje proceni od strane žrtve nasilja. Kriterijumi efikasnosti tretmana su: recidiv nasilja u intimnim odnosima ili nad detetom, prihvatanje odgovornosti za nasilno ponašanje, autentična motivacija za promenu, usvajanje i primena alternativnih, nenasilnih obrazaca ponašanja i promena uverenja koja doprinose nasilničkom ponašanju. O efektima sprovedenog tretmana obaveštava se uputni organ (Sekulić et al., 2012; Despotović, 2017:29).
Sistematično sprovođenje Programa u osam gradova u Srbiji omogućilo je realizaciju istraživanja koje je prvo ove vrste u Republici Srbiji. Ciljevi istraživanja su bili da se odrede efekti programa, značaj pojedinačnih tematskih celina za korisnike i kvalitet saradnje sa drugim službama tokom realizacije programa.

Efekti programa u celini su razmatrani u tri kategorije:

1. nasilje učinioca,
2. druge individualne karakteristike učinioca,
3. odnosi učinioca u okviru porodice.

Individualne karakteristike učinioca su razmatrane u bihejvioralnoj, kognitivnoj i emotivnoj sferi i obuhvatale su: fizičko i psihičko nasilje prema intimnom partneru i deci, verbalnu agresivnost, iracionalna uverenja o reagovanju u konfliktnim situacijama, stavove o nejednakom odnosu moći između muškaraca i žena, samopoštovanje, kontrolu besa i iskazivanje emocija (osim besa).

Karakteristike odnosa učinioca u porodici koje su razmatrani su kvalitet komunikacije sa partnerkom, bliskost sa partnerkom i angažovanje oko dece. Razmatrana je saradnja sa svim službama koje su potencijalno mogle da pruže podršku programu u konkretnoj lokalnoj zajednici.

METOD ISTRAŽIVANJA

U istraživanju je korišćen kvantitativni i kvalitativni pristup.

Uzorak

Istraživanje je obuhvatilo 102 ispitanika muškog pola, koji su završili *Psihosocijalni program sa počiniocima nasilja u intimnim partnerskim odnosima* u periodu od 2012. do 2016. godine u osam gradova u Srbiji (u Nišu, Beogradu, Kragujevcu, Novom Sadu, Čačku, Kruševcu, Leskovcu i Subotici). Bili su uzrasta od 20 do 68 godina (M = 43,97, SD = 10,02). Uzorak voditelja programa, koji su procenjivali korisnike programa, obuhvatao je 24 stručnjaka, od kojih je bilo 9 psihologa (37,5%), 8 socijalnih radnika (33,3%), 5 pedagoga (20,8%), i po jedan specijalni pedagog i sociolog, Njih je 9 bilo muškog i 15 ženskog pola, uzrasta od 32 do 58 godina.

Postupak istraživanja

Istraživanje je realizovano u periodu od 2015. do 2018. godine. Od 102 učesnika, njih 67 (65,7%) je bilo uključeno u istraživanje po nalogu okružnoj javnog tužilaštva (OJT), dok su ostali (N=35, 34,7%) bili upućeni od strane centara za socijalni rad (CSR). Na početku tretmana su bili informisani da će se pratiti njihovo ponašanje prema partnerki i deci i da će biti krivično gonjeni ili imati posledica u održavanju kontakata sa decom ukoliko odustanu od tretmana ili ne postignu odgovarajuće promene. Korisnici su ispunjavali sve uslove za ulazak u program *Psihosocijalnog programa sa počiniocima nasilja u intimnim partnerskim odnosima.* Oni su pohađali prosečno 22 seansi ovog programa (u rasponu od 20 do 25 seansi). Po završetku programa su popunili evaluacioni upitnik. Voditelji radionica su po završetku tretmana intervjuisani od strane istraživača o efektima programa na ispitanike.

Instrumenti procene

Instrumenti za prikupljanje podataka su bili: Obrazac za prikupljanje podataka iz dosijea učinilaca, polustadardizovani intervju sa voditeljima programa i Evaluacioni upitnik za korisnike programa.

Obrazac za prikupljanje podataka iz dosijea učinilaca se odnosio na socio-demografske karakteristike korisnika programa i na prisustvo i oblike nasilja (fizičko i/ili psihičko) prema intimnoj partnerki i prema deci na početku programa.
Polustandardizovani intervju sa voditeljima programa je obuhvatao pitanja koja su se odnosila na socio-demografske karakteristike voditelja programa (pol, godine, osnovno zanimanje), na promene u nasilničkom ponašanju korisnika (fizičko i psihičko nasilje) i u njegovim ostalim individualnim karakteristikama (agresivnost, iracionalna uverenja o reagovanju u konfliktnim situacijama, stavove o nejednakom odnosu moći između muškaraca i žena, samopoštovanje, kontrolu besa i iskazivanje emocija, osim besa), na promene i odnosima u porodici (kvalitet komunikacije sa partnerkom, bliskost sa partnerkom i angažovanje oko dece) nakon završetka tretmana, i na saradnju sa drugim službama u lokalnoj zajednici (sa kojim službama je ostvarena saradnja i šta je ona obuhvatala).

Evaluacioni upitnik za korisnike programa je obuhvatao vrednovanje značaja koje je svaka od osam tematskih celina programa imala za korisnike na petostepenoj skali Likertovog tipa (1 – u potpunosti bez značaja, 5 – veoma značajna).

Obrada podataka

Podaci iz dosjea i sa intervjua su analizirani svrstani u kategorije obrasca za prikupljanje podataka, i zatim kvantifikovani. Primenjene su tehnike deskriptivne statistike.

REZULTATI

Tabela 1. Prisustvo nasilja kod korisnika na početku i po završetku programa (N=102)

Oblici nasilja	Pre programa	Prisutno	Nakon završetka programa Delimično prisutno	Odsutno
Fizičko nasilje	93 (91,2 %)	2 (2,0%)	/	89 (97,8%)
Psihičko nasilje	100 (98,1%)	14 (13,7%)	84 (82,3%)	2 (2,0%)

Rezultati prikazani u Tabeli 1 pokazuju da je fizičko nasilje zaustavljeno kod 97,8% ispitanika. Međutim, pojedine forme psihičkog nasilja su se u visokom procentu održale.

Najčešća postignuta promena je povećana kontrola besa, koja je postignuta kod 87 ispitanika (85,3%). Neka promena iracionalnih uverenja je postignuta kod 86 ispitanika (84,3%), od toga je kod njih 44 (43,15%) postignuta znatna, a kod 42 (41,2%) delimična promena. Primećene su promene u stavovima o dominaciji muškarca u odnosima moći između muškaraca i žena kod 70 učesnika programa (68,6%), od čega su oni znatno promenjeni samo kod 11 njih (10,8%), a delimično promenjeni kod još 59 ispitanika (57,85%). Povećanje samopoštovanja je postignuto kod 17 (16,7%), smanjenje verbalne agresivnosti kod 15 (14,7%), a povećanje iskazivanja emocija (osim besa) kod 11 ispitanika (10,8%).

U sferi interpersonalnih odnosa kod 33 ispitanika (32,4%) su zabeležene promene u kvalitetu komunikacije sa partnerkom, dok je povećanje bliskosti sa partnerkom registrovano kod 8 njih (7,8%). Povećanje angažovanja oko dece je zabeleženo kod 12 ispitanika (11,8%).

Ocenjujući specifične teme i aspekte programa, korisnici su kao najznačajnije teme naveli temu Otac i dete (N=75, 73,5%), a zatim slede ostale teme: Odgovornost (N=68, 66,7%), Posledice nasilja (N=68, 66,7%), O nasilju (N=63, 61,8%), Psihičko nasilje (N=61, 59,8%), Alternative nasilju (N=57, 55,9%) i Uzroci nasilja (N=54, 52,9%). Znatno je manje ispitanika smatralo značajnom temu Ljubav i seksualnost (N=26, 25,50%).

Što se tiče saradnje sa drugim službama, voditelji programa su sarađivali sa centrima za socijalni rad u 25 slučajeva (24,5%), osnovnim javnim tužilaštvom u 12 slučajeva (11,8%) i sa servisima za podršku žrtvama nasilja u četiri slučaja (3,9%). Saradnja sa centrima za socijalni rad i osnovnim javnim tužilaštvom je uglavnom bila formalna i zasnovana na ispunjavanju procedura koje se odnose na upućivanje korisnika na Program i izveštavanje o njegovom završetku.

DISKUSIJA

Rezultat da je fizičko nasilje zaustavljeno u skoro svim slučajevima je u skladu sa drugim istraživanjima u ovoj oblasti koji ukazuju na visoku stopu zaustavljanja fizičkih formi nasilja, po završetku programa (Gondolf, 2004; Day et al., 2009; Eckhardt et al., 2006; Edleson, 2008). Jedan od razloga koji se navodi u obrazloženju ovih studija je da postoje neki dokazi da upućivanje po nalogu tužilaštva ili suda može uticati na smanjivanje recidiva, i to pre svega fizičkih formi nasilja (Gondolf, 2004). Ovaj faktor upućivanja predstavlja često značajan preduslov samog uključivanja u program i početne motivacije za promenama, koja je na početku uglavnom spoljašnje prirode. I naši ispitanici su u većini slučajeva bili upućeni od strane tužilaštva. Takođe, značajno objašnjenje za ovako visok procenat zaustavljenih fizičkih formi nasilja proizilazi i iz činjenice da su u istraživanje bili uključeni samo oni učesnici programa koji su isti završili do kraja i samim tim je očekivano da kod njih nije bilo ozbiljnijeg recidivizma.

Rezultati o prisustvu psihičkog nasilja na završetku tretmana su u skladu sa mnogim svetskim istraživanjima koja ukazuju da se psihičko nasilje u velikom procentu (oko 60%) održava nakon završenih psihosocijalnih programa (Feazell et al., 1984; Krug, 2002; Eckhardt et al., 2006; Saunders, 2008). Zbog značaja psihičkih formi nasilja, kako po pitanju posledica tako i održavanja fenomena nasilja u intimnim partnerskim vezama, zaustavljanje ovog oblika nasilja analizirano je kao relevantni efekat tretmana. Po mnogim autorima, psihičko nasilje predstavlja najfrekventniji oblik zlostavljanja u nasilnim vezama, a pojedini njegovi oblici kao što su npr. pretnje, zastrašivanje, uvrede, poniženja, kontrolišuće i izolujuće ponašanje, patološka ljubomora i sl., predstavljaju osnovu za sve ostale oblike nasilja (DeKeseredy & MacLeod, 1997; Krug, 2002; Adams et al., 2008).

Kroz strategije moći i kontrole, počinioci nasilja potvrđuju svoje sagledavanje odnosa među polovima i obezbeđuju potčinjen položaj partnerke (Råkil, 2002). Mnogi autori ističu ozbiljnost posledica psihičkih formi nasilja zbog kojih se žene mogu osećati jednako ili još više povređeno kao kod fizičkih formi nasilja, bez obzira na to što ozlede nisu vidljive (Adams et al., 2008).

Nalazi o drugim promenama na individualnom planu su u skladu sa prethodnim rezultatima, konzistentno ukazujući na veću zastupljenost uspostavljenih bihejvioralnih promena koje se odnose na zaustavljanje fizičkih formi nasilja i manje prisutne promene koje ukazuju na smanjenje psihičkih oblika nasilja. Rezultate možemo objasniti dominantnom zastupljenošću kognitivno-bihevioralnog modela koji se koristi za uspostavljanje promena u ponašanju, a koji je aktivno direktivni i problemski orijentisani pristup u kojem se promene postižu brzo. Većina kognitivno-bihevioralnih intervencija koje se primenjuju u ovom programu usmerena je na bihevioralne aspekte nasilja muškaraca nad ženama (učenjem uzdržavanja od nasilja) i preispitivanje iracionalnih uverenja u vezi s reagovanjem u konfliktnim situacijama. Ovi pristupi u radu omogućavaju počiniocima da bolje upravljaju besom, da se suočavaju sa stresom i da unaprede veštine komunikacije, tako da je i očekivano da su promene najvidljivije na planu zaustavljanja fizičkih formi nasilja. Ideja ove orijentacije je da se nakon preispitivanja iracionalnih uverenja definišu funkcionalnije alternative i razviju nenasilnički oblici reagovanja. Ove promene predstavljaju prvi, neophodni korak ka uspostavljanju održivih promena u smislu trajnog zaustavljanja nasilničkog ponašanja. Međutim, autori psihosocijalnih programa tretmana sa učiniocima nasilja ukazuju na to da je u njima rad usmeren na uže teme zajedničke svim članovima grupe, i da će samo delimično uticati na prestanak nasilničkog ponašanja (Adams, 1988a).

Takođe, dobijeni rezultati mogu biti odraz i dominantne patrijarhalne kulture, u kojoj su se počinioci formirali tokom odrastanja i koja ih i tokom realizacije programa okružuje, zbog čega se uverenja o odnosima moći između muškaraca i žena teže menjaju, nego iracionalna uverenja u vezi s nasilnim reagovanjem u konfliktnim situacijama i kontrola besa, koje šira socijalna sredina češće ne odobrava.

Analiza promena kvaliteta *interpersonalnih odnosa* učinioca ukazuje na pozitivne promene u komunikaciji, što je za očekivati jer se u programu uče komunikacione veštine. Ređe pomake u razvijanju bliskosti među partnerima i u roditeljskoj sferi tumačimo nedovoljnom zastupljenošću u programu teorijsko-metodoloških pristupa (a pre svega sistemskog pristupa) koji podstiču razvijanje poštovanja, uvažavanja, ravnopravnosti u odnosu sa partnerkom i menjanje patrijarhalnih stavova, što smatramo ključnim za unapređivanje partnerske bliskosti.

Rezultati *procene značajnosti tematskih celina za korisnike* u velikoj meri odražavaju i dalje prisutne patrijarhalne vrednosti i očekivanja, koja mušku ulogu u braku i porodici vrednuju pre svega kroz ekonomski doprinos a manje kroz neposredno učešće u životu porodice. Korisnici su više orijentisani na teme roditeljstva, odgovornosti, posledica, nego ka razvijanju partnerskog odnosa i povećanju bliskosti. Najmanju značajnost teme *Ljubav i seksualnost* se može protumačiti i kao odraz manjkavosti programa u sferi razvijanja bliskosti između partnera, o čemu je već bilo reči, a što može povezati i sa veoma malom zastupljenošću promena na planu povećanja bliskosti u partnerskom odnosu.

Podaci koji se odnose na saradnju voditelja programa sa drugim službama nisu ohrabrujući jer pokazuju da sprovođenje ove usluge nije prepoznato na sistemskom nivou. Nedostaje saradnja sa ključnim institucijama koje mogu da utiču na sprečavanje ponavljanja nasilja, a to su policija, krivično-pravosudni sistem, službe za nadgledanje uslovnog otpusta (probacione službe) i službe za podršku žrtvama. Saradnja između navedenih službi treba da se odnosi pre svega na razmenu informacija o proceni rizika i eventualnog ponavljanja nasilničkog ponašanja, kao i obezbeđivanje integrisanog servisa za podršku svim članovima porodice u kojoj postoji žrtva partnerskog i porodičnog nasilja. Studije koje su se bavile saradnjom između službi koje su zadužene da se bave prevencijom i zaštitom od nasilja u porodici je pokazala da pozitivni efekti koordinisanog odgovora u zajednici u sprečavanju ponavljanja nasilja u porodici zavise pre svega od saradnje između servisa za zaštitu žrtava - žena i dece, servisa za pružanje psihosocijalnih programa za počinioce sa krivičnopravosudnim sistemom, službi za nadgledanje uslovnog oslobođenja i policije (Feazell et al., 1984; Worden, 2000). Kombinovani efekti koordinisanih odgovora zajednice su veći od individualnih efekata njenih delova. Rad sa počiniocima bi stoga trebalo da bude integrisan u koordinisani odgovor zajednice na nasilje u porodici koji podrazumeva jasnu i operacionalizovanu saradnju svih aktera u zajednici.

ZAKLJUČAK

Rezultati predstavljenog istraživanja su pokazali da je nakon završetka tretmana fizičko nasilje zaustavljeno kod skoro svih ispitanika, što predstavlja značajan rezultat i generalno ukazuje na efikasnost Psihosocijalnog programa. Ovako visok procenat zaustavljenih fizičkih formi nasilja objašnjen je kako samim načinom upućivanja učesnika u tretman, tako i teorijsko-metodološkom zasnovanošću programa. Analiza promena u ispoljavanju psihičkog nasilja pre i posle tretmana ukazala je na to da su u visokom procentu održani neki varijeteti psihičkog nasilja, što se može objasniti i time da su stavovi o nejednakom odnosu moći u partnerskim odnosima koji podržavaju dominaciju muškaraca nad ženama i iracionalna uverenja o reagovanju u konfliktnim situacijama retko znatno promenjeni u ovom programu. Ukoliko se ne uspostave značajnije promene na planu zaustavljanja psihičkih formi nasilja i stavova o rodnim ulogama/odnosima moći između partnera i iracionalna uverenja o načinima reagovanja u konfliktima, očekivano je da se psihičke forme nasilja održavaju i budu osnova za sve ostale njegove oblike.

Nalazi ukazuju na kompleksnost fenomena nasilja u partnerskim odnosima, što zahteva sinhronizovano delovanje na različite faktore koji doprinose njegovom nastajanju i održavanju kako bi se efikasno zaustavile sve njegove forme. Za razumevanje ovako složenog fenomena potrebni su različiti teorijski pristupi kojim bi se obuhvatili različiti faktori koji doprinose njegovom ispoljavanju i održavanju na individualnom, relacijskom i društvenom nivou. Razvijanjem multidimenzionalnog teorijskog okvira i uvođenjem novih metoda omogućili bi se efikasniji načini društvenog reagovanja u mnogobrojnim situacijama nasilja u porodici. Programi za počinioce nasilja treba da budu integrisani u sveobuhvatan koordinisan odgovor zajednice na nasilje u intimnim partnerskim odnosima. Za njihovo efikasno sprovođenje izuzetno je značajno uspostavljanje tesne saradnje sa službama za podršku žrtvama nasilja i sa drugim ključnim institucijama koje mogu da utiču na sprečavanje ponavljanja nasilja, kao što su policija, tužilaštvo, sud, uprava za izvršenje krivičnih sankcija, a posebno probacione službe i centri za socijalni rad.

LITERATURA

- Adams, D. (1988). „Treatment Models of Men Who Batter: A Profeminist Analysis", in: Yllö, K. and Bograd, M. (eds.) *Feminist Perspective on Wife Abuse*. Thousand Oaks: Sage, pp. 176–199.
- Adams, D., Adrienne E., Sullivan, C. M., Deborah, B. and Greeson. R. M. (2008). „Development of the Scale of Economic Abuse", *Violence Against Women,* 14 (5): 563–588.
- DeKeseredy, W. S. and MacLeod, L. (1997). *Woman abuse: A sociological story.* Toronto: Harcourt Brace.
- Despotović, V. (2016). "Socijalni rad i nasilje" u Milićević - Kalašić, A., Ilić, V., Despotović, V. (ur) *Socijalni rad: izazovi i dileme*, Beograd, Univerzitet Singidunum, Fakultet za medije I komunikacije, Departman za socijalni rad, str. 207-224.
- Gondolf, E. (2004). „Evaluating batterer counselling programs: A difficult task showing some effects and implications". *Aggression and violent behavior,* 9, 605–631.
- Day, A., Chung, D., O'Leary, P. and Carson, E. (2009). „Programs for men who perpetrate domestic violence: an examination of the issues underlying the effectiveness of intervention programs", *Journal of Family Violence,* 24(3): 203–212.
- Despotović, V. (2017). „Psihosocijalni program za počinioce nasilja u partnerskim odnosima u Srbiji", u: Lazarević Mitić, M. i Škugor S. (ur.) *Psihosocijalni tretman počinilaca porodičnog nasilja kao ulaznica za trajnu promenu*, Beograd: IAN, str. 26–36.
- Eckhardt, C. I., Murphy, C., Black, D. and Suhr, L. (2006). „Intervention programs for perpetrators of intimate partner violence: conclusions from a clinical research perspective", *Public Health Reports*, 121(3): 369–381.
- Edleson, J. L. (2008). *Promising practices with men who batter. Informe remitido al King County Domestic Violence Council*. Seattle: University of Minnesota.

- Feazell, C. S., Mayers, R. S. and Deschner, J. (1984). „Services for men who batter: Implications for programs and policies", *Family Relations*, 33, 217–223.
- Krug, E., Dahlberg L. L, Mercy J. A., Zwi A. B., Lozano, R. (eds.) (2002). *World report on violence and health*. Geneva: Word Health Organisation.
- Nastasić, P., Hrnčić, J., Brkić, M. (2013). Uloga psihijatrije u tretmanu nasilja u porodici. *Srpski arhiv za celokupno lekarstvo*, 141(7-8):553-559.
- Råkil, M. (2002). „A Norwegian Integrative Model for the Treatment of Men Who Batter", *Family Violence & Sexual Assault Bulletin*, 18, 8–14.
- Saunders, D. G. (2008). „Group Interventions for Men Who Batter: A Summary of Program Descriptions and Research", *Violence and Victims,* 23(2): 156–172.
- Sekulić J., Malešević D (ur) (2012). "Tretman počinilaca nasilja u partnerskim odnosima", *Priručnik za obuku profesionalaca i profesionalki za tretman počinilaca nasilja u partnerskim odnosima.* Beograd: Uprava za rodnu ravnopravnost, Ministarstvo rada, zapošljavanja i socijalne politike.
- Worden, A. E. (2000). "The changing boundaries of the criminal justice system: Redefining the problem and the response to domestic violence", *Criminal Justice*, 2, 215-266.
- Zakon o potvrđivanju Konvencije Saveta Evrope o sprečavanju i borbi protiv nasilja nad ženama i nasilja u porodici, Službeni glasnik RS, br. 12/13.
- Nacionalna strategija za suzbijanje nasilja nad ženama i nasilja u porodici i u partnerskim odnosima Republike Srbije, Službeni glasnik RS, br. 27/2011.

ANALYSIS OF THE EFFECTS OF PSYCHOSOCIAL PROGRAM WITH VIOLENCE ABUSERS IN INTIMATE PARTNERSHIP IN SERBIA

Summary

This paper presents the results of the research of the effects of the implementation of the Psychosocial Program with Violence Abusers in Intimate Partnerships. The aims of the research were to determine the effects of the program on the users and their family relations, the significance of each program's topic for the users and the quality of cooperation with other services during program implementation. The sample included 102 men who completed the Program in 8 cities in Serbia. The data were collected by Data Collection Protocol for Users' Files, Evaluative Questionnaire for Program Users, and semi-structured interview with program implementers. At the Program beginning almost all users showed physical (91.2%) and/or psychological violence (98.1%), while at the program end 97.8% participants did not show any physical violence, and psychological violence was partly absent in 82.3%, and totally absent in 2.0% users. The most frequent improvements were registered in areas of anger management (85.7%), irrational beliefs (84.3%) and attitudes regarding unequal power relations between genders (68.9%). The quality of communication with the partner was improved in 32.4% users, while the following was significantly rarer achieved: decrease of verbal aggression (14.7%) and increase of self-esteem (16.7%), emotional expression (beside anger) (10.8%) and parental involvement (11.8%). Users' ratings of the topic's significance reflect their patriarchal values. While topics Father and Child (73.5%), Responsibility (66.7%), Violence Consequences (66.7%), Violence (61.8%), Psychological Violence (59.8%), Alternatives to Violence (55.9%) and Causes of Violence (52.9%) were significant for most of the users, the topic Love and Sex was significant for only a quarter of them. The cooperation with local community services was far below the optimum needed for the Program's success. The results were discussed in the light of contemporary findings. The results point out the complexity of phenomena of partner violence. Guidelines were offered for the improvement of prevention, repression and protection from partner violence.

Key words: *partner violence, domestic violence, perpetrator, abuser treatment, local community services*

Pregledni rad

Vladimir Ilievski[15]
Ivan Trajkov[16]
Aleksandra Coneva[17]

PSYCHOSOCIAL SUPPORT FOR PEOPLE WITH MENTAL DISORDERS

Summary

This paper aims to perceive the processes of psychosocial support for people with mental disorders, working to increase ability and reduce negative reactions from the environment towards it. Respecting the developed standardized process of support for people with mental disorders, is the basis for achieving the planned goals with the patient. What helps in building a good practice is the theoretical development of psychosocial support of people with mental disorders and reflection of the role of the social worker involved in psychiatric institutions in the process of diagnosis, as well as the treatment and rehabilitation of people suffering from psychological disorders. The social worker collects patient data, such as information about the patient's family, family relations, education, employment, material, and housing status of the patient. Apart from that, they also participate in diagnosing the beneficiary with the multi-disciplinary team of the psychiatric institution.

15 Associate professor, University Ss. Cyril and Methodius in Skopje, Faculty of Philosophy, Institute of Social Work and Social Policy, Republic of North Macedonia. *vilievski@fzf.ukim.edu.mk*
16 Professor, University Ss. Cyril and Methodius in Skopje, Faculty of Philosophy, Institute of Social Work and Social Policy, Republic of North Macedonia. *ivan.trajkov@fzf.ukim.edu.mk*
17 Master of Science, Social Worker, University Clinic of Psychiatry, Skopje, Republic of North Macedonia. *aleksandraconeva@yahoo.com*

The individual plan for working with a patient includes activities with the patient and his family, in order to achieve strengthening and connecting with institutions in which the patient can exercise rights through continuous support from the social worker. Apart from the theoretical development of psychosocial support, this paper presents a practical example through the very process of assessment, planning with the set goals and activities, and their implementation.
The basic conclusion is that there should be a well-developed process of psychosocial support that will be implemented. This will cause positive changes in people with mental disorders, and the environment in which they live.

Keywords: *psychosocial rehabilitation, psychosocial help, social worker, patients, families.*

PSYCHOSOCIAL REHABILITATION

Psychosocial rehabilitation is not only "a basic form" of psychosocial therapy, instead, it has multiple significance. Rehabilitation is the central aim of clinical social work with sick and disabled people. At the same time, rehabilitation is a kind of "measure", and as such, it is one of the most important basic forms of psychosocial therapeutic methods. All in all, rehabilitation has institutional significance, as a specialized therapeutic system within the framework of specific legislation. It is, at the same time the aim, the working form, and the institution. Therefore, rehabilitation in its tasks and fields of work, in many areas, is in close relation with clinical social work.
Most of the definitions regarding psychosocial rehabilitation are oriented towards the emphasis of individual capabilities and capacities of people with mental disorders, protection and promotion of human rights, promotion of the legal framework, development of services for mental health in the community, the needs of these people and their families for their active inclusion in social runnings and using of resources and services in the community.

Benedetto Saraceno finds that the vision of psychosocial rehabilitation is to fully include people with mental disorders in society through sensitizing local authorities, through creating new legislation, overcoming old asylums, establishing comprehensive services for mental health in the community, inclusion, activating resources in the community, including the families in the process of rehabilitation, developing individual programs for social inclusion of rehabilitation all together with the users of such.

Psychosocial rehabilitation is not always necessary, but it can be a helpful part of a comprehensive treatment program. By promoting recovery, improving quality of life, and fostering community integration, psychosocial rehabilitation can be an essential resource for those who have been diagnosed with a mental health condition. Such services can help individuals develop skills, identify strengths, and improve their capacity to be successful in their life, work, and relationships.[18]

If we accept the classical scheme of the World Health Organization:

Disease - Damage – Disability - Handicap

It can be said that the rehabilitation works on disability and handicap, by trying to influence their origin. In some cases, it can influence even its decrease. It needs to be clarified that the disability influences the patient, but the handicap influences the society. In other words, the disability is reflected in the psychosocial and behavioral performance of the patient, and the handicap is related to the reactions of the society towards the patient.

Psychosocial rehabilitation has to work on both sides, to increase the ability of patients and to reduce negative responses of the society towards the patient. The psychosocial rehabilitation approach, which does not anticipate these two important aspects, will be ineffective. The program on psychosocial rehabilitation should also be rationed with different dimensions, where, at the same time, the disability and handicap are presented.

18 Kentra Carry, "Psychosocial Rehabilitation in a Public Psychiatric", https://www.verywellmind.com/psychosocial-rehabilitation-4589796 (accessed on 22 October 2019)

There are three such dimensions:

1. Life conditions (Alisky & Iczkowski, 1990; Baker & Douglas, 1990; Brown, 1991; Hodgins, Cyr & Gaston, 1990).
2. Social production (Cohen, 1990; De Leornadis, Mauri & Rotelli, 1994; Harding, Strauss, Hafez & Lieberman, 1987; Lang & Cara, 1990).
3. Social Network (Andrews, Teesson, Stewart & Hoult, 1990, Balukas & Baken, 1985; Jones, Robinson & Golightly, 1986).

Often the simple activities of socialization that cannot effectively predict these three dimensions, are marked as rehabilitation. People with disability have the need for effective transformation on these three dimensions.

JOINT GOALS

From the beginning itself, psychosocial rehabilitation was and still is between the role of the non-specific acceptance and the specific technique. With the aim to avoid this, the acceptance of the approach to public health seems to be obligatory. In such an approach, the advantage is given to the services that psychosocial rehabilitation provides, not to the very procedure for psychosocial rehabilitation. The acceptance of joint clear goals for each of the psychosocial rehabilitation activities seem necessary and taking the more formal and essential rights for people with disability will lead to the decrease of the handicap.

Psychosocial rehabilitation is a process that relieves the possibilities for people with disadvantaged health to achieve the optimal level of independent functioning in the community. This also implies improvement of the capacity of a person, but also causes changes in the community with the aim of creating the best quality of life for persons with mental illness, or for those who have decreased mental capacity, which implies a certain level of handicap. Psychosocial rehabilitation is defined by the World Health Organization as a process that provides possibilities for people with disabilities, certain mental disorder to achieve the optimal level of independent community functioning.

This also implies improving the abilities of individuals and introducing changes in the environment in order to create the best possible quality of life for people with mental health problems (World Health Organization, 1996). This crucial document provides a unique set of basic leading guidelines that do not annul the cultural and socio-economic conditions in the world, and highlights the possible common goals of psychosocial rehabilitation:

- Reduction of symptomatology through appropriate pharmacotherapy, psychological treatment and psychosocial intervention;
- Reduction of unfavorable physical and behavioral consequences;
- Improving social preparedness by strengthening individual social abilities, psychological opportunities and working function;
- Reduction of discrimination and stigmatization;
- Creation and maintenance of long-term social services, covering at least the basic needs related to housing, employment, social networks and leisure, and
- Strengthening people with mental illnesses by strengthening their own and the autonomy of those who provide help, and strengthening the opportunities for their own advocacy.

This complexity and diversity of goals makes psychosocial rehabilitation one of the most interesting and fascinating aspects of mental illness because it is among the crucial bridges between technical and socio-political actions. And we are always in this situation when we are struggling to improve the quality of care (in hospital or elsewhere), when we are looking for work for people with mental illness who want to work but are out of the labor market, when we work on developing a community network, when facing poverty, when we are fighting for the rights of immigrants with mental illnesses, and more.

Research shows that the success of rehabilitation depends on the connectivity of people in the community either with their family and/or the network of social support, with it achieving common understanding for his/her mental disorder and gaining a joint approach to it (Менталнo здравје во заедницата, 2006:36).

If we have hope for psychosocial rehabilitation for the future, we should think of developing mental health services, helping people with mental illness to be properly treated and seriously supported in their communities. These types of services have nothing to do with hospitals and have very little connection with medical treatment. In other words, psychiatrists should be important consultants in mental health services, but it is not necessary for them to be owners or leaders of the same.

Hence, we can conclude that psychosocial rehabilitation represents a comprehensive approach to people with mental disorders which enables their integration in society. To achieve this goal, it is necessary every country to secure and develop an integrated and good quality system of mental health protection for these people.

PSYCHOSOCIAL SUPPORT

Psycho-social help is directed towards the needs and problems of people with mental disorders and their families appearing from the interaction they have in the area of their primary and secondary environment. The psycho-social support offered by the social workers employed in the health system implies a process of physical and mental strengthening of the individual and their family and their social environment as they would in themselves and the environment find the strength or way to face the stress and include everyday life (Lakic, Popovic, Jovanovic, Hasecic, 2012). The social worker achieves psycho-social support through previously planned psycho-social interventions, determined with the individual plan for work with the patient, in cooperation with the interdisciplinary team in psychic institutions, through direct inclusion of patients, their families, and if needed the community.

Psychosocial support for patients with mental disorders should respond to as many needs related to the illness of patients and their families, and it is therefore planned in numerous forms and interventions.

Psychosocial support is applied through planned forms of psychosocial intervention.

Psychosocial interventions are non-medical interventions aimed at facilitating the treatment process in a way that enhances the ability of patients and their families to cope with the health crisis more effectively.

Psychosocial support includes rehabilitation that encourages the development of cognitive, functional, communication and social skills of patients in order to improve the quality of life. It can take place on an individual level or in a group and on a social level.

At the individual level it promotes social change, solving the problem through interpersonal relations and strengthening the beneficiaries' capacity to improve their quality of life. Psychosocial support in the group contributes to the improvement and maintenance of interpersonal relations between patients, eliminating the negative impact of institutionalization, improving communication, enriching social life, improving social interaction among patients, developing community, learning and improving social and communication skills , manifestation of hidden and suppressed feelings, feeling of belonging, modification of preoccupation with their own state and psychological isolation, reduction of anxiety, acceptance of one's own individuality, acceptance by others.

At the social level, it refers to reducing the stigma, discrimination and inclusion of patients in the overall social life.

SOCIAL WORK IN A PSYCHIATRIC INSTITUTION

Social work is focused on strengthening and improving the personal, family and social well-being of the patients through securing of proper forms of protection, reestablishing or improving of the relations between the patient and the environment and giving help to patients so they can solve or be able to solve their problems.

Modern approaches of treating health and the diseases are being more and more analyzed and treated with the holistic aspect, which emphasizes not only the importance of the medical factors, but also social factors, which are considered very crucial for the quality of people's lives. The social-health bond is becoming more and more obvious in the treatment of people with acute and chronic mental diseases, but also in the part of preventive health protection of mental disorders. Therefore, the need for professional action in social work in psychiatric institutions on a global and national scale is becoming more and more obvious at all levels of social protection.

A great number of authors point out the connection and the need of health and social workers in the treatment of people with mental disorders.

This need is more and more present with the reforms implemented in many countries in the area of mental health, where traditional hospital treatment is replaced with "care in the community".
What is common for health and social workers in the health system is "for the sick person to get better as quickly and fully as possible so he/she can get back faster to normal life, his/her family, the work place, i.e. manufacturing" (Halmi, 1989:243).
The social worker in health institutions works as an expert cooperator, where they participate in all phases of the work with the patient and his family. The social worker is an essential part of the multi-disciplinary team in psychiatric institutions, who through their professional work and support, provide activities and services that correspond to the needs of patients in different areas - assistance in problems of interpersonal relations and communications, planning individual and group activities, assistance in securing housing, assistance in exercising their rights and support in the area of caring for their family and social functioning.
Since team members are of different professions, it is necessary to have knowledge from other professions in order to achieve a comprehensive approach to addressing patients' problems, especially in the process of planning individual treatment plans, mutual information exchange, and coordination of the services in the treatment and rehabilitation process.
The tasks done by the social worker in the treatment of patients in health institutions are different and depend on the place and role he has in the health protection of a certain type of patients and the type of treatment applied.
According to Krgovic (1998), the tasks of the social worker in health institutions include:

1. Work with the patient on solving his issues, overcoming difficulties and problems which can appear as an obstacle for successful treatment;

2. Work with the environment and mobilization of the environment for their inclusion in the treatment. Therefore, the task of normalizing the situation in the family is very important, development where possible and good inter-personal relations.

3. Keeping contacts with the work and wider social environment of the patient (Cekeravac, 2007: 33).

As methods of work with the patient, the social worker uses: the method of social work with an individual, the method of group social work and the method of social work in the local community.
The role of a social worker in psychiatric institutions is of great significance in treatment, especially in *diagnosis, therapy and rehabilitation*.
The social worker must be capable of diagnosing, predicting, and therapeutically assisting the person with psychological disorders, in which case they should always care for application in the psychiatric treatment of individual and group social work. The very fact that the basic subject of social work is the social functioning of the person, the humane and interdisciplinary approach of social work as science based on certain professional and methodological support, proves the social worker's obligation, which is oriented towards the improvement of the social status of the patients in the promotion and protection of his health, and to facilitate their functioning in the community with continuous cooperation with the multidisciplinary team in the psychiatric institution and the families of patients.

In the **diagnosis** phase, an interview is conducted with the patient in order to obtain hetero-anamnesis data for the patient and their family, in order to obtain insight into the patient's condition after their admission to the psychiatric institution, to assess individual needs in the context of the current situation, to make functional assessment of how the illness affects the life of the patient and their family, to identify the social risks and to choose the therapeutic procedures that will be applied in the treatment and rehabilitation phase, and to obtain the necessary social documentation for the patient and to advise the family members, the work organization for the reception of the patient and the course of the treatment.

In the **treatment** phase, psychosocial intervention, techniques for individual and group therapy and systemic family therapy are applied. The tasks of the social worker have a mediating and supportive role. Therefore, through the provision of professional support and support in the realization of the rights of the social and health care, the application of social interventions to overcome the current social problems of the patient are completed through: representing the interests of the patients in institutions the system in relation to their realization, advising the patients, members of their families and working organizations if the patient is employed.

This helps the patient in relation to the use of the resources that are present in the community, which will help them to heal, improve social functioning and increase the quality of life. During the treatment phase, it helps to address the patient's problems (family, residential, material) that endanger their social functioning.

The interventions are aimed at helping the individuals become independent in solving the problem, marriage counseling, counseling, referring, psychosocial support, connection with the resources of the system in the community where the patient lives.

The social worker is directly involved in the **rehabilitation** of the patient, which is a complex process, depending on the gravity of the person's illness with psychological problems, which helps them function individually in the social, family and working environment (Илиевски, 2013: 75-76).

Patients and their families are supported in the use of resources and services in the community by linking them to social support systems in order to reduce the need for their re-hospitalization, stigmatization and integration into the community.

EXAMPLE

S.M. is a patient at the age of 36, who has completed secondary education, and is unemployed. From 2008 to 2011 she worked in her own business, which was closed when she became pregnant with her first child. She is married and her husband is 37 years old. He has two daughters, aged 5 and 3. They live in a family house together with the husband's parents, but on a separate floor, in a separate household.

There's a conflicting relationship with the husband, she did not let her husband go out with the children, forbidding the children to have contact with his parents. She behaved aggressively towards her husband, threatened to kill him, forbade him to enter the home. The police intervened and she was advised to seek medical help. The husband talked to her on few occasions, asking her to seek medical help, but she refused. He reported the negligent aggressive behavior towards him and their children to the Center for Social Work. Professionals tried to get insight into the home, but were kicked out by her. The Center for Social Work proposal has been submitted, and the measure for the protection against domestic violence has been imposed by the court.

She arrived at the psychiatric institution with police intervention.
The husband and his parents do not have any understanding of her psychological state, especially, the parents who think that their daughter-in-law's illness does not have a real basis, that there is influence of some "external forces".
Regular contacts were made with the employees at the Center for Social Work about the patient's health condition, as well as the cooperation with her spouse and parents.

INTERVENTION PROCESS

Assessment

An assessment by the social worker of the patient was made in relation to determining her individual needs, including in several areas: income, home/accommodation, employment, marriage/family, education, social protection, interpersonal relations and free activities;

- In the assessment, the following techniques were used: interview for receiving hetero- anamnesis data for the patient and
- Genogram.

As methods of work with the patient, the social worker has used: the method of social work with an individual, the method of group social work and the method of social work in the local community.

Identified Risks

- Health (the patient with mental disorder);
- Dysfunctional relations with the members of the primary and secondary family;
- Irresponsible parenting and aggressive behavior towards the children;
- The possibility of divorce and
- Unemployment.

Planning

An individual plan was developed by the social worker where priority goals, activities and expected results in the treatment with the specific time frame of their implementation were set.

Objective of treatment: Improving her psychological state, support by the members of the primary and secondary family in the treatment of the patient, improving the relationships with family members, strengthening parental responsibilities and competencies with her children and the opportunity for employment.

Activity1: Inclusion in individual treatment twice a week;

Activity 2: Include in group treatment once a week;

Activity 3: Informing the Centre for Social Work about the course of the treatment of the patient;

Activity 4: Psycho-education of the patient for regular treatment of medical therapy and regular check-up after hospital treatment (once a week);

Activity 5: Psycho-education of the members of the family for regular treatment of medical therapy and regular check-up after hospital treatment (once a week) and

Activity 6: Notification for the option of employment.

Date and time of realization

The interventions by the multi-disciplinary team were made in a time period of two months. The first month while the patient was hospitalized in a psychiatric institution, while the second she was in a daily hospital treatment in the psychiatric institution.

Expected results from the treatment

In the course of the treatment with the patient, the following results were achieved;

Task1: Patient participated in individual treatment;

Task 2: Patient actively participated in the group treatment;

Task 3: The Centre for Social Work was regularly informed about the treatment of the patient by the social worker from the psychiatric institution;

Task 4: Psycho-education of the patient for regular treatment of medical therapy and regular check-up after hospital treatment;

Task 5: Psycho-education of family members for regular treatment of medication and regular check-up after hospital treatment and

Task 6: The patient was informed about the option of her employment.

Unfulfilled results of the treatment

During the daily hospital treatment, the patient was given information on the possibilities, the convenience and the advantages for her employment by the social worker in the psychiatric institution and the employees in the Agency for employment. The patient did not show interest and motivation for her inclusion on the labor market.

Psychosocial support in treatment

The social worker worked in the direction of protecting, re-establishing or improving the relations between the patient with her primary and secondary family and with the social environment, as well as strengthening her personal abilities and capacities in solving the everyday problems she is facing and her involvement in everyday life.
In the part of the psychosocial support, the social worker worked on the following aspects of the patient:

- In the part of the individual treatment plan with the patient, activities were undertaken in the direction of accepting the disease by the patient and the members of the primary and secondary family. In this section, the social worker faced problems that are related to the acceptance of the disease by the patient and both the spouse and parents;
- Psycho-education of the patient was directed towards regular treatment of medical therapy and regular check-ups;
- Psycho-education of the patient's spouse and her parents for regular treatment of medical therapy and regular check-ups. In this part the whole multi-professional team was included, because the patient, her husband and her parents did not care for regular use of the therapy;

- In the part of the patient's involvement in the group treatment, her capacities and potentials in the area of improvement of interpersonal relations with other patients and the relatives with her family members, which will enable it to improve her family functioning, was strengthened;
- Regular contacts have been made with the Centre for Social Work for the patient's health status, as well as for the cooperation of the husband and her parents with this social institution;
- Strengthening the cooperation of the patient with the multi-professional team;
- Increasing the motivation for involvement in the treatment;
- Establishing positive patient relations with family members and overcoming problems within the family;
- Parental responsibilities;
- Strengthening her social skills;
- Inclusion of psycho-social support programs outside the hospital treatment;
- Organizing free time activities and
- Employment opportunities.

CONCLUSION

Through psychosocial rehabilitation of people with mental disorders, their strengthening, improvement of their functioning and improvement of their quality of life is achieved.

Psychosocial support refers to one-off or continuous: psychological, social, and legal types of support that can be offered to people who are in health-related crisis situations.

The forms of psychosocial support arise from the specifics of the type of mental disorders, the psychosocial needs of patients, and their families, the opportunities of the community to provide adequate support and the legal framework.

With the development of community mental health services, adequate treatment and integration of people with mental disorders in the local community is ensured.

Psychosocial treatment of people with mental disorders is accomplished with the participation of multi-disciplinary team that enables these people to overcome their problems, integrate in their families and the social

environment, in accordance with their individual needs and capacities planned and realized according to the Individual Plan for the treatment of a person with mental disorder. Analyzing the practical example with the patient in this paper, it is confirmed that the psycho-social support is based on team approach in a hospital and daily hospital treatment through active inclusion of the patient and her family.

With implementation of psycho-social support, the patient is given a better-quality life which enables strengthening of her emotional state, improving relations and communications with her family and her better social inclusion and functioning.

REFERENCES

- Antony, W.A. & Liberman, R. E. (1986). *The practice of psychiatric rehabilitation: historical, conceptual and research base.* In: Schizophrenia Bulletin, No.4.
- Antonijevic, M. (1985). *Poluhospitalne psihijatriske institucije*, Psihijatrija danas, Beograd.
- Бајрактаров , С. (2006). *Тимска работа во центрите за ментално здравје во заедницата. Во:Ментално здравје во заедницата*. Дата Понс, Скопје.
- Bonnicroft G (1991). *The concept of case management for long term mental illness.* International Review of Psychiatry 3: 125-132.
- Butler, A. (1983), *Social work and mental Illness*, Basingstoke. Macmillan.
- Белевска, Д. (2004). *Стигма-огледало на јавноста*, Датапонс, Скопје.
- Белевска Д.,Ортаков В., (2000). *Кои сме ние-водич за самопомош неменет за лицата кои страдаат од психози и нивните блиски*, Гурѓа, Скопје.
- Carpenter, J. (2006). *Working in multidisciplinary mental health team: the impact on social workers and health professionals of integrated mental health care*, British Journal of Social Work 33 1081-103.

- Cekeravac, A. (2007). Socijalni rad u zdravstvu, Praktikum, Fakultet politickih nauka, Podgorica.
- Halmi, A. (1989). Socijalni rad u lokalnoj zajednici, Zavod Grada Zagreba za socijalni rad, USIZ Socijalne zastite Grada Zagreba.
- Илиевски, В. (2012). *Предрасудите кон лицата со психички растројства и нивната вклученост на пазарот на трудот,* докторска дисертација, Универзитет "Св. Кирил и Методиј", Филозофски факултет, Скопје.
- Jankovic, J. (1996). *Pristupanje obitelji*, Ainea, Zagreb.
- Јорданова –Пешевска,, Д.(2006). *Психосоцијална рехабилитација.* Во:Ментално здравје во заедницата, Дата Понс, Скопје.
- Lakić B., Popović T., Jovanović S., Hasečić D,(2012). *Prirucnik iz koordinirane brige u mentalnom zdravju*, Sarajevo.
- Mandic, Z. (2010) *Rehabilitacija osoba sa psihijatriskim poremecaja i oboljenjima u institucionalnoj zastiti,specijalisticki rad*, Fakultet za politickih nauka, Beograd.
- Ментално здравје во заедницата (2006). збирка на трудови, Кодекс системи за квалитет, Скопје.
- Milkovic S, Vukic D, Trajanovic Lj (2004). *Quality of life in mental disorders*, Nis, The Society of Behavioral Theory and Practice.
- Saraceno, C. (2001). *Social Exclusion: Cultural Roots and Diversities of a Popular Concept, paper presented at the conference on "Social Exclusion and Children"*, Columbia University.
- Saraceno, B. (2002). *Psychosocial rehabilitation as a public mental health strategy,* Psychiatric Rehabilitation Jurnal 20, Centar for Psychosocial rehabilitation.
- Saunders, P., Tsumori, K. (2002). *Poor Concepts, "Social Exclusion", Poverty and the Politics of Guilt*. Policy 18(2):32–37.

- Tornikroft, G., Tansela, M.(2009). *Bolja briga o mentalnom zdravju*, Clio, Beograd.

- Трајкова, С. В., Белевска, Д. (2002). *Клиничка социјална работа*, Ѓурѓа, Скопје.

- Трајков, И. (2009). *Социјална инклузија на лицата со психички растројства*, Докторска десертација, Универзитет "Св. Кирил и Методиј", Филозофски факултет, Скопје.

- Vidanovic, I . (1996). *Pojedinac i porodica. Naucno-istrazivacki centar za socijalni rad i socijalnu politiku*, Fakultet politickih nauka, Beograd.

- Vidanovic, I. I Kolar, D. (2003), *Mentalna higiena*, avtorsko izdanje, Beograd.

- Vlajkovic, J. (1989). *Teorija i praksa mentalne higiene*, Savez drustva psihologa, Beograd.

PSIHO-SOCIJALNA PODRŠKA LICIMA SA PSIHIČKIM BOLESTIMA

Sažetak

Rad ima za cilj da sagleda proces psiho-socijalne podrške licima sa psihičkim problemima sa kojima se radi na povećavanju sposobnosti i umanjivanju negativnih reakcija okoline na njih. Insistiranje na razvijenom, standardizovanom procesu podrške licima sa psihičkim smetnjama, osnov je za ostvarivanje ciljeva sa pacijentima.

Sa teorijskom razradom psiho-socijalne podrške licima sa psihičkim smetnjama i aktivnom ulogom socijalnog radnika koji će biti uključen u psihijatrijskoj ustanovi, u proces dijagnoze, tretmana i rehabilitacije lica koje ima psihičke smetnje, gradi se dobra praksa. Socijalni radnik sakuplja podatke o pacijentu, njegovoj porodici, odnosima u okviru porodice, obrazovanju, zaposlenosti, materijalnom i stambenom statusu pacijenta i učestvuje u dijagnostici korisnika kao deo multidisciplinarnog tima psihijatrijske ustanove. Sa gotovim individualnim planom rada za pacijenta se planiraju aktivnosti za njega i njegovu porodicu, sa ciljem da se postigne jačanje i povezivanje sa institucijama u kojima pacijent može da ostvari prava i niz kontinuirane podrške od strane socijalnog radnika. Pored teorijske razrade psiho-socijalne podrške, u ovom radu je prikazan praktičan primer, proces procene, planiranje sa postavljenim ciljevima i aktivnostima i njihova implementacija.

Osnovni zaključak je da treba da postoji dobro razrađen proces psiho-socijalne podrške koja će se implementirati i koja će izazvati pozitivne promene kako kod lica sa psihičkim smetnjama tako i u sredini u kojoj žive.

Ključne reči: *psiho-socijalna rehabilitacija, psiho-socijalna pomoć, socijalni radnik, pacijenti, porodice*

Originalni naučni rad

Anida Dudić[19]

PRAVA DJECE U BOSNI I HERCEGOVINI KROZ PROFESIONALNA ISKUSTVA SOCIJALNIH RADNIKA

Sažetak

Konvencija o pravima djeteta predstavlja prvi sveobuhvatni dokument kojim se utvrđuju građanska, politička, ekonomska, socijalna i kulturna prava djeteta. Bosna i Hercegovina se ratifikacijom obavezala da će kriteriji i smjernice iz Konvencije biti rukovodeći prilikom donošenja zakona i programa. Najbolji interes djeteta temeljni je princip za sve profesionalne oblasti, a posebno za socijalne radnike koji direktno implementiraju temeljna prava djece. Stoga se kroz empirijski dio ovog rada nastojao dobiti uvid u profesionalna iskustva socijalnih radnika koji rade na predmetima zaštite prava i interesa djeteta, te njihovo mišljenje i percepciju stanja dječijih prava općenito u Bosni i Hercegovini.

Loše ekonomske prilike i narastajuće siromaštvo direktno su povezani sa kršenjem brojnih prava djece, na što upozoravaju izvještaji kako međunarodnih, tako i domaćih organizacija i institucija.

Rezultati istraživanja pokazuju da se socijalni radnici u svom profesionalnom radu susreću, ne samo sa kršenjem socijalnih prava, nego i građanskih, kulturnih, obrazovnih i zdravstvenih.

Ključne riječi: *prava djeteta, Konvencija o pravima djeteta, socijalni radnici, centri za socijalni rad*

19 Viša asistentica, Univerzitet u Sarajevu, Fakultet političkih nauka, Bosna i Hercegovina
anida.dudic@fpn.unsa.ba

UVOD

Konvencija o pravima djeteta predstavlja univerzalni standard koji služi za izgradnju boljeg svijeta – svijeta u kojem će interesi djeteta biti prvenstvena briga svih nas. Izazov koji je pred nama u narednih 20 godina je ostvarivanje daljeg napretka kroz zajednički rad kako bismo doprli do one djece kojoj se još uvijek uskraćuju prava na opstanak, razvoj, zaštitu i djelovanje.- Ann M. Veneman izvršni direktor, UNICEF (2008)

Konvencija o pravima djeteta[20] je prvi dokument koji sveobuhvatno garantira prava djeteta u svim oblastima života. Konvencija o pravima djeteta (u daljem tekstu: Konvencija) je jedini međunarodni instrument koji je dostigao gotovo univerzalnu ratifikaciju jer je precizirao mnogo više prava djeteta nego bilo koji ranije donesen dokument o djeci[21].

U Konvenciji su sadržana civilna, politička, kulturna, socijalna i ekonomska prava za svu djecu. Zasnovana je na osnovu četiri ključna principa: nediskriminacija, najbolji interes djeteta, pravo na život, opstanak i razvoj i poštivanje stavova djeteta u skladu sa zrelošću. Značaj Konvencije ogleda se u saznanju da su njeni principi zaživjeli u nacionalnim zakonodavstvima u više od 70 zemalja svijeta motivirajući vlade da dječija prava zauzmu prioritetno mjesto u zakonodavnim aktivnostima.

U UNICEF-ovom izvještaju o položaju djece u svijetu (2008) povodom obilježavanja 20. godina Konvencije o pravima djeteta, ističe se puni značaj Konvencije i primjetan napredak u oblasti prava na opstanak i razvoj djece. Pored toga, primjetna je bolja informiranost o pravima djeteta, te poseban uticaj Konvencije na medije kroz izradu kodeksa ponašanja za izvještavanje o djeci i veći broj tema o dječijoj zaštiti.

20 Konvencija o pravima djeteta je usvojena na Generalnoj skupštini Ujedinjenih nacija 20. novembra 1989. godine.

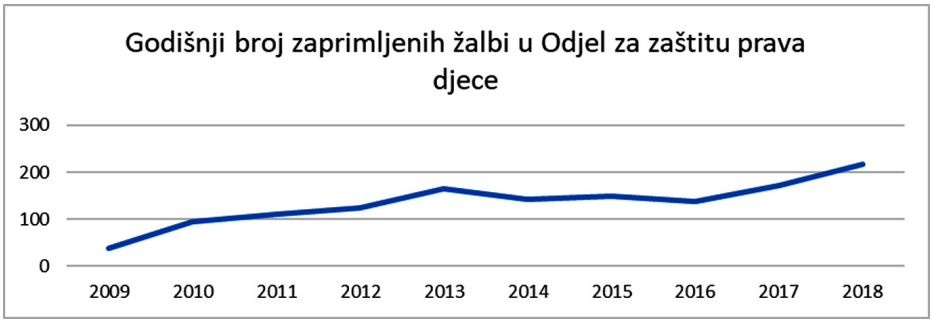
21 Konvencija u cijelosti sadrži osnovne ideje iz Ženevske deklaracija o pravima djeteta (1924) koja u pet članova utvrđuje prava djece na sredstva za materijalni, moralni i duhovni razvoj, pravo na posebnu njegu u slučaju bolesti, pravo na zaštitu od ekonomske eksploatacije, te pravo na odgoj koji izgrađuje osjećaj društvene odgovornosti. Deklaracijom o pravima djeteta (1959) priznaju se prava na zaštititu od diskriminacije i prava na ime i državljanstvo. Njome se posebno štite prava na obrazovanje, te zdravstvenu i posebnu zaštitu. Pored nabrojanih, značajan je i Međunarodni sporazum o ekonomskim, socijalnim i kulturnim pravima (1966) koji zagovara zaštitu djece od eksploatacije, ali i promovira pravo na obrazovanje i druga dječija prava.

Svakako, najveći doprinos se ogleda u tome što je Konvencija otvorila put ka jačanju dječije zaštite kao holističkog koncepta.
Svjedoci smo svakodnevnih povreda prava djeteta i nejednakosti u ostvarivanju dječijih prava. U prilog tome govore izvještaji UNICEF-a (2008 i 2018)[22] koji ističu veliku smrtnost među djecom ranog uzrasta. Nadalje, procjenjuje se da između 500 miliona i 1.5 milijardi djece godišnje doživi nasilje, a oko 150 miliona djece uzrasta od 5 do 14 godina prisiljeno je da radi. Preko 140 miliona djece mlađe od pet godina je neuhranjeno za svoje godine.
Kada je riječ o obrazovanju, izvještaji pokazuju da više od 159 miliona djece širom svijeta nema pristup predškolskom odgoju. Navedeni podaci ukazuju da Konvencija nije postala stvarnost sve djece u svijetu. Bez obzira koliko poimanje djeteta bilo afirmativno i poželjno u Konvenciji, ono se ne uvažava i ne realizira u željenoj mjeri i do sada je bilo teško realizirati ovu ideju globalno.

Da se djeca u Bosni i Hercegovini svakodnevno suočavaju sa kršenjem i izazovima u ostvarivanju svojih prava svjedoči broj zaprimljenih žalbi u Odjelu za djecu Institucije ombudsmena za ljudska prava Bosne i Hercegovine. Tako su 2012. godine zaprimljene 124 žalbe, a u 2013. godini broj zaprimljenih žalbi porastao je na 165. U ovim predstavkama najčešće se pominje kršenje prava iz oblasti obrazovanja, zdravstvene zaštite, prava na kontakt s roditeljem s kojim dijete ne živi i prava na zaštitu od nasilja. U Ombudsmenu za djecu Republike Srpske prijave o kršenju prava djece u stalnom su porastu (tako npr. u 2012. godini su podnesene 464, a u 2013. godini čak 652 predstavke o kršenju prava djeteta). U Republici Srpskoj prijave se najčešće odnose na kršenje prava djece u prekidima bračnih i vanbračnih zajednica, zatim na prava iz oblasti obrazovanja i socijalne zaštite. Tokom 2015. godine Institucija ombudsmena zaprimila je 148 žalbi koje se odnose na prava djece, što predstavlja povećanje za 3,50% u odnosu na 2014. godinu. Statistički podaci ukazuju da je 2016. godine u Odjelu za zaštitu prava djece zaprimljeno 138 žalbi, dok se 2017. godine broj zaprimljenih žalbi povećao na 172.

22 Više o izazovima opstanka i razvoja djece u: Položaj djece u svijetu, posebno izdanje (2008), New York: UNICEF i Every child alive -The urgent need to end newborn deaths (2018), Geneva: UNICEF.

U 2018. godini Odjel za praćenje ostvarivanja prava djece zaprimio je 216 žalbi, a izdato je 20 preporuka (u sarajevskom uredu zaprimljeno je 105 žalbi, banjalučkom 90, brčanskom i mostarskom po 8 i 5 žalbi u livanjskom uredu). Najveći broj žalbi odnosio se na postupanje organa starateljstva u konfliktnim razvodima, problemima vršnjačkog nasilja i na zaštitu prava djece u upravnim i sudskim postupcima.[23]
Uprkos tome što naša država načelno kroz zakonodavni okvir uvažava principe Konvencije, kontinuirano povećanje žalbi iz godine u godinu ukazuje da se prava djece u Bosni i Hercegovini svakodnevno krše. *(Grafikon 1)*



Grafikon 1: Pregled primljenih žalbi u Odjelu za praćenje prava djece od 2009. do 2018. godine

23 Više informacija u godišnjim izvještajima o rezultatima aktivnosti institucije Ombudsmena za ljudska prava u Bosni i Hercegovini u periodu 2012-2018. godina. Dostupno na: https://www.ombudsmen.gov.ba/Dokumenti.aspx?id=27&tip=1&lang=BS (pristupljeno 20.05.2019. godine).

METODOLOŠKI OKVIR RADA

Nemogućnost ostvarivanja prava djece u Bosni i Hercegovini najčešće je usko vezana sa siromaštvom, nezaposlenošću, političkim uređenjem, ali i odsustvom statističkih podataka i odgovarajućih razvojnih strategija. Stoga je cilj ovog rada da ukaže na sistemsko i kontinuirano kršenje prava djece u Bosni i Hercegovini. S obzirom na prethodno navedeno, bilo je značajno ispitati stavove stručnjaka koji rade na zaštiti prava djece o ugroženim skupinama djece u Bosni i Hercegovini. Pored toga, ispitivani su stavovi socijalnih radnika o pravima djece koja su često ugrožena. Putem anketnog upitnika ispitivali su se stavovi socijalnih radnika (N=30) u centrima za socijalni rad/službama socijalne zaštite u Kantonu Sarajevo i Zeničko-dobojskom kantonu. Korištena je metoda ispitivanja, a podaci za istraživanje su prikupljeni pomoću anketnog upitnika s kombinovanim pitanjima otvorenog i zatvorenog tipa, te su obrađeni uz pomoć SPSS paketa. Da bi se dobio bolji uvid u praktična iskustva, obavljen je polustruktiruirani intervju (N=3) sa socijalnim radnicima[24] koji u svom profesionalnom anagažmanu često rade na predmetima koji se tiču zaštite prava djece.

Neka od pitanja koja su bila značajna za istraživanje su: *Koje su ugrožene skupine djece u Bosni i Hercegovini? Koja su prava djece u Bosni i Hercegovini veoma često ugrožena? Da li je zbog siromaštva zastupljena povreda prava djece na odgovarajući životni standard? Da li se djeca u Bosni i Hercegovini zbog diskriminacije suočavaju sa preprekama u ostvarivanju prava na zdravstvenu zaštitu? Da li je pravo na socijalnu sigurnost jednako za svu djecu? Da li centri za socijalni rad imaju mogućnost da osiguraju najbolji interes djeteta ?*

U analizi podataka dobivenih putem polustrukturiranog intervjua korišten je kvalitativni pristup, induktivna tematska analiza (Braun i Clarke, 2006). U ovom istraživanju tematska analiza provedena je u nekoliko koraka: u prvom koraku izdvojeni su svi originalni navodi socijalnih radnika koji su učestvovali u istraživanju, potom su se uočavale sličnosti u njihovim izjavama.

24 U ekstraktima označeni kao: [I:1], [I:2], [I:3].

U narednim koracima su izdvojene potencijalne teme i u posljednjem koraku dobiveni rezultati su uspoređeni i izdvojene su subteme. Najznačajni podaci sumirani su u subteme: *ranjive kategorije djece u Bosni i Hercegovini, prava djece koja se često krše i uloga organa starateljstva u zaštiti prava djece u Bosni i Hercegovini.*

RANJIVE KATEGORIJE DJECE U BOSNI I HERCEGOVINI I PRAVA DJECE KOJA SE NAJČEŠĆE KRŠE

Bosna i Hercegovina se ratifikacijom Konvencije o pravima djeteta već devedesetih godina, u teškim ratnim uvjetima, obavezala da će kriteriji i smjernice kojim se rukovode nadležni organi pri utvrđivanju najboljeg interesa djeteta biti odredbe Konvencije.

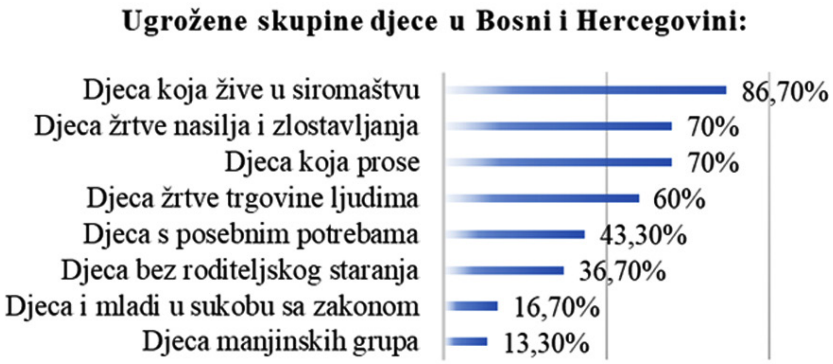
Kako su socijalni radnici stručnjaci koji u svom radu svakodnevno dolaze u profesionalni kontakt sa djecom i nastoje zaštiti i osigurati najbolji interes djeteta, važno je bilo kroz istraživanje dobiti uvid u njihove stavove o ugroženim skupinama djece u Bosni i Hercegovini. Socijalni radnici kroz anketni upitnik (80%) smatraju da su djeca u Bosni i Hercegovini ranjiva kategorija društva jer se njihova prava često krše.

[I:3] K*roz svoj rad sa djecom susreo sam se različitim kategorijama ugrožene djece u našoj državi. Mislim da su posebno ugrožena djeca iz manjinskih skupina, na prvom mjestu romska djeca, potom djeca iz siromašnih porodica, djeca koja prose, djeca sa posebnim potrebama, ali i djeca koja su smještena u institucijama socijalne zaštite, te djeca žrtve seksualnog iskorištavanja.*

[I:1] *Nažalost, smatram da su sva djeca u našoj državi na neki način ugrožena. S druge strane, neka djeca poput djece iz marginalizovanih, udaljenih i siromašnih zajednica, djeca sa onesposobljenjima i djeca nacionalnih manjina su u većem riziku i uskraćene su im osnovne usluge i zaštita.*

U anketnom upitniku socijalni radnici koji rade na zaštiti prava djece izdvojili su različite skupine djece koja su ugrožena u Bosni i Hercegovini.

Oni smatraju da su posebno ugrožena djeca koja žive u siromaštvu (86,7%), djeca koja prose (70%), djeca žrtve nasilja i zlostavljanja (70%), djeca žrtve trgovine ljudima (60%), djeca s posebnim potrebama (43,3%), djeca bez roditeljskog staranja (36,7%), djeca u sukobu sa zakonom (16,7%), te djeca manjinskih grupa (13,3%). *(Grafikon 2)*



Grafikon 2: Ugrožene skupine djece u Bosni i Hercegovini

Od posebne važnosti je izdvojiti skupinu djece koja žive u siromaštvu jer su, prema mišljenju socijalnih radnika (86,7%), ova djeca najmnogobrojnija i najgroženija. Ovakvi stavovi socijalnih radnika ne iznenađuju, jer podaci iz Ankete o potrošnji domaćinstava (2015)[25] govore da stopa relativnog siromaštva u Bosni i Hercegovini iznosi 16,9%. To znači da preko 500.000 stanovnika živi ispod praga relativnog siromaštva. Siromaštvo je jedan od najvećih izazova za poštivanje prava djece i pružanje socijalnih usluga u Bosni i Hercegovini. Iako postojeći zakoni predviđaju široku lepezu mjera za zaštitu prava djece, brojni izvještaji ukazuju da je kršenje njihovih prava u najvećoj mjeri povezano sa visokim stopama siromaštva. Prema podacima UNICEF-a[26] (2010), oko 170.000 djece u Bosni i Hercegovini je siromašno. Alarmantnije podatke o siromaštvu djece na osnovu prihoda, stambenih uvjeta, te lišenosti zdravstvene njege i obrazovanja objavio je UNDP (2011) ističući da je više od polovine djece koja žive u Bosni i Hercegovini izloženo višestrukim dimenzijama siromaštva.

25 Više informacija u: Agencija za statistiku Bosne i Hercegovine. Demografske i socijalne statistike (2017). godina IV, broj 2.
26 Više informacija u: Sa djecom i za djecu Bosne i Hercegovine (2010): UNICEF.

S obzirom da siromaštvo ima štetan uticaj na djecu i ostavlja dugoročne negativne posljedice, navedeni podaci govore da se Bosna i Hercegovina suočava sa ozbiljnim problemom iskorjenjivanja siromaštva.
Narastajuće i sveprisutno siromaštvo u državi koje je povezano sa visokom stopom nezaposlenosti onemogućava zdrav rast i razvoj djece u Bosni i Hercegovini. U prilog tome govori analiza UNICEF-a (2011)[27], koja ukazuje na to da su djeca u Bosni i Hercegovini višestruko uskraćena za zadovoljenje osnovnih životnih prava, a posljedica toga je dugoročno i hronično siromaštvo u kome se ne može obezbijediti pravilan rast i razvoj. Zbog toga je kvalitetno odrastanje neostvaren san mnoge djece u našoj zemlji.
Anketirani socijalni radnici u našem istraživanju smatraju da je siromaštvo jedan od gorućih problema i glavnih uzroka povreda prava djece u Bosni i Hercegovini. Također, smatraju da se najčešće krši *pravo djeteta na odgovarajući životni standard (83,3%)*, a iz toga proizilaze kršenja svih ostalih prava.

U UNICEF-ovoj (2011)[28] Analizi dječijeg siromaštva navodi se da djeca u Bosni i Hercegovini koja žive u relativnom siromaštvu imaju tri puta veće izglede da će im nedostajati osnovne stvari kao što su hrana, nova odjeća i obuća. Siromašna djeca su znatno uskraćenija za učešće u društvu (imaju 3,5 puta manje šanse nego ostala djeca za proslavu značajnih događaja). Također, slobodno vrijeme djece iz siromašnih porodica nije adekvatno usmjereno, bavljenje sportskim aktivnostima, hobijima i učenje stranih jezika su neostvaren san skoro polovine djece u Bosni i Hercegovini. Djeca iz socijalno ugroženih i siromašnih porodica često bivaju isključena iz društvenih tokova i ne mogu da ostvare svoj puni potencijal, jer aktivnosti koje pospješuju njihov normalan rast i razvoj zahtijevaju finansijska ulaganja koja im roditelji ne mogu priuštiti. Na ovaj način dolazi do velikih razlika u kvaliteti života, zadovoljstvu odrastanja, pogledima na svijet, željama i nadanjima djece u Bosni i Hercegovini, posebno kad se radi o marginaliziranoj djeci. Pod utjecajem siromaštva, posebno su ugrožena djeca s poteškoćama, djeca koja potiču iz socijalno ugroženih porodica i djeca iz manjinskih skupina, naročito Roma.

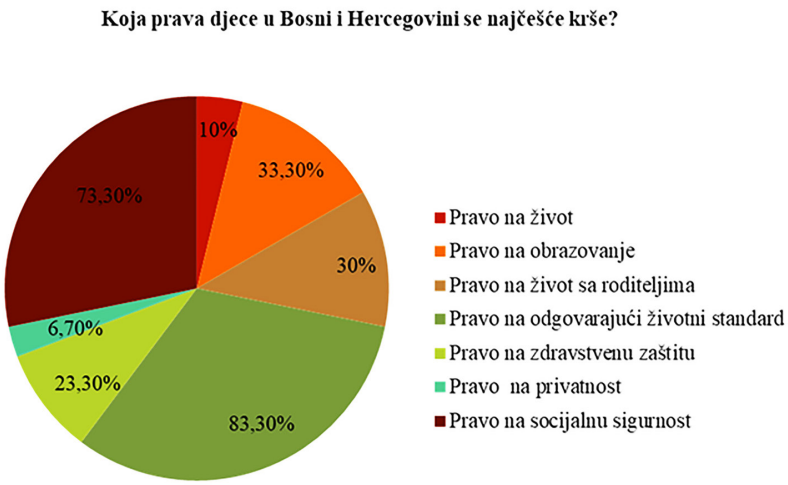
27 Više informacija u: Dječije siromaštvo i uskraćenost u Bosni i Hercegovini - Analiza Ankete o potrošnji domaćinstava (2011):UNICEF.
28 Ibidem.

Socijalni radnici u intervjuima ističu da su djeca koja žive u siromaštvu najčešće isključena iz predškolskog i školskog obrazovanja i zdravstvene zaštite:
[I:1] *Radio sam sa romskom porodicom koja je živjela u romskom naselju udaljenom od grada oko sat vremena, gdje djeca uzrasta do 10 godina nisu imala obezbjeđen prevoz do škole. Također, put kojim su djeca svaki dan pješačila nije bio osvijetljen. Uprkos naporima i zahtjevima porodica da se djeci obezbjedi prevoz do škole, nadležni to nisu uradili.*

Prema podacima UN-ovog Komiteta o pravima djeteta, samo 33% romske djece pohađa osnovnu školu. Alarmatni podaci u Alternativnom izvještaju o stanju prava djeteta u Bosni i Hercegovini (2014) govore da stopa upisa u osnovnu školu za djecu pripadnike romske nacionalnosti iznosi 46,9%. Kvalitetno obrazovanje za djecu romske nacionalnosti jedini je put izlaska iz kruga marginalizacije i društvene izolacije.

Kod djece koja dožive diskriminaciju i isključivanje zbog etničke pripadnosti ili jezika, siromaštvo učvršćuje i pogoršava deprivaciju koja proizilazi iz pripadnosti marginaliziranoj grupi. „Kumulativni uticaj deprivacije na razvoj i pristup prilikama znači da će djeca koja odrastaju u siromaštvu vjerovatno biti siromašna i kada odrastu te da će i svoju djecu odgajati u siromaštvu - začarani krug u kojem nizu generacija djece bivaju uskraćena prava“ (Izvještaj o socijalnom monitoringu, 2015: 7).
Socijalni radnici u anketnom upitniku, pored siromaštva koje uzrokuje povrede prava na odgovarajući životni standard, ističu da se u Bosni i Hercegovini najčešće krše prava djece na socijalnu sigurnost (73,3%), pravo na obrazovanje (33,3%), pravo na život s roditeljem s kojim dijete ne živi (30%), pravo na zdravstvenu zaštitu (23,3%), pravo na život (10%) i pravo na privatnost (6,7%).

Neuvažavanje i kontinuiranu povredu prava djece u Bosni i Hercegovini najbolje oslikavaju riječi jedne socijalne radnice: (I:3) *„U svom profesionalnom radu susrećem se sa svim oblicima kršenja prava djece“*.
Ostali socijalni radnici u intervjuima navode da se kroz profesionalno iskustvo u centrima za socijalni rad najčešće susreću *sa povredom prava na socijalnu sigurnost i povredom prava na zdravstvenu zaštitu.*



Grafikon 3: Ugrožena prava djece u Bosni i Hercegovini

Socijalna zaštita jedan je od ključnih instrumenata u borbi protiv siromaštva djece i socijalne isključenosti. Na ovaj način se osigurava da najsiromašnija i najugroženija djeca imaju pristojan životni standard i pristup zdravstvenim, obrazovnim i drugim uslugama koje im omogućavaju da ostvare svoja prava i puni razvojni potencijal. Programima koji su direktno usmjereni na rješavanje problema siromaštva, novčanim ili nenovčanim transferima, smanjuje se siromaštvo osiguravanjem ostvarivanja prava djece na minimalni životni standard. U Izvještaju o socijalnom monitoringu (2015)[29] se ističe da je zakonski okvir o socijalnoj zaštiti u zemljama Srednje i Istočne Evrope pretežno fragmentiran. U Bosni i Hercegovini je socijalna zaštita sa državnog nivoa spuštena na entitetski i kantonalni nivo što za posljedicu ima neusklađenost i neujednačenost između regija. Tako geografski veća i bogatija područja, odnosno kantoni, imaju veći potencijal za stvaranje prihoda, te samim tim i mogućnost veće potrošnje, što dovodi do disbalansa. Na ovaj način, „socijalna davanja i naknade zavise od finansijske situacije kantona. Usto, zakoni reguliraju ostvarivanje prava na socijalnu zaštitu prema kategorijama korisnika, a ne prema stvarnoj potrebi i nivou ugroženosti pojedinca“ (Muratbegović i ostali, 2017: 11).

29 Izvještaj o socijalnom monitoringu Socijalna zaštita kao instrument zaštite prava i dobrobiti djeteta u Srednjoj i Istočnoj Evropi, Kavkazu i Srednoj Aziji (2015): UNICEF.

Slikovit primjer neusklađenosti i značajnih razlika u ostvarivanju prava jeste razlika u visini dječijeg doplatka po kantonima, gdje se u nekim kantonima ova naknada ni ne isplaćuje.

Socijalni radnici su kroz anketni upitnik posebno detektirali *povredu prava na socijalnu sigurnost djece* u Bosni i Hercegovini (73,3%), jer se kroz sistem socijalne zaštite ne uspijeva osigurati djelotvorna zaštitu za najsiromašniju i najugroženiju djecu. Pored toga što veliki broj djece u stanju socijalne potrebe nisu obuhvaćeni sistemom, često su visine pomoći neadekvatne i nedovoljne za zadovoljavanje osnovnih životnih potreba. Pored prava na socijalnu sigurnost, socijalni radnici navode da se u svom profesionalnom radu često susreću sa *povredom prava na jednako pravo pristupa i jednake mogućnosti u ostvarivanju zdravstvene zaštite.* U članu 24. Konvencije o pravima djeteta ističe se da „svako dijete ima pravo na uživanje najvišeg mogućeg nivoa zdravlja i da države stranke moraju nastojati osigurati da nijednom djetetu ne bude uskraćeno njegovo pravo pristupa zdravstvenim službama".

Ipak, istraživanje koje je provela Institucija ombudsmena BiH (2012) pokazalo je da zdravstvena zaštita djece nije na zadovoljavajućem nivou i da zakonodavni okvir nije u potpunosti usklađeno s Konvencijom. Prema ovoj analizi, postoji niz prepreka za ostvarivanje prava na pristup zdravstvenoj zaštiti jer se od roditelja često zahtijeva da ispune administrativne procedure (kao što su potvrde o pohađanju škole djeteta, potvrde o zdravstvenom osiguranju roditelja itd). Upravo su ove procedure, prema mišljenju socijalnih radnika, u suprotnosti s odredbama Konvencije kojim se uređuje pitanje zdravstvene zaštite:

[I:3] *Iako bi prema zakonu u našoj državi djeca do 18-te godine trebala biti zdravstveno osigurana, često porodice zbog nedovoljne obrazovanosti, administrativnim procedurama i siromaštvu nisu u mogućnosti da zdravstveno osiguraju svoju djecu.*

Prema profesionalnom iskustvu socijalnih radnika, najveći broj slučajeva narušavanja prava djece na zdravstvenu zaštitu proizilazi iz zanemarivanja i nepoštivanja zakonskih obaveza za ostvarivanje ovih prava*:*

[I:1] *Roditelji često propuste/zaborave da blagovremeno prijave svoju djecu za zdravstveno osiguranje. Uprkos tome, nastojimo pomoći svima koji se jave sa ovim problemom, te u većinskom procentu se iznađe način da ostvare svoje traženo pravo, posebno kada se radi o djeci i bolesnim osobama.*

Socijalni radnici kritiziraju situacije kada su roditelji prinuđeni da plate usluge zdravstvene zaštite, što onemogućava da sva djeca imaju pravo na uživanje najvišeg mogućeg nivoa zdravstvene zaštite, jer većina građana u Bosni i Hercegovini nema dovoljno sredstava da osigura osnovne životne uvjete sebi i svojoj porodici:

[I:3] *Pored zakona i mjera kojima svako dijete do 18 godina mora biti zdravstveno zbrinuto, dešavaju se situacije plaćanja usluga koje roditelji nisu u mogućnosti obezbijediti.*

Socijalni radnici u intervjuima navode da u radu s porodicama često nailaze na problem da se djeci pristup pravu na zdravstvenu zaštitu uvjetuje zahtjevom da jedan od roditelja ima status zdravstvenog osiguranika. Djeca do 15. godine nisu definirana kao posebna kategorija, te ako im roditelj nije nosilac zdravstvenog osiguranja ili ako nisu na redovnom školovanju, ostaju zdravstveno neosigurani.[30] Posljedica ovakvog stanja je veliki broj isključene djece iz zdravstvene zaštite, što dovodi do uskraćenosti jednog od osnovnih prava djece:

[I:2] *Posljednjih godina su poduzeti neki napori u cilju odvajanja zdravstvene zaštite djece od statusa njihovih roditelja, ali najveći problem predstavlja starosno ograničenje djeteta, i to od 15 godina, čime se krši 1. član Konvencija o pravima djeteta, koja djetetom smatra svaku osobu do uzrasta od 18 godina.*

Poseban problem povrede prava na zdravstvenu zaštitu je zastupljen kod djece romske nacionalnosti:

[I:1] *Najveće propuste i povrede prava na zdravstvenu zaštitu susrećemo kod romske djece koja nisu ni upisana u matične knjige rođenih ili im nije određeno lično ime.*

30 Više u: Specijalni izvještaj o zdravstvenom zaštiti djece u BiH (2012). Institucija Ombudsmena BiH.

U Specijalnom izvještaju o zdravstvenoj zaštiti djece u BiH (2012)[31] Institucija Ombudsmena BiH izražava nezadovoljstvo postojećim stanjem u oblasti zdravstvene zaštite, posebno zdravstvene zaštite djece romske nacionalnosti. Prepreku u ostvarivanju prava predstavljaju i zdravstvene ustanove koje ne primaju djecu ukoliko im je mjestom prebivališta u drugom kantonu.

ULOGA ORGANA STARATELJSTVA U ZAŠTITI PRAVA DJECE U BOSNI I HERCEGOVINI

Centri za socijalni rad su ključni akteri u zaštiti prava djece. Ipak, zbog narastajućeg siromaštva, potrebe socijalno ugroženih porodica i djece prevazilaze postojeće tehničke, finansijske i ljudske resurse kojima raspolažu centri za socijalni rad u Bosni i Hercegovini.

Na teritoriji cijele države djeluje 117 centara za socijalni rad u kojima je angažirano 1.491 stručnjaka - socijalnih radnika, pedagoga, psihologa, logopeda, pravnika i administrativnog osoblja. Posljednjih godina, uprkos društvenoj potrebi, zabilježen je nedovoljan broj uposlenih socijalnih radnika u centrima za socijalni rad (npr. podaci iz 2018. godine govore da je u centrima za socijalni rad angažirano samo 517 socijalnih radnika).[32]

U centrima za socijalni rad u Zeničko-dobojskom kantonu i Kantonu Sarajevo angažirano je duplo manje socijalnih radnika u odnosu na minimalne standarde propisane Pravilnikom o standardima za rad i pružanje usluga u ustanovama socijalne zaštite u Federaciji Bosne i Hercegovine. Tako, naprimjer, podaci iz Analize pravnog i institucionalnog okvira u Kantonu Sarajevo u svrhu smanjivanja siromaštva i socijalne isključenosti (2017) pokazuju da je na 6.884 stanovnika angažiran samo jedan socijalni radnik. Također, podaci iz Analize djelatnosti usluga socijalne zaštite u kadrovskom, finansijskom i materijalno-tehničkom stanju ustanova na području Zeničko-dobojskog kantona (2016) govore da se broj angažiranih socijalnih radnika iz godine u godinu smanjuje.

31 Više u: Specijalni izvještaj o zdravstvenom zaštiti djece u BiH (2012). Institucija Ombudsmena BiH.

32 Više informacija u: Agencija za statistiku Bosne i Hercegovine (2019). Bosna i Hercegovina u brojevima 2018

S druge strane, povećava se broj drugih stručnih profila u centrima za socijalni rad (uočava se povećan broj pravnika, ekonomista, pomoćnog i administrativnog osoblja). Broj stručnog kadra u centrima za socijalni rad treba popuniti u skladu sa realnim potrebama, poštujući sistematizaciju ustanova, ali vodeći računa o adekvatnom broju angažiranih socijalnih radnika, jer su oni nosioci poslova socijalne, dječije i porodične zaštite. Na ovaj način bi se osposobili stručni timovi koji bi u punom kapacitetu bili posvećeni zaštiti djece i njihovim pravima.

[I:1] *Stručnjaci rade na po dva i više različitih referata sa nesrazmjernim brojem predmeta po uposlenom. U jednom takvom okruženju, bez podrške i prepoznavanja važnosti od strane sistema, nemoguće je ostvarivanje vidljivog napretka u pružanju usluga. U većini centara za socijalni rad ne postoje stručna lica čija je specijalizacija i primarni posao rad sa djecom, mi nemamo stručne timove koji bi u punom kapacitetu trebali biti posvećeni zaštiti djece i njihovim pravima.*

Socijalni radnici nisu zadovoljni ulogom centara za socijalni rad u Bosni i Hercegovini u borbi za poštivanje prava djece. Prema njihovim stavovima u anketnom upitniku (86,7%), centri za socijalni rad nemaju mogućnost da osiguraju princip najbolji interes djeteta za svako dijete. Ostalih 13,3% socijalnih radnika smatraju da centri za socijalni rad kao organi starateljstva štite prava djece, ali ne u mjeri u kojoj se to od njih očekuje.

Mnogobrojni specijalni izvještaji i istraživanja u oblasti prava djeteta ukazali su na loš položaj centara za socijalni rad u Bosni i Hercegovini. Tako su Ombudsmeni za ljudska prava Bosne i Hercegovine (2013)[33] proveli istraživanje sa ciljem da se analizira stanje u kojem se nalaze centri za socijalni rad u Bosni i Hercegovini sa aspekta zaštite prava djeteta. Izvještaj je ukazao na probleme kadrovskih kapaciteta centara za socijalni rad, opterećenost stručnih radnika administrativnim poslom, te ukazao na potrebu za stalnom edukacijom stručnog osoblja kako bi se obezbijedila kvalitetnija socijalna zaštita, naročito zaštita prava djece.

33 Više u: Specijalni izvještaj- uloga centra za socijalni rad u zaštiti prava djeteta, (2013), Banja Luka: Institucija ombudsmena/ombudsmana za ljudska prava Bosne i Hercegovine.

ZAKLJUČAK

Loša ekonomska i socijalna situacija u Bosni i Hercegovini glavni su uzroci povreda prava djece. Siromaštvo je realnost više od polovine djece u našoj zemlji. Ono pogađa mnogobrojne aspekte života djece, onemogućavajući im da odrastaju u sigurnom okruženju. Iako su zbog siromaštva djeca izložena finansijskoj uskraćenosti, mnogo je ozbiljnija uskraćenost djece za učešće u društvenom životu i aktivnostima koje bi trebale doprinijeti njihovom psihofizičkom razvoju. Pravo djece na odgovarajući životni standard je pravo koje se najčešće krši, zbog čega je kvalitetno odrastanje neostvaren san mnoge djece u Bosni i Hercegovini. U posebnom riziku od siromaštva i isključenosti su djeca s poteškoćama, djeca koja potiču iz socijalno ugroženih porodica i djeca pripradnici nacionalnih manjina.

Bezuvjetna zdravstvena zaštita, kao jedna od osnovnih pretpostavki kvalitetnog odrastanja djece, mora biti imperativ i prioritet. Ipak, zdravstvena zaštita djece u Bosni i Hercegovini nije na zadovoljavajućem nivou. Prepreke za ostvarivanje prava djece na pristup zdravstvenoj zaštiti često se vežu za različite administrativne procedure. Na ovaj način dolazi do diskriminacije i isključivanja djece kroz sistem zdravstvene zaštite, što je u suprotnosti sa odredbama Konvencije.

Osim povrede prava koje su socijalni radnici problematizirali u ovom istraživanju, i ostala prava djece garantovana Konvencijom se kontinuirano krše. Na ovaj način, povreda jednog prava vodi u povredu ostalih prava djece. Sve navedeno ukazuje na to da je, osim ratificiranja Konvencije, potrebno u stvarnosti osigurati bolju zaštitu prava djece u Bosni i Hercegovini koja će im omogućiti kvalitetnije djetinjstvo i napredak.

LITERATURA

- *Agencija za statistiku Bosne i Hercegovine* (2019). Bosna i Hercegovina u brojevima 2018, Sarajevo.
- *Agencija za statistiku Bosne i Hercegovine. Demografske i socijalne statistike* (2017), godina IV, broj 2.
- *Alternativni izvještaj o stanju prava djeteta u Bosni i Hercegovini za period 2012-2014*, Sarajevo: Naša djeca.
- *Analiza djelatnosti usluga socijalne zaštite u kadrovskom, finansijskom i materijalno-tehničkom stanju ustanova na području Zeničko-dobojskog kantona* (2016). Zenica: Društvo socijalnih radnika Zeničko-dobojskog kantona.
- *Analiza pravnog i institucionalnog okvira u Kantonu Sarajevo u svrhu smanjivanja siromaštva i socijalne isključenosti* (2017). Sarajevo: Ministarstvo za rad, socijalnu politiku, raseljena lica i izbjeglice Kantona Sarajevo.
- Dječije siromaštvo i uskraćenost u Bosni i Hercegovini - Analiza Ankete o potrošnji domaćinstava (2011). Sarajevo: UNICEF.
- *Every child alive-The urgent need to end newborn deaths* (2018). Geneva: UNICEF.
- *Godišnji izvještaj o rezultatima aktivnosti institucije Ombudsmena za ljudska prava* BIH (2018). Banja Luka: Institucije Ombudsmena za ljudska prava BIH.
- *Izvještaj o socijalnom monitoringu. Socijalna zaštita kao instrument zaštite prava i dobrobiti djeteta u Srednjoj i Istočnoj Evropi, Kavkazu i Srednoj Aziji* (2015). Sarajevo: UNICEF.
- *Kombinovani drugi, treći i četvrti periodični izvještaj Bosne i Hercegovine o provođenju Konvencije o pravima djeteta* (2012), Sarajevo.
- *Konvencija o pravima djeteta* (1989). New York: UN.
- *Ljudska prava u Bosni i Hercegovini* (2008). Sarajevo: Centar za ljudska prava Univerziteta u Sarajevu.

- Muratbegović, E., Đuderija, S., Jurić, M., Poturković, M., Bajramović, M. (2017). *Socijalna i ljudska prava ranjivih grupa vodič za profesionalce.* Tuzla: Ministarstvo za ekonomsku saradnju i razvoj Savezne Republike Njemačke (BMZ).
- *Položaj djece u svijetu, posebno izdanje* (2008). Sarajevo: UNICEF.
- *Položaj romske djece i porodica u Bosni i Hercegovini* (2013). Sarajevo: UNICEF.
- *Problemi djece i omladine u kontekstu ljudskih prava u Bosni i Hercegovini* (2006). Sarajevo: Rabic/IBHI.
- *Prvi izvještaj Bosne i Hercegovine Komitetu za prava djeteta* (2001), Sarajevo.
- *Sa djecom i za djecu Bosne i Hercegovine* (2010). Sarajevo: UNICEF.
- *Specijalni izvještaj - Zdravstvena zaštita djece u BiH* (2012). Banja Luka: Institucija ombudsmena/ombudsmana za ljudska prava Bosne i Hercegovine.
- *Specijalni izvještaj - uloga centra za socijalni rad u zaštiti prava djeteta* (2013). Banja Luka: Institucija ombudsmena/ombudsmana za ljudska prava Bosne i Hercegovine.

CHILDREN'S RIGHTS IN BOSNIA AND HERZEGOVINA THROUGH PROFESSIONAL EXPERIENCES OF SOCIAL WORKERS

Summary

The Convention on the Rights of the Child is the first comprehensive document establishing the civil, political, economic, social and cultural rights of the child. By ratification, Bosnia and Herzegovina is committed to ensure that the criteria and guidelines of the Convention will guide the adoption of laws and programs.

The best interests of the child are a fundamental principle for all professional fields, and especially for social workers, who directly implement the fundamental rights of children. Therefore, the empirical part of this paper sought to gain insight into the professional experiences of social workers working on the subject of the protection of children's rights and interests, as well as their opinions and perceptions of the state of children's rights in general in Bosnia and Herzegovina.

Poor economic opportunities and rising poverty are directly linked to the violation of many children's rights, as observed in reports from both international and domestic organizations and institutions.

Results of the research show that social workers, in their professional work, encounter not only violations of social rights but also civil, cultural, educational and health care.

Keywords: *Children's rights, Convention on the Rights of the Child, social workers, centers for Social Work.*

Originalni naučni rad

Andon Damovski[34]

EMPLOYMENT OF PEOPLE WITH DISABILITY THROUGH THE PRISM OF SOCIAL ENTREPRENEURSHIP

Summary

Social entrepreneurship is recognizable as an efficient way to satisfy the needs of vulnerable categories in the society. Enabling the practical use of the Laws regarding human rights and needs of people at risk, economic strengthening of individuals as to securing a comprehensive support to people through facilitating the approach to resources in the local community. Social enterprises also have an important role in the encouraging of positive social changes meaning social inclusion and opening of new jobs on the open labor market for vulnerable categories of population including people with disabilities. On the other side, the deficit of possibilities for employment for people with disabilities and the lack of a proper system of social security, hinders people with disability to live a dignified life. Such questions require complementary work with proper inclusion of governmental authorities, people with disability and the non-governmental sector. In this direction, social entrepreneurship as a creative force, always follows the need of the community in order to give a response to certain economic and social problems that modern social countries face.

34 Master of Science, Department for organized living with support in the local community – Skopje, Republic of North Macedonia.
andon_damovski@hotmail.com

In the Republic of North Macedonia, organizational forms acting within social entrepreneurship are often directed toward work integration of people with disability and their inclusion on the open labor market, which combines work approach and carrying out functions with a wider social meaning.
This paper analyses the concept of social entrepreneurship as a tool for employment of people with disabilities, emphasizing organizations which have an entrepreneurial mission and act in the Republic of North Macedonia in the direction of employing people with disabilities.

Key words: *Persons with disabilities, employment,entrepreneurship*

INTRODUCTION

The importance for social entrepreneurship in the society has been emphasized over the last decade. The factors acting from the direction of the need for social entrepreneurship co-act with environmental crises and crises in health system, increased economic inequality, lowered participation of the state in offering public services, penetrating of the state coinciding with ideological freedom on the market and increased role of civil society in the competition for resources (Nicholls, 2006:2). In addition to this, structural unemployment between certain vulnerable groups is also born, which disables traditionally active policies to integrate these individuals on the labor market.
Social entrepreneurship as an independent field of research appears as a result of many positive practical examples. The main goal of social entrepreneurial investments is to create a positive social influence. The key difference between entrepreneurship in the public sector and social entrepreneurship in the private sector is the relativity of priorities for creating well-being and incentivizing social goals (Austin, 2006:156). But, still, it is oriented toward offering social services and social inclusion of vulnerable categories on the open labor market. The perspectives of social countries are directed toward the lowering of new social risks. The social state finds itself in front of reassessing its needs for modernization in direction of care for vulnerable categories of citizens. People with disabilities represent one of the specially endangered vulnerable categories in all societies facing multidimensional obstacles mostly related to the approach on the open labor market.

Significant space for their integration is seen in the field of the third sector and lately it has been more emphasized in social enterprises. In the last decade of the previous century, the paradigm for the role of social enterprises as an engine in the community has changed: social enterprises are not seen as actors promoting one additional type of social value – integration regarding inclusion of vulnerable categories in society through their employment.

This paper has the goal to research the concept of social entrepreneurship as a tool for the employment of people with disability, emphasizing organizations which have an entrepreneurial mission and act toward employing people with disabilities in the Republic of North Macedonia.

SOCIAL ENTREPRENEURSHIP – A POSSIBILITY AND/OR A NECESSITY

Social entrepreneurship as a concept of integrating the creation of economic and social values has been present for a longer period in theory and practice. It is being more and more emphasized on a national and global scale and is becoming more and more present, having in mind that it accomplishes a significant social mission. There are different explanations and interpretations for the meaning and essence of social entrepreneurship: some connect it with non-profit initiatives and alternative strategies for creating social values; others describe it as a social responsibility of trading companies, and third as an action and a process for the basis of a non-profit organization which has a positive influence on solving social needs and problems. In can be defined that social entrepreneurship represents an organized action in order to create possibilities, forms, organizations and measures resulting in sustainable social values and usefulnesses, employing people in manufacturing and sales of products and services where profit is not the only or main activity, respectively the gain is used for the employment of socially excluded and vulnerable social groups and for solving the needs and problems in society. Social entrepreneurship represents a process of creating social - economic structures, relations, institutions, organizations and measures resulting in sustainable social usefulnesses.

It represents a model of using entrepreneurial acting more for social than financial gain, in other words, the gain or generated profit is used for the good of socially excluded or disabled social groups.

In the last several years, social entrepreneurship has gained a popular place on a global scale as a "new phenomena" in fact representing a reshaping of the way of thinking about creating social value. So, social entrepreneurship has attracted the attention of most funds and private founders expanding its acting in the non-profit sector. With this, the possibilities created with the activities of social entrepreneurs, of social enterprises and social fellowships or cooperatives are increased and become a subject to particular interest. This becomes even more significant when the influence of social entrepreneurship in the creation of new work places, new shapes of work and acting, new forms of work organization, production, placement and gaining profit again intended for social goals and needs is perceived. Therefore, a question is asked how to form institutional bases within the social-economic and political system which will enable wider expressing of entrepreneurial initiatives, especially in the social field. Also, other questions arise, such as, what possibilities are available to social entrepreneurs to activate them, is social support and/or direct support of the state respectively to local authorities necessary to form larger-scale organizational units, such as social enterprises, cooperatives, fellowships and other forms known for influencing and increasing the effects in the social sphere (Pejkovski, 2016:137).

Another question arises; who are social entrepreneurs and what makes them different in their approach and work. Social entrepreneurs are different from other forms of acting such as social activists, corporate managers for social responsibility and professional innovators. Social entrepreneurs are motivated by a double goal: the virtual mix of financial and social income. Profitability is still a goal in the work process, but not a singular one, and profit is reinvested (mostly in social goals) instead of being delivered to its owners. This is especially important for the Republic of North Macedonia, regarding how to arrange the legal, political, economic and the social system to enable expressing of entrepreneurial spirit, entrepreneurial freedoms and creations. The question here is if the arranging of this area can encourage more individuals to orientate themselves toward self-employment and entrepreneurial expression in the social sphere. The options possible are different so a question is asked about how to arrange this area, how to support and which are the needs for a stronger expression of entrepreneurship, and especially social entrepreneurship.

SOCIAL ENTERPRISES FOR WORK INTEGRATION

The employment regarding the right to a job for the people with disabilities is the last phase in the long and complex process of their rehabilitation. In different countries of the world the right to a job should not be considered as a right to just any kind of work, but to a work appropriate to the skills and qualifications of the individual and the right to a work so the individual can make a living for him/herself. According to the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, prescribed by the OUN, the programs countries create within their area should also include measures for projecting and adapting work places, encouraging the use of new technologies, creating measures for the increase of availability in order to employ these individuals on the open labor market. Article 27 of the Convention on the Rights of Persons with Disability emphasizes the need for member states to acknowledge the right of people with disabilities to work equally as others and prohibits discrimination based on disability in any sphere of securing this right (recruiting, choice, concluding an employment contract, continuation of employment, professional upgrading, reasonable compensation and healthy safe work conditions (Petrov et.al., 2008:144).

The European countries in the middle of the 20th have started to significantly encourage development and acting of social enterprises in work integration. The first initiatives in social enterprises for social integration appear in the 1970s without public support. Most social enterprises for work integrations were based by key actors in civil society: social workers, activists in local community, syndicates, which had the single goal directed toward lowering unemployment rates. Initiatives of social enterprises in the 1980s become recognizable among creators of policies in the process of development of active policies on the labor market acting as tools for implementing of such policies (Nyssens et al., 2012:38).

Social enterprises for work integration are recognized as one of the main models of social enterprises. This model of social enterprise contributes to integration of people with disability in the society.

Their basic goal is to support individuals that are at risk of social exclusion on the labor market by integrating them on the labor market through productive activities regarding their employment. Social integration in social enterprises enables people with disability with social support and employment and training meant to secure the development of work skills and competencies, work habits and economic stability. According to Spencer and Bidet (2003:45) social enterprises for work integration of people with disability appear before other models for entrepreneurial work integration and until today represent one of the main directions of such forms of initiatives.

The comprehensive research of social enterprises for work integration in the EU, conducted in early 2000 has estimated that more than 14,209 social enterprises for work integration have employed 239,977 individuals with a certain risk. According to the research in almost 15.0% of the EU countries, social enterprises for work integration have the mission to employ and train workers who are in an unfavorable position on the labor market. However, these enterprises often have a small range of acting directed at the local level. So, social enterprises for work integration integrate people with disability on the labor market (Heckl,2007:214). In the Macedonian context, the following appear as barriers on the open labor market: stigmatization by employers, costs to adjust individuals to the work place, inadequate quote system for encouraging of employment of people with disability, poor education and insufficient compatibility among knowledge and skills for the needs on the labor market. Social enterprises for work integration primarily do not have prejudices against people with disabilities and do not stigmatize them in the process of employment. On the contrary, they care for the work place to be adjusted to the needs and abilities of these people.

Social enterprises can be differentiated in a number of ways: Davister and his associates, (2004) made a consistent typology of the perception of these types of social enterprises. They differentiate social enterprises for work integration according to i) model of integration ii) status of the worker in integration iii) model of professional training. According to the model of integration, there are four main integrative models of social enterprises for work integration:

a) social enterprises for work integration encouraging integration by occupational therapy whose goal is to enable the ,,transfer" work experience for individuals ; b) social enterprises for work integration that create permanent self-financing jobs with the goal of creating a living; c) social enterprises for work integration enabling professional integration by permanent subsidizing intended to integrate workers who are not able to get a permanent job on the open labor market; they are constantly financed by local and state resources; and d) social enterprises for work integration enabling socialization as a result of productive activities whose goal is not the professional integration of workers on the open labor market but (re)socialization in society. According to the status of the worker, we differentiate three main types of a worker's status in integration: worker with a formal agreement, a walker through the process of training where productive work above all enables training for gaining experience, then a non-paid practice with limited duration and occupational work status where work helps in accomplishing the possibility for resocialization. Work conditions are easier on the open labor market because they also secure financial compensation.

We can also differentiate social enterprises for work integration according to the models of professional training. So, there are: a) professional training "at the work place", where the worker can acquire the necessary information for his work place, main tasks, b) structured professional training intended for upgrading certain skills (IT skills, language etc.) and qualifications of the worker in order to increase his/her chance for employing on the open labor market. (Fuchs, 2014:56)

In recent years in the Republic of North Macedonia, attempts have been noticed at promoting the situation of people with disabilities regarding their employment, promoting active measures and policies, and improving the legislative regulations. In the National Strategy for Unifying the Rights of People with Disability, the government of the Republic of North Macedonia sets specific goals to provide them with equal possibilities to work and be employed and to apply systematic solutions based on their needs and abilities. The Law on Employment of disabled people arranges the special conditions for employment and work of a disabled person.

The Law prescribes measures for improving the conditions for employment and work as: granting non-returnable funds for employment for an undefined period of time to an unemployed disabled person, adaptation of the work place, releasing from taxes and providing financial support in the working. The Law on Employment gives special attention to protective associations as services for employment. The protective association can be based and work as a service that employs at least ten people for an undefined period of time where 40% of the total number of employees are disabled people.

According to the data of the Community of protective associations of Macedonia, in the Republic of North Macedonia, there are 410 protective associations, where 8,410 people have been employed and 3,934 of them are people with different types of disabilities and 4,476 are without any (registered until June 2019). On the other side, in the Agency for employment of North Macedonia in 2018, there are 2,034 unemployed people with disability listed and most of them are people with intellectual disability (total percent is 37.36%). The research on the labor market shows that in the Republic of North Macedonia, there is a shortage of centers which offer work skills and training for professions current on the labor market. In the Republic of North Macedonia, there is also a shortage of organized programs for transferring people with disability from protective workshops to employment on the open labor market. There is a need to promote the model of supported employment in this field right because there are not any appropriate services for support.

GOOD PRACTICES OF SOCIAL ENTERPRISES FOR WORK INTEGRATION IN NORTH MACEDONIA

In this section we will analyze employment of people with disability by social enterprises for work integration in the Republic of North Macedonia. The key criteria for selection of the afore mentioned organizations is giving positive examples of inclusion of people with disability on the labor market or their nearing as much as possible to the basic labor market.

Good practice 1: Brendon Hendicrafts4u

SOLEM is an association of citizens for supporting people with special needs founded in 2008. SOLEM is an organization that works together with people with intellectual disability to help encouraging and competency, in order to help them achieve their rights and greater inclusion in the community. The vision of SOLEM is for people with intellectual disability to achieve all human rights and freedoms and to be totally included in the community as equal, responsible and capable citizens of the Republic of North Macedonia. The organization works on three programs: a program for self-determining and self-representation, a program for creative workshops and leading a social enterprise, preparation and sale of handmade designed products for socially aware companies and organizations, through the brand name handicrafts4u.
Handicrafts4u represents a brand created through the great cooperation between professional designers of products, graphic designers, artists, creative craftsmen, business consultants, assistants and people with intellectual disability, in order to enable easier inclusion of people with intellectual disability in the community. Handicrafts4u practices the concept of social enterprise. Several uniquely created lines of products (home accessories and fashion accessories) are designed by the MATA team, and are done by people with intellectual disability visiting the center for creative expression and relaxation of SOLEM. To help them realize the production, there are assistants assigned to people with special needs. This brand is a great example of a successful cooperation of different creative profiles appreciating and promoting the skills and work of people with intellectual disability, with different knowledge and capabilities.

Handicrafts4u has included the employed in the Association SOLEM and their members in all phases of planning, designing, production, promoting and sales of products. The goal is for people with intellectual disability to gain new skills and a greater confidence.
Handicrafts4u is a brand that was created through the project "Social entrepreneurship – means for socialization", with the financial help of Open Society Institute – Mental Health Initiative of Budapest, realized by NGO MATA-Skopje (Macedonian Artizan Trade Association), with the direct consumer Association SOLEM (Association for support of people with special needs SOLEM-Skopje).

Good practice 2: Street magazine FACE TO FACE

Face to face is a non-profit, independent street magazine, dedicated to universal values, social justice, principles of equality, democracy and humanity. It represents a pioneer step in the field of social entrepreneurship in the Republic of North Macedonia and it is the only street magazine in the country. The magazine supports dialogue, creates networks and through joint actions connects activists, civil society, intellectuals, artists, the academic public, professionals, citizens, entrepreneurs, institutions, all those who appreciate the changes, all those who care about others – in the path of creating a healthy living environment, sustainable development, balanced ratio in society and economy, in direction of destygmatization and demarginalization of groups, individuals, attitudes and ideas. It represents an original platform for activism and new ideas for all those who do not run from reality and are concerned about the future, prepared to do something today. The main goals of the magazine are aimed toward specific cultures and media activities so as to offer practical solutions for lowering poverty rates, for increased employment and relieving social and cultural exclusion, for creating conditions and giving opportunities so marginalized groups can legally gain income, for employment and encouragement of specific and applicable knowledge and skills, respectively for social and economic inclusion. Beside the social cohesion, connecting and integration of marginalized groups and individuals in groups and in society as whole, this initiative by itself unites several more goals:

- **Social entrepreneurship:** strengthening, lowering poverty rates and unemployment of most endangered groups through popularization and immediate realization of the concept of social entrepreneurship;
- **Culture for changes:** examining practical solutions used by the cultural-media production for contributing to the relieving of implied problems and opening of new economic potentials;
- **Platform for activism:** democratization and pluralization of media offer, affirmation of the value of civil society and joining of civil society;
- **Mark of a better society:** creating of an "activist mark" platform for connecting and acting of all those who care and want to do something – today!

Good practice 3: Recycling plastic materials

"PORAKA NEGOTINO" was formed as an NGO in 2003. The main goal of the organization is to improve the quality of life of people with intellectual disabilities. The mission of the organization is aimed toward protecting the rights and dignity of these people by enabling their and their families' integration in all spheres in society. The organization has three target groups: people with intellectual disability living with their families, people with intellectual disability caught in the process of deinstitutionalization and families of people with intellectual disability. The organization is the key actor in the process of deinstitutionalization in the country and as of 2010 it has been a member of the European inclusion. The organization works with two daily care centers for people with intellectual disability in Negotino and Skopje. The daily care center offers numerous activities tending to improve the quality of life of these individuals. According to the planned activities, the daily center organizes the following activities: creative workshops, cooking workshops, art workshops, sport and recreational activities and educational activities. The goal of such activities is to maximize the work capacity of the users and to offer them new skills and knowledge for independent living.

The organization implements different projects and activities among which is the gathering of plastic materials and things for recycling. This activity is supported by the Institute of Human Rights Ludwig Boltzman and municipality of Negotino. The activity consists of gathering plastic materials in specially designed containers, hand separation of the plastics and its baling with a special crusher. At the moment, there are 20 people included in the process of gathering, selection and distribution of the plastic waste.

At the local level, the organization has signed a memorandum for cooperation with the municipality of Negotino and the company "Recycles". This joint activity has contributed to the increase of the openness and readiness of the labor market to accept these people. The sustainability of the practice can be improved through a better prepared marketing program. The participation in the practice has a positive effect on the quality of life of the end users, because they actively participate in the community's life and are able to contribute to their life expenses which is considered a positive activity for promoting of the quality of their life. (Damovski. 2017:98)

Good practice 4: Private catering company

"Juvenali Trejd" was based as a catering company in 1994. The fast development of the company has created great changes, so that in 2005, it was transformed into a protective company. In 2009, together with the company Trpenovski, "Juvenali Trejd" also expanded its work in the area of tourism. The company opened a hotel and restaurant "Capri" that fulfills the legal conditions for a protective company and employs 40% people with disability in their total staff. More precisely, it has 6 people with some physical or mild disability employed out of the total 15.

The main activities are tourism and catering. The company manages the hotel and restaurant "Capri". In its practice, the company has integrated people with physical and intellectual disability. "Juvenali Trejd" has had a person with a disability employed since the beginning of its work. This positive experience, and the demands of the growing business have inspired the owner to transform the company and to include people with disability.

The center for employment in Bitola, together with the Association for protection of rights of people with disability, ZAPOVIM had the leading role in enabling this transformation. The individuals are mainly employed in the household and maintenance of the facility. The company has shown a great result in keeping the people with disability at the work. More precisely, 83% of people with disability have worked there for more than three years. They are engaged in different activities such as ironing, driving, or as housekeepers and craftsmen. All work positions are adjusted to the needs of the employed individuals with disability. The effect of the participation in this practice is multidimensional. The long-term involvement in the practice enables securing safe incomes, giving the employees the feeling of safety. Also, their involvement contributes to the promotion of their socialization.

Good practice 5: Manufacturing steel and steel by-products

"KARTEL" DOO was founded in 1991 and in 2005 it was transformed into a protective company. The dominant activity of the company is the manufacture of steel roof constructions, fences and stairs from wrought iron and other by-products of steel. Wining a tender, the company started building several school sport halls. At the moment, the company employs 17 workers and 40% of them are from the vulnerable category. More precisely, from its transformation into a protective company until today there have been seven employed people with physical disability and auditive disability. They are included in activities such as painting, varnishing and maintaining outdoor and indoor facilities. Because of the nature of the dominant activity, the employees are mostly men with the exception of one woman assigned for maintaining the indoor facility.

The people are engaged in work places adequate for their physical and mental abilities. They are mainly engaged as additional staff. Among them, a great number of employees during their work period are promoted to highly demanding positions. The company is aware that their role is not only the integration of this group in the work process, but also the enabling of social integration. The practice is finally sustainable depending on the market's demand and has a positive influence on the living situation.

Good practice 6: Print PROPOINT

"PROPOINT" is a protective company working in the area of printing books, booklets, brochures, stickers etc. The company employs people with mild intellectual disability and single mothers. The main activity is printing. The individuals are employed according to the Law on Employment of people with disability. Additionally, the people get work training by a foreman assigned to the specific position. From the total number of employed people from the vulnerable group, 90% have worked for longer than 3 years. Around 10% of the employees have been promoted during their work period. The job positions of people with disabilities work have been adjusted according to their abilities. The company does not give professional training and support, but people with disabilities work in a team with other people and are supported when needed.

The innovation in the practice lies in combining several activities different in nature which still secure and enable the sustainability of the company. Besides the intensive demand on the labor market, the company guarantees to determine the tasks according to the capabilities of the people with disability. The uniqueness of the practice comes out of the cohesion of the employees. The company regularly organizes recreational activities such as excursions, football games, etc. which improves the human capital and total motivation of the employees.

The company has very positive results and the positive management is the key for the success on the market. The compensation from the state for employing people with disabilities also contributes to the sustainability of the company. Also, the company uses the resources from the Special fund as resources for buying new machines for manufacturing. The effect as a part of this practice is multidimensional. The long-term involvement contributes to a stable flow of income, giving the feeling of material and social safety. The practice is with a higher degree of efficiency. The work ethics of the employees also contributes to the economy of the practice. They are efficient and do their job with great precision (UNDP, 2013).

CONCLUSION

This paper analyzes the enterprises for work integration directed toward integrating people with disability on the open labor market through productive activities i.e. employment. The general characteristics significant for the development of social enterprises for work integration are determined. All analyzed practices have developed a form of financing for social enterprises, based on legally – institutionalized forms securing their development. However, the conclusion has been reached that most often deficiency for development of social enterprises for work integration are the non-existence of adequate sources of financing, insufficient level of expertise and capabilities, insufficient sensibility of the broader public regarding the meaning and values of social entrepreneurship and its potentials for successful integration of people with disabilities on the open labor market.

The Republic of North Macedonia is characterized by a significantly late development of social entrepreneurship compared to other European countries. Some of the possible obstacles in the North Macedonian context can relate to the increase of motivating surrounding the development of social entrepreneurship through a process of informing and sensitizing the broader public. Except for the questions common for social entrepreneurship, what also appears as a barrier is the insufficient support by political structures as to the insufficiency of skills for encouraging this form of social entrepreneurship. A greater recognition is necessary in the public, its sensitizing, which could be achieved by the companies and organizations in the role of values for social entrepreneurship and social enterprises for work integration. All this would help social enterprises for work integration of people with disabilities spread the range of these people through a more successful sale of their products or services which would promote their own sustainability on the market. A greater awareness of the people with disabilities for the opportunities offered by the social enterprises for work integration in the community would contribute for their motivation for inclusion in the work of these enterprises.

REFERENCES

- Alvord, S., H.(2004). *Social entrepreneurship and societal transformation,* Harvard University.

- Austin, J., (2006): *Social and Commercial Entrepreneurship: Same, Different, or Both?* Entrepreneurship Theory and Pracitice, 30, 1, 1-20.

- Damovski, A., (2017) *Between theory and practice*. LAP – Lambert Academic Publishing Germany , ISBN : 978-3-659-64197-8

- Davister, C., Defourny, J., Gregoire, O. (2004): *WISE in the European Union: An overview of existing models*, EMES Working Papers, No. 04. Belgija: Liege.

- Durić, V. (2009). *Basics of management and enterprises*, Faculty for business and financial studies of Belgrade

- Fuchs, M (2014): *Quota Systems for Disabled Persons: Parameters, Aspects, Effectivity*. Vienna: European Centre for social Welfare policy and research.

- Heckl E., (2007): *Study on Practices and Policies in the Social Enterprise Sector in Europe. Final Report*. Austrian Institute for SME Research & TSE Entre, Turku School of Economics Finland. Commissioned by the European Commission, DG Enterprise and Industry

- Marković, R., M. (2009). *Entrepreneurship, types of enterprises and entrepreneurs*, Belgrade, Institute of Economy Sciences

- Nyssens, M., (2012) : *Work integration social enterprises and public policy: an analysis of the European situation*. Liege: EMES.

- Pejkovski J., (2016) „Social entrepreneurship – needs and possibilities. In: *Annual collection of the Faculty of Philosophy-Skopje* (65) 135-147

- Petrov, R., Stanojkovska-Trajkovska, N., Gjurcinovska , L (2008) *Protection and rehabilitation of people with disabilities*. Skopje: Philosophy Faculty

- Sućur, Z.(2003). *Access to the rights of basic social help*, Zagreb, Studying center of social work, Law faculty

- UN-Final report (2013) *Employment policies and practices in regard to person with disabilities in Macedonia and some EU member states*. UNDP office in Skopje

ZAPOŠLJAVANJE OSOBA S INVALIDITETOM KROZ PRIZMU SOCIJALNOG PODUZETNIŠTVA

Sažetak

Socijalno poduzetništvo prepoznatljivo je kao učinkovit način zadovoljavanja potreba ranjivih kategorija u društvu. Omogućavanjem praktične uporabe zakona o ljudskim pravima i potrebama ugroženih osoba, ekonomsko jačanje pojedinaca u pogledu osiguranja sveobuhvatne podrške ljudima kroz omogućavanje pristupa resursima u lokalnoj zajednici. Socijalna poduzeća u javnom sektoru također imaju važnu ulogu u poticanju pozitivnih društvenih promjena što znači socijalnu uključenost i otvaranje novih radnih mjesta na otvorenom tržištu rada za ranjive kategorije stanovništva, uključujući osobe s invaliditetom.

S druge strane, nedostatak mogućnosti zapošljavanja osoba s invaliditetom i nepostojanje adekvatnog sustava socijalne sigurnosti onemogućavaju osobama s invaliditetom dostojanstven život. Takva pitanja zahtijevaju komplementarni rad uz odgovarajuće uključivanje vladinih tijela, osoba s invaliditetom i nevladinog sektora. U ovom pravcu, socijalno poduzetništvo kao kreativno uvijek prati potrebe zajednice kako bi odgovorilo na određene ekonomske i socijalne probleme s kojima se suočavaju suvremene socijalne zemlje. U Republici Sjevernoj Makedoniji organizacijski oblici koji djeluju u okviru socijalnog poduzetništva često su usmjereni prema radnoj integraciji osoba s invaliditetom i njihovoj uključenosti na otvoreno tržište rada, što kombinira radni pristup i obavljanje funkcija od šireg društvenog značaja.

Ovaj rad analizira koncept socijalnog poduzetništva kao alata za zapošljavanje osoba s invaliditetom, naglašavajući organizacije koje imaju poduzetničku misiju i djeluju u Republici Sjevernoj Makedoniji u smjeru zapošljavanja osoba s invaliditetom.

Ključne riječi: *Osobe s invaliditetom, zaposlenost, poduzetništvo*

Pregledni rad

Ljubo Lepir[35]

KOMPETENCIJE SOCIJALNIH RADNIKA U RADU SA STARIJIM OSOBAMA

Sažetak

Profesionalne kompetencije, kao jedan od važnih individualnih resursa, čine skup znanja, sposobnosti i vještina koje posjeduju socijalni radnici u neposrednom radu sa korisnicima. Budući da je sveprisutni trend otvaranja sve većeg broja ustanova za brigu o starijim osobama, čini se posebno važnim akuelizovati pitanje profesionalnih kompetencija u radu sa starijim osobama. Osim za lični razvoj, razvoj profesionalne kompetencije socijalnih radnika imaju direktan uticaj i na ostvaren kvalitet podrške starijim osobama, kao i na uspješnost ukupnog poslovanja ustanova za njihovo zbrinjavanje. Karakterne osobine ličnosti, sposobnosti, znanje i vještine mogu biti od posebne važnosti za kvalitet usluga koje socijalni radnici pružaju u domovima za starije osobe. Njihova edukovanost i profesionalizam u radu često su temelj za mjerenje kvaliteta usluga u ustanovama za zbrinjavanje starijih osoba.

Bosna i Hercegovina kao zemlja u procesu pridruživanja Evropskoj Uniji ima potrebu i obavezu razvijati profesionalne kompetencije neposrednih pružalaca usluga u svim oblastima, a posebno onih u radu sa starijim osobama. Zbog toga se dokument Evropski okvir osnovnih kompetencija za pružaoce usluga iz područja zdravstvene i socijalne zaštite, koji daje osnovne pravce razvoja profesionalnih kompetencija pružalaca usluga starijim osobama, čini posebno važnim.

35 Vanredni profesor, Univerzitet u Banjoj Luci, Fakultet političkih nauka, Studijski program socijalnog rada, Bosna i Hercegovina.
ljubo.lepir@fpn.unibl.org,

Temljene ideje iznesene u ovom dokumentu mogu poslužiti kao osnova u planiranju razvoja profesionalnih kompetencija svih stručnjaka u oblasti socijalnog zbrinjavanja starijih osoba, a posebno socijalnih radnika. U ovom radu je primarani fokus na socijalnim radnicima, prvensteveno onima koji pružaju zaštitu i brigu starijim osobama, čije je kompetencije potrebno dodatno osnaživati, kako kroz redovno obrazovanje socijalnih radnika, tako i kroz sistemsku i kontinuiranu podršku zaposlenih u ustanovama za zbrinjavanje.

Ključne riječi: *profesionalne kompetencije, socijalni radnici, starije osobe, pružanje usluga*

UVOD

Prema novijim definicijama socijalni rad predstavlja profesiju kojoj je cilj promocija socijalne promjene, rješavanje problema u međuljudskim odnosima, te osnaživanje i oslobađanje ljudi da postignu svoju dobrobit. Ostvarivanje ovakvih ciljeva zahtjeva posjedovanje mnoštva sposobnosti kod onih koji otjelovljuju socijalni rad kao struku i praktičnu djelatnost. Svaka analiza kvaliteta usluga koje se pružaju osobama u stanju socijalne potrebe podrazumijeva analizu kvaliteta rada onih koji ih pružaju, zbog čega posjedovanje kompetencija (znanja i vještina) postaje preduslov kvalitetnog rada socijalnih radnika s korisnicima. Rezultat toga je ostvareni položaj socijalnih radnika na tržištu pružalaca usluga.

Kako je demografsko starenje stanovništva direktno uključeno kao faktor ponude i potražnje pružalaca usluga socijalne zaštite, pitanje posjedovanja kompetencija postaje jedno od ključnih uslova tržišne utakmice između profesija koje se bave zbrinjavanjem starijih osoba. Pružanje institucionalnih i vaninstitucionalnih usluga zbrinjavanja starih postalo je jedna od najkonjunkturnijih uslužnih djelatnosti u visokorazvijenim zemljama, ali i u drugim zemljama gdje je starenje stanovništva nezaobilazan faktor ukupnog socijalnog i ekonomskog razvoja.

U mnogim zemljama, porast broja starih značio je otvaranje novih radnih mjesta u ustanovama za brigu o starijim osobama. Oblast njegovanja starih predstavlja respektabilnu granu na tržištu usluga, gdje se ostvaruje povećana zaposlenost i značajan profit.

Samo na području Njemačke, potražnja za njegovateljima se udvostručila posljednjih godina. Do 2020. godine predviđa se da će u Njemačkoj biti oko tri miliona ljudi koje treba zbrinuti uslugama dugotrajne njege. Prema analizama, u 2009. godini u Njemačkoj je nedostajalo oko 110 hiljada novih njegovatelja i ukupno 4.300 novih domova za njegovanje (Ernst & Young, 2011, prema Knüppel, J., 2015). Noviji podaci Savezne agencija za rad („Arbeitsamt“) govore da se ta potražnja još više uvećala. Prema njihovim prognozama, u Njemačkoj će do 2030. godine nedostajati oko 200 hiljada njegovatelja. Krajem 2013. godine, u Njemačkoj je nedostajalo oko 30 hiljada njegovatelja starijih osoba (Leubecher, 2013). Slična je situacija i u drugim zapadnoevropskim zemljama, gdje se godišnje zaposli po nekoliko desetina hiljada medicinskih tehničara iz drugih zemalja, upravo na poslovima njegovatelja starijih osoba.
Trend povećanja potražnje za pružaocima usluga za starije osobe uočen je i na našim prostorima. Potvrda ovoga su informacije o povećanom broju otvaranja novih domova za starije osobe u Republici Srpskoj. Samo u roku od četiri godine (period 20014 – 2017) u Republici Srpskoj je otvoreno novih trideset i pet domova za starije osobe (Ministarstvo zdravlja i socijane zaštite, 2018). Ovakav razvoj uslovljen je prije svega novim zakonskim rješenjima iz 2012. godine koja su dopustila da se ovom djelatnošću bavi i privatni sektor.

Uslovi za otvaranje domova za starije osobe, koji su nametnuti novim zakonom, doveli su do povećanja broja socijalnih radnika koji se angažuju u radu sa starijim osobama. Naime, zakonodavac je nametnuo obavezu da svaki dom za starije osobe mora imati angažovanog socijalnog radnika. Ovakva odredba uticala je na povećanje potražnje za socijalnim radnicima na tržištu radne snage Republike Srpske. Sem toga, na potražnju za socijalnim radnicima uticala je i mogućnost njihovog angažmana u nevladinom sektoru koji se neposredno bavi pružanjem usluga u socijalnoj zaštiti. Ovakav razvoj situacije na polju zbrinjavanja starijih osoba stavlja u fokus interesovanja pitanje kako obezbijediti dovoljan broj kompetentnih profesionalaca u sistemu socijalne zaštite Republike Srpske (Lepir, 2018).

Pitanja kompetencija onih koji rade sa starijim osobama posljednjih godina pobudila su veliko interesovanje u evropskim zemljama u kojima je proces demografskog starenja veoma prisutan.

Dokument pod nazivom Evropski okvir osnovnih kompetencija za zaposlenike iz područja zdravstvene i socijalne brige u radu sa starijim osobama po prvi put na jednom mjestu definiše ova pitanja. U njegovoj izradi učestvovao je veliki broj stručnjaka iz 26 zemalja Evropske Unije koji su stavili u fokus interesovanja upravo standardizaciju ključnih kompetencija profesionalaca u radu sa starijim osobama. U ovom radu pokušaće se aktuelizovati pitanja profesionalnih kompetencija socijalnih radnika u radu sa starijim osobama upravo na analizi ključnih standarda koji se nalaze u ovom dokumentu.

OSNOVNI ELEMENTI KOMPETENCIJA U DOMOVIMA ZA STARIJE OSOBE I PRAKSI SOCIJALNOG RADA

Profesionalne kompetencije su složene socijalnopsihološke kategorije koje određuju jednu osobu kao profesionalca u poslovnim aktivnostima koje obavlja. Kompetencije uočavamo i razumijemo ih putem socijalno-psiholoških procesa koji određuju njihove osnovne elemente. Autori koji su se bavili ovim obilježjem slažu se da svaka kompetencija predstavlja skup različitih obilježja ili sposobnosti pojedinca koji obavlja određeni posao ili aktivnost.

Bahtijarević-Šiber (1999) piše da se kompetencije odnose na posjedovanje znanja, iskustava, vrijednosti i ustaljenih ponašanja koje pojedinac posjeduje i koristi u obavljanju neke aktivnosti, a da bi rezultat aktivnosti bio uspješno obavljen zadatak, ostvareni rezultat, napravljeni proizvod ili pružena usluga. Prema Erdeljanu (2016) kompetencije su spoj naših znanja, vještina, crta ličnosti i sposobnosti koje posjedujemo i koje oblikuju naše ponašanje, a vezano za postizanje očekivanih rezultata na radnom mjestu. Kompetencije možemo posmatrati kao skup znanja, vještina i sposobnosti zaposlenih koje su im potrebne da bi uspješno obavili svoje poslove (Francoise Delamare Le Deist, Jonathan Winterton, 2005). Sa druge strane, Stark i saradnici (1986., prema Knežević, 2003) razlažu profesionalnu kompetentnost na šest elemenata koji je čine, a to su: 1) konceptualna kompetentnost, koja podrazumijeva posjedovanje mogućnosti razumijevanja teorijskih osnova profesije, 2) tehnička kompetentnost, koja je usmjerena na posjedovanje osnovnih vještina potrebnih da se obavljaju poslovi struke, 3) integrativna kompetentnost ili mogućnost da se teorijska znanja primijene u praksi, 4) kontekstualna kompetentnost, omogućava razumijevanje širih socijalnih, ekonomskih

i kulturnih uslova u kojima se odvijaju profesionalne aktivnosti, 5) adaptivna kompetentnost pretpostavlja sposobnosti da se predvide važne promjene u profesiji i da se tim promjenama prilagodi i 6) kompetentnost interpersonalne komunikacije.
Biti kompetentan u nekoj aktivnosti podrazumijeva: da ste razumjeli cilj aktivnosti i situaciju u kojoj se aktivnost mora provesti; da imate znanja (opšta i specijalistička) i sposobnosti (fizičke, socijalne, psihičke, emocionalne) koje su potrebne za uspješno obavljanje aktivnosti, i da znate upotrijebiti vlastita znanja i sposobnosti, potrebne resurse i predviđeno vrijeme kako bi se određena aktivnost (posao) mogla uspješno obaviti. One su značajan segment ostvarivanja uspješnosti poslovnog procesa čime se direktno povezuju sa postignutim zadovoljstvom onih koji ga provode. Zbog toga, kompetencije zaposlenih u jednom domu ili ustanovi koja pruža usluge mogu imati značajnu ulogu u ostvarivanju ukupnih poslovnih rezultata poslovnog subjekta.

Prema nauci o socijalnom radu, kompetentnost podrazumijeva sposobnosti koje se zasnivaju na posjedovanju relevantnih znanja „da se obavljaju radna zaduženja i postižu ciljevi socijalnog rada u skladu sa etičkim kodeksom profesije“ (Vidanović, 2015). Vidimo da je pridjev “kompetentan” u socijalnom radu direktno povezan sa ispunjavanjem etičkih vrijednosti socijalnog rada, što znači da kompetentnost socijalnog radnika koji pruža socijalne usluge podrazumijeva, osim znanja i vještina, promovisanje i zastupanje prava i interesa korisnika kao ključne osnove etičkih principa socijalnog rada. Time socijalni radnici indirektno utiču na ostvarivanje zadovoljstva od strane korisnika socijalnih usluga, pa je posjedovanje kompetencija u radu sa korisnicima jedan od ključnih elemenata procesa upravljanja ljudskim resursima u ustanovama socijalne zaštite.

Za socijalni rad od posebne važnosti je postojanje kompatibilnosti ličnih vrijednosnih određenja sa ostalim elementima kompetencija. Naime, kompetencije su duboko povezane sa individualnim karakteristikama ličnosti što znači da se na dostignuti nivo kompetencija treba gledati kao na cjelinu ličnih karakteristika, znanja i vještina koje u obavljanju stručnih poslova posjeduje socijalni radnik.
Osnovni elementi koji učestvuju u izgradnji kompetencija socijalnih radnka su: posjedovanje formalno i iskustveno stečenih znanja, individualne vještine, karakterne osobine ličnosti socijalnog radnika i njegove intelektualne sposobnosti.

Znanje predstavlja zbir informacija kojima raspolažemo, a koristimo ih za stvaranje novih znanja, predviđanje i rješavanje aktuelnih problema. To je rezultat procesa saznavanja koji se može definisati kao "sistematizovano, logički organizovano, provjereno i prerađeno iskustvo" (Trebješanin, 2008). Znanje se tiče razumijevanja i povezivanja tih informacija u jednu logičku strukturu koja nam pomaže da se na sistematizovan način objasne činjenice, procesi i njihova međusobna uslovljenost. Ono je zasnovano na provjerenim činjenicama, opšteprihvaćenim principima i uspostavljenim specijalističkim teorijama. Na nivou socijalnog rada znanje je povezano sa informacijama i procesima koje socijalni radnik stiče u procesu obrazovanja (formalno znanje) i u neposrednom radu sa korisnikom i ostvarivanjem interakcijskih odnosa sa drugima (iskustveno znanje). Formalno, znanje se potvrđuje činjenicom da ste učili i završili školu za socijalnog radnika, a iskustveno znanje je plod vašeg saznavanja tokom rada, rada u institucijama i rada sa korisnicima. Znanja koja se na ovaj način dobijaju, a u kontekstu socijalnog rada sa starima, tiče se činjenica vezanih za biološke karakteristike starenja, socijalnopolitički kontekst procesa starenja (formalna znanja), praktičnih postupaka i metoda rada (iskustvena znanja) (Mali, 2013).
Na znanja socijalnog radnika koji učestvuje u procesu pružanja socijalnih usluga starijim osobama utiču lične predrasude i društveni stereotipi. Postojanje predrasuda i stereotipa u radu sa starijim osobama indirektno pokazuje da socijalnom radniku nedostaju znanja. Što je znanje veće predrasude i stereotipi su manji, i obrnuto. Predrasude i stereotipi su često nepremostive teškoće u radu sa starijim osobama, a time i za ostvarivanje osnovnih ciljeva socijalnog rada.

Pod *vještinama* podrazumijevamo mogućnosti osobe da praktično realizuje određene aktivnosti. To su "složene, stečene sposobnosti izvođenja kompleksnijih aktivnosti brzo, lako i sa visokim stepenom savršenosti" (Trebješanin, 2008). One se postižu i usavršavaju vježbanjem, odnosno stalnim ponavljanjem određenih radnji. Ne podrazumijevaju se i vezane su za naš praktičan rad, a iziskuju dodatni napor u usavršavanju našeg ustaljenog postupanja. Vještine su naslonjene na prakse i iskustva drugih, ali dostignuti nivo našeg postupanja isključivo zavisi od našeg odnosa prema praksi koju provodimo. Specifičnost vještina socijalnog rada u radu sa starijim osobama proizilazi iz strukture svakodnevnog rada sa korisnicima te zahtjeva koje profesija socijalnog rada pred njih postavlja (Štambuk A., Sučić M. i Vrh S, 2014).

Na nivou radnog mjesta socijalnog radnika, vještine podrazumijevaju umijeće socijalnog radnika da obavlja pojedine poslove, kao što su: vještine komunikacije, vještine u radu sa specifičnim korisničkim grupacijama, vještine ostvarivanja saradnje; vještine vođenja grupe i sl. Od svih vještina koje socijalni radnik treba da posjeduje čini se da su vještine verbalne komunikacije ključne u radu sa starijim osobama. Verbalna komunikacija čini osnovu izgradnje kompetencije i djelovanja socijalnog rada. Ona je osnovna "alatka" putem koje socijalni radnik ostvaruje postavljeni cilj svoje intervencije. Ukoliko je komunikacija između socijalnog radnika i korisnika loša, mali su izgleda za uspjeh u intervenciji, a time je upitna i kompetencija za obavljanje posla socijalnog radnika.

Karakterne osobine ličnosti ("crte ličnosti") jesu relativno trajne tendencije individue da se na isti način djeluje u istim ili sličnim situacijama u kojima se nađemo. One su produkt biološkog nasljeđa, ali i iskustva (Trebješanin, 2008). Čovjek može da bude istrajan, sebičan, spreman na kompromise, temperamentan itd. Od crta ličnosti koje posjeduje socijalni radnik zavisi kako i sa kojim uspjehom će se realizovati pojedina socijalna usluga. Ukoliko je socijalni radnik tolerantan, istrajan i spreman na kompromise, tada će moći ostvariti saradnja sa korisnikom i drugim stručnim radnicima koji su uključeni u pružanju podrške. Nasuprot tome, ukoliko je prisutna doza netrpeljivosti, netolerantnosti, nesistematičnosti u analiziranju činjenica i sl. takav socijalni radnik neće doprijeti do korisnika, nije spreman za timski rad i on neće svojim znanjem i iskustvom biti od koristi u ostvarivanju postavljenog cilja zaštite. U radu sa starijim osobama karakterne osobine ličnosti pružaoca usluga posebno dolaze do izražaja. Velika osjetljivost starijih osoba u interpersonalnim odnosima često ima odlučujući uticaj neposredno pružanje socijalnih usluga i ostvarivanje ciljeva zaštite. Zbog toga, socijalni radnici u radu sa starijim osobama moraju pokazati mnogo strpljenja i pažnje u radu, kako bi se eventualni problemi koji proizilaze iz inkompatibilnosti njihovih karakternih osobina sa karakternim osobinama korisnika sveli na što manju mjeru.

Intelektualne sposobnosti su mogućnosti osobe da nešto uradi a što se ne može uraditi samo na osnovu korištenja senzornih i motornih sposobnosti već se moraju upotrijebiti misaoni procesi analiziranja, sintetiziranja, apstraktnog mišljenja i zaključivanja.

Intelektualne sposobnosti upućuju na posjedovanje spsosbnosti adaptacije na nove okolnosti što se postiže pomoću obrazaca ponašanja i psihičkih procesa (Trebješanin, 2008). One zavise od biološkog nasljeđa, stečenog znanja i postignute prakse u obavljanju pojedinog posla. Na poslovima socijalnog radnika intelektualne sposobnosti se prepoznaju kao sposobnost razumijevanja konteksta stanja socijalne potrebe u kojoj se korisnik nalazi, sposobnost uočavanja mogućnosti pronalaženja rješenja i sposobnost artikulisanja interesa korisnika. Intelektualnim sposobnostima u socijalnom radu doprinose sposobnost verbalne komunikacije, sposobnost vizualne percepcije, sposobnost zaključivanja, sposobnost apstraktnog promišljanja i sposobnosti pamćenja.

Kada se posmatra profesionalna priroda socijalnog rada kao pomažuće profesije, tada je više nego jasno da izučeni socijalni radnici trebaju imati odovor na sva pitanja koja proizilaze iz međusobne interakcije ovih elemenata. U radu sa starijim osobama kao korisnicima socijalnih usluga neophodno je primjenjivati sve elemente koji određuju profesionalnu kompetenciju socijalnog radnika kako bi se što dosljednije odgovorilo na stanje njihovih potreba. Rad sa starijim osobama i pružanje socijalne podrške traži angažman "kompletnog socijalnog radnika" koji će posjedovati stručnost, znanje i vještine, biti tolerantan i strpljiv, biti empatičan, koji će u potpunosti podražavati ideje i vrijednosti humanizma, boriti se za zaštitu ljudskih prava i zastupati interese korisnika. U tom kontekstu, sasvim opravdano se postavlja pitanje: "Koliko se visokoškolske ustanove za obrazovanje socijalnih radnika, u svojim nastavnim programima bave ovim pitanjima, i koliko uspijevaju osposobiti kompetentne stručnjake za rad sa starijim osobama"? S druge strane, slična pitanja se mogu uputiti institucijama sistema socijalne zaštite u kojima bi socijalni radnici trebali pokazati najveći dio svojih profesionalnih kompetencija: "Da li se u menadžmentu ljudskih resursa išta radi na permanentnom razvoju profesionalnih kompetencija zaposlenih socijalnih radnika"?

DA LI SU KOMPETENTNOST I STRUČNOST U SOCIJALNOM RADU SA STARIJIM OSOBAMA ISTO?

Svjedoci smo da se često u praksi socijalnog rada poistovjećuju pojmovi stručnosti i kompetencija. Teoretičari koji se bave organizacijskim menadžmentom i menadžmentom ljudskih resursa prave razliku između pojma stručnosti i pojma kompetencije. Oni tvrde da, iako su usko povezani, ovi pojmovi označavaju različite stvari. Dok stručnost upućuje na posjedovanje nekih specifičnih znanja i vještina u obavljanju aktivnosti prema standardima koji se očekuju u zaposlenju, kompetencija podrazumijeva ponašanja koja podupiru uspješno obavljanje određenih aktivnosti (Kurz i Bartram, 2002). U tom smislu, za uspješno obavljanje poslova socijalnog radnika važna su oba elementa, i stručnost i kompetencije.

Stručnost socijalnog radnika se odnosi na ono što je do sada postigao na polju pružanja usluga korisnicima, a posjedovanje kompetencija podrazumijeva ponašanja, stavova i vrijednosti koje se promovišu i ostvaruju u neposrednom radu sa korisnikom. Kompetencije socijalnih radnika u uskoj su vezi sa očekivanjima i interesima korisnika. Skoro je nemoguće ostvariti cilj socijalne intervencije ukoliko se u proces pružanja socijalnih usluga ne uključe interesi korisnika.

Stručnost i kompetencije su dvije strane istog procesa profesionalnog sazrijevanja. Ne može se očekivati da će socijalni radnik biti kompetentan za posao koji obavlja ukoliko istovremeno nije i stručan. Socijalni radnik istovremeno mora imati dovoljno znanja, vještina i sposobnosti, i da svojim ponašanjem podupire ostvarivanje ciljeva svoga rada. Ukoliko socijalni radnik ne posjeduje znanja struke i nije ovladao metodama i tehnikama rada neophodnim za obavljanje poslova socijalnog rada, ne može se smatrati ni stručnim ni kompetentnim za posao koji obavlja. Takođe, teško je očekivati da se socijalni radnik može smatrati stručnjakom u oblasti pružanja socijalnih usluga ukoliko u pružanju istih ne pristupa na način da korisniku ulijeva povjerenje da će usluga biti pružena na način koji podrazumijeva zaštitu interesa i prava korisnika. Zadaci koji se postavljaju pred socijalnog radnika podrazumijevaju da se u pružanju socijalnih usluga moraju koristiti svi elementi koji određuju i profesionalnu stručnost i individualne kompetencije pružaoca socijalnih usluga. Kompetencija i stručnost u socijalnom radu su neraskidivo povezani, a dokazuju se na praktičnom polju pružanja usluga. To su dva pola iste cjeline koje povezuje ostvarivanje cilja dobrobiti korisnika.

Stručnost socijalnog radnika u praksi obično se dokazuje posjedovanjem diplome o završenom fakultetu i certifikatima (potvrdama) o iskustvu u poslovima koja su već obavljana. Kompetencije je teže formalno verifikovati ali ih je moguće prepoznati na praktičnom nivou. Možemo govoriti o međusobnoj uslovljenosti posjedovanja stručnosti i kompetencija, ali ih svakako ne možemo poistovjetiti. Za poslodavce ustanova za zbrinjavanje starijih osoba od važnosti je da imaju socijalne radnike koji znaju svoj posao, koji su stručni i kompetentni u obavljanju istih i koji svojim radom ostvaruju pozitivan efekat na same korisnike.
Za uspjeh pruženih usluga starijim osobama zadužena je upravo kompetencija koju socijalni radnik posjeduje. Međutim, nemoguće je očekivati kompetentnost ukoliko socijalni radnik nema znanja, iskustva i prakse u radu sa starijim osobama. Moglo bi se reći da je stručnost preduslov za postizanje kompetencije za rad sa starijim osobama, a da je kompetencija garant da će se njihovo zbrinjavanje obaviti na stručno očekivan i po stariju osobu poželjan način.

EVROPSKI OKVIR OSNOVNIH KOMPETENCIJA U RADU SA STARIJIM OSOBAMA

Savjet Evrope je krajem devedesetih godina prošlog vijeka postavio osnovne zahtjeve zemljama članicama vezano za potrebu jačanja položaja i uloge socijalnog radnika u savremenom društvu. *Preporuke Vijeća Evrope o socijalnim radnicima*, pored ostaloga, bavile su se i potrebama jačanja kompetencija socijalnih radnika kroz isticanje značaja permanentne edukacije. U dokumentu se navodi da edukacija socijalnih radnika treba postati kontinuirani proces koji podrazumijeva stalnu izobrazbu i usavršavanje socijalnih radnika što je preduslov razvoja njihovih profesionalnih kompetencija u pružanju socijalnih usluga (Puljiz, 2001). Ovaj dokumenat po prvi put stavlja u fokus interesa potrebu država da ulažu u razvoj kompetencija socijalnih radnika. Petnestak godina kasnije, 2015. godine, grupa stručnjaka iz 26 evropskih zemalja izrađuju dokumenat *Evropski okvir osnovnih kompetencija za pružaoce usluga iz područja zdravstvene i socijalne zaštite starijim osobama* čiji je sadržaj namijenjen svima onima koji su svakodnevno angažovani na pružanju neposredne podrške starijim osobama.

Iako nije decidno navedeno, to se odnosi prije svega na pomažuće profesije kao što su njegovatelji i medicinske sestre, ali isti princip je primjenjiv i na socijalne radnike kao visokospecijalizovane stručnjake u radu sa starijim osobama.
Kao što smo vidjeli, zbog prirode svoje profesije i posla kojeg obavljaju u radu sa starijim osobama, socijalni radnici ne mogu biti izuzeti iz potrebe definisanja specifičnih profesionalnih kompetencija. Postojeći fakulteti u BiH, koji obrazuju socijalne radnike za rad sa starijim osobama, trebali bi u svoje nastavne programe uvrstiti razradu ovih kompetencija kao sastavni dio obrazovnog profila socijalnog radnika. Osim visokoškolskim ustanovama, pitanja definisanja profesionalnih kompetencija u radu sa starima odnose se i na institucije koje su odgovorne za kontrolu i inspekcijski nadzor rada u zdravstvenom i socijalnom sektoru.

Prema ovom dokumentu, ključne kompetencije zaposlenih u ustanovama za zbrinjavanje starijih osoba prepoznaju se kao opis uloga i ishoda (rezultata) koji treba da se postignu u procesu njihovog socijalnog i zdravstvenog tretmana. Svaki zaposlenik obavlja radne zadatke u različitim ulogama koje ostvaruje u kontaktu sa starijom osobom. Istovremeno, on je: stručnjak, komunikator, saradnik, organizator, zagovaratelj (promotor) zdravlja i socijalne zaštite, znalac i profesionalac.

Kompetencije *stručnjaka*, neposrednih pružalaca usluga starijim osobama, podrazumijevaju posjedovanje određenog skupa znanja, disciplinarnih i procesnih vještina, te izgrađenih stavova usmjerenih na korisnika i njegove probleme, čiji je cilj obezbjeđenje optimalne podrške, dobrobiti i zdravlja starijih osoba. Kompetencije stručnjaka se potvrđuju kroz pet faza djelovanja koje čine ukupan proces socijalne zaštite i zdravstvenog zbrinjavanja starijih osoba, a to su: faza procjene, faza analize i identifikacije problema, faza planiranja, faza implementacije i faza evaluacije. U svim fazama stručnjaci se vode dobrobiti psihičkog i mentalnog zdravlja, socijalnom uključenošću i aktivnostima te kvalitetom životnih uslova korisnika.
Kompetencije stručnjaka u opštem radu sa starijim osobama često su komplementarne sposobnostima i vještinama koje se moraju pokazati prilikom provođenja palijativne njege. Palijativna njega i zaštita predstavljaju dobar osnov za razvoj kompetencija zaposlenih u domovima za starije osobe (Štambuk, A. i Obrvan, T., 2017). Međutim, rada sa starima nije isključivo vezan za pitanja koja proizilaze iz njihovog zdravstvenog stanja. Rad sa starijim osobama u sebi sadrži mnoštvo drugih aspekata

koji usmjeravaju stručnjake u razvoju potrebnih kompetencija. Socijalni rad je usmjeren na sagledavanje ukupnog stanja korisnika i situacije koja ga je dovela u stanje socijalne potrebe. To podrazumijeva ne samo stanje bespomoćnosti zbog zdravstvenih problema koje ima, već je tu uključena uža i šira zajednica i interakcijski odnosi faktora koji utiču na stanje socijalne zavisnosti starije osobe.

Prema standardima koji su se razvili u okviru projekta "Izrada europskog okvira ključnih kompetencija za rad sa starijim osobama" (Vrban, 2014), a koji su prikazani u ovom dokumentu, djelovanje stručnjaka u polju ostvarivanja zdravstvene i socijalne brige o starima podrazumijeva posjedovanje sljedećih kompetencija:

1. Znati i umijeti provesti primjerenu procjenu stanja u kojem se starija osoba nalazi, a to podrazumijeva:
    - korištenje standardizovanih i nestandardizovanih instrumenata za procjenu;
    - korištenje svih relevantnih izvora informacija o starijoj osobi, njenim karakteristikama i životnim uslovima;
    - pokazivanje strpljivosti, zainteresovanosti i pouzdanosti u prikupljanju i obradi podataka.

2. Znati i umijeti analizirati prikupljene podatke, identifikovati probleme i faktore rizika za stariju osobu i njenu porodicu, a to podrazumijeva sljedeće:
    - korištenje stručnog znanja;
    - pokazivanje naučne utemeljenosti, inovativnosti i sistematičnosti u izvođenju zaključaka o životnim rizicima korisnika i prioritetima djelovanja službi podrške.

3. Znati i umijeti pripremiti jasan, pravovremen i realističan plan djelovanja prema starijoj osobi i prioritetima u zadovoljavanju kvaliteta života. To podrazumijeva sljedeće:
    - korištenje standardizovanih metoda u izradi plana;
    - formulisanje plana djelovanja socijalne i zdravstvene zaštite prema starijoj osobi;
    - uspostavljanje saradnje sa starijom osobom u procesu planiranja.

4. Znati i umijeti provesti planiranu socijalnu i zdravstvenu zaštitu starije osobe, a to podrazumijeva:

- provođenje standardizovanih, na znanju i iskustvu utemeljenih postupaka podrške starijim osobama;
- provođenje individualno prilagodljivih postupaka socijalne i zdravstvene zaštite sa što većim izbjegavanjem rizika za starije osobe;
- korištenje relevantnih i savremenih tehničkih pomagala u pružanju usluga socijalne i zdravstvene zaštite.

5. Znati i umijeti provesti evaluaciju i prilagoditi postojeći plan usluga novim potrebama starije osobe, a to podrazumijeva sljedeće:

- redovno provoditi nadzor i voditi evidencije o individualnom stanju starije osobe i objektivnim uslovima u kojima se nalazi;
- razumijeti novonastalu situaciju, te znati i moći plan prilagoditi novim uslovima u kojima se starija osoba nalazi;
- biti sistematičan i pravovremen u podnošenju novih prijedloga unapređenja socijalne i zdravstvene zaštite starije osobe.

Od posebnog značaja za razvoj kompetencija stručnjaka u ovoj oblasti jeste pridržavanje etičkih principa struke. Kompetencije na tom nivou mogu služiti postizanju najvećih ciljeva zaštite korisnika (Štambuk, A. i Obrvan, T., 2017). Socijalni radnici, medicinske sestre, psiholozi i drugi stručnjaci i profesionalci koji rade sa starijim osobama treba da usmjere svoje djelovanje prema prepoznavanju i sagledavanju njihovih stavova, osjećanja i očekivanja, da za svaku intervenciju dobiju njihovu izrečenu ili prešutnu saglasnost, a da sa članovima porodice ostvare što veći nivo podrške. Ovako postavljeni ciljevi čine ulogu stručnjaka ključnom u ostvarivanju kvaliteta života korisnika u domovima za smještaj. U tom smislu, uloga socijalnog radnika kao stručnjaka u radu sa starima postaje još značajnija.

Uloge socijalnih radnika i ostalih angažovanih profesija u radu sa starijim osobama, prema ovom dokumentu, mogu se posmatrati kroz slijedeće kompetencije.

Kao *komunikatori*, oni koji su angažovani na zbrinjavanju starijih osoba treba da imaju kompetencije da:

- znaju održavati interpersonalne odnose i ostvariti efikasnu komunikaciju sa starima,

- znaju primijeniti znanja i koristiti metode osnaživanja starijih osoba,
- znaju adekvatno informisati i prenijeti relevantna i prilagodljiva znanja starijim osobama.

Kao *saradnici*, zaposleni u oblasti zdravstvene i socijalne zaštite treba da imaju kompetencije da:

- znaju uspostaviti cjelovitu saradnju sa ostalim stručnjacima i ostvariti integrisane usluge za korisnike,
- znaju podsticati neformalne oblike socijalne podrške starijim osobama.

Kao *organizatori*, socijalni radnici i drugi zaposleni u oblasti zdravstvene i socijalne zaštite treba da imaju kompetencije da:

- umiju planirati, organizovati i koordinisati zaštitu i podršku;
- umiju uticati na postojeće politike socijalne i zdravstvene zaštite starijih osoba na nacionalnom, lokalnom i organizacijskom nivou.

Kao *promotori zdravlja i socijalne zaštite*, zaposleni u oblasti zdravstvene i socijalne zaštite treba da imaju kompetencije da:

- umiju promovisati vrijednosti zdravlja i socijalne dobrobiti u ime starijih osoba i njihovih porodica;
- znaju podijeliti prikupljene informacije o dobrobiti socijalne i zdravstvene zaštite, društvenoj podršci i javnim programima sa starijim osobama, njihovim porodicama i srodnicima.

Kao *„znalci"*, socijalni radnici i ostali zaposleni u oblasti zdravstvene i socijalne zaštite treba da imaju kompetencije da:

- imaju želje i čine konkretne radnje na proširivanju vlastitih profesionalnih znanja i iskustava,
- umiju interpretirati rezultate na temelju dokaza istraživanja,
- doprinose razvoju znanja i praktičnog istraživanja pružanja socijalne i zdravstvene zaštite.

Kao *profesionalci*, zaposleni u oblasti zdravstvene i socijalne zaštite treba da imaju kompetencije da:

- umiju pokazati predanost najboljim praksama za zdravlje i socijalnu dobrobit starijih osoba,
- budu spremni da preispituju vlastite postupke u cilju obnavljanja i podizanja profesionalnog ponašanja.

Većinu gore navedenih kompetencija socijalni radnici stiču tokom višegodišnjeg rada sa starijim osobama jer se njihovo ostvarivanje direktno veže sa ostvarivanjem ciljeva neposredne socijalne podrške. Značajno je naglasiti da su kompetencije usko povezane sa profesionalnim i etičkim vrijednostima koje socijalni radnik donosi iz procesa školovanja. Pored znanja, vještina i etičkih vrijednosti koje treba da posjeduju, za potpuno razumijevanje kompetencija socijalnih radnika u radu sa starima, neophodno je uzeti u obzir i njihov lični doživljaj vlastitih kompetencija, nivo unutrašnje motivacije, ostvaren saradnički odnos sa drugim strukama u timu, uspostavljen odnos sa članovima porodice korisnika i ostvaren nivo povjerenja sa korisnikom. Ovi elementi direktno su vezani za psiho-socijalne kapacitete ličnosti i sposobnosti socijalnog radnika da nametne principe struke kao važne u radu sa starijim osobama. Davanjem važnosti onome što rade, socijalni radnici postižu veći subjektvni osjećaj kompetencije, ali to nije dovoljno. Potrebno je razmotriti, pa odrediti koji su to sistemski postupci i edukativne metode putem kojih će socijalni radnici unapređivati vlastite kompetencije u uslovima našeg društva.

ZAKLJUČNA RAZMATRANJA

Kompetencije socijalnih radnika predstavljaju osnovna znanja i vještine koje treba da posjeduju u ostvarivanju postavljenih ciljeva rada sa starijim osobama. Predloženi Evropski okvir u sebi sublimira najveći broj kompetencija koje bi socijalni radnici, kao profesionalci, trebali posjedovati u radu sa starima. Vidimo da samo strukovno određenje socijalnog rada ne podrazumijeva a priori posjedovanje adekvatnih kompetencija potrebnih u radu sa starima. Mnoštvo je drugih elemenata (sposobnosti, vještina, vrijednosti) koji učestvuju u izgradnji kompetencija socijalnog radnika, a koji se ne stiču samo dobijanjem diplome. Zbog toga, socijalni radnici koji su u praksi treba da rade na kontinuiranom razvoju svojih kompetencija, a fakulteti koji proizvode nove socijalne radnike moraju ojačati metode rada i obogatiti kurikulume upravo sa ovim sadržajima. Razumijevanje opšteg socijalnog konteksta položaja starih u društvu, uloge socijalnog radnika kao profesionalca u radu sa starijim osobama, etičkih stavova profesije socijalnog rada i vrijednosnih stavova društva prema starima, sastavni su dio procesa izgradnje profesionalnih kompetencija socijalnih radnika u radu sa starijim osobama.

Sa druge strane, svakodnevni angažman na rješavanju socijalnih problema starijih osoba čini polje gdje se dokazuje kompetencija socijalnih radnika i njihova opredjeljenost da budu socijalni radnici u punom smislu te riječi.

Zadatak socijalnih radnika je da pruže sveobuhvatnu i kvalitetnu uslugu podrške ili da neposredno intervenišu, a u cilju ostvarivanja kvaliteta života onih zbog kojih su tu. Kako bi se ti zadaci ostvarili, neophodno je poznavati i primjenjivati standard svoje profesije, a u cilju osvještavanja onoga što socijalni radnik posjeduje, ali i onoga šta mu je još potrebno. Pri tome, ne treba zaboravljati da je ključ uspjeha u pružanju adekvatne podrške starijoj osobi interpersonalni odnos koji se stvara na relaciji starija osoba – socijalni radnik. Odnos socijalnih radnika i starijih osoba, korisnika socijalnih usluga, nije samo odnos pružaoca i primaoca pomoći, to je odnos čovjeka prema čovjeku, gdje se granice između mnoštva različitih uloga često gube. Razumijevanje kompleksnosti toga odnosa, uz već istaknute elemente, predstavlja preduslov razvoja kompetencija savremenog socijalnog rada sa starijim osobama.

Dokument *Evropski okvir osnovnih kompetencija za pružaoce usluga iz područja zdravstvene i socijalne zaštite starijim osobama* pruža dobru osnovu unapređenje struke i profesije socijalnog rada, a istovremeno ostavlja otvorena pitanja oko načina i modaliteta razvoja potrebnih kompetencija u radu sa starijim osobama. Za početak vođenja diskusija o potrebi jačanja kompetencija socijalnih radnika koji rade sa starijim osobama u Bosni i Hercegovini, smatram da je mjerodavno upoznati se sa dokumentom koji upravo u fokus svoga interesa stavlja pitanja standardizacije kompetencija stručnog rada sa starijim osobama. Mišljenja sam da su socijalni radnici, menadžeri ustanova, ali i nastavno osoblje na fakultetima u Bosni i Hercegovini, pozvani da se uključe u rasprave koje će se voditi na ovu temu u bliskoj budućnosti.

LITERATURA

- Bahtijarević-Šiber, F. (1999). *Management ljudskih potencijala.* Zagreb: Golden.
- Čačinović Vogrinčić, G. i Urbanc, K. (2007). *Uspostavljanje suradnog odnosa i osobnog kontakta u socijalnom radu.* Zagreb: Studijski centar socijalnog rada Pravnog fakulteta.
- Dijkman, B., Roodbol, P., Aho, J., Achtschin-Stieger, S. et al. (2016). *European Core Competences Framework for Health and Social Care Professionals Working with Older People.* Dostupno na http://ellan.savonia.fi/ (pristupljeno 20.8.2018.)
- Erdeljan, Z. (2016). *Kompetentnost zaposlenih.* Dostupno na: https://www.kvalitet.org.rs/images/phocadownload/Kompetentnost_zaposlenih_-_Zdravko_Erdeljan.pdf (pristupljeno 20.8.2018.)
- Knežević, M. (2003). Neka razmišljanja o identitetu profesije socijalnog radnika. Ljetopis socijalnog rada, vol. 10. No 1., str. 45-60.
- Knüppel, J. (2015). *Zahlen – Daten – Fakten „Pflege"*. Berlin: DBfK.
- Kurz, R. & Bartram, D. (2002). Competency and Individual Performance: Modelling the World of Work. In I. T. Robertson, M. Callinan & D. Bartram (Eds.), Organizational Effectiveness: The Role of Psychology. (pp. 225-255). Chichester: John Wiley.
- Lepir, Lj. (2018). *Planiranje socijalne zaštite starih.* Banja Luka: Fakultet političkih nauka.
- Leubecher, M. (2013). *Deutschland-sucht-die-Welt-nach-Pflegekraeften.* Dostupno na: http://www.welt.de/politik/deutschland/article123381446/ (pristupljeno 20.8.2018.)
- Mali, J. (2013). Social*no delo s starimi ljudmi kot specializacija stroke.* Socialno delo, 52(1), 57- 67. Dostupno na http://www.fsd.uni-lj.si/sd/ arhiv/2013031112554983/

- Ministarstvo zdravlja i socijalne zaštite. (2017). Bilten socijalne, porodične i dječije zaštite, Banja Luka.
- Puljiz, V. (2001). Preporuke Vijeća Evrope o socijalnim radnicima. *Revija za socijalnu politiku,* br. 1., str. 61-64.
- Štambuk, A., Obrvan, T. (2017). Uloga, standardi i kompetencije socijalnih radnika u palijativnoj skrbi. *Ljetopis socijalnog rada,* 24 (1), 119–146.
- Štambuk, A., Sučić, M. i Vrh S. (2014). Socijalni rad u domu za starije i nemoćne osobe – izazovi i poteškoće. Reijaija socijalnu politiku, god. 21, br. 2, str. 185-200.
- Trebješanin, Ž. (2008). Rečnik psihologije. Beograd: Stubovi kulture.
- Urbanc, K. (2001). *Etika i vrijednosti u socijalnom radu.* Ljetopis socijalnog rada, 2 (8), 153-164.
- Vidanović, I. (2015). *Rečnik socijalnog rada.* Beograd: autorsko izdanje.
- Vrban, S. (2014). *Izrada europskog okvira ključnih kompetencija za rad sa starijim osobama* (ELLAN). Andragoški glasnik, Vol. 18, br. 1, 2014, 83–91.

SOCIAL WORKERS COMPETENCIES IN WORKING WITH THE ELDERLY

Summary

Professional competences as important individual resources, constitute the set of knowledge, abilities and skills possessed by social workers in direct work with the social work clients. It seems particularly important to highlight the issue of professional competencies in working with the elderly due to the pervasive trend of the emergence of a large number of institutions for the elderly. In addition to personal development, the development of the professional competencies of social workers has a direct impact on the quality of support provided to the elderly, as well as on the success of the overall institution business. Personality traits, abilities, knowledge and skills can be of particular importance for the quality of services provided by social workers in nursing homes. Their education and professionalism are often the basis for measuring the quality of services in the institutions for the elderly.

Bosnia and Herzegovina, as a country in the process of joining the European Union, has a need and obligation to develop the professional competencies of direct service providers in all fields, especially those working with the elderly. For this reason, the European Framework of Core Competencies for Health and Social Care Providers, which outlines the basic directions for developing the professional competences of service providers for the elderly, is particularly important. The underlying ideas presented in this document can serve as a basis for planning the development of professional competences of all professionals in the field of social care for the elderly, especially social workers. This paper primarily focuses on social workers, especially those providing care and support for the elderly, whose competencies need to be further strengthened, both through regular education of social workers and through the systematic and continuous support of staff in institutions themselves.

Keywords: *professional competencies, social workers, the elderly, provision of services*

PRIKAZ

Profesionalna supervizija - teorija i praksa

(ur. Andrea Puhalić i Lilja Cajvert, 2019.)

Knjiga pod naslovom *Profesionalna supervizija - teorija i praksa* koju su uredile Andrea Puhalić i Lilja Cajvert, ove je godine izašla iz štampe u izdanju Fakulteta političkih nauka Univerziteta u Banjoj Luci. Knjiga je rezultat angažmana devet eksperata iz oblasti supervizije (doc. dr. Andrea Puhalić; fil. lic. prof. Lilja Cajvert; doc. dr. Tomaž Vec; prof. dr. Sonja Žorga; dr. sci. Elvira Duraković-Belko; prof. dr. Drago Branković; doc. dr. Irena Bezić; Britt Eklind i Fredrik Färdig).

Knjiga je obima 416 stranica i na sveobuhvatan način čitatelju na jednom mjestu nudi važna saznanja i teorije o superviziji. Iako je knjiga obimna, njen format i tehnički izgled uveliko olakšavaju čitanje; slojevito je strukturirana, ali opet veoma pregledno. Stil pisanja je jednostavan i lako razumljiv širem stručnom čitateljstvu. U samom predgovoru, a kasnije i u uvodu, dat je odličan pledoaje ne samo o značaju i sadržaju štiva koje očekuje čitatelja na narednim stranicama, već i određenje bitnih pojmova korištenih u knjizi, poput: supervizije, profesionalne supervizije, supervizijskog procesa, tretmana, metasupervizije, ali i značenja pojmova korisnik/klijent, koji su ovdje ravnopravno zastupljeni. Iako ranije kritiziran, termin korisnik danas se na velika vrata vratio u teoriju i praksu socijalnog rada.

Knjiga je strukturirana u dvije cjeline, šest dijelova i 20 poglavlja. Prva cjelina, pod naslovom Razvoj i osnovni pristupi superviziji kroz dva poglavlja: *Istorijski razvoj supervizije - međunarodna perspektiva i Supervizijske tradicije, pristupi i modeli* daje nam detaljan uvid u historijski razvoj supervizije u svijetu, od njenih početaka pa sve do faze njene profesionalizacije. U praksi se pojavljuju različiti teorijski modeli, što je uvjetovano društvenom realnošću, pa se tako razlikuju: njemački, švedski, holandski, britanski, hrvatski ili slovenački model.

Upravo zbog toga nije moguće govoriti o općem historijskom razvoju, nego o komparativnoj perspektivi, različitom kulturološkom, i društveno-političkom naslijeđu koje je uticalo na njeno utemeljenje i dalju dinamiku razvoja. Uprkos različitim pristupima, supervizija se u osnovi bazira na dva bitno različita pristupa: supervizija kao upravljačka funkcija i supervizija kao profesija savjetovanja, usmjerena na interakciju ljudi, izvršavanje profesionalnih zadataka i organizaciju, čemu se dodatno pridružuje i supervizija kao edukacijska metoda.

Drugi dio knjige *Određenja i obilježja profesionalne supervizije* daje odgovore na osnovna pitanja: šta je supervizija, ali i šta ona nije, koja je njena uloga te daje razumijevanje uloga i odgovornosti svih sudionika u supervizijskom procesu.

U trećem dijelu pod naslovom *Teorijske osnove profesionalne supervizije*, kroz pet poglavlja daje se pregled dominantnih teorija u superviziji (psihoanalitičke, psihodinamske, sistemske i ekološke), nudi razumijevanje supervizije kao metoda učenja i razvoja profesionalnih kompetencija, njene uloge u prevenciji profesionalnog sagorijevanja, te mogućnost razumijevanja etičke dimenzije u supervizijskom procesu.

U četvrtom dijelu *Oblici profesionalne supervizije* dat je teorijski okvir za razumijevanje grupne i timske supervizije, načina organiziranja ovakvih grupa, ulozi voditelja, grupnoj dinamici i izazovima koje grupa kao takva nosi sa sobom.

U petom dijelu *Supervizijski proces* data su obilježja svih faza, od početne do završne, kroz koje prolazi supervizija. Individualne, kao i grupne supervizije, dinamičan su i složen proces zbog čega su refleksije i samoprocjene važni segmenti i neophodno ih je raditi s vremena na vrijeme. Kako bi se supervizija podigla na jednu višu, profesionalnu razinu, predlaže se potpisivanje supervizijskog ugovora u kojem se jasno trebaju definirati uloge, obaveze i odgovornosti, kako supervizora, tako i supervizanta.

U šestom dijelu pod naslovom *Jedan model profesionalne supervizije*, kroz praktične ilustracije daju se primjeri iz supervizijske prakse.
Postoje i različita značenja samog pojma supervizije, a kod nas je još uvijek dominantan onaj koji superviziju promatra kao nadzor i kontrolu, na šta autori i ukazuju. Međutim, očito se počinje prepoznavati i njena edukacijska uloga.

U javnom sektoru još uvijek je prisutna rezerviranost prema superviziji, što zbog kulturoloških prepreka, što zbog ekonomskih i političkih razloga. S druge strane, nevladine organizacije smatraju je nužnom i veliki broj njih, posebno onih koje pružaju direktne usluge korisnicima ili usluge psihoterapije, koriste je u svom radu kao mehanizam učenja i podrške.

Knjiga je bazirana na razumijevanju četiri osnovna elementa u superviziji, koji su u stalnoj korelaciji, a to su: supervizor, supervizant, klijent/ korisnik i okruženje u kojem se odvija ovaj proces. Da bi se razumjela cjelina potrebno je razumjeti sve pojedinačne dijelove. Uloga supervizora je od primarnog značaja, a ona se ogleda kroz različite aktivnosti, kao i uloge koje obnaša u toku supervizijskog procesa. On je „po potrebi učitelj i konsultant, ponekad evaluator, savjetnik, onaj koji prati ili informira. Iako treba da bude u stanju da preuzme ulogu i voditelja i onog koji usmjerava, on je često „samo" onaj koji pita, ogledalo u kojem se ogleda supervizant, slušalac, podrška, animator ili model" (str. 110). S druge strane, cjelokupan proces uveliko zavisi i od supervizanta, koji mora prepoznati vlastite kapacitete, ali i biti spreman za učenje i lični razvoj. S obzirom na složenost i senzitivnost samog procesa supervizije, kao prostora u koji dolaze mnoga osjetljiva pitanja i dileme, autori posebnu pažnju posvećuju pitanju etike u profesionalnoj superviziji.

U nedostatku znanja o tome šta je supervizija, često se pogrešno tumači i razumijeva, na šta autori upozoravaju. Oni naglašavaju da supervizija **nije:** nadzor, terapija, savjetovanje, edukacija, konsultacija, coaching, mentorstvo ili liderstvo. Sve ove granice su porozne i lako se mogu preći ukoliko supervizor nema dovoljno znanja. Supervizor je gotovo stalno, zbog nedostatka dostupnih izvora i mogućnosti koje su na raspolaganju supervizantu, u opasnosti da preuzme neku od navedenih uloga. Stoga se pretpostavka cjeloživotnog učenja i razvoja profesionalnih kompetencija stalno provejava kroz knjigu.

Iako zamišljen kao model profesionalne podrške, nekoliko je razloga zbog kojih supervizija nije zaživjela i zbog kojih još uvijek postoji rezerviranost prema ovom modelu. Zbog uvjeta i obima poslova koje obavljaju, često i sami stručnjaci još uvijek zaziru od tog angažmana, jer im se on može činiti kao gubitak dragocjenog vremena. Stoga, sve dok se ne ispune profesionalni standardi u cilju humanizacije uvjeta rada, stručnjaci iz oblasti socijalne zaštite će to smatrati ne samo gubitkom vremena, nego i jednom vrstom kontrole.

Nedovoljan senzibilitet kreatora politika, nedostatak profesionalnih standarda, nedovoljnih ekonomskih pretpostavki, potplaćenosti pomažućih profesija, ali i veoma ograničene mogućnosti pružanja pomoći korisnicima, fizičkog okruženja, neadekvatnih prostorija i njihove opremljenosti, pa do pitanja koja se odnose na ljudske resurse i međuljudske odnose koji su često kompleksni, te dvosmjernog odnosa na relaciji profesionalac - korisnik čine doista kompleksan ambijent u kojem stručnjaci provode dobar dio života. Kontinuirano emocionalno iscrpljivanje nužno vodi profesionalnom sagorijevanju o čemu se govori i u knjizi. Rizika od profesionalnog sagorijevanja nije pošteđena niti jedna profesija, a ono ostavlja ozbiljne psihosomatske posljedice koje ne pogađaju samo stručnjaka direktno, već i njegovu porodicu i radno okruženje.

Supervizija dakako može biti izvor pomoći i podrške za profesionalni razvoj, no pored toga, ona pruža mogućnost uočavanja i sprečavanja mobinga na radnom mjestu, kao i maltretiranja od samih korisnika. Svjedoci smo čestih napada na profesionalce na njihovim radnim mjestima, što nosi brojne rizike kako za direktne pružaoce usluga, tako i za cijele ustanove. Stručnjaci često godinama rade i žive u strahu, a da njihovo okruženje ne pronalazi adekvatan način da ih, ne samo podrži, nego i zaštiti. Supervizija može biti dobra osnova da se to prepozna i pronađu sistemski odgovori i mehanizmi kako bi se kreirao jedan siguran ambijent u kojem rade.

Supervizija se ne koristi samo u socijalnom radu, nego i u niz drugih, srodnih profesionalnih oblasti, pa se ona preporučuje i drugim pomažućim profesijama poput medicine, zdravstvene njege, psihoterapije, psihološkog savjetovanja, edukacije, kriminalnog pravosuđa, coachinga i dr., pa je knjiga i koncipirana tako da se može primjenjivati u drugim područjima profesionalne prakse.
S obzirom da se supervizija danas izučava na studijima socijalnog rada, knjiga pod naslovom *Profesionalna supervizija - teorija i praksa* može biti korisno štivo: studentima, kojima na sveobuhvatan način i na jednom mjestu daje bitna teorijska saznanja; stručnjacima u praksi, kako bi pronašli motivaciju i inicirali vlastiti rast i razvoj, ali i kreatorima politika kako bi razumjeli ovu oblasti i pronašli motivaciju za njeno uvođenje u praksi, kao snažan alat brige za uposlene u svim javnim ustanovama socijalne zaštite.

Prof. dr. Sanela Šadić

Časopis “Socijalne studije” je indeksiran u
Central Eastern European Online Library (C.E.E.O.L)