Riga Stradiņš University
Faculty of Social Health and Social Welfare
Mykolas Romeris University (MRU)
Joint Master Program "Social Work with Children and Youth"

Master Thesis

Collaboration among Social Work Specialists and Families at Long-Term Social Risk

Author: Aija Medne
Student ID: 19-043391
December 5, 2020

Supervisors: Associate Professor Lolita Vilka,
Head, Department of Welfare and Social Work

Ilze Trapenciere
Department of Welfare and Social Work

Riga, 2020

ANNOTATION

Master Thesis “Collaboration among Social Work Specialists and Families at Long-Term Social Risk” focuses on the challenges of collaboration between social work specialists and families at long-term social risk (more than 1 year). The aim of the Master Thesis is to look on the ways to influence family function dynamics and the significance of the effective collaboration manner.

The theoretical perspective on the collaboration among social work specialists and families at long-term social risk is based on the systems dynamic theory approach. This perspective gives an opportunity to look on the effectiveness of the different intervention forms of family functioning dynamics. Although the technical approach of the systems dynamics theory is not a common way to look at the any problem in social work, this Thesis reveals the benefits of using this theory to look for a solution for the common and complex problem in the social work area.

The empirical part of the Thesis is based on seven expert interviews with social work specialists held in Riga municipality social service department and family crisis centre. Questions for expert interviews are available at Appendix 1.

Master Thesis consists of Introduction, 2 chapters, Discussion, Conclusions, Recommendations, and Bibliography (173). The total volume of Master Thesis is 79 pages – there are 6 pictures and 2 Appendixes.

Keywords: family at long-term social risk, social work specialist, systems dynamics theory, collaboration.

ANOTĀCIJA

Maģistra darbs "Sadarbība starp sociālā darba speciālistiem un ilgstoša sociālā riska ģimenēm" ir vērsts uz sociālā darba profesionāļu un ilgtermiņa sociālā riska (vairāk nekā 1 gadu) ģimeņu sadarbības izaicinājumiem. Maģistra darba mērķis ir aplūkot veidus, kā ietekmēt ģimenes funkcionēšanas dinamiku un efektīva sadarbības veida nozīmi.

Teorētiskā perspektīva par sociālā darba speciālistu un ilgtermiņa sociālā riska ģimeņu sadarbību balstās uz sistēmu dinamikas teorijas pieejas. Šī perspektīva dod iespēju aplūkot dažādu ģimenes funkcionēšanas dinamikas intervences veidu efektivitāti. Kaut arī sistēmu dinamikas teorijas tehniskā pieeja nav izplatīts veids kā aplūkot kādu sociālā darba problēmu, šis maģistra darbs atklāj ieguvumus, ko sniedz šī teorija, lai meklētu risinājumu izplatītai un sarežģītai problēmai sociālajā darbā.

Maģistra darba empīriskā daļa ir balstīta uz septiņām ekspertu intervijām ar sociālā darba speciālistiem, kas notika Rīgas pašvaldības sociālajā dienestā un ģimenes krīzes centrā. Jautājumi ekspertu intervijām ir pieejami 1. pielikumā.

Maģistra darbs sastāv no ievada, 2 nodaļām, diskusijas, secinājumiem, ieteikumiem un bibliogrāfijas (173). Kopējais maģistra darba apjoms ir 79 lappuses - ir 6 attēli un 2 pielikumi.

Atslēgas vārdi: ilgstoša sociālā riska ģimene, sociālā darba speciālists, sistēmu dinamikas teorija, sadarbība.

CONTENT

1. INTRODUCTION 4
1.1. The relevance of the topic 4
1.2. Research problem, object, and goal 6
1.3.Research tasks and research questions 7
2. THEORETICAL BACKGROUND 8
2.1. Literature review 8
2.2. Systems theory approach 8
2.2.1. Appropriateness of the systems theory 8
2.2.2. System's features and family systems approach 9
2.2.3. What is a family at social risk? 13
2.2.4. Family stressors and systems archetypes 14
2.2.5. Major factors that cause risks in the family 16
2.2.6. Social-ecologic and Pincus – Minahan's approach as interpreters of a social problem 19
2.2.7. Leverage points and systems laws 22
2.3. Collaboration perspective and meaningful engagement 26
2.3.1. Social Work Specialist's Related Factors – the influence at micro-level 30
2.3.1.1. Personal qualities of social worker 31
2.3.1.2. Behaviour and skills 32
2.3.1.3. Professional education and experience of social work specialists 35
2.3.2. Service components related factors – the influence of mezzo level 36
2.3.3. Ideological assumptions in social work with families – the influence of macro-level 39
2.4. System Theory and Collaboration perspective cohesion 41
3. EMPIRICAL RESEARCH 44
3.1. Systems theory approach 45
3.1.1. Social work specialists' opinion about the system's theory approach 45
3.1.2. Main problems of the families at long-term social risk 47
3.1.3. Leverage point 53
3.2. Collaboration as an important element of effective leverage 54
3.2.1. Social Work Specialist's Related Factors – micro level 56
3.2.1.1. Personal qualities 57
3.2.1.2. Behaviour and skills 57
3.2.2. Service components related factors - mezzo level 64
3.2.3. Ideological assumptions in social work with the family – macro level 75
4. DISCUSSION 77
5.CONCLUSIONS 80
6. RECOMMENDATIONS 81
7. ETHICS AND LIMITATION OF THE RESEARCH 83
8. BIBLIOGRAPHY 84
9. APPENDIXES 94
Appendix 1 Expert interview questions for social work specialists 94
Appendix 2 Apliecinājums 95

1. INTRODUCTION

1.1. The relevance of the topic

Latvia is one of 89 countries of the United Nations that has ratified and implemented the United Nations Convention on the Rights of the Child (further in the text UNCRC). Preamble Paragraph of the UNCRC emphasizes importance of the role of the family "Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community" (UNCRC, 1989). In 2019, in Latvia there were 1438 families with 2668 children where child development and upbringing were not sufficiently ensured (Latvia Custody Court statistics, 2019). The research shows that families at social risk might be portrayed by a mixture of social problems like poverty, alcohol abuse, violence, unemployment, poor housing, and others. Mainly those problems are linked to low basic skills or lack of them, and also to lack of motivation to change (Dobelniece et al., 2015). The poverty that influences children these days has a long-term effect. Unappropriated contribution in the "human capital" of today's children develop a higher risk of social exclusion and poverty for the adults of tomorrow (Fernandez et al., 2015). At 22.5 %, children (aged less than 18 years) in the EU-27 had a higher risk of poverty or social exclusion in 2019 than working-aged adults and older people. In 2019, when analysed by household type the highest risk of poverty or social exclusion in the EU-27 (40.3 %) was recorded among single persons with dependent children. In 2019, 69.4 % of very low work intensity households with dependent children and 44.8 % of low work intensity households with dependent children were at risk of poverty in the EU-27.

Targeted social work with families at social risk to prevent children's neglect, abuse and maltreatment still have a place for growth as there were 1162 persons with 1304 children to whom guardian rights were terminated (where 175 persons are detected violent against children) in 2019 (Latvia Custody Court statistics, 2019). In 2019, in Latvia 316 parents (guardians or foster parents) recorded to the administrative or criminal liability for violent or negligent conduct that caused or could cause harm to children's lives, health or development. That is 125 parent more than on 2017 (CSB, 2020). According to the Central Statistical Bureau of Latvia (CSB, 2020), by the end of 2019, there were 359,000 children under the age of 17 in Latvia (about 18% of the total population). In the age group from 10 to 17, there are about 80,000 children. Information about problems among teenagers and youth is included in the CSB when a child is formally recorded as having difficulties

because of drug-using, committing criminal activities, etc. (CSB, 2020). State police data show that in 2018, total number of 435 juveniles have committed criminal activities (345 young people age 14-17 and 1734 young people in the age group 18-24 convicted of criminal offenses. In 2019, 81 children under age 17 have had acute alcohol intoxication (23 of them at age 0-14). Psychoactive substances and their harmful overuse were detected for 96 children under age 17, of which 29 at age 0-14. 979 children endangered their health by using alcohol, toxic substances, drugs, and psychotropic substances (State Police Report, 2019 [1]). Pregnancy, maternity, and the postpartum period in the 15-17 age group are 266. There are 53 abortions in the 14-17 age group, of which 14 are not the first aborted pregnancy. In 2019, 621 children in the age group 15-18 diagnosed with mental and behavioural disorders. The firstly diagnosed disability in 2019 was also most often determined for children in connection with mental and behavioural disorders (310 in total). The highest rate of reasons for hospitalization (14.4%) in the age group of 15-17 was injuries, poisoning, and other consequences of external influences - 828 cases, of which 69 - drug poisoning. 6.6% of children do not continue their education after primary school. Besides, the average OECD (Programme of for International Student assessment, PISA, 2019) indicator for bullying among students is 22.7, the indicator for Latvia is one of the highest - 35.5 [2]. 246 children are roaming and begging. In the age group 15-19, there were 5 new HIV cases in 2018 and 4 new cases in 2019 (CSB, 2019).

A statement that family is a fundamental group for the child's upbringing and knowledge about statistics of violation on children's rights makes social work highly challenged with balancing these dual responsibilities – child protection and family preservation. Manner to collaborate with the family to protect child's interests, avoid out-of-home placement, and boost family wellbeing is demanding and ambiguous. Toros et al. (2018) suggest that child welfare professionals need to have an approach to boost their skills and capability to productively involve child and family in the child protection program and improve child welfare outcomes.

According to the data of the Latvia Welfare Ministry Report (2017), in 2015, from the total number of 1258 social workers working in Social Department services, 357 were social workers

[1] Programme for International Student Assessment (PISA). PISA OECD bullying statistics. At: https://www.oecd.org/pisa/publications/PISA2018_CN_LVA.pdf

[2] https://www.csb.gov.lv/lv/statistika/statistikas-temas/iedzivotaji/iedzivotaju-raditaji/meklet-tema/418-berni-latvija-2020

with families and children. Survey data on 202 social workers indicate social work with 10973 families that face social functioning difficulties and most of them have complex, long-term social problems. On average there are 54 families per social worker. Average 3.28 persons in the family, thus reaching 36 003 family members in total per 202 social workers, thus means 178 family members per one social worker [3]. Report of the Latvian Association of SOS Children Village (2013) one social worker can provide qualitative social work to 20-30 families at a time (SOS Bernu ciemati, 2013).

Noteworthy that in Latvia 82.4% of social service clients in cities and 67.4% in rural are indicated that they are social service users longer than one year. The number of long-term social service clients is growing and there are already observed samples of inherited experience of long-term social service users in the next generation. Long-term clients (more than 12 months) that live in the city mainly are aged 25-35 years, while in rural are the age group is 35-45 years (KPMG Baltics, 2014).

Collaboration among social service specialists and the specific group of social service clients - families at long-term social risk (more than a year) is the object of interest. While this issue can be overviewed from different theoretical perspectives, this Thesis aims to hold on to two keys – investigation of leverage points to intervene family system's dynamics and the way how this intervention is ensured. Leverage points are places in a complex system where a small change in one thing can create considerable changes in the system (Horrigan, 2019). The literature review shows that successful engagement of family in the rehabilitation process is one of the core elements. Effective involvement of clients in the treatment process is an important task for child welfare specialists. Drop-out rates and refusal rates in child welfare services are high and lead to a high percentage of removal of children from their families and possible termination of parental rights (Dawson and Berry, 2002). This Thesis will overview, where to intervene, and how to influence a system as a core element towards family dynamics change.

1.2. Research problem, object, and goal

Research problem: Families at long-term social risk is an important social problem for the society. Those families struggle to promote healthy, functional development, and personal growth. That

[3] "Pašvaldību sociālo dienestu darbības efektivitātes novērtēšanai" (2017.), At https://www.lm.gov.lv/lv/petijumi-1

can be assumed as a family functioning goal. Due to the parents' negative behavioural habits, there is a risk that child's emotional and physical needs are not met (Gudzinskiene and Augutavicius, 2016). The Latvian Association of SOS Children Village defines that family at social risk is the family where a risk appears for children to lose the care at their biological family. The problem is to research the collaboration between social work specialists and those families who do not manage to get out of the social risk zone for a long time and their functioning dynamics do not show improvement toward positive child upbringing.

The Object: collaboration among families at long-term social risk and social work specialists.

The Goal: to overview, where to intervene family system and how to engage and collaborate with families at long-term social risk to reach a desirable outcome.

1.3. Research tasks and research questions

The author defines the following research tasks:

1. to analyse theoretical aspects of system theory and leverage points;
2. to analyse scientific literature about collaboration and meaningful engagement;
3. to research social work specialists' experience with family's systems leverage point usage;
4. to research social work specialists' experience in the collaboration process and the importance of meaningful engagement.

And questions:

1. What do social work specialists find as a root of problems of families at long-term social risk?
2. Where social work specialists put an effort to influence the family system to change family dynamics for good?
3. What helps in collaboration?
4. What can be done to promote families to move out of the social risk area?

2. THEORETICAL BACKGROUND

2.1. Literature review

The literature review in this Thesis aims to investigate the resources of systems theory and collaboration among social work specialists and the long-term social risk family.

The narrative literature review method is chosen to overview the literature sources. This method, while having a selective look to the literature that covers the topic from different lenses, allows creating a theoretical framework and focus or context of research in a limited time frame. A narrative review is useful for synthesis of multiple ideas and purposes. Thesis. This method is flexible to address one or more questions and the selection criteria for the inclusion of the articles. Advantages of narrative reviews lie in the fact that they are more readable, relevant and can make a clear recommendation for practice (Adeyemi Abigail T, Clinical paper of Journal of Dental Health, Oral Disorders & Therapy Med Crave Volume 9 Issue 5 – 2018).

Keywords for literature search: System theory, family system, family at social risk, dysfunctional family, system dynamics, collaboration, engagement, and social work.

Finding sources: ProQuest Ebook Central; EBSCOhost; Science Direct Elsevier; ProQuest; SAGE journals; Cambridge Core; Scopus; ExLibris Primo.

2.2. Systems theory approach

2.2.1. Appropriateness of the systems theory

Everyone who tries to solve the problem, make suggestions, and foresee the future, need theories, models, and concepts as a frame to solve the task. Theories offer form and significance to findings that otherwise might look disordered (Skyttner, 2006). Theories serve us understanding and compete with ideas; support with clarification and offer advice (Payne, 2014).

General System Theory is a well-known theory all over science (maths, biology, physics, theology, psychology, sociology, e.t.). Or as said by Skyttner (2002), system science tie together divided curriculums with a “law of laws”, relevant to all of them and accommodating all scientific wisdom. System theorists look to obtain a holistic view of an area of human actions. The surroundings in which a phenomenon is overviewed is a component of this holistic approach (Covington, 1998). That as it identifies with the socials sciences, general system theory gives a

connection between the micro and macro levels of examination and demonstrates the interconnected connection between those two levels (Sutphin et al., 2013). The main benefit of a system concept in social work is to accommodate interpersonal interventions engaging persons with interventions that also involve families, communities, and other social services. This is achieved through the lens of how social and individual factors collaborate, helping individuals to accommodate their social environment and their reactions so they can live more balanced (Payne, 2014). System theory is a path to study any case in a complex, open-ended context, where are many uncertain variables involved. This theory is also useful to arrange a framework into which investigate complicated variables influencing each other. One more advantage of system theory is the ability to demonstrate the complex network of relationships in action as a system drives towards its aim (Covington, 1998). System theory is an approach to develop an increasingly complex system over continuity that embosses the person-in-environment. This theory also empowers to understand the elements and dynamics of the client's system to clarify problems and establish harmonized intervention methods, with the target to build up "goodness of fit" between persons and their environments (Brandell, 2011). System theory incorporates social interventions with personal help. The benefit of this theory for social work is that it integrates social aspects and psychological functioning into a person's life, harmonizing two main factors that social work aims for. Social workers look at the people in the context of their family and their social background (Payne, 2014). According to Chetkow-Yanoov (1997), one of the benefices of systems analysis is that allows one to concentrate on the condition of the problem's preventing and relieving. The other important advantage of the systems theory is that can be used to figure our social changes and to plan political change programs. This theory shows its potential for effective usage in micro, mezzo, and macro levels.

2.2.2. System's features and family systems approach

Although systems theory is widely used, as one of the background theories in social work, there is a dilemma - how much social systems can be considered corresponding to the biological systems of which general system theory arose and whether systems dynamics approach can be applied to the frame, understand, and discuss complex issues and problems of complex systems. According to Hartup and Weinberg (2002), Von Bertalanffy established principles that describe all living systems:

1) Organisms are *active* and *ope*n systems,
2) Organisms are systems of *wholenes*s and order, where whole own relationships to the system's parts,
3) Organisms have a *hierarchical* structure, where there is no unidirectional control, rather there is dual inter-level control,
4) Organisms live in a state of *disequilibrium* (unbalance) and lookup for stimulation,
5) Organisms are described by *equifinality* (the outcome can be reached in different ways) and self-stabilization, that support system to oppose disorder
6) Organisms are able to *self-organization*, reorganization the system that allows *adapting* to restrictions.

Ludwig von Bertalanffy did not leave a heritage of social systems theory. Nonetheless, reassembling his general approach to systems provides us with few ideas on how to build a theory of social systems (Hofkirchner, 2019). Although he uses the term an organism, in social work it can be assumed that an organism is an individual, person, and a system of individuals. Through this lens, a family can be overviewed as a system. However, the principle of uncertainty cannot be denied by describing the social system.

"The more precisely the position (of some particle) is determined, the less precisely the momentum (of that particle) is known in this instant, and vice versa. – Heisenberg, uncertainty paper, 1927. Inspired by the Heisenberg Uncertainty Principle for sub-atomic particles in Quantum Mechanics, Kashyap (2019) postulate the Uncertainty Principle of the Social Sciences as follows: "Any generalization in the social sciences cannot be both popular and continue to yield accurate predictions, or in other words, the more popular a particular generalization in the social sciences, the less accurate will be the predictions it yields"" (Kashyap, 2019).

Yet this paper attempts to use systems dynamics to describe the non-linear behaviour of complex systems. "A system is an interconnected set of elements that is coherently organized in a way that achieves something. A system is more than the sum of its parts. It may exhibit adaptive, dynamic, goal-seeking, self-preserving, and sometimes evolutionary behaviour." (Meadows, 2009). Handling of expression 'general system theory' advises that there are units in our environment called 'systems' and that all of them, or at least existing in specific types, have some common characteristics (Rapoport, 1986). The system is a set of components unified with one another to such expansion that they form a detectable and meaningful whole. Besides, this detectable and meaningful whole implement some type of detectable functions. Thus, in general, a

system is a set of elements that by the value of its organization and operation, becomes essential in its own right (Halsall, 20083). The system is a network of bonds between biological, psychological, and sociological actions (Skyttner, 2006).

Glick et al. (2000) show three core concepts relevant to the family system: *Organization*, *Energy*, and *Control over and adaption to the environment.*

Organization: Living systems have an organization and relationships between systems elements. System theory says that an organism is greater than the sum of individual parts. No single system's element acts completely independently. Living systems must have boundaries to organize an exchange outside of the system. Payne (2014) says in the system each component act through complicated processes where informative and physical interactions occur within and across a system boundaries. Glick et al. (2000) indicated that the system is organized in one or many hierarchical levels and sub-systems. And Payne (2014) refers to the system levels by saying that macrosystem includes mesosystems, which in turn include microsystems. The other important note is that open systems are systems where energy passes boundaries.

Energy: Living opens systems transport energy in and out of the system. The living system has a habit to increase complexity and patterning. Payne (2014) adds that energy is action, information, and resources. There are several energy exchange ways:

- *The input* is an energy that enters the system (information, resources), and the system changes because of this input;
- *Throughput* is how energy is managed in the system. The rate of energy transfer between a system and its environment over time;
- *The output* is the effect on the system's outside environment, how the system is perceived by others;
- *Feedback loops* happen when the output that influences the outside environment leads to further input in the system. The process by which systems self-correct based on reactions from other systems in the environment. The balancing (or negative) feedback loop is a goal-seeking (equilibrating) structure in the system and is a source of stability and source of resistance to change. The reinforcing (or positive) feedback loop is self-enhancing, leading to growth. (Meadows, 2009);
- *Reciprocal Transactions*: Circular or cyclical interactions that systems engage in such that they influence one another.

Control over and adaption to the environment: The functional living system has methods to adapt to the environment. There are several notable characteristics, such as:

- *Entropy* means lack of information in the system (Becvar and Becvar, 1999);
- *Steady-state* is how the system maintains itself by receiving and using input. The system can embody change without modifying its fundamental identity (Payne, 2014); *equilibrium* is an example of a system in a steady-state;
- *Homeostasis* is systems tendency to return to Steady-state, (Becvar and Becvar, 1999), ability to maintain equilibrium;
- *Reciprocity* means if one of the system's part changes, that influence all other system parts that also changes (Payne, 2014);
- *Equifinality* means reaching the same outcome in different ways (Payne, 2014);
- *Multifinality* means analog conditions lead to different outcomes ways (Payne, 2014).

By knowing child welfare and protection system complexity, it is an asset to specify theory which can be used in work with children and parents involved in this system (Thompson, 2019). Research of families guided the establishment of Bowen's family system theory, where an emotional mutuality perspective is showed as the most specific description of human essence (Bregma et al., 2010). Family system theory (sometimes quoted as natural system theory diverse it from cybernetically based family system theory) is derived from the biological perspective of the human family as one type of living system (Goldenberg, 2008). Bowen's theory defines family as a consolidation of a relationship system and emotional system. The family environment includes nuclear family, multigenerational or extended family, and the wider social systems where a family is a part. Bowen's theory highlights how relationship patterns are transferred through generations and how they can affect health and behaviour (Knauth, 2003). To understand a person, it is crucial to examine the interrelationships with other family members and the impact of the family system as a whole. The family system can be fully understood only in the context of the mesosystem in which they functioning. When helping one to navigate changes, we have to acknowledge how life connections, such as values, supportive resources, and how the particular outcome will influence the one within the family system (Madden, 2008). Some academics offer an idea that a person dependent on informal systems (like families), ingrained into formal systems (like neighborhood, community), and the formal system is grained in societal systems (like schools, government). This means, a family is not only influenced by his internal boundaries and interactions but are also affected by greater systems in which exist (Sutphin et al. (2013), referencing to Payne, 1997).

Bowen's family system theory shows the direction to observe human behaviour from a natural system perspective. This emotional system exists of all members who are strongly attached by relationships with each other to support and ensure their survival. Bowens family system theory central concept is the differentiation of self, which can be described as the ability to keep emotions and thinking separate (Knauth, 2003).

The whole family is more important than the sum of individuals and subsystems. And the whole family has to be evaluated to understand family actions (Allen et al., 2016). However, there are various opinions about a child's participation. Toros et al. (2018) describe some studies where a child is involved in a form when a specialist informs the child about the already made decision. While other studies show that the specialist considers a child's opinion and also informs the child (referencing Križ and Skivenes, 2015). Some articles define reasons why not to engage child - because of communication complications, child assistance is not necessary, participation might be harmful to the child (referencing Vis, Holtan, and Thomas, 2012). Other reviews show that specialist decides about child's participation differently based on age referencing (referencing Berrick et al. 2015; Križ and Skivenes, 2015). A younger child might be incapable to understand the situation, evaluate severity level, and make a decision about what needs to be done (referencing van Bijleveld et al., 2014). Finding show children's perspective - they receive only limited information and minimal contact with their social workers (referencing Cossar et al., 2016). Although young people point out their wish to have listened and to be heard. Maltais et al., 2019 research reveals that individualized treatment is not as effective as a family-based intervention for maltreating parents and their children.

2.2.3. What is a family at social risk?

Although society's members have always been vulnerable to specific risks, determining the concept "risk" has become especially emphasized in the last decades. Contemporary risks are evaluated by using various methods and approaches. All these different approaches maintain a common aspect – the contrast between the available and the selected actions (Dobelniece et al., 2015). A lot of different theories and definitions are used in different countries to determine what the family at social risk is. These concepts are strongly influenced by the political traditions of the country and culture, recognition of social risk as a phenomenon, and other society's aspects (Gudzinskiene and Augutavicius, 2016). There is no common understanding / definition of what a

"family at social risk" is, each municipality interprets it individually (Latvian SOS Children's Villages' Association, 2013). According to the Ventspils city council decision Nr.78. (Par saistošo noteikumu Nr.4 "Par sociālajiem pakalpojumiem Ventspils pilsētas pašvaldībā" apstiprināšanu, 2009), a family at the social risk – is a family in which no child development-friendly environment is provided, including emotional needs, also the basic need of a child is not met. It is a family in which some of the social risks, for example, violence, addiction problems, anti-social behaviour, unfavourable parenting conditions, child's education, and health neglect.

2.2.4. Family stressors and systems archetypes

The focal point of family system theory is the effect of cycles of interaction and behaviours that cause family problems (Sutphin et al., 2013 referencing to Becvar and Becvar, 1982). Other authors note that "the least obvious part of the system - its purpose and is often the most crucial determinant of the system's behaviour." (Meadows, 2009, 11-12).

Sutphin et al. (2013) (referencing Figley and MacCubbin, 1983) discuss that there are many stressors, both normative (that family face commonly) and catastrophic (which are much less common, but often more debilitating), that move a family out of homeostasis. The normative stressors are - unclear marital relationships, sexual development over the life course, different parenthood stressors (like financial, physical, psychological), adolescent development, dual-career family stressors (like role deformation, impact on children, work-family balancing), divorce, single parenting, step-parenting, blending family, environmental, societal and economic stress. Catastrophic stressors are – chronic illness, drug abuse, physical abuse, abonnement, death, unemployment, sexual abuse, war, natural disaster, and captivity. While (Meadows, 2009) argues that the destruction caused by systems' archetypes is often blamed on events or particular actors, although it is an effect of the system's structure. Some system's structured in a way that creates problematic behaviour and causes troubles. Those structures that create common patterns of problematic behaviour call *archetypes*. Some archetypes demonstrate such behaviour as addiction, drift to low performance, and escalation. They need to be fixed. The article by Him (2000) and Braun (2002) serve a basis of the archetypes overview:

1) *Limits to Growth/ Succ*ess - the lesson is that something always pushes back. There is no such thing as unlimited positive reinforcing behaviour. There are always limits that finally make themselves appear and felt. The reinforcing process of accelerating growth will come over to a

balancing process as the limit of that system is approached. There is a hypoThesis that continuing efforts will produce diminishing returns as a limit is approached;

2) *Shifting the Burden/Addiction* – here the problem is "solved" by using a symptomatic solution (that is easier to implement) which shifts the attention away from the fundamental solution aiming underlying structures that are producing the pattern of behaviour. Here are tensions between eagerness to us easy solution instead of a hard one;
3) *Drifting/Eroding Goals* **–** states that a gap between a goal and a current reality can be resolved in two ways: by taking corrective action to achieve the goal, or by lowering the goal. When there is a gap between a goal and a condition, there is an eagerness to use an easy solution - to lower the goal to close the gap. Over time, goal lowering will lower also performance;
4) *Escalation* **-** it occurs when A's activities are perceived by B to be a threat, and the B responds identically, further increasing the threat and resulting in more threatening actions by A. This pattern can be changed by switching the actors from a non-cooperative manner to cooperative behaviour so that they stop escalating. It might be helpful to understand the deep-rooted assumptions that lead to this behaviour;
5) *Success to the Successful* **-** states that if A is given more resources than equally capable B, A has a higher chance of succeeding. A's initial success justifies sharing more resources to A, further widening the performance gap between those two over time;
6) *The tragedy of the Commons* **-** in this structure the complex interaction of individually beneficial activities can create a depletion of a common resource. This archetype helps to connect the long-term effects of individual actions to the collective outcome, and develop instruments for managing the common resource more effectively;
7) *Fixes that Fail* – this is a pattern when the solution of the problem is quickly implemented and symptoms are alleviated. But unplanned consequences of this "fix" exacerbating the initial problem symptoms. This archetype shows a stabile worsening of the scenario, where the initial problem symptoms are worsened by the "fix". The reinforcing loop, which contains a delay, contributes to a steadily worsening problem symptom, not despite the "fix" (which is the case with Shifting the Burden) but because of it;
8) *Growth and Underinvestment* – in this archetype growth reaches its limit and can be defeated or pushed if investment in capacity is done. Instead, performance standards are decreased to justify underinvestment leading to a lower performance which justifies underinvestment in the future;

9) *Accidental Adversaries* - it describes the degenerative pattern that develops when two parties cooperating for a common goal, unintentionally take action that undermines each other's success. When parties in a working relationship misinterpret the activities of each other because of misunderstandings, unrealistic expectations, or performance problems, distrust and suspicion destroy the relationship. If the mental model leading to this destroy is not challenged, all parties may lose the benefits of their collaboration.

The primary goal of the family system theory is to appraise the "understanding and interpretation of the cognitive, social, and emotional functioning of individuals in society" and continues with the statement that in the treatment process, family system theory highlights curing the whole family when curing a dysfunctional family member(s) (Sutphin et al., 2013 referencing Dore, 2008). Dawson and Berry (2000) emphasize that long-term results more likely will follow when the whole family system is influenced. Social services agencies with a family focus rather than agencies with a primary focus on the child reach more needs in the family system that is defined as one of the success elements towards family wellbeing functioning. Also, Dawson and Berry (2002, referencing Gaudin, 1993) assure that traditional, one-on-one counseling, in a formal social service office setting, is usually ineffective with neglecting families. Rather he suggests a family-focused approach with - relocating role tasks within the family, creating better parent/child boundaries, developing clear communication among family members, and transforming dysfunctionality of the family. Family-focused intervention is found also to be more successful than individual psychotherapy in case that family reunification is the case (Maltais et al., 2019 referencing Brook, McDonald, and Yan, 2012; Chaffin and Friedrich, 2004; Horwitz, Chamberlain, Landsverk, and Mullican, 2010).

2.2.5. Major factors that cause risks in the family

It could be expected that the child's family in which he/she grows is a source of the risk. Family-related risk factors, such as single parenthood; a large number of children in the family; welfare dependence; not owning a house; family dysfunction; parental mental illness; abuse; parental substance use; family disagreements or illness; low parental education levels (at 2018 in Latvia, at-risk-of-poverty-rate, by parents highest level of education attained – 45.3 % were less than primary, primary and lower secondary education; 27.3 % were upper secondary and post-secondary non-tertiary education, 9.9 % were tertiary education, Eurostat, this indicator is defined

as the share of persons with an equalized disposable income below the risk-of-poverty threshold, which is set at 60 % of the national median equalized disposable income (after social transfers)). Those factors have been found to ruin a child's development (Dobelniece et al., 2015). Also, Daly and Grace (2015) agree, that families with a specific structure and content have a greater risk of poverty if to compare with the rest population. Such as single-parent families (in 2011, in Latvia 46 % of families with children below age 18 where single-parent families, Central Statistical Bureau of Latvia), large families with 3 or more children, cohabiting families, families with at least one disabled adult, families with minority ethnic background. According to the Latvian Association of SOS Children Village (2013), there are several major risks called threats of children welfare and development in the family, such as lack of social and parenting skills of parents; children's neglect; violence; addiction problems for parents and children; antisocial behaviour; problems with children's educations and health care; constant stressors in the parent's life (lack of material resources, unemployment (at 2018 in Latvia there was 8% share of persons aged 0-17 who are living in households where no-one works, Eurostat), health problems (physical and mental), and conflicts between adult family members. Certain family hazard factors, for example, aggressive behaviour at home and substance abuse in the family may lead to child abuse. Thus, it is critical to consider all conceivable family hazard factors that can add to child maltreatment (Patwardhan et al., 2017). The addictive nature of substance abuse is so powerful that weak parenting, unemployment, mental incompetence, and homelessness become associated with the addiction itself (Dawson and Berry, 2002).

European Parliament (Fighting Child Poverty the Child Guarantee, 2019) has described the main circumstances describing child poverty or social exclusion (AROPE): not having enough to eat or for a healthy diet; not being able to afford new clothes or decent shoes; not having the equipment that other children take for granted in their countries such as books and equipment for school or leisure equipment such as a bicycle or skateboard; living in poor or overcrowded housing; sharing rooms and living in a cramped space and in neighborhoods which have limited chances to play outside; not being able to afford proper health care or high-quality child care or to go to a good school or to get help when needed; being unable to invite friends home and being socially isolated; having little to say in decisions that affect daily life. Poverty is often related to abuse and neglect because of the environment that causes severe stress to parents (Dawson and Berry, 2002, referencing Besharov and Lauman 1997; Lindsey 1994; Pelton 1984).

Material difficulties, family stress, parental and cognitive inputs, and capacities, and the developmental context to which children are exposed are mechanisms through which childhood hardship is considered to affect the above outcomes. The timing, duration, and community background of poverty also matter for children's outcomes - early experiences of poverty, longer timing of poverty, and higher concentrations of poverty in the community lead to poor outcomes (Chaudry and Wimer, 2016). Poverty puts children at a risk already at conception, due to the mother's missing prenatal care, inappropriate nutrition, and more likely increased mental vulnerability says Odom et al. (2012). It is already observed that at the age of 3 delays emotional, cognitive, and social development for children from a poor environment, and a lack of convenient intervention enlarges this gap further by the age of 5 (Fernandez et al., 2015). Children raised in economically or socially excluded families face limitations to obtain the material, emotional and cultural resources necessary to develop as mature adults, and as a consequence is a particular vulnerability to continued social exclusion and poverty in their adult life. This has an important impact on children's mental, emotional, physical, and spiritual evolution. These grownups are more likely to earn low wages or to be unemployed, be lone parents, or be engaged in criminal actions. Therefore children poverty is a complex issue that demands an interdisciplinary policy approach (European Commission, 2018). In the European Commission recommendation (2013, Investing in children: Breaking the cycle of disadvantage (2013/112/EU)) said that "children are more at risk of poverty or social exclusion than the overall population in a large majority of EU countries; children growing up in poverty or social exclusion are less likely than their better-off peers to do well in school, enjoy good health and realize their full potential later in life". Also, the European Parliament briefing (2019, Fighting Child Poverty the Child Guarantee) complements the above with a statement about the importance of long-term consequences, of inherited poverty and an inter-generational poverty cycle. Evidence approves a link between childhood poverty and child well-being in the present as well as their development and future life chances:

- The poor living situation in early childhood considerably affects brain development at school age (referencing Luby et al., 2013). In addition to leaving behind their wealthier peers in educational achievements. Children in poverty are usually also evaluated by their parents and teachers as having more behavioural problems.

- Difficulties can be lifelong for children who are in poverty in childhood being significantly more likely to be at poverty poor in adulthood. Schurer et al. (2019), concerning the UK, observes that adverse childhood experiences are powerful predictors of economic outcomes at age 55.

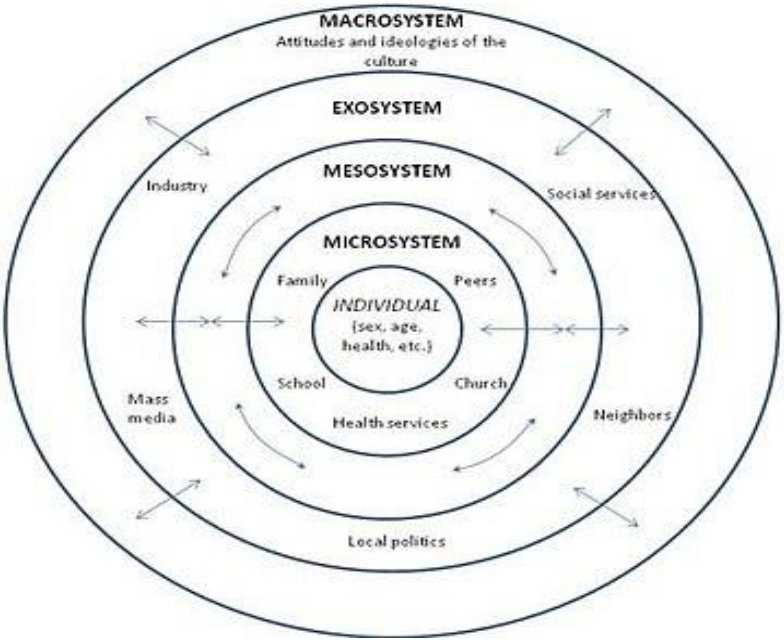
Central impact of standard early-life predictors such as health at birth, parental education, occupation, income, and household overcrowding.

Noteworthy to admit that not all social risks necessary lead to the family disadvantaged functioning and again all of those risks can lead to family disadvantaged functioning or a child's removal from the family. For example, a single-parent household or parent with a disability although increasing the risk of social wellbeing of the child, does not necessarily mean that the family is disadvantaged. But violence and abuse with no doubts put the family in a disadvantaged area. The narrow border divides a family at a social risk area from a disadvantaged family. Nowadays term – disadvantaged family is used rarely in Latvia, mainly because of ethical issues. Dawson and Berry (2002) note that researches that show focusing primarily on children need while significantly increase educational, medical, and recreational services level for children still show just a few changes of family functioning overall. Family members continue the struggle with the physical environment if they have unmet basic needs. As the family is defined as the best form for a child's upbringing, it is crucial to put an effort towards family preservation and social wellbeing increase. Trotter (2013) says that work with the whole family shows good results for all family members. In addition, as been emphasized by Channa et al. (2012) "the primary aim of family preservation programs is to prevent out-of-home placement".

2.2.6. Social-ecologic and Pincus – Minahan's approach as interpreters of a social problem

Families at social risk face a complex set of factors influencing family system functioning dynamics. While Bowen (1950s) explains family problems on the family system level and Meadow (2009) interprets family functioning problems through archetype focus, Bronfenbrenner (1979) allows looking to the family problems through broader look. He introduces with social-ecological idea stating that the ecology of human development include the scientific study of the continues, a mutual compromise between an active, growing human being and the dynamic properties of the immediate surroundings in which the developing person lives, as this process is distressed by relations between these settings, and by the bigger contexts in which the settings are ingrained. Schematic explanation of the different systems at different levels and interconnections between them showed in the Picture No 1.

Picture 1. **Social-ecological model in social work**



Source: https://www.socialworkdegreecenter.com/study/social-systems-theory-introduction/

Bronfenbrenner (1979, p. 22-26) offers the following definition of four levels:

"A microsystem is a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics".

"A mesosystem comprises the interrelations among two or more settings in which the developing person actively participates (such as, for a child, the relations among home, school, and neighborhood peer group; for an adult, among family, work, and social life)."

"An exosystem refers to one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person."

"The macrosystem refers to consistencies, in the form and content of lower-order systems (micro, meso, and exo) that exist, or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology underlying such consistencies."

This approach reveals the complex effect of all system levels on the functioning dynamics of the family system and interconnecting relations between all levels. Neither systems behaviour nor solution can be explained without a focus on the issue through all levels. This approach emphasizes the importance to understand the impact of systems around the family system.

Along with Bronfenbrenner, Pincus and Minahan (1973) offer a model that includes an acknowledgment of the influence of systems in people's lives. They suggest that individuals' social problems are mainly linked to the interaction between themselves and the systems of resources in their lives, and they allocate these resource systems into three types:

1) informal/natural – including family, neighbors, friends, co-workers, and others. They supply with emotional support, information, advice, and help;
2) formal – including trade unions, support groups, recreational clubs, parent-teacher associations, tenant associations, cooperative associations, providing specialized help than that available in informal systems;
3) societal – including housing organizations, health professionals, hospitals, social services departments, daycare centres, courts, schools, places of work, and the income maintenance agencies.

Many people's problems appear because of inadequacies in these systems or in their inability to use them, or because of failure in the interactions between individuals and the system, including mishandled conflict, misunderstanding, prejudice, bias, or disruption of relations in some other way. Whatever the situation is, consideration of an extensive range of systems and the probability that the problem can be caused not only by some factor internal to the person but also by factors within these systems (Milner and O'Byrne, 1998). They connect the person and the problem with the environment. The main belief is that people depend on systems and problems are an outcome of breakdown among people and systems with which they interact. These two approaches of overviewing the client within a social context influencing social work form each offering an organized framework to unify and develop social work practice. Pincus and Minahan present four basic social work systems:

- The Change Agent System (social workers and agency colleagues);
- The Client System (the client requesting help);
- The Target System (people "who need to be changed to accomplish the goal of the Change Agent);
- The Action System (Change Agents and others involved at work on the Target System).

(Lund, 2004).

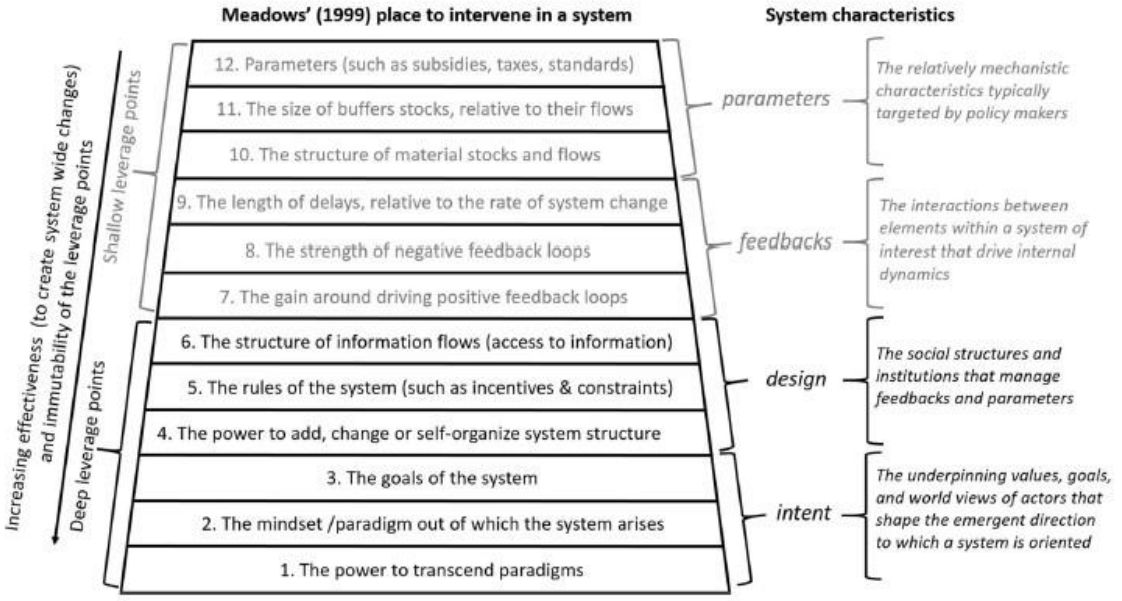
Thus, social work specialists can be defined as the Change Agent System and Family at social risk as the Client and the Target system.

By knowing a complicated network of interconnected and multi-layered systems that influence the family system, raises the question - where and how to intervene family system (Client System) most effectively?

2.2.7. Leverage points and systems laws

Meadows (2009), an expert in systems analysis, says there are "leverage points—places in the system where a small change could lead to a large shift in behaviour. […] Leverage points are points of power." Abson et al. (2017) compile Meadow's 12 leverage points that influence the behaviour of the system. These points varying from 'shallow' places where intervention is relatively easy to the appliance but brings little change functioning of the system to 'deep' leverage points that might be more challenging to change but potentially outcome in transformational change. Meadows' leverage points can be combined into four types of system characteristics that interventions can target (from shallowest to deepest): parameters, feedback, design, and intent.

Picture 2. **Leverage points for sustainability transformation**



The four system characteristics represent a nested hierarchy of, tightly interacting, realms of leverage within which interventions in a given system of interest may be made. Deeper system characteristics constrain the types of interventions possible at shallower realms of leverage

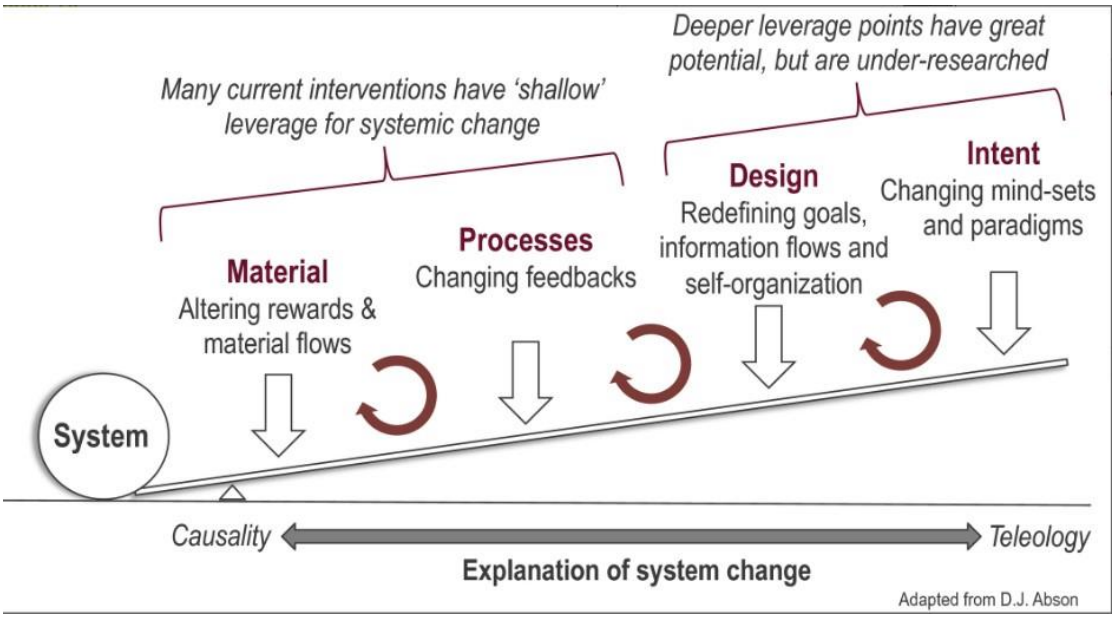
Source: Abson, D.J. et al., Springer. 2017.

Interventions (levers) can be done on different types of leverage points - parameters, feedbacks, design, and intent. The power of intervention to initiate change is strained by the

hierarchy of those types of system characteristics. Sustainability research and policy have usually targeted relatively shallow leverage points. These 'shallow' interventions are vital and can create beneficial outcomes but, on their own, are unlikely to guide to transformational change. The most effective and most hard to influence leverage point is the paradigm out of which the whole system is constructed. Fischer and Riechers (2019) in their paper offer Picture No 3 that schematically shows a possible effect from the chosen leverage point. The authors mark a few advantages of the leverage point's perspective:

- It can connect causal and teleological interpretations of system change – where change is observed to appear from variables affecting one another, but also from how man's intent constructs the trajectory of a system;
- It consciously identifies influential, 'deep' leverage points – places at which intervention is tough but probably will produce transformative change;
- It empowers and audit of the interplay between shallow and deep system changes – sometimes, relatively 'shallow' interventions may lead way for deeper changes, while at other times, deeper changes may be necessary for superficial interventions to work;
- It can work as a "methodological boundary object" – by supporting a corporate entry point for different disciplines academics and societal partners to work together.

Picture 3. **Leverage points perspective on sustainability**



Source: Fischer, J. Riechers, M. 2019.

Thus can be understood that systems dynamics can be influenced by the intervening system in different leverage points. While targeting 'shallow' levels it is easier to accomplish intervention, it is likely does not result in the sustainable transformation of the system's dynamics change. But targeting 'deep' levels is much more challenging and harder to do by requesting additional resources to reach the target – desirable sustainable change of the system's dynamics. Although the system has only one – the most effective leverage point to intervene system at a time, the interaction between different leverage points can lead to beneficial results.

While Meadow (2009) in her work offers this list as an invitation to overview system change wider, but not as a recipe to find leverage points, meantime Horrigan (2019) offers that leverage points can be identified by looking for root causes. He suggests the formula: to identify the situation and need, evaluate the missing element (the leverage point) that would correct the situation, construct and then validate a plan that would equip with the missing element and that could be finished, and then implement the plan. Also, Luchessi and Ostrom (2011) offer 5 essential components of the transformation process:

- Understanding and description of the *problem*;
- Description of the *desired outcomes* after the problem's solution;
- Description of *necessary* and *sufficient conditions* to reach the desired outcome;
- Description of *existing conditions*;
- Description of *tasks and action steps*.

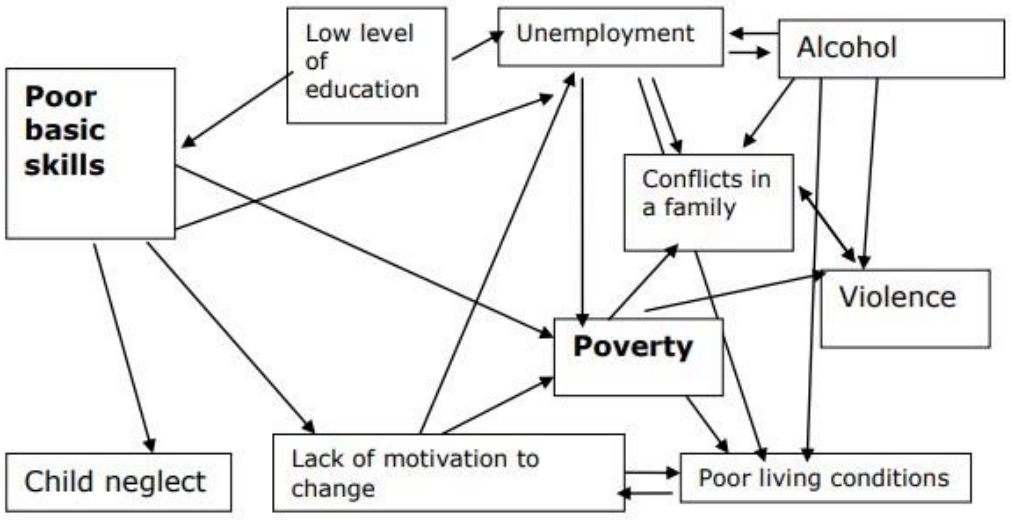
While knowing the existence of leverage points and having a suggestion to find the most effective leverage point in the system, it is remarkable to remember Senge's (1990) 11 laws of the system's dynamics from his book "Fifth Discipline":

1) Today's problems come from yesterday's "solutions."
2) The harder you push, the harder the system pushes back.
3) Behaviour grows better before it grows worse.
4) The easy way out usually leads back in.
5) The cure can be worse than the disease.
6) Faster is slower.
7) Cause and effect are not closely related in time and space.
8) Small changes can produce big results but the areas of highest leverage are often the least obvious.

9) You can have your cake and eat it too-but not all at once.
10) Dividing an elephant in half does not produce two small elephants.
11) There is no blame.

From the social work perspective, there is a wide set of interrelated factors that puts families at social risk. To solve the issue, according to theory – the root of the problem or the most effective leverage point should be defined and targeted. Steve Jobs said: "If you define the problem correctly, you almost have the solution". Unfortunately, there is no easy and simple answer what is the root of problems of families at social risk, there is no "silver bullet" that could target the issue. But there are tries to systemize those factors to find the root of the problem. European Parliament briefing (2019, Fighting Child Poverty the Child Guarantee) says there are four main, inter-related hazard factors, with a *low education* on top that influences poverty: non-working parents; parents with a low education level; migration background; specific minority group children. Dobelniece et al. (2015), on the other hand, says that families at social risk with children are struggling with different problems: social exclusion, poverty, unemployment, violence, drug abuse, etc. The most important factors that initiate a social risk are a shortage of *basic skills*, and the absence of *motivation* to change and to improve one's living quality. Problems for the families at risk are often *inherited*, and there are *missing positive examples*.

Picture 4. **The main problems and causes related to families at risk**



Source: the summary of data based on the results of in-depth interviews

Source: Dobelniece, S. et al. 2015.

Picture No 4 shows that poverty that is often related to social problems is rooted in poor basic skills. Thus can be assumed that poor basic skills are the root of problems in families at social risk. Also, the European Parliament briefing (2019, Fighting Child Poverty the Child Guarantee) notes that low education is a top factor. Those both – basics skills and education are ideological similar roots that could be targeted. And by looking at Meadow's 12 leverage points, it can be seen that skills and educations are 'deep' level leverage points that most likely will deliver the sustainable transformation of family's at social risk systems dynamics. Of course, this is not a panacea to solve all problems of families at long term social risk. The other social problems, such as parents or children with disabilities or mental problems or families in a poor rural area might expect fruitful outcome by pushing on lower leverage points. And it again depends on defining the root of the problem.

If to look from the social work perspective then social work specialist can be overviewed as an actor looking for the right leverage point to push the family system. And by knowing system's law 2 - the harder you push, the harder the system pushes back – it is crucial to find the right way to push the system. Therefore, it is important to know only where to intervene system but also how to intervene in the system.

The next chapter aims to overlook the collaboration process among social work system elements and families at long-term social risk as another approach towards systems dynamics effective transformation process. Collaboration may be a method in which an increasing diversity of social work theories can exist side-by-side and provide to one another's mutual development. Collaboration is purposively action-driven; in conceptual terms, it is best understood as a verb - as an outcome of the coming together of two or more stakeholders, be they individuals, communities, groups, or organizations. Indeed, collaboration might be included among the most powerful of all social work verbs, alongside to communicate, or to relate. Likewise, collaboration is not an end in itself; rather, it is a means of achieving the objectives of social work intervention (Graham and Barter, 1999).

2.3. Collaboration perspective and meaningful engagement

Collaboration among professionals, carers, and service users is crucial to the fruitful provision of care service. The collaborative work aims to improve care services (Weinstein et al., 2003). Possibility for collaboration usually happens when there is a crossing of interests between participants that build a win-win situation for the partnership. Therefore partners must feel mutually

beneficial relationships (Morris and Miller-Stevens, 2016). According to Cambridge Dictionary, Collaboration is defined as: "the situation of two or more people working together to create or achieve the same thing" or "the act of working together with other people, organizations to create or achieve something". Collaboration is an active process of partnership an action says Weinstein et al. (2003). Many researchers handling a wider definition of the word collaboration in which joint goal is key. Collaboration is something more than just a one-way or two-way information transfer. It is much more complicated, requesting mutual respect and mutual commitment between persons who are collaborating. Collaboration defined as working together towards a common goal; conceptualized as a process (event series) and an outcome; as a compound process that requests purposive sharing and cooperative responsibility; as an interdisciplinary process of problem-solving, joint responsibility for decision making, and a capability to achieve a plan while working together towards common aim; as a relationship, a process existing of ongoing interactions; increase the capacity of other for mutual profit and to accomplish a common goal by sharing risks, resources, responsibilities, and prizes; work cooperatively. Collaboration is often analysed as a process that anticipates interest and shared responsibility on both sides (Freshman et al., 2010).

The author concludes that collaboration is an active process that consists of interactions and is based on mutual relationships and sharing to achieve a common goal. The author assumes that *mutuality* is the essence of collaboration.

It is crucial to know that the perspectives, needs, and experiences of clients and their service providers might be very contrasting (Crawford, 2012). Many families think they do not have serious problems and do not need a social worker's help (Forrester et al., 2019). A low level of parents' participation is a fundamental challenge for successful service delivery in child protection services (Maltais et al., 2019 referencing Damashek, Doughty, Ware, and Silovsky, 2011; Dawson and Berry, 2002). Thoughts and beliefs of parents about what has to be modified not always are similar to social work specialist's views (Maltais et al., 2019).

There are 2 types of clients – "*voluntary"* client (a client, who has applied to the social service himself and is motivated to improve his social situation and is ready to cooperate with the social worker until the problem is solved) and "*involuntary"* client (a client who has been informed about by an institution or person, and who has not voluntarily chosen the social service support). In case of voluntary client is more likely to create collaborative relationships towards a productive outcome. While in the case of an involuntary client that is challenging to create collaborative

relationships and engage service users to work cooperatively. The client fails to complete therapeutic service rates varies from 35% to 70% with higher rates for involuntary clients (Dawson and Berry, 2002 referencing Kazdin, 2000; Mueller and Pekarik, 2000)**.** The client does not become a client until no agreement has been reached with the social worker on the objectives of the intervention. Until then, the social worker focuses on helping the customer become a customer - encourages the customer to accept the services offered (Apine, 2015). Parents usually behave in three ways to a social work specialist who is leading the case – openly challenging the specialist; playing the game to finish cooperation faster; collaborating genuinely. The last type of interaction that involves partnership is considered a perfect foundation for engagement and intervention (Merkel-Holguin et al., 2014 referencing Dumbrill, 2006). Parental *engagement* is a first step towards the change process (Maltais et al., 2019 referencing King, Currie, and Peterson, 2012; Staudt, 2007). There is a common opinion in literature about the power of common interests. However, the authors emphasize the use of conviction in bringing people together towards common aims based on overlapping concerns. Influential relationships put a huge impact on those as those influential relationships encourage persons to support specific interests (Morris, Miller-Stevens, 2016). Crawford (2012) writes about three types of strategies of how collaboration can be achieved:

1) Cooperative strategy – through mutual agreement;
2) Incentive strategy - through some encouragement, often financial, for example, some greater resource provision;
3) Authoritative strategy – through the use of authority, mandate, instructions, and commands.

Dawson and Berry, 2002 (referencing Littell and Tajima, 2000) construct 2 types of client participation: collaboration and compliance. In collaboration, a client takes part in treatment planning and agreement with those plans. While compliance is characterized by appointment keeping, tasks completing, cooperating with a specialist. Collaboration is an essential design of client engagement. That can be understood from a definition that engagement is an essential activity in social work:

> "Social work is a practice-based profession and an academic discipline that *promotes* social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities, and indigenous knowledge, social work *engages*

> people and structures to address life challenges and enhance well-being"[4] (International Federation of Social Workers).

The "helping" is strongly emphasized on other social work definitions:

> "Social work is a profession concerned with *helping* individuals, families, groups, and communities to enhance their individual and collective well-being. It aims to *help* people develop their skills and their ability to use their resources and those of the community to resolve problems. Social work is concerned with individual and personal problems but also with broader social issues such as poverty, unemployment, and domestic violence"[5] (Canadian Association of Social Workers).

The National Association of Social workers emphasize the importance of knowledge of human development and behaviour, various social institutions and the importance of *interaction* among all of them:

> "Social work practice consists of the professional application of social work values, principles, and techniques to one or more of the following ends: *helping* people obtain tangible services; counselling and psychotherapy with individuals, families, and groups; *helping* communities or groups provide or improve social and health services, and participating in legislative processes. The practice of social work requires knowledge of human development and behaviour; of social and economic, and cultural institutions; and the interaction of all these factors" (National Association of Social Workers).

The British Association of Social Workers puts a high importance on help and support to families at risk collaborating in multi-disciplinary teams:

> "Social workers work with individuals and families to *help* improve outcomes in their lives. This may be helping to protect vulnerable people from harm or abuse or supporting people to live independently. Social workers *support* people, act as advocates, and direct people to the services they may require. Social workers often work in multi-disciplinary teams alongside health and education professionals"[6] (British Association of Social Workers).

This helping is not contradictory to engagement as Toros et al. (2018) emphasizes that effective engagement is a crucial component in the helping process (referencing Ayón, Aisenberg, and Erera, 2010; Harris, 2012; Loman and Siegel, 2015; Underwood and Killoran, 2012) and it is challenging for specialists (referencing Fusco, 2015; McLendon, Dickerson, Lyons, and Tapp, 2012). Välba et al. (2017) admit that engagement is defined as helping relationships. Parental engagement in helping services is a crucial element that promotes change (Maltais et al., 2014). Social work should aim to the attention to effective helping relationships (Donald Forester et al., 2019 referencing

[4] https://www.ifsw.org
[5] https://www.casw-acts.ca
[6] https://www.basw.co.uk

Ferguson, 2011; Munro, 2011; Featherstone et al., 2014). Social services are useful only when the client completely engages (Dawson and Berry, 2002).

A broad range of literature covers challenges related to parents' participation in the social support process. The author can assume that due to common involuntary participation collaboration is challenging because of the missing core element – mutuality. Therefore meaningful engagement matters. Engagement in case of involuntary participation might be considered an indispensable component of collaboration. Engagement is the connecting element that makes collaboration more likely possible.

The literature review findings allow the author to analyse those factors that influence collaboration and effective engagement on micro, mezzo, and macro levels. Further in the Thesis social work specialist's factors will be overviewed at the micro-level, social services, and programs as mezzo level and macro-level - mainly as a framework containing ideological assumptions in the social work with families.

2.3.1. Social Work Specialist's Related Factors – the influence at micro-level

Every social worker is participating as the Change Agent (someone assisting in promoting positive changes) (Zastrow, 2009). Social worker's competence is one of the crucial factors influencing social work effectiveness (Bardauskiene and Pivoriene, 2018). To implement any program trustworthy and positive working relationships must be implemented prior (Maltais et al., 2019 referencing Dakof et al., 2010). Many interventions are most effective when social work specialist establishes an empathetic and trusting relationship with their clients (Dawson and Berry, 2002 referencing DePanfilis, 1999). Välba et al. (2017) research also confirmed that engagement is promoted by trusting working relationships. Skills are important in forming relationships that help a social worker to obtain information to understand the problem and engage the family to promote change (Forester et al. 2019 referencing Munro 2010). However controversially Maltais et al. (2019) research findings show that level of emphasis on relationship quality among social work specialists and family or whether the staff is trained did not explain the heterogeneity of effect sizes. The next chapters will explore the main specialist-related factors that are assumed to create working relationships and promote engagement.

2.3.1.1. Personal qualities of social worker

Toros et al. (2018) research suggest emphasizes that qualities which empower clients are admitted as the most effective towards engagement. Dawson and Berry (2002) point out that for families with multiple social problems following characteristics of social workers were found out as the most attractive and working towards collaboration: willingness to help and to be with the family, supportiveness, and nonpunitive, clients' listening and encouraging (referencing Benvenisti and Yekel, 1986). Toros et al. (2018, referencing Darlington et al., 2012) states: it is crucial to emphasize that listening alone might not increase parents/families' willingness to engage; efforts to understand parents' points of view is also critical. The inspiration of hope early, understanding, and emotional support (referencing Kinney et al., 1991) promotes engagement.

Empathy, rapport, trust, respect manifests in a cooperative and mutually agreed process. This mutual process ensures the engagement of clients who have experienced no or little respect, trust, and empathy in their history with social service support (Dawson and Berry, 2002).

Toros et al. (2018) point out that not holding preconceived beliefs about clients is another aspect likely to establish engagement (referencing Garcia et al., 2015). Factors promoting engagement are trusting relationships with the social work specialist. Studies show the significance of trust for open communication and the sense parents make positive changes (referencing Gallagher et al., 2011; Gladstone et al., 2012; Kelleher, Cleary, and Jackson, 2012). Open communication is strongly related to engagement (referencing Farrell et al., 2012). Support, also emotional support is related to positive engaging (referencing Darlington, Healy, Yellowlees, and Bosly, 2012; Fuller, Paceley, and Schreiber, 2015; Gladstone et al., 2012; Gladstone et al., 2014; Merkel-Holguin et al., 2015; Schreiber et al., 2013). Although honesty (referencing Gallagher et al., 2011; Ghaffar et al., 2012; Gladstone et al., 2012), non-judgmental attitude (referencing Gladstone et al., 2014; Thorpe and Ramsden, 2014), calmness (referencing Schreiber et al., 2013) support families in constructive engagement. Toros et al. (2018) note that to promote a child's engagement good and trusting relationship between social work specialists and child is one of the most important factors (referencing van Bijleveld, Dedding, and Bunders-Aelen, 2015.

To summarize can conclude that qualities that lead towards engagement and collaboration are: trustful relationships based on empathy, supportiveness, understanding of family's needs, honesty, respect, trust, empathy, open communication, nonjudgmental attitude, non-preconceived beliefs, friendliness, fairness.

2.3.1.2. Behaviour and skills

Dawson and Berry (2002, referencing Rooney, 1992) in their article note that in a case with involuntary clients, social workers' behaviour influence more than characteristics. Making a clear request rather than an uncertain one, seeking sincere commitments from clients to perform, providing teaching to complete the task, ensuring positive amplification of the task, picking of tasks that require little difficulty discomfort, provide client participation in the picking and construction of tasks are activities that provide a better outcome in family engagement. Toros et al. (2018) report that effective communications skills (referencing Schreiber et al., 2013), listening skills (referencing Fuller et al., 2015; Gladstone et al., 2014; Healy et al., 2012; Loman and Siegel, 2015; Schreiber et al., 2013), ensuring of reassurance (referencing Fuller et al., 2015) positively influence collaboration. Sensitivity to approaches and methods used to promote participation (referencing Morris, Brandon, and Tudor, 2015 Gladstone et al., 2012) identified in two practical skills —goal formulation and discussion of problems. Change can happen only when a problem is understood by the client (Bardauskiene and Pivoriene, 2018). Parents' understanding of the possible long-term consequences in case of having substantiated report about their child maltreatment affects (Merkel-Holguin et al., 2014). Dawson and Berry (2002) agree that helping to define problems and set the family's own goals of treatment are important for engagement. If treatment goals are quickly settled, work progresses more quickly. As well as educating parents in the first interview about the pending case issues and creating suitable parent/child interventions during the next meetings (referencing Huszti and Olson, 1999) is promoting parents to engage. Maltais et al. (2019) research also confirm that goal-oriented engagement leaned parents to participation. Dawson and Berry (2002) add that family therapy, social work specialist's help and support combined with a workers responsibility to propose clear goals (referencing Traglia et al., 1997) and with cognitively, socially, and emotionally convenient interventions (referencing Huszti and Olson, 1999), increase engagement and successful outcomes. Toros et al. (2018) findings show that the manner the family is contacted and carried sets its level of engagement. Studies reveal the significance of several methods and fundamentals, e.g., explaining the process (referencing Schreiber et al., 2013), negotiation, transparency, sensitivity (referencing Morris et al., 2015), recognizing positive achievements (referencing Gladstone et al., 2012; Gladstone et al., 2014), protection family rights, establishing power balance (referencing Healy et al., 2012). Merkel-Holguin et al. 2014 point out that friendliness, involvement in decision making, and fairness are reported by parents as engagement strengthening behaviour (referencing Loman and Siegel, 2004)

also considering the family's opinion indicates good casework. Noteworthy are Toros et al. (2018 referencing Kemp et al., 2014) findings that ensure empirical proof of a correlation between parents' willingness to involve in services and apply of strength-based intervention by social work specialist that promotes collaboration, trust, and positive interaction during the assessment process that empowers a client to make changes. Strengths-based thinking related to enhancing motivation, resources, and encouraging clients to move closer to their goals (referencing Cederbaum and Klusaritz, 2009). Also, the elimination of the forensic investigation approach increases the engagement level of families (referencing Loman and Siegel, 2015). Maltais et al. (2019) indicate that focus on parents' abilities and sensitive response to their needs is a key component to successful intervention (referencing Kemp et al., 2014). Toros et al. (2018) article reveal that specialists identify another approach that enhances engagement is motivational interviewing that supported by crucial skills as empathic and active, positive nonverbal communication, confirmation of strengths, and reflection (referencing Snyder et al., 2012). Parents assume the worker will provide help in accessing information and/or advocating for them (referencing Ayón et al. 2010). Sheppard (2001) in his research reveals some deficiencies in communication when social work specialists think that information is passed clearly however the client did no "pick up" this information.

Social work specialists can make an impact on the client's engagement and compliance with an increased amount of time spent in direct contact with the client (Toros et al., 2018). Forrester et al. (2019) research revealed that families with eight or more visits showed increased strength of relationships between social work specialist's skills and outcomes. Researches reveal a correlation between family stability and social work specialist contact hours (Dawson and Berry, 2002 referencing MacLeod and Nelson, 2000; Werrbach and Harrod, 1996). Social work specialist also has to spend time for open and regular discussion to explain his/her role and investment in the collaboration and collaboration framework (Apine, 2015).

Although this Thesis does not aim to investigate the significance of children and youth participation in the collaboration process author thinks it is still noting some vital elements from a youth perspective. Toros et al. (2018) note that for young people is important that they can say what they want, be heard, be informed, and feeling to be taken seriously (referencing van Bijleveld et al., 2014, 2015). Respect and empowering make a positive difference. Rapport-building is based on keeping promises, limitless communication, listening, and not breaking confidentiality (referencing Sæbjørnsen and Willumsen, 2015). Young people engage more when they feel

respected (referencing Munford & Sanders, 2016) and not controlled (Sæbjørnsen and Willumsen, 2015). Enough contact, no sense to be pressured, and not being investigated boost children's participation (referencing Cossar et al., 2016). Young people value direct and timely responses to their concerns and the specialist's reliability and availability (referencing Munford and Sanders, 2016). Practices that are empowering practice related not only to more effective engagement of clients but also to better outcomes (referencing Munford and Sanders, 2016).

A broad range of literature covers cooperative and incentive collaboration strategies with an emphasis on specialist's welcoming behaviour and structuring skills that stimulates service user's engagement. This approach underpins child and family well-being focus that assumed to be a desirable outcome. However other findings show that proper use of authority or negative experience of parents with services previously also might work towards a desirable outcome.

One would think that the authoritative collaboration strategy does not fit with the cooperative and incentive approach but Forrester et al. (2020) research reveals noteworthy findings. Their article points out that social work interactions can be defined as "intersection of autonomy and control" where the worker support people to live satisfying life and control people if they put society or themselves at risk (referencing Hall et al. , 2014, p. 178.). Together with "care and engagement", "behaviour change" dimensions, they put also "good authority" in their conceptualization of child and family social work practice. "Good authority" is utilized "in a skillful, empathic yet forthright manner", the appropriate, delicate but solid use of power authorized by state (referencing Ferguson, 2011). In their research measurement instrument based on Motivational Interview dimensions where "care and engagement" suggested to be measured by empathy, autonomy (recognized parental choice), collaboration, and "behaviour change" by evocation (elicitation and improvement of inside motivation). While "good authority" suggested being evaluated by purposefulness, clarity about concerns, and focus on the child. Findings show that care and authority are well developed but additional work needs to be done to explore how social workers support behaviour change. One might argue that "care" and "control" are opposites but finding reveals that specialists who express a higher level of care and engagement more likely express a higher level of autonomy as well. Since "good authority" contains a collaborative element that influences interrelationships between the skills positively. Authority here is not meant as the direct telling to people what to do and why to do. Also, another Forrester et al. 2019 research discovers that "good authority" makes an impact on family life, improve family functioning, and cohesion twenty weeks later. "Good authority" was a stronger predictor of family engagement and

better outcome than relationship building. Interestingly that contrary to what has been written above relationship-building had a weak relationship with engagement and goal achievement. Findings indicate that engagement has little relationship to outcome. The key skill to achieve goals perhaps is an evocation that is a core element in Motivational Interview. The degree to which social work specialists can stimulate the client's internal motivation for change rather than telling what to do is relatively strongly related to a positive outcome. Motivational Interview might be useful in social work with a child and family.

Some other sources reveal that not only conducive influencing style can be effective towards a desirable goal. Toros et al. (2018 referencing Slettebø's, 2013) in their article write that parents' adverse experiences with services are a cause of engagement and participation. Parents with lost custody of their children wanted and were able to perform to correct. And Merkel-Holguin et al. (2014) research indicate that parents also might work eagerly to escape contacts with child protection services and can strategically manage relationships with child protection service to minimize shared information and communication (referencing Buckley et al., 2011; Dumbrill, 2006, 2010).

To summarize the author can conclude that skills and behaviour that lead towards engagement and collaboration are: help to understand and define problems, the client is involved in decision making, set achievable tasks, respect of family's own long-term goal, explanation of further collaboration process, long-term consequences and social workers role, strength-based approach, negotiation, transparency, sensitivity, protection of family rights, advocating family, teaching and providing necessary information, support, "good authority" and sufficient time of direct contact. This strongly binds to the system's perspective about essential components towards the transformation process - understanding and description of the problem; description of the desired outcomes after problem's solution; description of necessary and sufficient conditions to reach the desired outcome; description of existing conditions; description of tasks and actions steps.

2.3.1.3. Professional education and experience of social work specialists

Research findings are contradictory regarding the relationship conformity between strategy and the level of education and experience of individual social work specialists. Although a higher level of educations correlates to the more likely productive outcome of the family treatment process, used technique and intervention location and technique may be at least as important as educational degrees and qualifications (Dawson and Berry, 2002). Workers' experience is another

system-related factor as it enables workers to better understand clients' problems and provide more effective support (Toros et al., 2018 referencing Gladstone et al., 2012). The personality and professionalism of the worker must be flexible to reach a child's and family's needs. Social workers reflect agency philosophy and approach to the work (Dawson and Berry, 2002). Gladstone et al. (2012) in their research about parent's perspective find that specialists experience plays a positive role in engagement increase. Contrary, Kemp et al. (2013) research findings show that worker's education level and experience years did not have an important effect on the practice from the clients' perspective.

2.3.2. Service components related factors – the influence of mezzo level

The productive collaboration process among social work specialists and family at social risk is determined by not only the social work specialist's qualities, skills, and behaviour but also by the availability of appropriate and customized services for each vulnerable family. Effective intervention includes stimulation to change lifestyle, not just behaviour; a combination of practical and relevant intervention and aims for long-term changes. Social services and workers are responsible to involve those standards. When implemented on each agency level, likely also collaboration will increase (Dawson and Berry, 2002 referencing Carr et al., 1999). Intervention programs use educational, social support, problem-solving, punitive, strength-based, and mixed approaches to promote parental engagement and improve the desired result (Maltais et al., 2019). Dawson and Berry (2002, referencing Traglia et al., 1997) recommend ensuring practice principle for successful intervention program: mutually agreed guidelines and settled goals should be clear and settle by all parties; the client takes grounded decisions and takes the responsibility of the consequences of these decisions; practices should be focused on the result; social work specialist and clients commit to working together. Maltais et al. (2019) write that some programs rely on participant's own volition while other programs use external pressure (court hearings, drug tests) to maintain parental involvement. Some use mixed strategies. The use of external pressure is controversial. It may promote engagement (referencing Forrester, McCambridge, Waissbein, & Rollnick, 2008), but it may be perceived as threatening (referencing Darlington, Healy, & Feeney, 2010), from parents' perspective and even lead to resistance and drop-out of the program (referencing Miller and Rollnick, 1995, 2004). In the context of the protection of children's rights, it is also important to mention the recommendations of the Committee of Ministers of the Council of Europe CM / Rec (2011) 12 on children's rights and social services suitable for children and

families, adopted in 2011. Paragraph 4 of the Recommendation reflects the structure of the general elements of social services appropriate to the child (http://www.lm.gov.lv/upload/berns_gimene/bernu_tiesibas/cm_recx2011x12.pdf).

These examples of international practice reflect the idea that at the basis should be available universal, prevention-oriented services that break the development of the problem. Further services are used dependently on the extension of the problem. Children and young people with behavioural disorders, combined problems (for example, mental health problems in combination with substance abuse and / or other deviant behaviours) would need narrowly specialized, specific (Society of Social Workers, official letter 27.08.2020. Nr. 5 to the Latvia Welfare ministry). Some programs that reveal their potential are:

1) *Short term* and/or *intensive* family preservation programs' success is in the family's early approaching, engaging, and shortened time frame (Dawson and Berry, 2002). Karmen Toros et al. (2018) studies also have identified that a proactive approach including early involvement enables engagement (referencing Maxwell et al., 2012). Dawson and Berry (2002) note that programs emphasize skills training (especially parenting skills) rather on "soft services" (psychological counseling). Criticism of this type of intervention is that not naturally result in increased stimulation for the neglected children. Rather, the child's or the parent's behaviour is better managed; nourish and emotional bonding does not naturally follow. Parents' training program is even more effective if it also addresses parental coping skills with multiple forms of family stress, including financial and other adult problems (referencing Griest and Forehand, 1982; Patterson, Chamberlain, and Reid, 1982).

2) *Early Childhood* Programs for maltreated children with specially created therapeutic activities to improve stimulation, cultural enhancement, and development of social skills and motor skills, have proven to have a notable impact on the child's functioning, and the prevention of repeated maltreatment by parents (Dawson and Berry, 2002).

3) *Home-based* programs provide a link to community support and families can be self-sustaining for a longer time in their natural environment. Success related family's early approaching, the teaching of practical skill in the environment they will be used; underlying skills-building over therapeutic insights; underlying support of specific services (Dawson and Berry, 2002). Where families were often visited at home, the relationship between skills and outcome was more solid (Forrester et al., 2019).

4) Strengthening support and community *network* - Dawson and Berry (2002) write although skills' learning is important, they do not ensure families to become self-sufficient in the long term (referencing DePanfilis, 1999). Equally important is to develop and to maintain support networks outside the professional working relationship. This is assumed to lead families self-sufficient in the long term. Support networks involve public and private agencies, schools, churchmen, addiction specialists, and day centers. Power transferred from the environment to clients, increase the client's strengths (Toros et al., 2018 referencing Keys, 2009). The support team might also be created or strengthened by using members of the client's family and close neighbors or friends (Dawson and Berry, 2002 referencing VanDenBerg and Grealish, 1996). Bardauskiene and Pivoriene's (2018) research also confirms a big impact on the environment.

5) *Broadly focused* case management - Dawson and Berry (2002) reveal beneficial factors of this type of intervention program. Neglecting families often experience a series of obstacles that decrease the level of engagement - inappropriate housing, unemployment, poverty, and childcare. This type of service includes mitigating barriers to engagement. Meeting these needs is essential to expect long-term behavioural change. Research shows that families of all types who receive concrete services at the beginning of their treatment are more likely to create and continue a relationship with social work specialists (referencing Lewis, 1991). Therefore the provision of concrete resources can decrease stress and productively influence the ability of the family to effectively participate in family life. Support with concrete resources establishes rapport between social workers and family by an understanding of their needs and then giving a real solution. These "hard services" (shop for food, fix furniture, call for household service) reduce poverty circumstances, and improve a family's physical environment. Assistance in these services gives also an opportunity to ensure families learning how to manage these "hard services" by themselves (referencing Kinney et al., 1991). The provision of a wide range of "hard services" has a higher level of client's collaboration (referencing Littell and Tajima 2000). The mobilization of outside resources to fill the family's identified needs helps to conquer the family's desperation, refusal, and disbelieve of professional helper (referencing Gaudin, 1993). Any intervention that aims neglect and does not offer concrete services may miss the source of the problem. Other practitioners argue that professionals working with children and families of neglect should honesty address intent to set long-term goals and to expect long-term treatment (p.310).

6) *Specific* needs - Dawson and Berry (2002) admit that substance abusers are the most challenging group to involve in the treatment program. Collaboration levels with social work

specialists in this group are significantly lower. Some moderations in this deficit showed in cases when a social worker has a master's degree (referencing Littell and Tajima, 2000). Some programs for substance-using mothers improved client participation by using formal, signed treatment contracts; goal setting; and strength-based approach to support constructive relationships with caseworkers. Research finds that in the case of drug addiction punitive strategy in the judicial case of disobedience looks effective (Maltais et al., 2019 referencing Bruns et al., 2012; Worcel et al., 2008).

Programs targeting a child's neglect in a pair of services are the most successful in relieving familial neglect. Families who long-lasting neglect their children will need to be in multiple and intensive programs throughout their lifetime (Dawson and Berry, 2002 referencing Yuan and Struckman-Johnson, 1991). Quick engagement and appropriate intervention once families are engaged more likely will lead to avoiding out of home placement (Dawson and Berry, 2002). To offer young people with behavioural problems and their families adequate solutions that are in line with children's rights, a system of services is needed that covers the full range of services, from universal, preventive to social control services (Society of Social Workers, official letter 27.08.2020. Nr. 5 to the Latvia Welfare ministry).

To summarize can conclude that program-related factors that lead towards engagement and collaboration are: early approaching, provision of concrete services and resources that the client finds helpful and relevant, parenting skills training including coping skills, in-home environment, and support of the network.

2.3.3. Ideological assumptions in social work with families – the influence of macro-level

It is crucial to aim intervention not only at the micro-level but also on mezzo and macro levels to initiate changes in the social services system and community (Bardauskiene and Pivoriene, 2018). Without system-level change, effective engagement by itself will not lead to a better connection between needs and (Toros et al., 2018 referencing Damman, 2014). To understand systems-related factors influencing engagement is valuable to overview barrier that brakes collaboration.

1) Child *protection* model vs child *welfar*e model;

The child protection model focuses on child protection and is corrective whereas, the child welfare model focuses on the whole family members' assessment and engagement and concentrates more on parental strengths. A forceful child protection approach makes parents feel disempowered,

disenfranchised and lack trust in the system (Toros et al., 2018). Also in helping both – child and parents to regain awareness of self-confidence and control over their relationships give a chance to see social services as more useful and less threatening, gradually decreasing resistance and increasing behavioural and attitudinal engagement (Maltais et al., 2019). This child welfare is model based on collaborative, respectful parent–worker relationships, strength-based, power balanced (Ayón et al., 2010 referencing Petr and Entriken, 1995; Alpert and Brinter, 2009).

2) From *powe*r to *empower*;

This concept contains a change in power relations aiming for greater equality between specialists and clients, including children (Toros et al., 2018).

3) The *duality* of the relationships;

Another barrier is workers' ambivalent relationships with families given their dual responsibilities as investigators versus providers of support and assistance (Toros et al., 2018 referencing Healy et al., 2012; Ney et al., 2013).

4) To *keep* versus to *separate*;

Parents' willingness to engage is found to be more achievable when the decision is to keep the child in the family rather than separate the child from the family (Toros et al., 2018 referencing Popoviciu, Birle, Popoviciu, and Bara, 2013). Ayón et al. (2010) write that family-centered practice's purpose is to engage parents in service that lead to reunification (referencing Alpert and Brinter, 2009).

5) Socials work specialist's *caseload*s;

Several studies show that high caseloads discourage engagement (Toros et al., 2018 referencing Darlington et al., 2010a; Garcia et al., 2015). Large caseloads and paperwork can diminish workers' engagement with families (Ayón et al., 2010).

6) *Deficit* model versus the *strength-based* model

Findings suggest that workers use a deficit model rather than a strengths model and mitigate engagement (Toros et al., 2018 referencing Toros, LaSala, and Medar, 2015; Ghaffar, Manby, and Race, 2012; Harris, 2012). A strengths-based approach, emphasizing clients' strengths and identifying needs, promotes engagement (Toros et al., 2018 referencing Gordon, Oliveros, Hawes, Iwamoto, and Rayford, 2012);

7) *Coercive, legally driven, bureaucrati*c, and *neoliberal* approach;

Barriers such as child protection focused, coercive, legally driven, bureaucratic, and neoliberal (referencing Ney et al., 2013). Also, fear and negative attitude of child protection services, their

sense of failure as parents, and the lack of confidentiality do not promote engagement (referencing Slettebø, 2013). Judgmental assessment (e.g., investigation, coercion, stigmatization) eliminates engagement, whereas positive assessment (e.g., being helpful, respectful) support engagement (Toros et al., 2018).

To summarize the author can conclude that *paradigm* that leads towards engagement and collaboration is: from power to empowering; from child protection to child welfare model, qualitative professional relationships building;

2.4. System Theory and Collaboration perspective cohesion

Social work with families at the long-term social risk can be assumed as activities aiming family system's functioning dynamics change. By looking from the system theory perspective it can be an overview that there are different leverage points to intervene in the family system and influence its dynamics. The most effective outcome more likely would appear by "pressing" on "deep" leverage points as - the intent (mindset, paradigm) or design (goals, information flow, and self-organization). Although "pressing" on a "shallow" leverage point as – materials (altering rewards, material flow) and processes (changing feedbacks) will influence family and will change some dynamics but more likely will not lead to sustainable systems dynamics change. It can be assumed that this is a case of families at long-term social risk. System thinking is appropriate when the problem is important, chronic, familiar, and has a known history, and unsuccessful trying to solve this problem before (https://thesystemsthinker.com/systems-thinking-what-why-when-where-and-how/).

As described previously the main problems of families at social risk is a low level of education that leads to insufficient basic skills and lack of motivation. One could assume that skills can be relatively simply trained by appropriate intervention thus "pressing" on "deep" leverage point – design. But there is a barrier – lack of motivation – that makes usage of this deep leverage point challenging. In case of inappropriate child upbringing, even family is not motivated to obtain necessary skills and collaborate with the social service specialists, they must be engaged to promote family dynamics change towards a child's well-being increase. As the system's law says that - the harder you push, the harder the system pushes back – it can be assumed that in the case of involuntary clients this system's back pushing more likely will be harder. Therefore sensitive and tailored intervention is even more essential.

It might be assumed that by pressing on "shallow" leverage points – family systems' resistance will be lower. A system perspective discovers the significance of environmental and physical input resources needed for family dynamics (Dawson and Berry, 2002). Relatively "shallow" interventions may lead way for deeper changes there is a suggestion to start intervention with concrete services by ensuring the basic needs of the family that also contribute to the establishment of trustful working relationships among social work specialist and the family. But these concrete services (material and practical support) although necessary are "shallow" leverage points and therefore more likely will not lead to sustainable family systems dynamics change and long-term goal.

The leverage point on a higher level would be feedback loop change. It can be assumed that the strength-based approach and positive affirmation will "press" on the positive feedback loop amplifying change and holding back homeostasis – the system's tendency to resist change and return to equilibrium. For the social work specialist is important to remember not only about the system's tendency to return to steady-state (equilibrium) but also about the system's law nr. 3 "behaviour grows better before it grows worse" and expect and be prepared for balancing loop appearance. Also the system's law nr. 7 "cause and effect are not closely related in time and space" might suggest that structured and timely evaluated support processes might help to influence the outcome. If the agent does not perceive the delayed feedback, he might overshoot or underestimate the necessary action to reach the goals. This could be avoided by being patient or by accelerating reactions of the system to realized measures.

Although it can be expected that "pressing" on the feedback loops supposed to bring a bigger influence on systems dynamics change it is still located on the "shallow" levels side.

By moving further on the system's leverage point scale the next stop can be family-based model courses, programs, and consolation to provide information flow, skills training that can change systems dynamic not only behavioural level but also on systems structure change or self-organization level that is "deep" leverage point, therefore, assumed to be harder to "press". Therefore, tailored approach based on the most effective specialists, service components' and systems' related factors combination is essential to promote a collaborative manner to "press" this leverage point.

It can be assumed that the most "deepest" leverage point – system's goal and paradigm change can be "pressed" in a long-lasting process that is strongly related to the psycho-social counselling process and family education.

Different leverage points can be “pressed” on micro, mezzo, and macro levels. Social work specialist here considered as a Social Change Agent who is an intermediary between all levels and the active actor who promote changes by using resources of all levels.

The empirical part of Thesis aims to explore social work specialists' and families' experiences in social work with families at long term social risk from systems theory and collaboration perspectives – where and how to intervene family systems to promote functioning dynamics change.

3. EMPIRICAL RESEARCH

The empirical part is based on semi-structured expert interviews with social work specialists: social workers and social rehabilitators in Riga municipality social service and family crises centre. To obtain the necessary information, the author has develop an Interview Plan (Appendix 1). One part of the questions is related to the system's theory approach application in the daily work of social work specialists and the other part related to the collaboration aspect between the social work specialist and the long-term social risk family. The research part related to the system's theory approach is related to the answers on the following questions:

- whether social work specialists find a system's theory useful in their daily practice;
- what is the main root problem of the families at long term social risk;
- what is done and/or could be done to promote the family's functioning dynamics change thus pointing to the possible leverage points.

The other part of expert interview questions that are related to the collaboration aspect is constructed in the order to reveal factors that influence cooperation on social work specialists, service, and the system's level.

Type of research: A qualitative research methodology was chosen to explore collaboration among social work specialists and families at social risk that are long-term clients of the Social Serrvice's department. The outcome of qualitative research collects vital deliveries for an analytic synthesis of data that can involve observations, current perceptions about individual and group complexity, assessment of the effectiveness of the program or pattern, creative nature of the human, and criticism to present social justice (Saldana et al., 2011). There is a trust that by hearing enough, something might be knowledgeable and the issue might be changed (Schostak, 2005). Having an awareness about what is needed to boost life quality from the start will modify not only what is being chosen to treat people but also the choice of cure, targets, and outcome evaluation (Florczak, 2017). The use of the qualitative methods in the study prove that the contextual aspects of human life shift constantly and cannot be analysed following the concepts of quantitative research methodologies. Alternatively, the focus is put on thoroughly explaining and recognizing the contextual nature of occurrences to the swept up in them by individuals and communities (Halmilmi, 2016).

Data collecting method: The interview method was chosen to collect data. This method allows us to obtain more information and in greater depth. It allows to interviewer to control which person will answer, samples can be controlled more effectively, also personal information and experience

can be gathered, which serves great value in interpreting results, and finally, there is a flexibility to reshape questions (Kothari, 2004). The research population is experts - social work specialists from Riga municipality Social Services and the Family Crises Center.

A semi-structured expert interview method was used to gather the professional experiences from the social work specialists. Although a semi-structured interview has a set of certain questions that helps to lead a conversation to remain to the topic, it allows some spaciousness and flexibility for respondents to share their experience and interests (Hesse-Biber and Leavy, 2011).

Sampling procedure: For the research, the non-probability sampling method is used. This method fits ideally for exploratory research design as Taherdoos, 2016 (by referencing Yin, 2003) desribes, that non-probability sampling is usually identified with case study research construct and qualitative research. Kothari (2004) adds that in this type of sampling, elements are chosen by the researcher purposely. Particular items from the mass are chosen to create a sample on the basis that this small group that is selected will be typical to represent the whole mass. And according to Daniel (2011), the strengths of the non-probability method is the exploratory direction of research, needs to point specific elements of the population, the sampling aims to provide a revealing example, usefully for a limited time and money resources, a very small sample is targeted, and qualitative research is done behind. *Purposive - Expert* sampling assesses experts on a specific topic with their competence left to the perception of the interviewer. This method is used for the social work specialists' population (Krysik, 2018).

Analysis Method: *Content analysis coding* chosen to analyze interview findings. The main idea of content analysis is that text's words are composed of fewer content categories. The basic method in content analysis is to create categories that respond to research purpose and to set out circumstances of relevant word or other units into defined categories (Tesch, 2002). The purpose of content analysis is to organize and bring out the meaning from the collected data to get realistic conclusions from it (Bengtsson, 2016). Coding is categorizing elements into a defined number of categories (Monette et al, 2011).

3.1. Systems theory approach

3.1.1. Social work specialists' opinion about the system's theory approach

All interviews agree that the system's theory and the family system's theory approach is an integral part of their daily work. It is helpful to involve in a collaboration process not only nuclear family members but also extended family members and family relatives from other generations.

Even if one of the parents is not living with the family, it is important to work with him too to understand the whole family situation's "picture". It is like a puzzle. Unfortunately, there are situations when only one of the parents collaborate with social work specialists because other parents cannot or do not want to be involved in the process. Moreover, sometimes nuclear family members do not want to involve extended family members. Or extended family members do not want to be involved. Although it might be helpful to work with the wider circle of the family members, it is not always possible. Also, social work specialists must respect family members' wishes and view in this situation as far as it is in line with the law. The family system theory approach when social work is done with the whole family helps to reveal hidden problems that families do not want to talk about or cannot talk about or do not recognize it as a problem, for example, co-dependence. Observation of the whole family reveals not only problems but also family resources, strengths, and relationships. This approach also allows the social work specialist to demonstrate to the family how to communicate with each other, how to support each other, and also to ingrain a feeling of safeness.

> A:" It also reveals those resources or, on the contrary, it can also help or show the picture of their family. I like children - the same unfinished sentences, projections, and so on. […] But, it seems to me that it can still reveal difficulties, or new, additional problems, or resources".
>
> B:" Also, even giving to that baby an emotionally warm attraction and giving his mother the bond that she can make it. Because in this way we strengthen their family, as a community, as a resource by itself.[...] the coolest thing is that those children who are already walking, they also strive to our employees, not as employees, but as to people who support them [...]. Or giving a connection that he [child] is safe. That he can trust us. Because very often, these are cases of domestic violence, then it is most important for the child to understand that he is safe and that he can turn for help and he is understood here in his own pain."
>
> C:"Because the family is a structure. You can't just take out the gear. You can't work with a part of the family, part of the mechanism, if this one makes changes in the future, they won't understand their family's progress.[...] Then its overall picture is formed as small pieces of a puzzle together. As the parent says, the child shows how he feels in that family."
>
> D:" [...] because a problem in the family affects everyone. If it is alcohol, then children are co-dependent. […] Because there you have to work with the whole family completely. Absolutely whole. Even if there are some generations, then also with generations."
>
> E:"But there is a clear need to work with the extended family. It would even be a great achievement if we went so far as to work with both parents."
>
> F:" Well, I have an opinion that should work with the whole family. [...] This is how we show how things work. When everyone is involved. [...] And then this child also feels it and sees that yes, here the whole family is important."

That way system's theory approach has benefits in three areas:

- it allows to observe from different lenses and obtain more information about the problem, family and resources because there is involved more than 1 person;

- it allows social work specialist to be a role model for the whole family members and show to all of the different behavioural and inter-communication models;
- and finally, it allows us to shape the whole family's focus in the same direction and take common activities.

Research reveals a deep and wide understanding of social work specialists of the necessity of the system's theory approach and strong support systems theory background described in the theoretical part of this Thesis.

3.1.2. Main problems of the families at long-term social risk

According to Luchessi and Ostrom (2011) five essential components of the transformation process are:

-Understanding and description of the *problem*;

-Description of *existing conditions*;

-Description of the *desired outcomes* after the problem's solution;

-Description of *necessary* and *sufficient conditions* to reach the desired outcome;

-Description of *tasks and action steps*.

The first step according to the system's theory is to understand the problem of families at long-term social risk. So what do social work specialists find as a root of the problems? This is one of the research questions that aim to get an answer in this chapter. Respondents' experience reveals that there are two main root problems of long-term social risk families. Those are:

1) Inherited (generational) social values and functioning model.

Empirical findings of this Thesis support Dobelniece et al. (2015) discovery described on the theoretical part that "problems for the families at risk are often inherited, and there are missing positive examples". Families at long-term social risk inherent understanding of social values like work, education, health, relationships, communication, and inherent skills how to behave and manage different situations. Although society around share different values and behave differently, the values of these families at long-term social risk are their norm. That is their normalcy. The family is the main source of value creation.

> A:"It often seems to me that this has been a model of life for generations. Because we have often experienced… let's say, working in the service with a mother, then her daughter comes to the crisis center. Similarly, it has been observed that they have not acquired any skills in that family model."
>
> B:"Their own pattern of behaviour, as they have taught it from generation to generation."

> D:“That all depends on generations. For example, if the mother was in our appearance for a long time, then those children repeat everything they saw as a child and they have a hard time creating something completely different.”
>
> E:”[...] social situation of these families is their norm. The problem is with the generally accepted norms of society. And mostly families who are in long-term difficulties are therefore either family that themselves where the parents from very difficult social circumstances, that is, they inherit their parents' experience. And for the most part, children in childhood learn to function through parental activities. [...]. First of all, work for them is not very.... rarely has any value. […] So ... if education is not a value to a parent, I mean in 80% of cases, it is not a value to that child.”
>
> F:”In their families, the experience of this dysfunction comes from the very childhood of these parents, and then there is like a cycle. Well, these are multi-problems. Many of the family functions that these families are unable to perform. Or perform very poorly. And that's about a quarter, actually.”
>
> G:”Well, other parents have also suffered, already born and raised in that violent family. Probably from there they can't seem to get out.”

Noteworthy is to admit a new group in the work with families at long-term social risks. Usually, these families at long-term social risk are strongly related to poverty. However, social work specialists’ experience allows introducing a new group of families at long-term social risks that do not struggle with poverty. These families lack a child’s upbringing skills and emotional closeness with their child. Family dysfunction can affect a family regardless of their material well-being. Now there is more and more talk that children and young people with problems can also come from wealthy families. Violence, lack of emotional warmth, and inability to discipline positively appear also in families that do not struggle with poverty.

> D:” Wealthy families lack upbringing skills. [...] “All is well, we have money, we can afford everything, our children were abroad there and there 2, 3 times a year, they have such stuff’. But they do not have a close relationship.”
>
> E:”These parents are not always poorly functioning. Sometimes even good and there are other mechanisms again. There is a lack of time, over parenting [...].We call them "disputants." But in reality, they are parents with a dispute over the provision of childcare and upbringing. And they are wealthy, with a good education, with a formal understanding of how children need to be brought up, what they need, what they need.”

One of the groups of the wealthy families that were mentioned during the interviews that have a long-term social risk and are social service users are families that goes through the divorce process. This group has the nickname “disputants”. During this process, they might be violent and harm their child emotionally. Involvement of social services needed. This is a relatively new phenomenon in social work that seems will take a stabile place in the future and with whom will be necessary to work.

2) Mental incapability

The other group mentioned the most during the interviews are persons with intellectual disabilities and/or cognitive incapability to live a completely independent life without social support.

> D:"She does not know otherwise. If she has any difficulties, then she is so powerless right away, she feels ... she immediately... well, it's good that she knows where to look for the help".
>
> E:"So a large proportion of these clients have inherited patterns of behaviour and some of the long-term clients are people with mild, moderate or severe intellectual disability. That is also a big part."
>
> F:"Admittedly, quite often they are also parents who once had, I have a lot of them, there were once very popular boarding schools and.. now I have several clients who have studied in specialized boarding schools, they have also lived there all year round, except for summer. Their own family experience is very poor. They also have an intellectual disability."
>
> G:" Well, for the most part, they are moms with intellectual disability. *(Long pause)*... Well, if that corresponds to the main problem."

Although parents with mental incapability share a significant part of long-term families at social risk, it is not a main target group subject of this Thesis. The line between cognitive impairment and intellectual disability is very narrow. The client is not always diagnosed, but in collaboration, it can be observed that the client is not able to function independently. These families need life-long social support because of their incapability to function completely autonomously. It might be permanent or periodical support, but still functioning of these families will strongly tie with offered social support and services. The subject of this paper is families that have no intellectual disability that would make independent functioning impossible. Some other groups mentioned during interviews were – foster/ adopting families that need long-term support and advice in the upbringing process of their children to understand their behaviour. Nevertheless, this group is also not a target group of this Thesis. Therefore, as the main root of long-term social risk families in this Thesis will be assumed - inherited lifestyle model and values.

However, in parallel to this main problem, also other factors break the family's way out of the social risk area. According to Luchessi and Ostrom (2011) "there are existing conditions that influence transformation process". These conditions are collected into 6 groups:

- Family's inner *motivation;*

Motivation is mentioned the most often as a reason that either to promotes or breaks the family's functioning dynamics change. Empirical findings of this paper are in a line with

Dobelniece et al. (2015) conclusion described in the theoretical part ”the most important factors that initiate a social risk are a shortage of basic skills, and the absence of motivation to change and to improve one’s living quality.”

> A:”We cannot say that they have no motivation. They try anyway.”
>
> B:”And the second factor is the lack of motivation - because there is no wish to change this social situation on their own. Change it in the long term. […] I really like the girls who come to us from Ilguciems prison. They have a very strong motivation to change.”
>
> C:” I have a feeling that a lot depends on the client's internal motivation. [...] Breaks a weak motivation during the process of change. Indisposition. Lack of motivation.”
>
> E:”But he has accepted internally - I will not change, or I do not want to change, either it is all ... "bullshit", either everything is boring and nonsense and, just talking and he just "rolls out", he does not come.”
>
> D:”We have such a group - disputants, we call them. When they cannot share their baby. They are more motivated. They gladly go to all classes. They gladly attend psychologists, group classes, and individual consultations. They are really motivated because they have a goal.”
>
> G:”Well, the biggest part, plus, minus, is motivated. They also show initiative, call a social worker, ask for help, ask for advice, use the services provided.”

Although inner motivation might be assumed as a core factor that determines the family’s functioning dynamics change and it is the most challenging factor to deal with, several other factors influence motivation and exit out of the social risk area.

- Family’s *consume*r thinking pattern;

Interviewees reveal that the part of the families at long-term social risk chooses to live on the social benefits because it is convenient for them and it is according to their lifestyle values. And this consumer’s lifestyle model and values are passed on to their children.

> A:”There are, sorry for the expression, also users. Who is more from service to service and already has his own plan.”
>
> B:”Their own pattern of behaviour, as they have taught it from generation to generation, how to survive, how easier, how to use the municipality, the state.”
>
> C:” There is no wish because it is customary to get help from the outside. How to force yourself to change your habits when help is offered from the outside. Because these families are often consumer families. They often know better than the employees what social services they are entitled to.”
>
> F:”Without these values, work is not value, education is not value.”

According to the system’s theory and archetypes described in the theoretical part, it can be observed that this consumer’s behavioural model fit the archetype - Shifting the Burden/Addiction where the problem is “solved” by using a symptomatic solution (that is easier to implement) which shifts the attention away from the fundamental solution aiming

underlying structures that are producing the pattern of behaviour. Here are tensions between eagerness to us an easy solution instead of a hard one (Him (2000) and Braun (2002)). During the interviews, there were revealed also "gaps" in the social service system. These "gaps" allow the client to "slip" through the system and to obtain greater benefit and escape long-term cooperation.

> A:" It also marks such system errors. [...] He travels from district to district because no one can really even start working with him for longer."
>
> B:" And what is more interesting - when clients have a very cool and fantastic ability to maneuver through institutions. When, for example, moving from one territorial center to another. [...] they have learned to glide through the laws, through municipal regulations, so that they have a greater opportunity."

An assumption can be done that the current social benefits support system does not awaken a need to do any changes in the current lifestyle for a part of parents at long-term social risk. This income way is appropriate, convenient, and comfortable and does not cause the necessity to obtain material resources differently. This also reveals the mental capability of those clients to find advantageous solutions.

- *Self-isolation,* marginalization;

The other factor that breaks escape from the social risk area is the marginalization of those families. These families at long-term social risk seem to see their "difference" from the rest of society and feel society's negative attitude towards them. This understanding makes them self-isolate.

> E:"And a lot of our client groups go to self-isolation because he is trained that he does not fit into society.[...] We have a client – a 21-year-old girl who now has a baby herself. She has almost no teeth at all. And this is the first she knows she shouldn't smile. She doesn't really smile that girl. But that already, she is already lowering (herself) in his head, in society..."
>
> F: "Because it is ... that they are such ... isolated, marginalized families".

- *Environment* around, "ghetto", housing, material and financial *resources, education;*

Interviews reveal that the environment around these families also breaks their escape from the social risk area. They live in poor and inappropriate houses with almost no chance to escape living in that kind of house. Living in the social houses (provided by social service) while ensuring living space for the family still does not promote leaving the social risk area. Because a lot of other families living in the same social house support the same low social functioning

values. Because of isolation from the rest of society, these families find support, understanding in their nearest crowd.

> F:"These... housing difficulties for families. Well, we cannot pull out, we cannot improve significantly or open up somehow, we can make good changes if this family has to live in a terrible rat hut. And if we could ever once used it about abroad, as a ghetto, or there... somehow to name this place, then it is formed ... Social houses very often, there is no way for a social worker to change the effect only with their interventions, only with their own service...[...] Especially if everyone around is the same. All the same about.[…] Because most importantly, they already feel good and safe there. These parents ... they get used to it. That is something familiar. It's bad, but it's mine."
>
> D:"At the moment it is home life and material problems. And work. Because they do not have a proper education. Good if there is a 9th-grade education. Then they have difficulties with the Latvian language."
>
> E:"Because she will never have such financial opportunities. And that's the system, the system we're in right now, we can't provide for her."

- Family's *attitude;*

Social work specialists reveal also client's attitudes about what they face during their work - evasiveness, counter-reaction, anger, suspicions, anxiousness, resistance, fear, helplessness, disbelief. It takes time, patience, and professional skills to engage the family in the collaborative process.

> A:"Evasive, I think it should also be noted. These customers are really evasive. But there is also the opposite. [...] I feel such customer's fear, fear to trust."
>
> C:" Because often customers come with counter-reaction, anger, suspicion."
>
> E:"And these our families that are poorly functioning, they do not come safely to cooperation with institutions, because "I do not fit". And it's already code, it's not just a feeling at the door of my office, but they don't have a sense of belonging, belonging to society. […] He feels anxious when he comes to my office. If only the social worker would say something I don't understand."
>
> D:"The stereotype that to social service comes only to those who need material assistance. And from the beginning, they are very resistant. Such resistance on their part that - as it is, the social service will now come and we ... we are all right, we have money […]. Because children come to the service right so scary - what will happen? And only with 3 or 4 times you can talk to him, agree on something."
>
> B:"[...] because this client has already very often walked through institutions, social service centers, psychologists, many services and he feels that no one is helping me anywhere".
>
> F:" [...] it is disbelief complete to oneself, problems have taken over the head".

Here social work specialists might be affected by the system's archetype Escalation - it occurs when A's activities are perceived by B to be a threat, and the B responds identically, further increasing the threat and resulting in more threatening actions by A. This pattern can be changed by switching the actors from a non-cooperative manner to cooperative behaviour so that they stop escalating. It might be helpful to understand the deep-rooted assumptions that

lead to this behaviour (Him (2000) and Braun (2002)). Recognition of this archetype will allow avoiding escalation of the communication.

- *Addiction*;

As one of the most difficult factors, that breaks escape from the social risk area and significantly decrease motivation is an addiction. This factor is mentioned as the most challenging and the most hopeless.

> B:" It also happens that this focus (to the child) does not work on severe addictions, most often it is drugs. And that child was not the focus for her. Her addiction and choice were more important to her."
>
> D:" If there is alcohol or drugs in the family then they are often not motivated."
>
> F:"A very big problem is this ... drug addiction. And nothing can be done there. Unfortunately nothing."

- *Lack of services*;

As one of the factors that break family dynamics change is the availability or lack of appropriate services. Either it is an existing service that luck enough available space for all clients or waiting queues are too long or it is a non-existing service that would be useful to promote family functioning wellbeing.

> D:"The only thing, perhaps, is the unavailability of services. For example, long queues. Or at the end of the year already and the service resource everything is taken out. [...]."
>
> F:" [...] there is no opportunity to receive timely, friendly rehabilitation from drug addiction [...]."

3.1.3. Leverage point

By knowing the root of the problem, factors, or conditions that promote staying in the social risk area, it is possible to plan the necessary actions of a social system and social work specialists to boost families' capability to move out of the social risk area. Therefore the next question is - where social work specialists put an effort to influence the family system to change family dynamics for good? This is another research question of this Thesis that tend to find the most effective leverage point. If to assume that the root of the problems is the family system's inherited values and functioning model, according to Meadow's 12 leverage points scale, the leverage point is located on the highest level on the scale. That means - the hardest issue to change. It can be assumed that the main task of the social support system and social work specialists should be to change the family system's values that will change the functioning model. Empirical findings reveal that social work specialists recognize the necessary leverage point that leads to the problem's

solving. That shows that social work specialists understand the necessity to press on the ‘deepest’ leverage points. They suggest offering to the family other lifestyle values and functioning models. Or to offer other values to the children and youth if parents are not capable to accept new values and functioning models. To put an effort on all family members but especially on to the children or to those who are ready to use effectively offered help. These values and functioning models are offered by social work specialists by being an example by themselves, by specific services and programs offered by the social wellbeing system.

> D:”To change their horizons, to change what they see at home. May they have the understanding that this is not good. It could be different. I would change the perspective of the generation.”
>
> B:” But again, for the children, I like, sometimes the parent is not able to give a positive example, then maybe we can give it. Maybe this child can learn from us. [...] It is often the case that when moms are with intellectual disabilities, it can be shown to the child that there is a different world and that you can strive for it and that you have that resource inside.[...] Also, parents sometimes don't even need to be taught, but to show it.”
>
> C:”Of course, we also show examples. We also show an example of communication with children. How those kids are changing!”
>
> E:”We can parallel to the mother's path and the mother model that she teaches to the child, as a little show, a little bit to reflect that there are other possibilities.[...]. We could, with different activities, different forms of support, show to the child, the teenager more - watch and learn that you can live differently. Watch and learn that you may not live like a mommy. That it is difficult for you to choose your own path of life, but in principle, you have the opportunity not to follow the same path. But it's insanely difficult. But it's abnormally hard to break. That is his normality that is his norm.”
>
> F:”Therefore, anything that opens the view to the future, to values, any non-directive methods, even though they are expensive, would all be very useful. But if, these support families or this family that could accept children from dysfunctional at-risk families in their families as a service, it is if, if they are in the community. These children would learn a different attitude, value, culture there. [...] If... not at a young age, then it is very difficult then on 40-50 years to teach them, to our parents. And so it helps very well, if there is nowhere to “hit” where you can, you have to think about young people. [...] But first, we have to get an understanding, a sense of value. First of all, it is the client’s understanding of self-esteem, and it can only start with a model. So who is that model? First of all, it is the social worker himself. As I walk, as I speak, I greet, as I show respect. And then they think, yes right, it's kindness, it's talking, it can talk, it can be patient, it can be persistent, it can be explained.”

For a social work specialist to be a role model that presents new values and offers services it is crucial to establish collaborative relationships with the client. The next chapter will overview the collaboration aspect as a necessary component in a productive way towards the family system’s dynamics change.

3.2. Collaboration as an important element of effective leverage

In the context of systems theory, the collaboration perspective can also be viewed as - a part of the description of necessary and sufficient conditions to reach the desired outcome. Research reveals the importance of the manner how intervention on a family dynamics change or “pressing

on the right leverage points" is done and the necessity of intervention on 3 levels: on the social work specialist level, on the service-components level, and the system's level. For effective "pressing on the leverage point" collaboration is an integral part. Professional relationships with the client must be established to engage before to start collaboration.

> A:"Contact should be established."
>
> C:"And he must gradually begin to trust you to open himself to you."
>
> F:" Cannot be enforced. Therefore we must first get to know each other and work in a cooperative relationship with this parent here."

Empirical findings show that according to Meadows' leverage scale impact to the family system is done on all 4 sections:

- *intent* (family's values, goal, and world view that shape direction to which a system is oriented). Pressing on the system's *intent* is done by a social work specialist's role model example, different services, and society education.
- *design* (the social structures and institutions that manage feedbacks and parameters). Pressing on the *design* is done by social work specialists' impact, social services, programs, and inter-institutional cooperation.
- *feedbacks* (the interactions between elements within a system of interest that drive internal dynamics). Pressing on *feedbacks* is done by using psycho-social work with the family members, strength-based approach, and involving family members in an active educative process.
- and *buffer*s (the relatively mechanistic characteristics typically targeted by policymakers). Pressing on buffers done by the availability and existence of social benefits and services.

Further will be overviewed factors on 3 levels that influence collaboration and work towards previously defined problem-solving. This chapter tends to answer the research questions – how collaboration seen from socials work specialists perspective? Also, what is done/can be done to promote families to move out of the social risk area? Noteworthy is to admit that a part of the interviewees during the interviews emphasizes social work specialist's qualities and behaviour while the other part emphasizes social services and programs that support family functioning dynamics change. The next chapter will overview social work specialist factors that influence collaboration and impact the family's functioning dynamics.

3.2.1. Social Work Specialist's Related Factors – micro level

All interviews reveal the huge role of the social work specialist's qualities, attitude, and behaviour in a collaborative process with the family. Social work specialists see themselves as leaders in the collaboration process with the clients. Sometimes as a one-way, insisting leaders, inspirers, motivators, and pushers.

> A:" It seems to me that it is important in that cooperation - it is one-way. From a social worker. It could also very often describe their model of cooperation."
>
> E:" As pilots we go through. It is our job as a pilot, we show the way to that ship, but they have to enter that port themselves."
>
> F: "And a social worker, in fact, in such a district where I work, must have outreach workability. Really go deep inside of the environment. Where you are not wanted, where you are not required. Learn to find a common language. And at least get to the collaboration."

Another sense mentioned during interviews was the feeling of hopelessness.

> B:"I don't know why, but I was terribly ashamed of myself, the first word that ran into my mind - there is such a feeling of hopelessness at other times. When it seemed when the n-th time he is here and such hopelessness."
>
> G: "[...] when you realize, hopelessly, you are powerless, you can no longer work with him as you would and continue to motivate [...]."
>
> A:"You fight like that with a windmill."

Yet social work specialists note the mutuality of collaboration. They reveal that it is still the responsibility of both parties for successful collaboration. The client also should be active and interested in this process. And part of the clients is cooperative.

> A: But again, on the other hand, we cannot put responsibility only on service. We cannot put because there is also a customer's responsibility."
>
> G:"Well most of them, plus, minus is motivated. They also show initiative, call a social worker, ask for help, ask for advice, use the services provided.[…]."

Only one interviewee noted that the client should be responsible for initiating cooperation.

> G:" Because, in fact, it is not the service that has to go now and have to deal with family problems. We ... well because it's parental problems, family problems. Well mostly they are parent's problem)."

The conclusion is that social work specialists use all three collaboration strategies – cooperative, incentive, and authoritative to reach a desirable outcome and family dynamics change. Below will be revealed what qualities and behaviour social work specialists find important in their work with the families at long-term social risk.

3.2.1.1. Personal qualities

Empirical findings support social work specialist necessary qualities described in the theoretical part – positive and non-judgmental attitude, respect, open and honest communication, sensitivity, empathy, dignity, respect of the family needs, patience, and human love. These qualities are named promoters in the collaboration process.

> A:" Positive attitude that is not contempt. Interest. Without contempt and teaching."
>
> B:" Well, I think it is very important to be open. But also to respect the boundaries. Because at the beginning of cooperation there must be those boundaries."
>
> C:"When an employee is sensitive, empathetic, and looks at family and people as a unique structure. Not stigmatizing. [...] But, yes, from our side it is really human love."
>
> E:"That is the attitude. This is a dignified attitude.[...] It is respect of the wishes of these families [...] Non-condemnation also […]."
>
> F:"First of all, a different respect a different attitude. How can we show respect [...] I am also a supporter of honesty. There is nothing better than the truth."

Although friendliness was mentioned in the theoretical part, the research did not support this quality in the collaborative process. On the other hand, there were mentioned respect for the boundaries during the interview. But this quality was not overviewed in the theoretical part. As negative attitude mentioned - contempt, over-teaching, stigmatization, arrogance, desire to show the customer as a bad person, and authoritative collaboration manner. During the interviews, much more were discussed behaviour models and technics of social work specialists that promote engagement, collaboration, and lead to family functioning dynamics change.

3.2.1.2. Behaviour and skills

During the interviews, there were described several behavioural models or technics that promote family engagement, collaboration, and make an impact on the problem-solving process. The main part of these technics supports behaviour models described in the theoretical part.

1) Client as an expert of own life

This means seeing a client as an expert in his own life. To listen, understand, and respect the client's needs and problems. To not enforce to a client a social institution's or social work specialist's view of the problem. If the client's opinion does not match with a social work specialist or social institution opinion then the social work specialist leads or helps the client to understand and define the problem. Clients should be always involved in the decision-making process. The

collaboration that is more productive and the effective problem-solving process can be expected if the problem-solving goal is defined or accepted by a client. But it is important to note that the client's needs, opinion, and view of problem-solving can be accepted as far as it is not harming a child's interests.

> A:" I may disagree with what he is saying, but it is important to show that I understand what he is saying. [...] the goal must be his goal. [...] Mostly asking those questions, leading ones, also during the formation of a relationship. [...] Only through their goal. [...] But all the time that focus through him. [...] I really like it, then its cooperation is also more successful when that client is in those processes."
>
> B:" And so it is our collaboration that we also agree on the goals that should be solved. For what the customer is ready for."
>
> C:" [...] and we take into account the client's needs, not our wishes to organize something. [...] It is important that the client is also involved because it is already his life, not our work. Because it is his life, his views, his vision."
>
> E:" I think that if the family does not have a goal, then the goal of the social worker is to work and advise the client for so long that he understands that the needs of the child are your goal. [...] So it's my goal, my goal as a professional is for the client to understand that his goal is x, y, or z actions for the benefit of his child or children. [...] It is respect of the wishes of these families here, but all that is, of course, all that is ... as long as it does not endanger the child."

2) Focus through the child's needs lens

As one of the working techniques mentioned during the interviews is shaping the parents' focus on the child's needs. Respondents revealed that they try to help to set the goal through the client's view on the child's interests. They guide the client with questions on recognizing and understanding the child's needs. However, this focus through the child is not only the child's interests isolated from the rest of the family. This focus through the child's prism is not possible without changing the behaviour of other family members.

> A:" [...] if it's not some mega addiction, but also addicts, they're talking about it:" I'm probably not a good mom". And then we start talking - what does a good mom mean to you, what would you like to change, and so on."
>
> B:" But always keep in mind what is our main goal and main focus- on children. And to tell the client - well, you can use (substances) as much as you want, you can drink as much as you want, you can play as much as you want, but if you don't have children, you can do it."
>
> E:" However, what helps us and what is our resource in the hands of social workers - it is the interests of children. Because we always say to our clients that you can live as you want as an adult, but at the moment when your lifestyle endangers the baby and your baby is at risk, then we have to stand up for it."

3) Achievable goals

As one of the nuances of collaboration mentioned during the interviews was achievable goals. Social work specialists talk about the importance not only to define the family's own goals but also about the capability to reach these goals. Sometimes defined goals are too unattainable, too high, and too big. Therefore social work specialists should mentor settled goals and support, encourage family during the process of reaching these goals, even small ones.

> A:" But what is for a customer, each that progress, it might be small. […] Small goals. […] but some movement forward, desire, motivation has been marked through these things here."
>
> C:"Also practical things, start with practical things."
>
> E:" Once again, I emphasize that the client's understanding is completely different. And if the client's understanding is at the level of an 11-12-year-old child, he can't understand what duty is [...] these mechanisms don't work. And that's why it's very difficult for our customers. And we always ask them for more than they can. [...] And accordingly, according to his skills, abilities, we must also make decisions that need to be done."

One of the systems archetypes D*rifting/Eroding Goals* states that "a gap between a goal and a current reality can be resolved in two ways: by taking corrective action to achieve the goal, or by lowering the goal. When there is a gap between a goal and a condition, there is an eagerness to use an easy solution - to lower the goal to close the gap. Over time, goal lowering will lower also performance". This means that social work specialist's support on goal defining processes is crucial. There should be a correctly evaluated client's abilities to reach a settled goal. If the goal will be defined too high then there is a risk that the client will not be able to reach it by himself. The constant support of a social work specialist will be necessary to reach the goal in this scenario. Without this constant support, the client might lower the goal and performance. In another scenario, if the goal will be settled on a reachable level, it might be expected that the client will be able to reach it by himself. In this scenario might be expected that the client's self-esteem and belief in his strength will be increased. These qualities are important to help a client to move out of the social risk zone and these qualities are promoted also by social work specialists.

4) Motivation and *strength-based* approach

Interviewees reveal that they use motivation and strength-based approach in their daily practice to support and help a client. To show the client his strength and achievements. This strategy not only strengthens collaboration but also lead to reaching the target.

> A:"And it seems to me that our job in a relationship is to emphasize the good things that work."

> C:” There is a lot of work to be done to find internal resources. Work with the client to help him believe that he is capable of. First to motivate to do by himself, not offer a ready-made solution. Look for the client's positive resources to motivate their own search for opportunities. Go for goals! Do it yourself.”
>
> E:”Not to force, but to motivate.”
>
> G: “Motivate. Just motivate. [...] you ... consult them, regularly survey, link with all kinds of services, and motivate them to provide the same education for their children. Just go and motivate, motivate and everyone motivates parents.”

If to look from the system’s theory perspective these activities – motivating, encouraging, emphasizing achievements can be overviewed as “pressing on the reinforcing (or positive) feedback loop” that leads to growth. Although this leverage point is located on a shallow level on the scale it is worth using it as according to the theory “sometimes, relatively ‘shallow’ interventions may lead way for deeper changes, while at other times, deeper changes may be necessary for superficial interventions to work”.

5) Flexibility and *individual* approach

Social work specialists talk also about the individual and flexible approach to each case, each family. About creativity in their daily work and a necessity to think “outside of the box”.

> A:”I would emphasize that individual approach.”
>
> B:” And here is my experience, my social work experience, that I understand that we have to look for as many ways as possible, we have to look outside the thinking frames of our social work, we have to look outside for solutions. You have to think creatively, you have to think, you have to work towards the goal.”
>
> E:”Every story is different and needs to be very flexible. Able to step to the right or left to accept the best solutions with their family.”

6) *Confrontation, listening, respect, environment*

Some other behavioural technics found as helpful in the collaboration process are – confrontation, listening, reflexing of the client’s feelings, informing. Concerning listening to the client’s story, respect showed to his feelings and him as a person named as valuable behaviour. Also, confrontation is found as a useful method when the client does not perform agreed tasks, or the client’s chosen method is not working. Moreover, respect showed to the client not only puts an impact on the collaboration process but also shows and teach a client different attitude, value, and behaviour. Noteworthy is to admit that environment where the client has been consulted also influences the collaboration process. Safe, light, warm conversation room, offered a glass of water, full attention to the client’s story with no look into the computer and without a desk covered with

paperwork – that shows attitude, respect and allows to client to relax, think about his issue and on the same time observe and learn different lifestyle values.

> A:"It is a reflection of feelings in some way. But relationships can also be, sorry, good and established, but I will still have to confront that client. [...] As soon as that work doesn't happen, it's a confrontation, reflecting - your method doesn't work."
> B:" [...] we are ready to help you [...]."
>
> C:" But when he realizes that he is treated like a person - he is not condemned, interested in him, the agreed meetings are on time. But, listening to the client's life situation, every day, he gradually opens up."
>
> F:" Sometimes it is necessary to be able to explain, to tell. [...] First of all a different respect, a different attitude. How can we show respect, listen, show the model - oh, see here how the problems have to be solved. [...] In my opinion, too, this attitude towards customers. With the whole environment in social service as it should be. Yes, this is a safe space where you can start thinking about yourself, about solving your problems. Exactly. With all courtesy, undressing, sitting in the good, warm, bright rooms that we have, but many places do not have. And offer water to drink. It doesn't work if I'm at my desk, at my computer, I even write there, even there ... well, since I'm trying to go into complex, painful topics, it does not work."

7) "*Good authority*" or *external motivation*?

This is the most challenging behavioural aspect of the collaboration process. Ferguson (2011, 2020) says that "good authority" is utilized "in a skillful, empathic yet forthright manner", the appropriate, delicate but solid use of power authorized by state and suggested being evaluated by purposefulness, clarity about concerns, and focus on the child. Research reveals that the manner used by social work specialists mostly is skillful, empathic, forthright, purposeful, and focused on the child. But no much information gathered about how the work is done with clarity about concerns. One of the elements of "good authority" is the solid use of power authorized by the state. In Latvia, the Custody Court decides on the termination of custody of the parents and child's removal from the family. Social work specialists work in close connection with the Custody Court to inform in case a child's upbringing and interests are not respected. This is a power authorized by the state. Social work specialists reveal that this dual role and solid use of power is very challenging. On the one hand, they try to establish a connection and trustful relationships with the family, but on the other hand, they are also supervisors who evaluate the family's condition and if necessary involve the Custody Court. This dual role is one of the challenges of solid use of power.

> F: "[…] I am trying to combine both this model of psycho-social work with this institutional duty of the social service. As you go, evaluate, go watch, observe whether or not children's rights in the family have been violated to such an extent that it should already be separated. Or we react to reports. […] And I think it's very important to balance both - this psychosocial counseling, what we call it as professionals. Because families think that we are coming to talk, or ... to tell, to consult, to come home."

The other challenge of solid power use is to implement institutional requests into the family's functioning dynamics. There might be tasks that the family must perform even they do not want to. And then comes this other challenge for social work specialist – to get the family to complete the institutional task, inquired by the Custody Court or law requested by the state. Although social work assumes to be helpful and promoting, there are situations when it requests to be imposing.

> E:" The Custody Court, for example, can say - please research parents, or do research for the child. The parent says - I don't want to research the child, I won't. And at that moment, that parent, he has his own internal argument why he does not, but the institution has its own institutional argument why it should be done. And there are already "scissors" here. And on the one hand, the social worker has to work for a long time to argue and justify to the client why he has to do it. But on the other hand, we are imposing our support, our help."

On the other hand, this power authorized by the state also might be very helpful as an external motivator for the family who lacks internal motivation. And in cases when social work specialist is not respected.

> E:"Because in Latvia, on the one hand, it may be good that we have only supportive social work, but on the other hand, these social workers are not respected by clients here either. Because they understand that if a social worker comes and says something, he can't do anything with that social worker. If I do not want to resort to repressive methods."
> G:"Because there are parents who somehow imagine that the Custody court will not do anything ... any terrible decisions, so they don't care, they don't collaborate."

Interviewees reveal that in difficult cases that external motivator – Custody Court makes an impact and family might start to collaborate.

> C: "There are no tools at all. In extreme cases - yes, the Custody court is the "bogey". But there are also families to whom that does not work."

> F: Because we have, for example, in the Custody court's decisions, that is now new, [...] you write there - yes, there is an obligation to cooperate with the municipal social worker. It's for families. And then the family, the parents, either run to collaborate or give up."

> G:"[...]when you understand, hopelessly, you are powerless, you can no longer work with him and motivate him further, then we agree that we also involve a Custody court. We write an information letter to the Custody Court so that they get involved. Well, then it is plus-minus the external motivation of the clients [...]. Then parents come to us and use the services to improve something."

However, involving the state's authorized power can lead also to negative consequences. Family can start to distrust social work specialists and relationships that have been build can be ruined. Family can go on self-isolation.

> E:" [...] Then no cooperation will be promoted. If I say now for the third time that if you don't do this and that, I have to report to the Custody Court, that's it! He goes into self-isolation."

It takes a professional explanatory manner to discuss with the client why the Custody Court was involved. Clients might feel resistance to further collaboration. And situations become even more sensitive in a case when a social work specialist observes unfavorable conditions for the child's

healthy upbringing and involve Custody court, but Custody court specialists disagree that conditions are unfavorable. Then the social work specialist turns out into the client's eyes as a non-respectable or a "bad character".

> G:" Very often, for example, we inform the Custody court that the child's rights and interests are violated there, then the Custody court sometimes can tell the client that, in fact, we need to take your case, because the social service informed. And then there is resistance to collaboration, why they should collaborate if in the fact there are no problems in the family. And it seems that there are problems only because social service told them. And then we always explain that you also received that letter and read it in fact. Well, not the service has found the risks, but the Custody court itself. "But they told me that." And then you explain that the letter is written, but that it is different. Then there is such a big resistance. [...] It turns out that the service is guilty because there is a case. So yes ... there are clients to whom we also say, for example, an agreement was signed between us. That agreement says that that and that, and in reality, you have done nothing there. Well, that's actually one of the reasons why we also involved the Custody Court for help. Well, for a while the client understands, but something prevents him from fulfilling ... or acting in the best interests of the child."
>
> E:"But we often have very serious cases reported to the Custody Court and the Custody Court does not decide to remove the children. And then the client realizes that it's a social worker, that nothing, and continues it."

This "good authority" and especially solid use of power is one of the most ambivalent aspects. There is no doubt that social work specialists have power and can involve the Custody Court to make sure that the child's best upbringing interests are respected. And that can be outside motivation for the family to change functioning dynamics. But on the other hand, it also brings with it consequences about the broken collaboration. So this is a place in the collaboration process where informing and explanation skills play an important role. This is in a line with the theory that says "parents' understanding of the possible long-term consequences in case of having substantiated report about their child maltreatment affects (Merkel-Holguin et al., 2014)" and "social work specialist also has to spend time for open and regular discussion to explain his/her role and investment in the collaboration and collaboration framework (Apine, 2015)." It can be assumed that one of the social work specialist's skills is the ability to keep good collaboration with the client even by using also solid power given by the state.

8) Informing

Interviews do not reveal much about how they inform clients about the process and explain the consequences and the role of social work specialists. Although the theoretical part support idea about the importance of clear information, the research process does not reveal this is an important factor in the collaboration process. Only some sentences show that information flow to the client and to other social work specialists who work with the case might be disrupted, incomplete. If the client works with the different institutions, collaboration would be more effective if the client

would be better informed by social work specialists and prepared for the whole process and specific activities. And a good practice would be to inform and agree with the client about each detail.

> A:" [...] there are cases when something has not been told - you go, you will be told there. And it also slows down that this previous case manager did not prepare their clients, in some way, for what will be here (in the crisis center). They are also, mostly, even when they are told, have also some disappointment. Because that employee is motivated at that moment that client to leave. Here we will see everything, here we will do everything. Prepare that client. And then it will go. Then collaboration goes easy. I am also very sympathetic to the fact that the service staff still finds time and brings the client to us."

> F:"We do not always inform our customers about everything. About when there is ... someone or interest, or that we will pass on a message, about everything, in fact, about everything we have to agree with our customers."

To summarize chapter can conclude that empirical findings support the theoretical background described in this Thesis. The most challenging aspect is "good authority". Also, the other factor that should be improved is information flow. Interviewees revealed that although social work specialist's qualities, behaviour, and psycho-social work play an important role in the collaboration process, it takes also a wider impact on the family's social functioning dynamics change. It takes to involve different social services and programs that promote lifestyle values and behaviour models change. The next chapter will overview service factors that influence collaboration and family dynamics.

3.2.2. Service components related factors - mezzo level

During the interviews, one group of social work specialists talked more about psychosocial work and emphasized qualities and behaviour. While the other group underlined more different services and programs necessary in social work. However, all social work specialists agree that social work is more effective by using both instruments: psychosocial work and services.

> F:" There is a need to find ways to make our social work so powerful, so rich with different services, that this value can be immediately demonstrated."

> G:"We use them all means, resources, internal and to some extent also services resources to explain to parents [...]."

This matches well with the system's theory archetype *Growth and Underinvestmen*t where growth reaches its limit and can be defeated or pushed if investment in the capacity is done. Instead, performance standards are decreased to justify underinvestment leading to a lower performance which justifies underinvestment in the future (Him (2000) and Braun (2002)). In the theoretical part of this Thesis were described six program types and the empirical part will follow the same structure:

1) Short term and/or *intensive* family preservation programs

Interviewees did not mention any short-term family preservation program that would have a significant impact on functioning dynamics change. Contrary there were opinions about the insufficient time spent together with the family. Because longer direct time spent together with the family makes an impact according to social work specialists' experience. And quick changes in the family's functioning dynamics cannot be expected. Even after some short-term service or program, there is a necessity for succession for this family struggling with long term social risks. That also matches well with the system's dynamics law number 6 - Faster is slower.

> C:" New services with more contact hours would be more needed."
>
> F:"But to emphasize it, it brings in such deadlines, all the time deadlines. Must be there for 4 months, 2 months for evaluation, 6 months for rehabilitation plan achievements. That, I think, is not very good. This work really has ... if it touches on the issue of values, these difficulties, this work must be, now we have heard the saying - how long you have entered the forest, how long you have to come out of the forest. How long they got to those problems, gradually training, talking, not intimidating each other, so long we should collaborate."
>
> B:" [...] what is that what is holding me back, for example, from working here in a crisis center. Sometimes it is this limited time because we are in short-term collaboration. And sometimes I "laugh", we've run into problem-solving, we've "tuned" a client for you, and he's leaving and there is no further succession, that slows down all their situation. And he returns to us again after a while."

This also confirms the statement written on the theoretical part that direct contact hours matter. Crisis center social work specialists reveal some successful experience in the social rehabilitation process, partly because of close and intensive work where direct contact hours are naturally available.

> B:"This was one of the few cases where I was very skeptical about this case. But we work so long that we achieved results that did not even appear in my dreams. I was able to fly for this occasion, how well he went, how well he worked very well, accurately, and perfectly. How good results!"

2) Early Childhood Programs

Social work specialists talked about the importance of the early bonding of a young mother and her child. That this bonding should be learned and established either through a specific program, service, or just by young mothers support person – social work specialist of the family assistant. One of the interviewees mentioned early childhood program PEP moms (first emotional aid mom). The First Emotional Aid Mom (PEP Mom) is a professional support person for mothers with a baby from birth to three years. A PEP mom can be the first choice when a mother needs practical information or emotional support to build a peaceful and joyful relationship with her baby.

PEP mothers usually go on home visits to their mother or the whole family, but at the mother's request, the meeting can also take place elsewhere (http://pep.lv/kas-ir-pep/).

> F:"Of course, there is also a lot from a woman, from a mother, because ... from a mother, from a mother's attitude towards her child, towards a new-born child, in general towards family planning. Since it would also be very helpful here, I know the PEP mom project, we try to use it here whenever it is possible."

Crisis center specialist reveals that child care skills to the mother are taught not in the specific program but with social work specialist's help.

> B:" I think it would be important and significant that we work with the whole family. Also, even giving to that baby an emotionally warm attraction and giving his mother the bond that she can make it. Because in this way we strengthen their family, as a community, as a resource in itself."

3) Home-based programs

Interviewees mentioned family assistant service as a service based on collaboration in the family's natural environment. The service of a family assistant provides support and training to a person in the acquisition of social skills, childcare, and upbringing, household management following an individually developed social rehabilitation plan (https://ld.riga.lv/lv/socialie-pakalpojumi-49/gimenes-asistenta-pakalpojums.html).

> E:" [...] my own personal view is that dysfunctional families and families where parents have intellectual disabilities would be very good assistants. We have them."

> F:"At present, the service of family assistants is already well developed. Well, we sometimes get in trouble with the lack of family assistants and the issue of payment and so on, but now we have several organizations that provide Riga city with a family assistant."

An interesting note is from the family crisis center social work specialist about the time and natural environment setting. It can be assumed that the crisis center is a temporary home for the family at a crisis where direct contact between all family members and social work specialists is much more frequent. This experience reveals that this tight and frequent contact makes an impact on the family. And partly due to this type of cooperation some change in dynamics happens.

> A:" I also like it at the crisis center. It's not that, you fight and you fight. I've also worked in the service and elsewhere ... that you struggle like windmills. That's does not feel much here. […] They know there's a bit of control here. Here are the same addicts, here are breath analyzers. We check and alcohol. He is all the time under such a magnifying glass. Of course, we will see him in a better light, because he has, I'm sorry, motivation. Because he is, kind of under control all the time."

> B:" I knew the case myself from the service. She came to the crisis center. I was very skeptical. This was one of the few cases where I was very skeptical about this case. But we work so long that we achieved results that did not even appear in my dreams. I was able to fly for this occasion, how well he went, how well he worked very well, accurately, and perfectly. How good results!"

These findings support Forrester et al. (2019) observation about the home environment - where families were often visited at home, the relationship between skills and outcome was more solid.

4) *Strengthening support and community network*

A network that supports the family might be on the extended family level, on support specialists' level, and society level. As one of the most mentioned factors was named *inter-institutional/disciplinary* teamwork where all members share similar values, understanding, and solve together difficult cases. It was revealed that inter-institutional work should be expanded by involving all specialists that work with the family at long-term social risk. Moreover, this work should be organized with succession when the social case of the family is passed from one specialist to another with the full set of information.

> B:"And sometimes I "laugh", we've run into problem-solving, we've got a client out of you, and he's leaving, and it's no longer a succession that slows down all their situation. And he returns to us again after a while."

That allows not only to manage the family's functioning dynamics change through the time without gaps and "losing" a client but also that would eliminate the client's chance to abusively use the social system's "gaps".

> B:" [...] inter-institutional cooperation. We still have a lot to grow in Latvia. Until the client no longer has such an opportunity to slip out, use the situation. But that is when we come together not to toss each other's responsibilities in the first place, but to work as a team. And working at any level as a team. Because it is no longer profitable for customers. He understands that he has no opportunity to manipulate."
>
> A:" Teamwork, real cooperation".
>
> C:" Teamwork is definitely a very important factor. When a team goes in the same direction, the people in the team have a similar understanding of values and an understanding of people's needs. Cooperation, exchange of views. Covisions, during which we examine some more complicated cases when it seems that you are "stuck" in some cases. Supervision is also very helpful. The team concludes, to progress. And also inter-institutional meetings when a deadline has passed and we are talking about extending the deadline, about the ability to take care of children."
>
> D:" Then we hold an inter-institutional. And then all the employees involved, the institutions, then we think what to do."
>
> E:" And so social work is teamwork, not only inter-institutional teamwork but also internally. The social workers consulting each other."
>
> F:" [...] somehow more attention is paid ... to families at risk by all professionals. All. The whole society, all the specialists. Everybody who is involved."

The other factor supported by the theoretical part is *extended family* members and *neighbours* as a support network. Although interviews agree that enrolment of an extended family is favourable it

is not always possible. Because not all extended family members want to be involved or family does not want to involve extended family members due to personal reasons.

> E:" And it would be desirable to work with the extended family. But I have already given an example of how difficult it would be for a Latvian to say – can I invite your cousin to a consultation? Currently its data protection also. I could quickly get a complaint from a client that I had disclosed his private files, private data to his cousin, which he had not met for 5 or 10 years. But there is a clear need to work with the extended family."

Also, the involvement of neighbours is not a used practice. It might be even opposite that environment and neighbours around make a negative influence on the family's functioning dynamics. And it might be even favourable to change the family's environment to the one with different lifestyle values and behavioural models.

> F:"[…] Social homes very often, there is no special option for the social worker, only with their interventions, only with their own service, to change the effect ... to give a different experience, a different view. Somehow, however, it is necessary to captivate its family from its usual environment. Because most importantly, they already feel good and safe there. These parents ... they get used to it. That which is known. It's bad, but it's mine. And so are those families. And these children, of course, walk around. These families "cover" each other."

One worth noting factors of community network support strengthening is *society involvement* and educating. It was admitted that society becomes better educated and knows where to look for help in difficult social situations. Children have specific lessons in kindergarten and in school where they talk about safety, what is good, and what is bad, what is allowed, and what is not. Schoolchildren know the helpline phone numbers. And also those specific advertisements on the streets with the information where to apply in the case the person is in need.

> D:"However, there are some ads. Schools have lessons. In kindergartens, I know that they teach children what might be allowed and what is not. And the children are already being taught. This was not the case before. The children did not know what was bad and what was good. Or how with adults. For example, I was not taught in kindergarten or at school. My parents just told me not to go there or there. Or how should I behave. So I thought yes, over time, there are already those improvements. [...] Because when I was in school, we had that "open" class. And many children, they immediately named the trust phone line number. It also showed that they had such knowledge. And they understand that if there are any problems, they will be able to look for help. It is very good. Because it seems to me that in the past it was be kept concealed. Don't tell anyone. There was such a public theme. So, I think there are improvements."

However, there are still some "taboo" themes or an inability to talk about difficult subjects in society. Persons around the family, even specialists are struggling to deal with the difficult family. Commonly, some family problems, even obvious are trying to be hidden, not seen. It would be favorable to work towards an inclusive society that does not tolerate violence. Society and specialists that not ignore but react by seeing neglecting the child. Even professionals might show

some doubts about the most appropriate manner of reacting – whether to inform responsible institutions or not.

> E:" And that is that we, society itself, are pushing them out of. That we do by ourselves. We are pushing them out. And it is very difficult not to be pushed out because everyone is in the run, everyone is working, everyone is taking care of their children, their seniors, parents, dogs, travel, status in society and it is extremely difficult for people who do face these outsiders to accept them. And it must not be condemned either. Society must not be condemned. We need to become more sensitive, we need to talk more about that. The fact that we just talked too little about it. Only those working in and around the area talk about these problems here. Everyone faces these families here."

> F:" [...] this social work and this society involvement in social problem solving, in general, is so recent. "Well, you just don't say what we say here, there is such a family living here, or my relative family, or there is such a family, it is very bad, children are beaten ... very bad. But don't say we told you." In reality, when it will end, then it will be indeed some thought about attitude based on society. [...] The child is tired, dirty, and hungry. Report to the social service: "But don't say." If so, it is unthinkable at all. In other countries, it could not be at all. When the school reports but: "Don't say. We are not sure here yet." So how can we continue working? On the contrary, everyone should think, say, yes, let's seek help. Because it is a professional environment. Because there must also be openness in the professional environment."

Fear to complain is one of the post-soviet societies ' phenomena. Therefore one of the directions to work is to educate society about the different forms of violence and neglect, about tolerance and inclusiveness, to create a better understanding of the situation of families at social risk, to look for help, and to not stay indifferent.

> E:" [...] we should inform society ... tell anonymous stories, real but anonymous. The concern is very big about the press because bad news is good news for the press. And these social stories here, I fully agree, should have been made in 2 or 3 years. Such a series of stories, our society is so... we are not outward-looking at all. We are introverted as a society, a little bit northern."

5) *Broadly focused case management*

Interviews did not support the idea of broadly focused case management described in the theoretical part of this Thesis. It is suggested that providing the family with the concrete and "hard" services promotes the family's trust, engagement, and long-term changes. As the main problems of the family's at a long term social risk are inherited lifestyle values and behavioural models, provision of the concrete and "hard" services will be accepted by the family but will not promote a change of functioning dynamics. One might think that environment around the family is stressful but the family might consider it normal. However, it cannot be denied that the provision of "hard" services by professional family assistants might teach some skills to the family members.

6) *Specific needs*

Interviewees did not mention any specific addiction treatment program, only one specialist mentioned an addiction treatment program for youth.

> F:" Or if it is, now it is only developing ... treatment for addictions also for teenagers and young people. This is also very important."

As mentioned previously, addicts are the hardest client group to work with and the least hopeful and there is a lack of availability of services for this group.

Although there was not discussed families with a child with a disability, there was mentioned important factor that parents having a suggestion from the specialist to show their child to the Medical-Pedagogical Committee to evaluate whether a child has an intellectual disability hesitant to do that or even avoid due to stigma or personal experience. Besides, this is not limited only to families with a long-term experience of social risks but also to socially well-functioning families. The stigma that persists in our society and institutions keep away parents to take action to ensure appropriate evaluation of intellectual ability and education program for their child. Often the negative experiences of parents with intellectual disabilities are also creating braking obstacles.

> F:" […] large number of parents with intellectual disabilities have children born with some intellectual disabilities, but very rarely, when a parent takes them, for example to a kindergarten, the teacher already tells them in 5-6 year of studies that there is a necessity to go to the Medical-Pedagogical Committee but our clients do not do that. Because they have very unpleasant feelings. They have suffered from the fact that - you are a fool, you do not understand anything. [...] And they do everything just not to tie my child to the disability code. They do nothing just to tie the code to my child."

Overall social work specialists agree that different social services and programs should be developed further. There is a space for a vision of a united minimal set of social services for families at long-term social risks as nowadays there is no commons system of services, and programs are fragmented.

Additional programs and services mentioned during the interviews: It is worth noting that there are several programs, services, and ideas mentioned during the interviews that were not described in the theoretical part but considered as useful on the family functioning dynamics change. It is not always possible to reach the whole family members therefore it is effective to reach a specific group – youth, children, women.

- Youth programs and mentors

Social work specialists indicate that the targeted approach towards youth is very appreciable. It is not rare that youngsters of those families at long-term social risk have not only a lack of positive

values and skills, but also has deviant behaviour. “The Department of Social Rehabilitation and Support for Youth works with young people at social risk aged 13-25 and includes a social rehabilitation and support program to promote the reduction of deviant behaviour and the development of positive social skills” (https://www.samariesi.lv/lv/pakalpojumi/jauniesu-socialas-rehabilitacijas-un-atbalsta-nodala). It is worth noting that this kind of service is highly valued due to its interactive way of approaching the target group – youth. These programs offer youth values and behaviour that they cannot observe in their family. It is adventure pedagogy.

> E:” But when it comes to the models, for deviant young people, one that is a very good service to us - it was called "Leap". There they meet in the program, they have 2 level program. The first level is half a year, then extended for some months. And therewith them, it's the kind of actually informal pedagogy involved. Adventure pedagogy. Plus quite a few psychological aspects. […] And deviant young people should really need these special support forms here.”

> F:”I also like one of the services that went very well to us, which is also, as it is already partly well-founded in society, these youth programs. I know that there are other municipalities where there are such youth programs. [...] There is a need for individual work directly with young people, directly with young people of adolescence and they need very interactive lessons. There can't be so ... either... or just a group lesson either as counseling as a psychologist or an adventure element. There need to be action. […] There they go hiking, there is an adventure, it is pedagogy. And a lot of individual work, each has a mentor.”

- Day/support centers for children

Social work specialists reveal that sometimes it is very hard to work with parents because of their resistance. Therefore, specific work with children is useful to underline.

> D:”I probably now would work more with kids. Because... more day centers, more school additional educative activities and groups of all kind.”

> F:” If... not at a young age, then it is very difficult then on 40-50 years to teach them, to our parents. And so it helps very well, if there is nowhere to “hit” where you can, you have to think about young people.”

- Camps

Few interviews regretted that no camps are available any more for children and youth. That was named as good service available previously.

> E:”Camp. The camp is also very good for children. In these camps, children get good experiences, friends. I am very sorry that from the social service cannot, there is no such possibility.”

> F:” For example, we miss camps for children in the summer. It is very noticeable. For example, in families where parents are working, there is no countryside, nothing.”

- Family psychotherapists

One of the missing but useful services was mentioned, family psychotherapists.

> D:”It could also be noted that there would be good to have family psychotherapists. As a service.”

The step towards the implementation of this service is a trial project of the family psychotherapist service that is based on amendments to the Regulations of the Latvia Cabinet of Ministers no. 575 approved on 14.07.2020. The service includes family psychotherapy counseling for families with children and group psychotherapy sessions as support measures for children aged 12 to 18 whose parents are living apart or in the process of divorce. This service will starts in January of 2021.

- Sport

One more needful element would be including deviant youth in sports activities.

> E:"And deviant young people would really need those special support forms. I think we should work that they can have a sport. [...] Sport, it produces, however, endorphins. When there is a slight sense of joy and hormones in children that are very depressed."

The sport might be a simple and effective way to improve youth and children's physical wellbeing that also influence mental health and increase one's self-esteem. Therefore it would be good if social work specialists could offer and motivate the youth to enroll in any sports activity that the child likes. Also, other environments, team members, and new values would make an impact on youth behaviour.

- Fairy tales

An interesting idea was expressed during one of the interviews that it would be very useful to read fairy tales to young children – in the kindergarten or the first grades of primary school. That improves a child's problem-solving skills. Those skills that might not be learned in some families. It is again an adventure pedagogy that gives a life-lesson to a child in a playful manner.

> E:"[…] and what seems to me to be extremely important, which could perhaps even be implemented in the education system, is one of the essential sections that left out in the poorly functioning families is reading fairy tales. And why it's important to read that fairy tale. If we are a child, we have read 100 tales to our child, he has learned 100 ways to solve a difficulty."

- "Respite moment" or "Contact" family

One more idea worth noting was – "Respite moment" for the family. The main idea is in the society-based service where there are "guest families" that can accept children from dysfunctional families for a limited period – a weekend or a week or days. During this time the child can observe and learn new values, skills, and behaviour. And also this child's family can have some time to do things for which they do not have enough time in their daily life. Some families complain about the social work specialist about too many tasks they have to do. And this "Respite moment" would give a chance to that dysfunctional family to spend some special time together with each child separately.

> G:" […] in Sweden, for example, and also in Italy. And there is such a service, he was called either the "Respite Moment" service or the "Contact person" service. How ... for a family that has big difficulties, in which these dysfunctions are already an experience, where there is no other experience, as it could interact with another similar family. And this child could, for example, visit another, supportive, good family at home. Similar to foster families. And then after that, we could discuss all that was good there. [...] But if, these support families or this family that could accept ... children of dysfunctional at-risk families in their families as a service [...]. These children would learn a different attitude, value, culture there."

And this experience would also allow us to observe how the family is dealing with their daily issues while the child is in the guest's family. Either they try to solve the problems and fulfill the tasks or they use this time for substance misuse. That would help social work specialists to obtain more information about the family and it is functioning and to prognoses further collaboration strategies. This kind of service is in a society-based service that is in line with the European Commission strategy – "Transition from institutional to community-based services" (Deinstitutionalisation) (https://ec.europa.eu/regionalpolicy/en/policy/themes/social-inclusion/
desinstit/). This kind of service emphasizes preventive, inclusive social work that helps to maintain the family and avoid institutionalization. There might be situations when parents' most of the time take sufficient care of their children but there are situations when they can go on substance misuse periods for the days and do not take care of their children. Should children be removed from such a family? If parents are incapable to take care of children periodically maybe it also would be an option to consider using the help of "Respite moment" or "Contact" family.

> E:"Ideally, we should identify what the mom's or dad's difficulty is and figure out how to cope. We cannot eliminate it. If the mother is an alcoholic and we know that she drinks a week in a month, we should make a mechanism for someone to look after the child that week. If we know that after that 1 week, the rest 3 weeks mom can take care of her baby and at the same time still try to work on some other cognitive processes while she is clear. But we do not have the resources. The institution where to put the child for 3 days while the mother drinks. And to explain to that child that his mother has such an illness that when she cannot take care of you, you will be here. But at the first opportunity, you will be back to your mother."

That would be a community-based service to consider as potentially useful in preventive social work practice.

- Contraception

One of the services mentioned during the interviews was a state's paid long-term contraception for a specific group of women that social work specialists would find to be a target group. Currently, there are several groups of women at risk that would be considered as potential service users. One of the groups would be mothers with many children who cannot take appropriate care of their children and children are under the risk of removal from the family.

> E:"[...] I think we also should help in the system with contraception. Because the sex drive is, the desire for love is. Pretty soon those young girls and also guys find their partners and terribly fast they also have a baby right away. I always think that.... we provide contraception that does not request any daily responsibilities that are difficult for them to follow, but some long-term contraceptives could be offered as a service. What's already in the social service "basket" A lot of clients might be motivated to use it. Not to force, but to motivate. Because those moms get tired. Young girls, 23-24-25, we have a record at the moment - a 21-year-old mother with 7 children. She is "transparent" and, of course, tired, abnormally tired. And there are some of those babies with, one with an autism spectrum, well, first of all, the body is tired plus her genetics, father's genetics. And then after 7th child, we motivated her. We have come a long way for the social services to pay for this contraception, which is only for 2 years but at least for now. But if she had a simple, daily service, I think that even if there were fewer children, only 2, those moms would have more time to devote to those children."

The other group would be women that are involved in prostitution.

> F:"[...], I was also involved in one project, that helps women who were involved in prostitution. And then I am very sad to see when the same girl on the street again. [...]. I go on home visits, and one of those girls I knew come, run towards me and I see – baby belly. [...] She says, yes I will have a baby, help me, help, I will do everything. But you can already see what she is doing. At that moment, it makes no sense to read morals. If they want, they will find. I put a note in her pocket. [...] Then I watch again, she runs. [...] I say don't run, don't run. I thought about how she held her belly. She says no, I had a baby yesterday. There is nothing - no passport, nothing. And maybe there aren't very many of these girls [...]. And ... and those children are born, one after the other sometimes."

And also addicts.

> G:" […] in our areas where we work ... often live young women who are long-term drug users. Well, these women who use drugs, they end up in the prison from time to time, and when they come out of the prison, they have ... while in prison, they often have a child ... this child is ... placed either out of the family in a care institution or foster family. It is very often when this baby is born, then this young woman who has it like [...] has intoxication [...] and it is often the case that the child is also placed ... in intensive care. This year, 3 mothers leave the childbirth hospital [...] with the idea that they need clothes or something to arrange. They go after the dose. They are on the system, they need a dose."

This service would request the motivation skill of the social work specialist at a very high level. Because this service cannot be enforced. Women need to see benefits from this service – improved health, more time to take care of herself and her other children's lives and that might increase also her self-esteem.

To summarize the chapter about the service-related factors it can be concluded that different programs and services are a powerful instrument in social work that supports more effective collaboration and help to reach settled goals. And this instrument should be supplemented with new in society/community-based services that targeting specific problems. To finalize the collaboration perspective overview it will be briefly revealed findings related to system-level related factors in the next chapter.

3.2.3. Ideological assumptions in social work with the family – macro level

Similarly, to the previous chapter, this chapter will also follow the structure framed in the theoretical part. Some of the system factors are united because they have a common paradigm.

1) Child *protection* model versus child *welfar*e model and to *keep* versus to *separate;*

Interviews reveal that social work specialists although looking through the prism of the child's interests, see that the child's well-being is linked to growing up in a well-functioning family. It is revealed that the child should be protected in his family and it is targeted work with the whole family members as far as it is possible. The child's protection by separating him from the family is not the first choice of specialists.

2) From *powe*r to *empower* and d*eficit* model versus the *strength-based* model;

Social work specialists reveal that they put an effort to empower the family by using a strength-based approach and motivation. Family's opinion is respected as far as it does not harm a child and lead to the family's positive functioning dynamics change. Nevertheless, interviewees also expose the necessity to use power – "good authority" described previously when the collaboration process does not take a place and there is no progress towards settled goals, which include the improvement of the child's well-being.

3) The *duality* of the relationships;

Information gathered during the interviews shows that the duality of relationships is present. This duality certainly influences collaboration, but it cannot be generalized whether this influence leads to the positive or negative outcome and achievement of objectives. There might be cases where this duality breaks collaboration and family tend to disappear from the social service and there might the cases where it "pushes" family to reach the goal. Here is a place of professional and experienced use of all three collaboration strategies - cooperative, incentive, and authoritative. It seems good to start with an incentive manner, that would lead to a cooperative collaboration manner is the best scenario and to authorities manner in the worst scenario.

4) Socials work specialist's *caseload*s

There was no mention of such an aspect as a lot of social work specialist's caseloads during the interviews, just one of the interviews revealed opinion about lack of social work specialists and burnout.

> F:" There is a lack of social workers. This is also a difficulty. […] Students, even if they finished studies, are reluctantly come to work in the social services. It does not seem so interesting, or how and also it makes it difficult, of course, if we can't work with such quality. We have more cases, we are tired, we burn out."

5) *Coercive, legally driven, bureaucratic*, and *neoliberal* approach;

Although some forced activities mentioned during the interviews, which the clients have to perform within the framework of the law and which the social work specialist must be able to discuss with the client, this is not the main and determining direction.

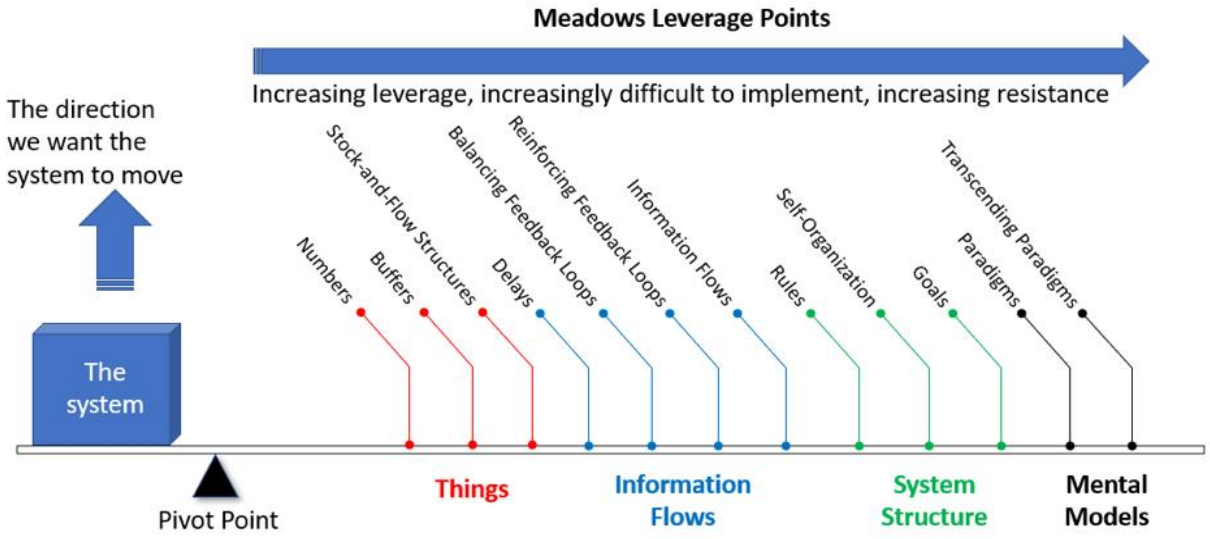
Overall, ideological assumptions tend to secure the child's needs by recognizing the necessity to secure them within the well-functioning family system.

4. DISCUSSION

The research literature findings show that system's theory approach can be employed to demonstrate the collaboration perspective in social work. System's theory offers a theoretical framework that allows to understand the problem, desired outcomes, existing, necessary and sufficient conditions, tasks, and action steps. While a collaboration perspective fulfils this theoretical structure with an essence necessary for working with a living, human systems – manner how the "leverage point is pressed"/ changes implemented.

Sometimes, relatively "shallow" interventions may lead way for deeper changes, while at other times, deeper changes may be necessary for superficial interventions to work" (Fischer and Riechers, 2019). Social Change Agent System means actors that show an example of a socially desirable functioning model by themselves and connect the Client System to the resources. Contrary to the cybernetic system, the social system might refuse to accept intervene therefore engagement and collaboration is a crucial aspect - connect before correct. For the overview of the system's theory and collaboration perspective synergy, "Meadows Leverage scale" was implemented.

Picture 5. **Meadows Leverage Point scale**



Source: https://defense.info/williams-foundation/2018/10/thinking-to-deter/, Hoffman A. 2018

In accordance to literature and the research results social work specialists reveal exposure on leverage points 2, 3, 4, 5, 6, 7, 8, 9, 10, and 11.

2. Paradigm – the main problem of families in the long-term social risk is located on the paradigm level. Social work specialists recognize that well and try to "press on this leverage point" by their own personal role model, by social services and programs, and by educating society.

3. Goal – social work specialists try to help to set the family's own goal. Sometimes through the focus of their children's needs. System's archetype D*rifting/Eroding Goals* should be considered while defining the goals.

4. *Self-organization* – although this "leverage point" is impacted by a settled goal in the case of families at long term social risk social work specialists has an import function to show, to help, and to promote with different tools family's capability for self-organization.

5. *Rules* – social work specialists help the family to structure the rules that necessary for reaching the goal. Either by incentives or by constraints.

6. *Information flow* – impact put not only on information flow that connects family and social work specialists but also on information flow that connects the interdisciplinary team.

7. *Positive feedback loop* – social work specialists put an effort to motive family on positive dynamics changes through a strength-based approach and personals qualities that promote engagement and collaboration. The author returns to the system's dynamics law number 3. Behaviour grows better before it grows worse; and the system's archetype "Limits to Growth/ Success" - the lesson is that something always pushes back. There is no such thing as unlimited positive reinforcing behaviour. There are always limits that finally make themselves appear. The reinforcing process of accelerating growth will come over to a balancing process as the limit of that system is approached. There is a risk that continuing efforts might produce diminishing returns as a limit is approached (Him (2000) and Braun (2002)).

8. *Negative feedback loop* - strengthened informative network (Information flow and Feedback Loops) among institutions (Action System) involved in the social work with family at long-term social risk family (Client System) allows reducing the impact of the balancing loop of the Client's System.

10. *Stock and Flow structures* – different social services and programs must be planned and welcoming in the social budget.

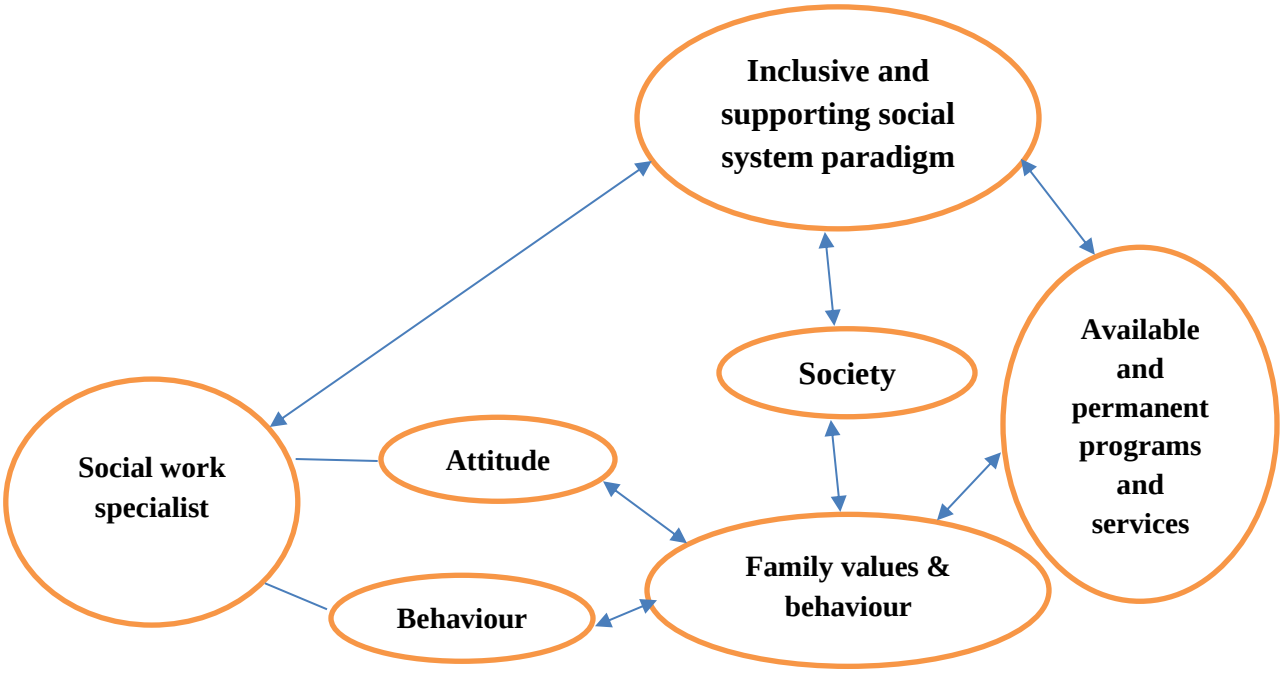
11. *Buffers* – social services and programs must be not only existing but also available in a necessary amount.

Exposure on leverage point 9. *Delays* - mentioned as insufficient. Here is important to remember system dynamics law number 7 - Cause and effect are not closely related in time and space.

On the basis of the synthesis of the Theoretical and Empirical part of the Master Thesis, the Author has developed a picture, characterising the essence of the Research. Picture No 6 reveals the schema of elements that influence family system functioning dynamics change. On the basis of theoretical analyses and the empirical results the author has developed the family values impact scheme. This scheme consists of the following 7 elements. It starts from the Paradigm of the Inclusive and supportive system. The Paradigm is interlinked with the society, available social services and programmes, and social work specialists. The family system is closely related with the society, depends on the society. The family system is interlinked with the available social programmes; and the family system is interlinked with the municipal social services and social work specialists employed in the social services.

Attitudes and behaviour is interlinked with "Social work specialist" and families. From that perspective for social worker it is important to find the appropriate attitudes and values that facilitates most effective collaboration. Picture No 6 demonstrates micro, mezzo and macro level mutual influence on the collaboration process.

Picture 6. **Family values impact scheme**



Source: The collaboration system developed by A. Medne 2020

5. CONCLUSIONS

The objective of the Master Thesis was to research collaboration among social work specialists and families at long-term social risk to find an effective way to influence family functioning dynamics to change. In the Master Thesis the author has accomplished fulfilled objectives and tasks. The scientific literature analysis of a system, system dynamics theory, and collaboration perspective confirms the usefulness of these theories in social work. Empirical findings approve insights described in the theoretical part and provide with valuable addition towards collaboration process improvement.

The research reports that the root of the problems of families at long-term social risks are based on inherited and gained social values and family functioning models. However, there is a set of factors that also brake family functioning dynamics change - family's inner motivation; family's consumer thinking pattern; family's self-isolation/ marginalization; the environment around the family ("ghetto", housing); education; family's attitude towards social work specialist; addiction; lack of services.

To change family functioning dynamics, social work specialists with support of social services and programs "interplay" between shallow and deep system change levels (Meadows scale).

In a collaboration process among social work specialists and families at long–term social risk helps complex phenomenon consisting of social work specialist:

- personal qualities (positive and non-judgmental attitude, respect, open and honest communication, sensitivity, empathy, dignity, respect of the family needs, patience, and human love)

- behaviour and skills (let the client be an expert of own life, to orient parent focus through the child's needs lens, set achievable goals, motivation and strength-based approach, flexibility and individual approach, good authority, informing).

Together with social work specialist qualities and skills, the availability and appropriateness of long-term social programs and services make a strong impact on the collaboration process.

To promote families at long-term social risks way out of the social risk area it is necessary to improve and support social work specialist's ability to be a role model for the family, personal and professional qualities, and effective skills that engage the family in the collaboration process. Increased availability of long-term social services and programs targeted towards specifics needs of the family members could strengthen a family's efforts to move out of the social risk are.

6. RECOMMENDATIONS

On the basis of the theoretical perspective on collaboration between social work specialists (Social Change Agent System) and a family at long-term social risk (Client System), the author has developed the main recommendations related to the improvement of the collaboration process and progress of the family functioning dynamics.

1) Development of Social Change Agent System:

Social Change Agent System plays an important role as a *behavioural model*-actor in the collaboration process. It shows a positive example of behaviour by themselves of social value cherishing, communication, and problem-solving. Therefore, Social Change Agent System must be conscious about their behaviour impact on the Client System. Training and knowledge that strengthens the awareness and ability to play this role are necessary.

Social Change Agent System should be *active* and *creative*. Working as a mediator between micro, mezzo, and macro levels, also a new role – a *promoter* of society mobilizer – should be reinforced in a form of non-governmental organizations, volunteering projects, public education campaigns, and street work. Regular supervision and effective teamwork are necessary to develop a Social Change Agent System.

2) Development of inter-institutional information flow:

The common digital application that brings together all involved institutions that work with the Client System is a necessary instrument to increase the effectiveness of the information flow.

3) Administration of social services and procedures:

Currently, the system of social services is fragmented. There is a lack of a common framework, united guidelines, and a structured system of administration of social services, therefore it is necessary to create a sufficient number of services and develop new and permanent programs: more family assistants, family psychotherapists, children and youth programs, social housing.

Recommendations for future research:

- To explore the opinion of families at long-term social risk (including children of those families) to obtain their perspective concerning their problems and factors that promote or would promote the escape from the social risks;

- It would be advantageous to research the opinion of social work specialists employed at non-governmental organizations, children crisis centres, youth organizations, Inspectorate for the Protection of the Rights of the Children, probation service, police, custody court, welfare ministry, social department, family counselling therapists, social pedagogues, custody court specialists, policymakers. The results would provide more specific, detailed overview on the problem and might result in new ideas about new services, programs, and collaboration patterns that would promote dynamics change of the long-term risk families;
- Useful would be research on the public opinion on families at long-term social risk, social services, and the trust towards social services. This would help to reveal the main areas where more emphasis is needed to develop community-based services;
- Research on consumerism of families at long-term social risk could be a useful tool for social policy development;
- The monitoring evaluation study on the effectiveness of different services and programs should be developed, including a measurement tool.

7. ETHICS AND LIMITATION OF THE RESEARCH

Limitations

Although findings of the empirical part of this Thesis reveal answers to all research questions it uncovers only a narrow view of social work specialists from Riga municipality social service and family crisis centre. Due to the worldwide situation with the pandemic of Covid-19, it lacks the opinion of other target groups and collaboration partners – families at long term social risk, including children from those families.

Ethics

There are several meanings of 'ethics'. According to Hammersley and Traianou, (2012) ethics are concerned about what is good and what is bad and how the researcher should do and how should not and how it should be decided. It is a set of principles that demonstrate what is right and what is wrong. The ethical issues during the research were respected:

- Confidentiality was provided to all participants and information about research purposes before the interview. As research took place in specific institutions, the researcher had to provide anonymity and confidentiality of the research results;
- Safe environment and a safe interview approach were provided not to harm participants by overwhelming participants' emotions, memories, feeling, etc. what might make interviewees feel uncomfortable.

8. BIBLIOGRAPHY

1 Abson, D.J., Fischer, J., Leventon, J., Newig, J., Schomerus, T., Vilsmaier,U., von Wehrden, H., Abernethy, P., Ives, C.D., Jager, N.W., Lang, D.J. 2017. Leverage points for sustainability transformation. 46:30–39 DOI 10.1007/s13280-016-0800-y

2 Allen, K.R., Henderson, A.C. 2016: Family Theories: Foundations and Applications.

3 Alpert, L. T., Brinter, P. A. 2009. Measuring parent engagement in foster care. Social Work Research, 33(3), 135–145.

4 Apine, E. 2015. Psychosocial work with the familyto prevent violence against children. Methodical material. Riga. Nodibinājums „Latvijas Bērnu fonds", EEZ/PP/1/MAC/057/039

5 Ayón, C., Aisenberg, E., Erera, P. 2010. Learning How to Dance with the Public Child Welfare System: Mexican Parents' Efforts to Exercise Their Voice . Journal of Public Child Welfare 4(3, 263–286.

6 Bardauskiene, R., Pivoriene, J. 2018. The effectiveness of social work services for families whose children are in temporary custody .

7 Becvar, D.S., Becvar, R.J. 1999. Systems Theory and Family Therapy: A Primer. University Press of America, Inc.

8 Bengtsson, M. 2016. How to plan and perform a qualitative study using content analysis. Publisher: Elsevier;

9 Benvenisti R.,Yekel, H. 1986. Family intervention: A description and evaluation. Society and Welfare, 7,142-155.

10 Berrick, J. D., Dickens, J., Pösö, T., and Skivenes, M. 2015. Children's involvement in care order decision-making: A cross-country analysis. Child Abuse and Neglect, 49, 128–141. http://dx.doi.org/10.1016/j.chiabu.2015.07.001.

11 Besharov, D. J., and Laumann, L. A. 1997. Don't call it child abuse if it's really poverty Journal of Children and Poverty, 31, 5-36.

12 Boswell, C., Cannon, S. 2005. New horizons for collaborative partnership. Online Journal of Issues in Nursing.

13 Brandell, J.R. 2011. Theory and Practice in Clinical Social Work.

14 Braun, W. 2002. The System Archetypes. ResearchGate

15 Bregman, O.C., White, C.M. 2010: Bringing Systems Thinking to Life: Expanding the Horizons for Bowen Family Systems Theory.

16 British Association of Social Workers, At: https://www.basw.co.uk

17 Bronfenbrenner, U. 1979. The Ecology of Human Development. President and Fellows of Harvard College.

18 Brook, J., McDonald, T. P., and Yan, Y. 2012. An analysis of the impact of the strengthening families program on family reunification in child welfare. Children and Youth Services Review, 34, 691–695.

19 Bruns, E. J., Pullman, M. D., Weathers, E. S., Wirschem, M. L., and Murphy, J. K. 2012. Effects of a multidisciplinary family treatment drug court on child and family outcomes: Results of a quasi-experimental study. Child Maltreatment, 17, 218–230.

20 Buckley, H., Carr, N., Whelan, S. 2011. 'Like walking on eggshells'. Service user views and expectations of the child protection system. Child and FamilySocial Work, 16, 101–110.

21 Cambridge Dictionary

22 Canadian Association of Social Workers, At: https://www.casw-acts.ca

23 Carr, E., Levin, L., McConnachie, G., Carlson, J., Kemp, D., Smith, C, et al. 1999. Comprehensive multisituational intervention for problem behavior in the community: Long-term maintenance and social validation. Journal of Positive Behavior Interventions, 31, 5-25.

24 Cederbaum, J., Klusaritz, H. A. 2009. Clinical instruction: Using the strengths-based approach with nursing students. Journal of Nursing Education, 48, 423–424. http://dx.doi.org/10.3928/01484834-20090518-01

25 Chaffin, M., Friedrich, B. 2004. Evidence-based treatments in child abuse and neglect. Children and Youth Services Review, 26, 1097–1113.

26 Channa M.W. Al, Geert Jan J.M. Stams, Miranda S. Bek, Esther M.Damen, Jessica J. Asscher, Peter H. van der Laan, 2012: A meta-analysis of intensive family preservation programs: Placement prevention and improvement of family functioning.

27 Chaudry, A., Wimer, C. 2016.Poverty is Not Just an Indicator: The Relationship Between Income, Poverty, and Child Well-Being, ACADEMIC PEDIATRICS 16:S23–S29

28 Chetkow-Yanoov,B. 1997. Social Work Practice: A Systems Approach. The Haworth Press, Inc.;

29 Clinical paper of Journal of Dental Health, Oral Disorders and Therapy Med Crave Volume 9 Issue 5 – 2018; https://medcraveonline.com/JDHODT/JDHODT-09-00409.pdf

30 Cossar, J., Brandon, M., and Jordan, P. 2016. 'You've got to trust her and she's got to trust you': Children's views on participation in the child protection system. Child and Family Social Work, 103–112. http://dx.doi.org/10.1111/cfs.12115.

31 Covington, W.G. 1998. Creativity and General Systems Theory. Universal Publisher.

32 Crawford, K. 2012. Interprofessional Collaboration in Social Work Practice. Sage

33 Dakof, G. A., Cohen, J. B., Henderson, C. E., Duarte, E., Boustani, M., Blackburn, A., and Hawes, S. 2010. A randomized pilot study of the engaging moms program for family drug court. Journal of Substance Abuse Treatment, 38, 263–274

34 Daly Mary, Kelly Grace, 2015. Families and Poverty: Everyday life on a low income. Policy Press

35 Damashek, A., Doughty, D., Ware, L., and Silovsky, J. 2011. Predictors of client engagement and attrition in home-based child maltreatment prevention services. Child Abuse and Neglect 88 2019 362–375

36 Damman, J. L. 2014. Better practices in parent engagement: Lessons from the USA and England. European Journal of Social Work, 171, 32–44. http://dx.doi.org/10.1080/13691457.2013.765834.

37 Daniel, J. 2011. Sampling Essentials: Practical Guidelines for Making Sampling Choices. Publisher: Sage;

38 Darlington, Y., Healy, K., and Feeney, J. A. 2010a. Challenges in implementing participatory practice in child protection: A contingency approach. Children and Youth Services Review, 32, 1020–1027. http://dx.doi.org/10.1016/j.childyouth.2010.03.

39 Darlington, Y., Healy, K., Yellowlees, J., and Bosly, F. 2012. Parents' perceptions of their participation in mandated family group meetings. Children and Youth Services Review, 34, 331–337. http://dx.doi.org/10.1016/j.childyouth.2011.10.030.

40 Dawson, K., Berry, M. 2002: Engaging Families in Child Welfare Services: An Evidence-Based Approach to Best Practice

41 DePanfilis, D. 1999. Intervening with families when children are neglected. In H. Dubowitz (Ed.), Neglected children (pp. 211-236). Newbury Park, CA: Sage.

42 Dobelniece, S., Millere, J., Salmane-Kulikovska, I. 2015 . SITUATION ANALYSIS OF SOCIAL RISK FAMILIES WITH CHILDREN IN LATVIA. Proceedings of the International Conference "ECONOMIC SCIENCE FOR RURAL DEVELOPMENT" No40 Jelgava, LLU ESAF, pp.141-150

43 Dore, M. M. 2008. Family systems theory. In B.A. Thyer, K.M. Sowers, and C.N. Dulmus (Eds.), Comprehensive handbook of social work and social welfare: Human behavior in the social environment (pp. 431-462). Hoboken, NJ: John Wiley and Sons.

44 Dumbrill, G. C. 2006. Parental experience of child protection intervention: A qualitative study. Child Abuse and Neglect, 30, 27–37.

45 Dumbrill, G. C. 2010. Power and child protection: The need for a child welfare service users' union or association. Australian Social Work, 632, 194–206.

46 European Commission, 2013. Recommendation 'Investing in Children: breaking the cycle of disadvantage'

47 European Commission, 2018. Changes in Child and Family policies in the EU28 in 2017.

48 European Commission, 2018. Fund for European Aid to the Most Deprived. Thematic Dossier 4.

49 European Parliament briefing, 2019. Fighting Child Poverty the Child Guarantee.

50 Eurostat

51 Farrell, A. F., Luján, M. L., Britner, P. A., Randall, K. G., and Goodrich, S. A. 2012. 'I am part of every decision': Client perceptions of engagement within a supportive housing child welfare programme. Child and Family Social Work, 17, 254–264. http://dx.doi.org/10.1111/j.1365-2206.2012.00831.x

52 Featherstone, B., Morris, K., White, S. and White, S. 2014 Re-Imagining Child Protection: Towards Humane Social Work with Families. Policy Press.

53 Ferguson, H. 2011 Child Protection Practice. Reading, Palgrave Macmillan.

54 Fernandez, E., Zeira, A., Vecchiato, T., Canali,C. 2015. Theoretical and Empirical Insights into Child and Family Poverty: Cross National Perspective. Springer International Publishing;

55 Figley, C. R., McCubbin, H. I. 1983. Stress and the family: Volume II: Coping with catastrophe. New York, NY: Brunner/Mazel.

56 Fischer, J., Riechers, M. 2019. A leverage points perspective on sustainability. People and Nature. https://doi.org/10.1002/pan3.13.

57 Florczak, K.L. 2017. Adding to the Truth of the Matter: The Case for Qualitative Research. Publisher: Sage, Nursing Science Quarterly

58 Forrester, D., Killian, M., Westlake, D., Sheehan, L. 2020. Patterns of practice: An exploratory factor analysis of child and family social worker skills. Child and Family Social Work. 25:108–117. https://doi.org/10.1111/cfs.12664

59 Forrester, D., McCambridge, J., Waissbein, C., and Rollnick, S. 2008. How do child and family social workers talk to parents about child welfare concerns? Child Abuse Review, 1, 23–35.

60 Forrester, D., Westlake,D., Killian, M., Antonopolou, V., McCann, M., Thurnham, A., Thomas, R., Waits, C., Whittaker, C., and Hutchison, D. 2019. What Is the Relationship between Worker Skills and Outcomes for Families in Child and Family Social Work? British Journal of Social Work 49, 2148–2167, doi: 10.1093/bjsw/bcy126,

61 Freshman, B., Rubino, L.G., Chassiakos, Y.R. 2010. Collaboration Across the Disciplines in Health Care. Publisher: Jones and Bartlett Publishers

62 Fuller, T. L., Paceley, M. S., and Schreiber, J. C. 2015. Differential response family assessments: Listening to what parents say about service helpfulness. Child Abuse and Neglect, 39, 7–17. http://dx.doi.org/10.1016/j.chiabu.2014.05.010.

63 Fusco, R. A. 2015. Second generation mothers in the child welfare system: Factors that predict engagement. Child and Adolescent Social Work Journal, 32, 545–554. http://dx.doi.org/10.1007/s10560-015-0394-4.

64 Gallagher, M., Smith, M., Wosu, H., Stewart, J., Hunter, S., Cree, V. E., and Wilkinson, H. 2011. Engaging with families in child protection: Lessons from practitioner research in Scotland. Child Welfare, 90(4, 117–134)

65 Garcia, A. R., Circo, E., DeNard, C., and Hernandez, N. 2015. Barriers and facilitators to delivering effective mental health practice strategies for youth and families served by the child welfare system. Children and Youth Services Review, 52, 110–122. http://dx.doi.org/10.1016/j.childyouth.2015.03.008.

66 Gaudin, J. M. 1993. Child neglect: Aguidefor intervention. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

67 Ghaffar, W., Manby, M., and Race, T. 2012. Exploring the experiences of parents and carers whose children have been subject to child protection plans. British Journal of Social Work, 42, 887–905. http://dx.doi.org/10.1093/bjsw/bcr132

68 Gladstone, J., Dumbrill, G., Leslie, B., Koster, A., Young, M., and Ismaila, A. 2014.Understanding worker–parent engagement in child protection casework. Children and Youth Services Review, 44, 56–64. http://dx.doi.org/10.1016/j.childyouth.2014.06.

69 Gladstone, J., Dumbrill, G., Leslie, B., Koster, A., Young, M., Ismaila, A. 2012. Looking at engagement and outcome from the perspective of child protectionworkers and parents. Children and Youth Services Review, 3412, 112–118.

70 Glick, I.D., Berman, E.M., Clarkin, J.F. 2000. Marital and Family Therapy. American Psychiatric Publishing Inc.

71 Goldenberg, H., Goldenberg, I. 2008. Family Therapy: An Overview. Thomson Books

72 Gordon, D. M., Oliveros, A., Hawes, S. W., Iwamoto, D. K., and Rayford, B. S. 2012. Engaging fathers in child protection services: A review of factors and strategies across ecological systems. Children and Youth Services Review, 34, 1399–1417. http://dx.doi.org/10.1016/j.childyouth.2012.03.021.

73 Graham, J.R., Barter, K. 1999. Colloboration: A social work practice metod. Researchgate. Families in society: the journal of contemporary human services. DOI: 10.1606/1044-3894.634

74 Griest, D. L., and Forehand, R. 1982. How can I get any parent training done with all these other problems going on? The role of family variables in child behavior therapy. Child and Family Behavior Therapy, 4,73-80.

75 Gudzinskiene, V., Augutavicius,R. 2016. The phenomenon of social risk families and its dynamics in Lithuania. Mykolas Romeris University, Lithuania. Int. Conf. SOCIETY. HEALTH. WELFARE.

76 Hall, C., Juhila, K., Matarese, M., and van Nijnatten, C. 2014. Analysing social work communication: Discourse in practice. London: Routledge

77 Halmilmi, A. 2016. The qualitative approach to social work: an epistemological basis. Publisher: Sage;

78 Halsall,F. 2008. Systems of Art: Art, History and Systems Theory. Peter Lang AG;

79 Harris, N. 2012. Assessment: When does it help and when does it hinder? Parents' experiences of the assessment process. Child and Family Social Work, 17, 180–191. http://dx.doi.org/10.1093/bjsw/bcr112.

80 Hartup, W.W., Weinberg R.A. 2002. Child Psychology in Retrospect and Prospect: In Celebration of the 75th. Lawrence Erlbaum Associates Inc.

81 Hesse-Biber, S.N., Leavy, P. 2011. The Practice of Qualitative Research. Publisher: Sage

82 Him, D.K. 2000. Systems archetypes I. Diagnosing systems issues and designing high-leverage interventions. Pegasus Communications, Inc.

83 Hofkirchner, W. 2019.Social relations: Building on Ludwig von Bertalanffy. Syst Res Behav Sci. 2019;36:263–273. https://doi.org/10.1002/sres.2594

84 Horrigan, B.J. 2019. LEVERAGE POINTS . EXPLORE January/February , Vol. 15, No. 1

85 Horwitz, S. M., Chamberlain, P., Landsverk, J., Mullican, C. 2010. Improving the mental health of children in child welfare through the implementation of evidence-based parenting interventions. Administration and Policy in Mental Health and Mental Health Services Research, 37, 27–39.

86 Huszti, H., and Olson, R. 1999. Noncompliance. In S. D. Netherton, D. Holmes, and C. E. Walker (Eds.), Child and adolescent psychological disorders (pp. 567-581. New York: Oxford University Press.

87 International Federation of Social Workers, At: https://www.ifsw.org

88 John C. Morris, Katrina Miller-Stevens, 2016. Advancing Collaboration Theory: Models, Typologies, and Evidence. Publisher:Routledge

89 Kashyap, R. 2019. The Uncertainty Principle of the Social Sciences. The Uncertainty Principle of the Social Sciences. City University of Hong Kong.

90 Kazdin, A. E. 2000. Perceived barriers to treatment participation and treatment acceptability among antisocial children and their families. Journal of Child and Family Studies, 9,157-174.

91 Kelleher, L., Cleary, M., and Jackson, D. 2012. Compulsory participation in a child protection and family enhancement program: Mothers' experiences. Contemporary Nurse, 411, 101–110. http://dx.doi.org/10.5172/conu.2012.41.1.101.

92 Kemp, S. P., Marcenko, M. O., Lyons, S. J., and Kruzich, J. M. 2014. Strength-based practice and parental engagement in child welfare services: An empirical examination. Children and Youth Services Review, 47, 27–35. http://dx.doi.org/10.1016/j.childyouth.2013.11.001.

93 Keys, M. 2009. Determining the skills for child protection practice: Emerging from the Quagmire!. Child Abuse Review, 18, 316–332. http://dx.doi.org/10.1002/car.1089.

94 King, G., Currie, M., and Peterson, P. 2012. Review: Child and parent engagement in the mental health intervention process: A motivational framework. Child and Adolescent Mental Health.. https://doi.org/10.1111/camh.12015 (Published online 14 December 2012).

95 Kinney, J., Haapala, D. A., and Booth, C. 1991. Keeping families together: The Homebuilders model. Hawthorne, NY: Aldine de Gruyter.

96 Knauth, D.G. 2003. Family Secrets: An Illustrative Clinical Case Study Guided by Bowen Family Systems Theory. Sage Publications

97 Kothari,C.R. 2004. Research Methodology: Methods and Techniques. Publisher: New Age International Ltd;

98 KPMG Baltics. 2014. Riga. Interim report on the improvement of the social assistance benefits system directions and the necessary support from other systems (ID Nr. 1DP/1.5.1.1.1./10/IPIA/CFLA/004/002

99 Križ, K., Skivenes, M. 2015. Child welfare workers' perceptions of children's participation: A comparative study of England, Norway and the USA (California). Child and Family Social Work. http://dx.doi.org/10.1111/cfs.12224 (in press)

100 Krysik, J. 2018. Research for effective Social Work Practice, Routledge

101 Latvia Central Bureau of Statistics. 2020. Data basis. At: www.csb.gov.lv

102 Latvia Custody Court statistics. 2019. Valsts statistikas pārskatu par bāriņtiesu darbu 2019.gadā analīze. At: http://www.bti.gov.lv/lat/barintiesas/statistika/?doc=5722&page=

103 Latvia Welfare Ministry report. 2017. Social work in Latvia.

104 Latvian SOS Children's Villages' Association, 2013. Report "Strengthening the Administrative Capacity of the Latvian SOS Children's Villages Association for the Development of Family Strengthening Social Rehabilitation Services" Nr.1DP/1.5.2.2.2./12/APIA/SIF/206/86

105 Legislation of the Republic of Latvia 2009. Ventspils city council decision Nr.78. Par saistošo noteikumu Nr.4 "Par sociālajiem pakalpojumiem Ventspils pilsētas pašvaldībā" apstiprināšanu.

106 Lewis, R. E. 1991. What elements of service relate to treatment goal achievement? In M. W. Fraser, P. J. Pecora, and D. A. Haapala, Families in crisis: The impact of intensive family preservation services (pp. 225-271). Hawthorne, NY: Aldine de Gruyter.

107 Lindsey, D. 1994. The welfare of children. New York: Oxford University Press.

108 Littell, J. H., and Tajima, E. A. 2000. A multilevel model of client participation in intensive family preservation services. Social Service Review, 74,405-435.

109 Loman, L. A., Siegel, G. L. 2004. Minnesota alternative response evaluation: Final report. Saint Louis, MO: Institute of Applied Research.

110 Loman, L. A., Siegel, G. L. 2015. Effects of approach and services under differential response on long term child safety and welfare. Child Abuse and Neglect, 39, 86–97.http://dx.doi.org/10.1016/j.chiabu.2014.05.014.

111 Luby, J., Belden, A., Botteron, K., Marrus, N., Harms, M.P., Babb, C., Nishino, T., Barch, D., 2013. The effects of poverty on childhood brain development: the mediating effect of caregiving and stressful life events. Publisher: Jama Pediatr;

112 Luchessi, R., Ostrom, A. 2011. Leverage Points - A Universal Guide for Success in Dealing with Local Government

113 Lund, C. 2004. Social Work and Social Justice: A Structural Approach to Practice. Broadview Press.

114 MacLeod, J. and Nelson, G. 2000. Programs for the promotion of family wellness and the prevention of child maltreatment: A meta-analytic review. Child Abuse and Neglect, 24,1127-1149

115 Madden, R.G.2008. FROM THEORY TO PRACTICE: A FAMILY SYSTEMS APPROACH TO THE LAW. Thomas Jefferson School of Law

116 Maltais, C., Cyrb, C., Parentc,G., Pascuzzob, K. 2009. Identifying effective interventions for promoting parent engagement and family reunification for children in out-of-home care: A series of meta-analyses

117 Maxwell, N., Scourfield, J., Holland, S., Featherstone, B., and Lee, J. 2012. The benefits and challenges of training child protection social workers in father engagement. Child Abuse Review, 21, 299–310. http://dx.doi.org/10.1002/car.2218

118 McLendon, T., McLendon, D., Dickerson, P. S., Lyons, J. K., and Tapp, K. 2012. Engaging families in the child welfare process utilizing the family-directed structural assessment tool. Child Welfare, 91(6, 43–58)

119 Meadows, D.H., 2009. Thinking in Systems. Earthscan

120 Merkel-Holguin, L., Hollinshead, D.M., Hahn, A.E., Casillas, K.L., Fluke, J.D. 2014.The influence of differential response and other factors on parent perceptions of child protection involvement.Child Abuse and Neglect, 39, 18–31. http://dx.doi.org/10.1016/j.chiabu.2014.11.008.

121 Miller, W. R., and Rollnick, S. 1995. What is motivational interviewing? Behavioral and Cognitive Psychotherapy, 23, 325–334.

122 Miller, W. R., and Rollnick, S. 2004. Talking oneself into change: Motivational interviewing, stages of change, and therapeutic process. Journal of Cognitive Psychotherapy, 18, 299–308.

123 Milner, J., O'Byrne, P. 1998. Assessment in Social Work. Macmillan Press Ltd.

124 Monette, D.R., Sullivan, T.J., DeJong, C.R. 2011. Applied Social Research: A Tool for the Human Services. Publisher: BrooksCole;

125 Morris, K., Brandon, M., and Tudor, P. 2015. Rights, responsibilities and pragmatic practice: Family participation in case reviews. Child Abuse Review, 24, 198–209. http://dx.doi.org/10.1002/car.2272.

126 Mueller, M., and Pekarik, G. 2000. Treatment duration prediction: Client accuracy and its relationship to dropout, outcome, and satisfaction. Psychotherapy, 372, 117-123.

127 Munford, R. and Sanders, J. 2016. Understanding service engagement: Young people's experience of service use. Journal of Social Work, 16(3, 283–302. http://dx.doi.org/10.1177/1468017315569676

128 Munro, E. 2011. The Munro review of child protection: Final report, a child-centred system. Vol. 8062. The Stationery Office.

129 National Association of Social Workers, https://www.socialworkers.org

130 Ney, T., Stoltz, J.-A., and Maloney, M. 2013. Voice, power and discourse: Experiences of participants in family group conferences in the context of child protection. Journal of Social Work, 132, 184–202. http://dx.doi.org/10.1177/1468017311410514

131 Odom, S.L., Puhn Pungello,E., Gardner-Neblett, N. 2012. Infants, Toddlers, and Families in Poverty: Research Implications for Early Child Care. Publisher: The Guilfor Press;

132 Patterson, G. R., Chamberlain, P., and Reid, J. B. 1982. A comparative evaluation of a parent training program. Behavior Therapy, 13,638-650.

133 Patwardhan,I., Duppong Hurley, K., Thompson, R.W., Mason, W.A., Ringle, J.L. 2017: Child maltreatment as a function of cumulative family risk: Findings from the intensive family preservation program.

134 Payne, M. 2014: Modern Social Work Theory. Palgrave Macmillan

135 Pelton, L. 1989. For reasons of poverty: A critical analysis of the public child welfare system in the United States. New York: Praeger.

136 Petr, C. G.,Entriken, C. 1995. Service system barriers to reunification. Families in Society, 76, 523–533.

137 Rapoport, A. 1986. General System Theory: Essential Concepts and Applications. Abacus Press Ltd.

138 Rooney, R. H. 1992. Strategies for work with involuntary clients. New York: Columbia University Press.

139 Sæbjørnsen, S. E. N. and Willumsen, E. 2015. Service user participation in interprofessional teams in child welfare in Norway: Vulnerable adolescents' perceptions. Child and Family Social Work. http://dx.doi.org/10.1111/cfs.12242 (in press)

140 Saldana, J.,Leavy, P., Beretvas, N. 2011. Fundamentals of Qualitative Research. Publisher: Oxford University Press Incorporated;

141 Schostak, J.F. 2005. Interviewing and Representation in Qualitative Research. Publisher: McGraw-Hill Education

142 Schreiber, J. C., Fuller, T., & Paceley, M. S. 2013. Engagement in child protective services: Parent perceptions of worker skills. Children and Youth Services Review, 35,707–715. http://dx.doi.org/10.1016/j.childyouth.2013.01.018

143 Schurer, S., Trajkovski, K., Hariharan, T. 2019. Understanding the mechanisms through which adverse childhood experiences affect lifetime economic outcomes. Elsevier

144 Senge, P. 1990. The Fifth Discipline: The Art and Practice of the Learning Organization

145 Sheppard, M. 2001. The design and development of an instrument of assessing the quality of partnership between mother and social worker in child and family care. Child and Family Social Work 2001, 6 , p. 31-46.

146 Skyttner, L. 2002. General Systems Theory: Ideas and Applications. World Scientific Publication Co. Pte. Ltd.;

147 Skyttner, L. 2006: General Systems Theory: Problems, Perspectives, Practice. World Scientific Publishing Co Pte Ltd.;

148 Slettebø, T. 2013. Partnership with parents of children in care: A study of collective user participation in child protection services. British Journal of Social Work, 43, 579–595. http://dx.doi.org/10.1093/bjsw/bcr188

149 Snyder, E. H., Lawrence, C. N., Weatherholt, T. N., and Nagy, P. 2012. The benefits of motivational interviewing and coaching for improving the practice of comprehensive family assessments in child welfare. Child Welfare, 91(5, 9–36)

150 Society of Social Workers, official letter 27.08.2020. Nr. 5 to Wellfare ministry

151 Staudt, M. 2007. Treatment engagement with caregivers of at-risk children : Gaps in research and conceptualization. Journal of Children and Family Studies, 16, 183–196.

152 Sutphin, R.T., McDonough, S., Schrenkel, A. 2013. The Role of Formal Theory in Social Work Research: Formalizing Family Systems Theory. Advances in Social Work

153 Taherdoost, H. 2016. Sampling Methods in Research Methodology; How to Choose a Sampling Technique for Research. Publisher: Elvedit. International Journal of Academic Research in Management (IJARM)

154 Tesch, R. 2002. Qualitative Research: Analysis Types and Software Tools. Publisher: RoutledgeFalmer;

155 Thompson, H., Stevenson Wojciak, A., Cooley, M.E., 2019. Family-based approach to the child welfare system: an integration of Bowen family theory concepts.

156 Thorpe, R. and Ramsden, K. 2014. Resourceful friends: An invaluable dimension in family inclusive child protection practice. Children Australia, 392, 65–73. http://dx.doi.org/10.1017/cha.2014.2.

157 Toros, K., DiNitto, D. M., Tiko, A. 2018. Family engagement in the child welfare system: A scoping review. Elsevier Ltd

158 Toros, K., LaSala, M. C., and Medar, M. 2015. Assessment of Children in Need in a Post-Soviet Context: Reflections of Child Protective Workers in Estonia. Journal of Family Social Work, 18(4, 267–287. http://dx.doi.org/10.1080/10522158.2015.106545

159 Traglia, J. J., Pecora, P. J., Paddock, G., and Wilson, L. 1997. Outcome-oriented case planning in family foster care. Families in Society, 78,453-462

160 Trotter, C. 2013. Collaborative Family Work: A Practical Guide to Working with Families in the Human Services. Allen and Unwin

161 Underwood, K., and Killoran, I. 2012. Parent and family perception of engagement: Lessons from early years programs and supports. Canadian Journal of Education,35 (4, 376–414)

162 United Nations Convention on the Rights of the Child, 1989, At: https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

163 Välba E, Toros K, Tiko A. Family engagement within the context of assessment in child protection practice: The case of Estonia. Child and Family Social Work. ;22:1506–1514. https://doi.org/10.1111/cfs.12373

164 Van Bijleveld, G. G., Dedding, C. W. M., and Bunders-Aelen, J. F. G. 2014. Seeing eye to eye or not? Young people's and child protection workers' perspectives on children's participation within the Dutch child protection and welfare services. Children and Youth Services Review, 47, 253–259. http://dx.doi.org/10.1016/j.childyouth.2014.09.

165 van Bijleveld, G. G., Dedding, C. W. M., and Bunders-Aelen, J. F. G. 2015. Children's and young people's participation within child welfare and child protection services: A state-of-the-art review. Child and Family Social Work, 20, 129–138. http://dx.doi.org/10.1111/cfs.12082.

166 VanDenBerg, J., and Grealish, E. 1996. Individualized services and supports through the wraparound process: Philosophy and procedures. Journal of Child and Family Studies, 51, 7-21.

167 Vis, S. A., Holtan, A., Thomas, N. 2012. Obstacles for child participation in care and protection cases—Why Norwegian social workers find it difficult. Child Abuse Review, 21, 7–23. http://dx.doi.org/10.1002/car.1155.

168 Weinstein, J., Leiba, T., Whittington, C. 2003. Collaboration in Social Work Practice, Jesica Kingsley Publishers

169 Werrbach, J., and Harrod, J. 1996. Providing intensive child case management services: Whtat do case managers do with their time? Florida Mental Health Institute.

170 Worcel, S. D., Furrer, C. J., Green, B. L., Burrus, S. W., and Finigan, M. W. 2008. Effects of family treatment drug courts on substance abuse and child welfare outcomes. Child Abuse Review, 17, 427–443.

171 Yin, R.K. 2003. Case study research, design and methods, Newbury Park, CA. Publisher: Sage;

172 Yuan, Y. Y, and Struckman-Johnson, D. L. 1991. Placement outcomes for neglected children with prior placements in family preservation programs. In K. Wells and D. E. Biegel (Eds.), Family preservation services: Research and evaluation (pp. 92-118). Newbury Park, CA: Sage.

173 Zastrow, C. 209. Introduction to Social Work and Social Welfare: Empowering People. 10th edition. Brooks/Cole Cengage Learning.

Internet links:

1 http://pep.lv/kas-ir-pep/

2 http://www.lm.gov.lv/upload/berns_gimene/bernu_tiesibas/cm_recx2011x12.pdf)
3 http://www.researchscape.com/blog/12-types-of-non-probability-sampling
4 https://ec.europa.eu/regional_policy/en/policy/themes/social-inclusion/desinstit/
5 https://ld.riga.lv/lv/socialie-pakalpojumi-49/gimenes-asistenta-pakalpojums.html
6 https://thesystemsthinker.com/systems-thinking-what-why-when-where-and-how/
7 https://www.csb.gov.lv/lv/statistika/statistikas-temas/iedzivotaji/iedzivotaju-raditaji/meklet-tema/418-berni-latvija-2020
8 https://www.socialworkdegreecenter.com/study/social-systems-theory-introduction/

9. APPENDIXES

Appendix 1
Expert interview questions for social work specialists:

1. What do you think is the main problem for families at long-term social risk and why cannot these families get out of this risk area for a long time?

2. How do you think this problem could be solved?

3. How would you describe the cooperation of social work specialists with families with long-term social risk?

4. What factors contribute to cooperation and family involvement?

5. What factors hinder cooperation and family involvement?

6. What do you think could be done to improve customer engagement and collaboration?

7. Is it necessary to cooperate with all family members? Why?

Appendix 2

Veidlapa Nr. E-21

APSTIPRINĀTA

ar Rīgas Stradiņa
universitātes rektora 2018. gada 4.
jūnija rīkojumu Nr. 5-1/122/2018

APLIECINĀJUMS

(Rīga)

2020.gada 05. decembrī

Ar šo es apliecinu, ka

Maģistra darbu

(darba veids, piemēram: bakalaura, maģistra, kvalifikācijas, noslēguma darbs)

Collaboration among Social Work Specialists and Families at Long-Term Social Risk

(darba nosaukums)

(turpmāk – darbs) ir izstrādāts likumīgi un godprātīgi, tas ir:

1) darbs ir izstrādāts patstāvīgi Rīgas Stradiņa universitātes studiju programmas apguves ietvaros, par izmantotajiem informācijas avotiem, materiāliem un datiem, tajā skaitā, manis paša (-as) iepriekš radītiem un publiskotiem darbiem, ir dotas atsauces. Šis darbs nekādā veidā nav ticis iesniegts nevienai citai komisijai vai institūcijai un nekad nav publicēts;
2) darba izstrādē ir ievērotas trešo personu tiesības attiecībā uz komercnoslēpumu, zinātību (*know-how*), preču zīmju izmantošanu, patentētu vai patentējamu izgudrojumu izmantošanu;
3) darba izstrādē ir ievērotas trešo personu tiesības attiecībā uz privāto dzīvi un personas datu aizsardzību;
4) darba izstrādē netika izpausts valsts noslēpums;
5) darba izstrādē nav izmantota cita ierobežotas pieejamības informācija;
6) darba elektroniskā versija atbilst iesietajai versijai;

Ja darbā ir izmantota iepriekš minētā informācija, esmu saņēmis (-usi) un pievienojis(-usi) darbam attiecīgo personu vai institūciju rakstveida piekrišanu vai atļaujas.