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Students’, caretakers’ and decision-makers’ perception of support in higher education for students with in-care experience

Podrška studentima s iskustvom odrastanja u skrbi iz perspektive studenata, odgajatelja i donositelja odluka

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ABSTRACT

Students with in-care experiences overcome different life challenges, risks factors and use their strengths to get into higher education. During the study period they face different difficulties, so the state as ‘institutional’ parent should provide support. This paper presents results of a qualitative study that aimed to explore support system to students with in-care experience in Croatia from three perspectives: care leavers with studying experiences, caretakers and professionals who are involved in decision-making and implementing activities on national and local levels. Focus groups and interviews were conducted with 23 students, 5 professionals and 11 caretakers in 5 Croatian cities. Three basic themes from all three perspectives are presented: currently available support, difficulties in the support system and guidelines for supporting in-care students. All groups of participants are informed about support that is currently available for students with in-care experiences and describe financial and accommodation support. Perceptions of difficulties in delivering support differ between professionals and students and caretakers. Students also explain reasons for seeking support. Resolving existential issues is the first step in support system building according to students’ and caretakers’ perceptions. Participants suggest different incentive activities, so finally recommendations for forming and delivering support system for in-care students are presented.

SAŽETAK

Da bi upisali studij, studenti iz skrbi trebaju savladati različite životne izazove i rizike te u tu svrhu upotrijebiti vlastite resurse. Za vrijeme studija suočavaju se s najraznovrsnijim poteškoćama stoga država kao ‘institucionalni’ roditelj treba osigurati podršku. U članku su predstavljeni rezultati kvalitativnog istraživanja čiji je cilj ispitati sustav podrške za studente s iskustvom odrastanja u skrbi u Hrvatskoj iz triju perspektiva: perspektive studenta koji je izašao iz skrbi, perspektive odgajatelja te iz perspektive stručnjaka koji je uključen u donošenje odluka i njihovo provođenje na lokalnoj i nacionalnoj razini. U fokusnim grupama i intervjuima bilo je uključeno ukupno 23 studenta, 5 stručnjaka, donositelja odluka te 11 odgajatelja u 5 hrvatskih gradova. U članku su predstavljene tri ključne teme koje su bile prisutne u sve tri navedene perspektive: aktualna dostupna podrška; poteškoće u sustavu podrške i smjernice za pružanje podrške studentima s iskustvom odrastanja u skrbi. Rezultati su pokazali da su sve tri skupine sudionika informirane o

KEYWORDS

In-care students; support; education; perception of support system; child welfare

KLJUČNE Riječi

Studenti s iskustvom odrastanja u skrbi; podrška; obrazovanje; percepcija sustava podrške; skrb za djecu
aktualnoj podršci studentima, mogućnostima financijske potpore te mogućnostima smještaja. Percepcija poteskoča vezanih uz ostvarenje podrške razlikovala se između donositelja odluka te studenata i odgajatelja. Pri tome su studenti argumentirali razloge traženja podrške: iz njihove perspektive i perspektive odgajatelja, rješavanje egzistencijalnih pitanja predstavlja prvi korak u izgradnji sustava podrške. U skladu s poticajnim prijedlozima sudionika, u članku su navedene preporuke za osmišljavanje i provođenje sustava podrške studentima s iskustvom odrastanja u skrbi.

Introduction

Participation in the educational process is important for every child, for his or her upbringing and development. For children in care it is the crucial protective factor from social exclusion (Jackson & Martin, 1998; Korintus, Racz, & Czak, 2010). It gives the possibility not only for academic achievements but also for enhancing whole personal and social development. There is a strong relationship between educational achievement and future life chances in different areas of life, like employment, health, social integration, etc. (Jackson & Cameron, 2014). Positive outcomes of learning are numerous: higher self-esteem and self-efficacy, interpersonal trust, access to wider social support, etc. and are particularly important for care leavers since most in-care children have low self-esteem, have no feeling of control, lack supportive networks and mistrust to others (Jackson & Cameron, 2014). Also for in-care children, education has the potential to protect them from repeating the life-style of their biological families (Simon & Owen, 2006). So, in-care children who managed to enter higher education have the greatest possibility to be socially included and live a regular adult life according to their choice, which should not be missed. But due to stressful experiences before entering care and adversities while in care, they ‘approach education at a disadvantage’ (Cameron & Maginn, 2011, p. 81).

In Croatia, alternative care for children is organized and governed by the state (Branica & Sladović Franz, 2012). When placement is needed children are accommodated in foster families or in residential placements governed by the state. Although some care providers are organized by religious or NGO organizations (like Catholic children’s homes and SOS Children’s Village) state supervision is strong and in charge of providing for all children’s basic needs as well as health and educational ones. Statistical data for year 2014 from Ministry of Social Policy and Youth showed that in recent years more children are placed in foster families (2403 in year 2014) than in residential homes (1127 in year 2014) (Ministry of Social Policy and Youth, 2014). Length of placement is still long for many of them. Children can stay in care maximum until 21 years of age.

So the state as ‘institutional parent’ should strongly support children and youth on the way to adulthood and to overcome difficulties in education as long as they wish and are able to reach up. That support should be provided through social care and the educational system in general as well as by caretakers. Jackson and Cameron (2014) propose three levels of responsibility for addressing the question of improving the rate of participation: individual/familial, institutional/professional and policy. Questions regarding the organization and promotion of support system for in-care students are well elaborated in the international social work context, but from the Croatian point of view it is for the first time that the quality of available support system to in-care students is explored, focusing on the following questions: (1) how is existing support to in-care students perceived from the perspective of participants: care leavers with studying experiences, caretakers and professionals who are involved in decision-making and (2) what are their suggestions to improve the quality of support in future.

Students with in-care experiences are a vulnerable group of young people in two ways at the same time – their studying is more challenging compared to other students and they have specific
difficulties compared to other care leavers. They have overcome the risks and used their strength to get to higher education but often it is not enough to graduate. At the beginning of their study they have good motivation and capacities but this changes with time, faced with various hardships. As in other countries, in Croatia too they are struggling with various difficulties, like financial, accommodation, academic shortages, often changing the place of living, modest social support systems at the same time as common adult life-starting challenges, all of which endanger their studying outcomes (Hoyer, Johansson, Hill, Cameron, & Jackson, 2009; Sladović Franz, 2012). Previous Croatian research on care leavers showed that they feel isolated, with modest or no support and rushed out from the care system to be independent, while support from birth families is found to be either poor or absent (Sladović Franz & Branica, 2013). There is no leaving care system, support policy or care leaving teams in Croatia, as can be found in many other countries in Europe (Stein & Munro, 2008). For example, in Hungary as well as in Norway support is available on request from the age of 18 to 25 years (Cameron, Korintus, & Racz, 2014; Oterholm, 2009). In Croatia, like in Sweden (Höjer & Sjöblom, 2011), if in-care youth are in need of help they should apply for adult services to social work professionals with no previous knowledge or interest in their pre-care and care experiences. Care leavers who enter higher education do have some further opportunities due to their continuation of education but in terms of emotional and social support they rely rather on individual and personal engagement of dedicated professionals or former care providers, and on other care leavers as well. Self-perception of readiness is higher when a young person is leaving care than later on, after in-care youth have been faced with real independent life issues (Dixon, Wadw, Byford, Weatherly, & Lee, 2006). The transitional period from youth to adulthood is a time for freedom, exploration, reflection, risk taking and finding one’s own unique identity but for care leavers this period is ‘accelerated and compressed’ since they have to cope with all major life chances all together instead of one at a time (Stein, 2006). But it is also about interpersonal issues that are specific topics for care leavers. Relationships with others are important for that group of youngsters. As Happer, McCreadie, and Aldgate (2006) reveal in their Scottish study with care leavers, their success is influenced by the relationship with others and by the attitudes and actions of the participants themselves. Care leavers perceive five elements that contribute to their success: having people who care about you, experiencing stability, being given high expectations, receiving encouragement and support, and being able to participate and achieve.

For many care leavers, studying gives the possibility to be ‘un-known’ and hide their care experiences in order to be perceived as ‘regular students, with no pity,’ or to avoid stigmatization so interpersonal relationships are often burdened with mistrust (Sladović Franz & Branica, 2013; Sladović Franz, Branica, & Urbanc, 2014). The concept of independence carries expectations of autonomy and self-reliance but this set of beliefs may not be helpful in terms of assisting care leavers (Propp, Ortega, & Newheart, 2003). It is particularly true for those who are still focused on education, rather than adult life in general. Succeeding in higher education for most of young people presumes that they are depending on parental material and nonmaterial help in order to have enough time and support to do their job – studying and completing the degrees. Research EUROSTUDENT in Croatia showed that while studying 82% of students get financial means from their birth families. In-care children cannot count on that type of help. Also, one of the characteristics of the transitional period is going back home in difficult times, but where do care leavers students go? According to Croatian experiences and the legal framework, leaving care is permanent with 21 years of age and there is no opportunity to go back when in need (although there are some unofficial exceptions where care leavers come to stay overnight, for a few meals or socializing). So, for students with in-care experiences that independence and strength usually lasts until the first crisis (whether in health, accommodation, finance, motivation or relationships) and students often get out of education due to those more important or even existential life issues and not enough support to overcome them (Sladović Franz, 2012).

The majority of children in care in Croatia as well as in other European countries have a modest chance of progressing to higher education (Jackson & Cameron, 2012). Higher education is quite hard
to access for children in public care because their earlier lower academic achievement, and financial and other kinds of support are there just for the most prosperous ones. Academic achievement of children in residential homes and fostered children in Croatia is far lower than other children (Kregar Orešković & Rajhvajn, 2007; Vejmelka, 2012). Only those from gymnasium and four-year vocational schools have access to higher education if they have good grades from secondary schooling and get good marks on state matriculation. There are no national data on the number of in-care students; based on the number of scholarships the estimation is around 200 students, which is less than 1% students with in-care experiences among the Croatian student population, far less that in other European countries (Jackson & Cameron, 2014). In-care youth perceive education as important for all young people because it provides a basis for better future life conditions and employment possibilities. Some perceive education as even more important for in-care children due to their lack of other resources and financial insecurity, pointing to several factors that facilitate positive educational outcomes: personal strengths, self-efficacy, financial support and good relationships with professionals (Sladović Franz & Branca, 2013).

Parents as well as social workers and caretakers do not have any role in their current lives. Even more, parents and other family members often ask for help from care leavers and make an additional burden. Those who continue education are seen as the most competent and therefore obliged to help others and are not considered as persons in need. Therefore, social support and networks become lower with every year of study and many students perceive that they are alone (Sladović Franz, 2012). During the last five years in Croatian universities, offices for student support were established, focusing mostly on study adjustment for students with disability, but also on the educational needs and difficulties of students in disadvantaged positions during their studies in general. Specific questions and needs of students can be taken care of within the regular work of these offices, free psychological counselling is available and there are coordinators for student support in most departments of each university. Although this was a step forward in recognizing universities’ social responsibilities for their students’ well-being, in some universities these newly established offices are still operating with insufficient resources (human and material) and many students are deprived of their rights to be informed and supported on time, including students with in-care experiences (Croatian Ministry of Social Policy and Youth, 2014. National strategy for children’s rights in Croatia from 2014 to 2020).

Youth with in-care experiences with higher levels of social support from families and friends demonstrate higher resilience (Daining & De Panfilis, 2007; Drapeau, Saint-Jacques, Lépine, Bégin, & Bernard, 2007).

Qualitative research with Croatian students with in-care experiences showed that identity issues and social support are linked together in at least three different ways (Sladović Franz et al., 2014). Some are less ready to ask for help and therefore in danger of not getting it on time or at all. Their resilience is at the same time the main force and obstacle in asking for help. Others are emphasizing no need for help, presented in denial of their past and hiding it, trying to ‘run away’ from the care system and create a fresh new identity. There is a third group of support seekers – those for whom care is an important part of identity, seeking appreciation from others and who feel that they deserve all possible help and do not hesitate to ask for it as long as possible.

In order to develop more suited support for in-care students we were interested in perspectives of caretakers and professionals, compared to those of students, since they play an important role in designing expectations of student care leavers and in delivering support for those who continue to higher education.

**Aim and methods**

The aim of this paper is to enhance understanding and the delivery of support given to students with in-care experiences, from three perspectives: care leavers with higher education studying
experiences, caretakers and professionals who are involved in decision-making and implementing activities on national and local levels. There were two basic research issues

(1) How do participants perceive existing support to in-care students?
(2) What are their suggestions to improve the quality of the support system in future?

A qualitative approach was used for data collection and analysis: focus groups with students and professionals and semi-structured interviews with caretakers. All interviews and focus groups took place in 2014. There were 23 students with studying experiences from 5 Croatian cities (Zagreb, Osijek, Pula, Split and Rijeka), 18 female and 5 male, ranged from 19 to 28 years old (2 students gave up studying and 2 planned to change their subject in a coming year). They used to live in children’s homes (13 of them), 6 in SOS Children’s Village and 4 in foster families. Out of 23 students, 15 were receiving some kind of financial support and 8 were working full time while studying. A focus group of professionals consisted of five members – social workers and social pedagogues employed in state, local and civil institutions working with children and youth, SOS Children’s Village Croatia, NGO ‘The Play’, Ministry of Social Policy and Youth, Centre for Student Counselling and Support at University of Zagreb and Employment Office in the City of Zagreb. In recent years, all were directly included in different ways in planning, organizing and delivering help to children and youth leaving care and have practical insights which makes them competent participants. Interviews were carried out with 11 caretakers from children’s homes and youth independence units from different towns (Osijek, Zagreb, Pula and Split). Data reliability was ensured by triangulation of data sources and researchers: questions and themes were identified based on previous research on in-care student life characteristics and a framework analysis was carried out by authors of this paper (based on audio transcripts). In order to check consistency, all three researchers independently coded the text and checked coherences in given codes (Creswell, 2007).

Findings
Results are presented from all three perspectives of participants, including three themes – currently available support, difficulties in support systems and guidelines for supporting in-care students.

Current support and difficulties
When describing support available to students with in-care experiences, students and caretakers were mainly talking about financial and accommodation issues. The majority of in-care students receive some financial support from trust funds, civil or state resource. Caretakers are informed about all different resources of financial help and see their role in encouraging students to apply. Accommodation issues differ depending on the existence of dormitories and residential units of child homes in different towns. All of them have to leave the care system by the age of 21 and find accommodation during their studying period. That means that some of the students find accommodation at the beginning of study and leave the care system; some stay in the system until 21 and then change accommodation to dormitories or independent living. No accommodation support is available for those who make their own living arrangements and they face the most financial difficulties and uncertainties. When describing the support system, students talk about their experiences, explaining reasons for seeking support: first of all their unfavourable position compared to other students (‘When you turn 21, you end up on the street, you have no job, nothing and not like those normal, who are not from care, they have their parents and they have where to go afterward and we don’t’ (S3)). Then, students ask for help when they need more information and when they find out that they lack skills and knowledge needed for real life (‘… that is what is missing when you start living on your own because you have been pampered in care and now you are on your own …’ (S7)) or have existential problems (‘I had to ask for social benefits when my scholarship was late’ (S1)).
Students perceive many obstacles in receiving support – first of all concerning the lack of information, while in care and now while studying, and about their rights and possibilities, and do not know where to turn for comprehensive information and help (‘… to avoid that person has to go around retelling his/hers story again and again, to someone new, in order to get a help’ (S9)). Students talk also about financial difficulties since money often comes months late and is not sufficient for most of them. They feel huge pressure because if not passing exams they end up losing financial support (or have to pay it back) and their studying is over. They see as problematic that support is only available to those who enter higher education straight after high school (‘No support will be given to those who went out-of-care for two years and then decided to go to higher education’ (S12)). Very demanding for students who are in contact with their biological families is the expectation to help them out in financial and other ways (‘They keep calling me every day …’ (S10)).

On the other hand, professionals feel that financial support to in-care students is solid, covers all costs of life and is widely available (‘All who apply can get it, no one is left out’ (C3)). In professionals’ opinion, students’ interests are well represented in regulations (‘It seems that in-care students have more rights and opportunities than many others in need’ (P1)). So, professionals do not see the responsibility for the lack of finances and insecurities in regulations and social care and educational systems, but rather in students being not well informed and assertive enough. Caretakers see themselves as those who provide psychosocial support on student request and that students should get affirmations (‘… they are coming back to us to show off … so we can approve that they succeed in life’(C4)) and are aware of their needs (‘They have to know that they are not alone’(C6)). Students talk about contacts with caretakers but that their support is not really available (‘They say you can come any time, but they forget about it later, they never call us, or have few minutes …’ (S10)).

Guidelines for supporting in-care students

In order to create a better support system students stress first of all that existential issues need to be better secured in a few ways: they need the possibility to stay longer in the care system if needed (‘Care can not end up with end of schooling, if the state is a “parent” they should let you stay in care for 6 more months, that is the point’ (S19)), to go back to care or to have emergency accommodation available at all times. Also, all students should be offered a place in student dormitories; finances should be sufficient and delivered on time to avoid incurring debt. Further, they suggest some incentive activities like positive discrimination in employment, also when entering higher education, and to be informed in a timely way on all available options. Students say that help is needed particularly in times of crises when they are facing some concrete problems, psychological difficulties, loss of motivation or academic shortages to overcome (‘I don’t need somebody all the time, just when something happens and when I ask for it …’ (S17)). When describing different forms of support, most students are very positive over individual mentorships, by faculty professors or peer students with in-care past. Professors as mentors should be trustworthy and sensitive though authoritative persons who are ready to motivate students, give practical help and be available (‘I need someone to tell me for what am I, what to do, someone to lead me’ (S9)). All mentors should be chosen by students and their contacts should be confidential (‘No one have to know … it is important that mentor is not visible so student is not stigmatized’ (S12)). Peers as mentors are seen as more close to them in age (‘… we can share more intimate issues than with professors’ (S14)). They should get in touch with children and youth while they are still in care in order to motivate them for further education. Some participants had similar experiences with older youth having a positive impact and shared empathy and understanding, while others were interested in giving support to younger students in the future. Also, there was some discussion on psychosocial support in terms of providing counselling services (for all students rather than just for those out-of-care and not on-line services) and more or less informal group meetings of students with in-care experiences on a weekly or monthly basis (‘To meet like in this focus group but with coffee and beer, since I see that there is an understanding and empathy’ (S14)).
Support given in counselling centres is seen as important by caretakers and professionals, especially virtual ways of informing and counselling students as a way to preserve their confidentiality. Caretakers’ suggestions for improvement of the support system, above all others, were to secure better financial support and accommodation. They suggest different kinds of community living – apartments where two or more students can live together, or cheaper rent of municipal apartments, extended living in independent units of children’s homes until the end of study and that students should stay in dormitories during the closure time in summer and not be sent out as the others, since they have no place to go. Another suggestion is to help in-care students to find jobs after finishing education or during their study period. Caretakers think that prior to leaving care more emphasis should be given to teaching practical skills (such as managing their finances) and personal skills to enhance their self-esteem so students can be persistent during their study period and cope with difficulties.

Caretakers see threats of prolonged support specially designed for in-care students (‘I would not make it just for them separately’) because it risks further stigmatization and labelling of students. Caretakers see the studying period as a time when they have the chance to be like everybody else, not burdened by their in-care past and with no special benefits, but have to live, learn and study as equals. Caretakers are very cautious about the idea of going back to care in times of crises since it can be a step back in their independence and that possibility should be individually assessed and approved if really needed (‘… looking psychologically I do not know whether it is good for them, once you go out, it is not easy to step back in …’) (C9).

Professionals stress that it is already in the law that caretakers should carry out three years of post-care support in cooperation with agencies for social services and for some caretakers that is a regular practice (‘We follow them, where they are, but rather unofficially …’) (C7)). It is interesting that professionals talk about care leavers in general rather than students and mainly about those from residential rather than foster care. Professionals see the importance of mentorship but to be spread due to the levels of responsibility – student coordinators and mentors at faculty level, volunteers in state institutions, peer support in civil and local community centres. Also, they suggest that all forms of support should be individualized and consists of previous, well-established relationships and following timely leaving care plans. It is important for them to stress that students should be taught where and how to get information, how to use peer role models and how to secure their right to self-determination. Professionals also point out the importance of coordinating different support systems (educational, social system, health, employment) on a national but also on a local level as well as in higher education since that there are some opportunities that are not perceived and used by students from care. They suggest concrete interventions like professional orientation, information centres for youth with in-care experiences, workshops at faculties for students on how to manage at university and for professors on how to support underprivileged groups of students.

Discussion

All three groups of participants saw the importance of a support system for in-care students but there is obviously a gap between what should be done and the reality. These results show that although there are some available and delivered support services, more improvements are still much needed. Changes are happening at different speeds and are not flexible to individual needs so certain difficulties are still present, including lack of information and visibility of in-care student issues in particular. It can be seen that students were much focused on their specific life experiences and everyday challenges, especially existential issues. Professionals were talking more about care leavers in general and not about students and were focused on strategic and organizational issues.

The perspectives of participants were somewhat different on how support is reaching the students. Support should be individually tailored, anonymous and accessible in both forms – material and social support. All participants share the importance of prolonged contacts with care providers through direct contacts with caretakers, planned post-treatment support or temporarily return back
to care in times of crises. Youth who are coming out from care do not receive the permanent support as expected from good parents (Mendes & Moslehudin, 2006). In times of crises the youth often come back to their parents, but for care leavers those times are posing numerous and high risks.

There is a positive acceptance of the idea of various forms of mentorship, since that does not exist at the moment. Mentors should give advice on accommodation, life skills, finances, rights and options, talk about educational and working opportunities, give practical support in applying for jobs or scholarships, introduce to other people, colleagues and peers and widen their social network (Clayden & Stein, 2005). In-care youth have a strong need for normalization and to get positive encouragement and good relationship (Martin & Jackson, 2002).

It can be suggested that students with in-care experience should be recognized as a specific vulnerable group of students in higher education because they need extensive support. It should be carefully designed from the ‘institutional parent’ (the combined social care and educational system together) and ready to be delivered when asked for. Also, the care system should be flexible and open for in-care students so that they can go ‘in and out’ in times of crises and if they go back into the educational system. This is consistent with Storo’s suggestion (2005; in Oterholm, 2009) that the doors of the social care system should be kept open, because youth cannot predict future needs and circumstances and the necessity of further support. The financial aspect is the most important part of the support system for students with in-care experiences because existential obstacles make studying impossible and therefore it should be carefully planned and delivered on time since otherwise students are at high risk of poverty and of abandoning higher education forever.

Support to care leavers should be organized from adults in four different dimensions: preparation, information, availability and initiated from care providers – social care professionals, caretakers, foster carers or other person helping the in-care leaving process (Wheal, 2005). It is a professional task for more than one person and system because preparation and support should be part of all interactions with children and they all can have different roles but should be well-coordinated and mutually informed. Preparation for care leaving should be in two directions: one is about developing independent living skills and the other is to whom and how they should turn for help when appropriate and needed (Mednes, Johnson, & Moslehudin, 2011). Keeping good relationships with caretakers and other adults ready to help is also a skill which should not be neglected (Wiseman, 2008). Very specific preparation is needed for care leavers who are going to study, differing according to which type of alternative care they are coming from and what are the planned living arrangements, but it all should contain information on student life challenges, motivational assessment and ways and means of asking and finding support while studying. It is important that student, caretakers and professionals understand each other’s perspective (rather than being focused on their own).

It is clear from this study that existential issues are prevailing in care-students’ perceptions. It is also clear that universities’ social responsibilities for students should be strengthened and performed in a more efficient and available way, in order to contribute to raising their resilience. It is not only about reducing risks for students with in-care experiences, but also about promoting the possibilities of higher education as a way of enhancing their life chances in general.

**Disclosure statement**

No potential conflict of interest was reported by the authors.

**Notes on contributors**

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