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АНГЛИЙСКИЙ ЯЗЫК: ТЕКСТЫ ДЛЯ АУДИТОРНОГО ЧТЕНИЯ
THE ENGLISH LANGUAGE: TEXTS FOR CLASSROOM READING

Практическое пособие

для студентов специальностей
1-03 04 01«Социальная педагогика»,
1-86 01 01-02 «Социальная работа
(социально-психологическая деятельность)»

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В издании содержатся тексты из оригинальной научно-популярной литературы, сопровождаемые лексико-грамматическими упражнениями.

Практическое пособие предназначено для студентов факультета психологии и педагогики специальностей 1-03 04 01 «Социальная педагогика» и 1-86 01 01-02 «Социальная работа (социально-психологическая деятельность)» и направлено на развитие и совершенствование навыков чтения профессионально ориентированных текстов на английском языке.

ОГЛАВЛЕНИЕ

Предисловие

Данное практическое пособие предназначено для студентов факультета психологии и педагогики специальностей 1-03 04 01 «Социальная педагогика» и 1-86 01 01-02 «Социальная работа (социально-психологическая деятельность)» и ставит целью научить студентов читать и понимать оригинальные научно-популярные психологические тексты, уметь поддерживать беседу на английском языке и делать сообщения в рамках изучаемых тем, адекватно переводить оригинальные психологические тексты среднего уровня сложности.

Пособие включает 9 разделов. Каждый раздел ориентирован на развитие навыков чтения и обсуждения прочитанных текстов, а также на повторение грамматических правил. Один раздел (9) направлен на самостоятельную работу студентов по предложенным текстам.

Тексты предназначены как для аудиторной, так и для самостоятельной работы студентов на занятиях и в качестве домашних заданий.

Тексты отобраны из оригинальной научно-популярной литературы, сопровождаются лексико-грамматическими упражнениями с целью интенсификации процесса обучения чтению, контроля понимания материала, активизации профессионального словаря, развития навыков устной речи, а также совершенствования грамматических навыков.

Unit 1
Growth and Development

Ex. 1. Read and translate the text.

The process of growth and development is something that is taken for granted, since it happens to us all and seems to be a normal, natural series with little variation.

The two main influences which affect our development are inherited potential and environmental experience. Our inborn characteristics determine our constitution as members of human species: they determine skin colour, eye colour, bone structure and internal make-up. These inborn traits govern in a real sense the rate of growth and the limits of biological and physical development.

Some extremists have contended that heredity is the more important determinant of behaviour, implying the mechanistic view of human nature. Others have taken the opposite viewpoint that 'all men are created equal' and the effects of environmental presures and opportunities cause the main distinction between one man and another. Environment, through learning and experience, certainly nurtures inherited potential so that normal, healthy growth progresses to maturity. The kind of adults we become, however, is the result of the cumulative and combined effects of these two influences.

To discover the ages and stages of growth, many children have carefully been studied and their behaviour recorded. The early years are essentially concerned with movement and physical development. Mental development also occurs, and this will be discussed later.

From the moment of birth, the child appears as a feeding, crying, sleeping, body-waste producer, not very different from any other infant creatures. None of the human characteristics such as speech, thought, sociability and so on, are apparent. Within a few weeks the child's muscles mature enough for him to be able to focus his eyes on things and people around him, and show an awareness of his environment. The reflex patterns of behaviour that are inborn include sucking, breathing, and the other body functions. The infant is so helpless that he cannot even perform such basic survival responses as escape from pain-causing stimuli, or obtaining food and drink, without adult assistance. By six months he can sit up, and at the end of the first year he is usually able to stand and crawl around. Within two or three months more he is on his feet and walking without assistance.

Speech development takes place in a somewhat similar manner. In the early months the only sounds are crying or babbling noises. After six months, distinct learned speech sounds can be made, such as 'mamma' and 'dadada'. By the first year these have become 'Mama' and 'Daddy', and are associated with particular people. Although the spoken vocabulary is quite limited at this age, quitc a few commands and demands can be clearly understood by the child, such as 'sit still' or 'open wide' or 'don't touch that'. By about fifteen months the child is able to issue one-word demands or comments such as 'out' or 'doll'. Soon the words are connected in crude but meaningful combinations of two or three words: 'we want sweet' and 'we play toys'. The child is now becoming a human being, be influenced by the experiences which make people social.

The first years of human life are characterized by development of language, motor ability, and socialization. The child, however, is quite self-centred in his view of life and generally does not know how to cooperate with other children in play and other activities. Children at this age may play in the same location but there is no genuine understanding une for the other. School experiences, however, open up a whole new world for the child. He learns to become partly independent of his mother and home. He learns new facts of life. He learns how to behave in society.

As the child matures he develops more complex powers of reasoning. The child rapidly acquires many intellectual skills, including the ability to use symbols such as letters and numbers. The acquisition of knowledge is also integrated with the development of other skills, such as the ability to play certain games, the use of artistic materials, tools, etc., and the formation of attitudes. The schools are also charged with the task of moulding the children into useful members of their community and society.

During adolescence the child undergoes changes in his psychological make-up as important and significant as (hose in the first years of life. During this period between the dependency of childhood and freedom Of adulthood, the physical, social, and emotional changes that occur sometimes cause dramatic open conflict between the adolescent, his parents, and society. This, of course, is not true of all teenagers, and many youngsters ripen into adulthood with little or no difficulty.

As the adolescent becomes older and stronger and gains more freedom he may abuse his independence or he may become shy and withdrawn. Many adjustments have to be made, many skills learned, and new styles of behaviour have to become a part of the normal life of the

individual. Height and weight increase very rapidly, the sex organs mature, and the child now is biologically able to be a parent. Generally, girls enter adolescence two years earlier than boys, and between the ages of 11 and 15 many girls are taller than the boys. Age 11 is the typical beginning of the adolescent stage for girls and age 13 for boys. During adolescence the rate of growth is faster than at any other stage since early infancy.

Adolescence is often described as 'the awkward age', but in fact there is generally no loss in physical skill and coordination. Tests of physical skills, muscular coordination, and athletic ability show a steady increase in ability during the transitional years.

If a single word were needed to characterize adolescence it would be 'freedom'. They want to be treated like adults and also wish the parents to have tolerance for their efforts to be individualistic, regardless of the consequences. The transition is made most smoothly if the change is anticipated and provisions are made through which the child naturahy assumes more and more independence.

To help themselves over the uncertainties and the feelings of insecurity that permeate this stage of life, teenagers have found that grouping together is an aid to self-protection and psychological self-presewation. There is strength and sympathy and comradeship among members with the same problems.

Ex. 2. Translate the following sentences and word combinations from English into Russian.

Rate of growth; rate of development; rate of ageing; at the rate of 7 presentations per ten minutes; heredity is one of the factors that determine our growth and development; to pay attention to heredity; to investigate the problem of heredity; progressive maturation of structures; maturation of the nervous system; the individual reaches biological maturity between the age of 15 and 25; as a science matures its theories become more complex; sometimes adults can't understand children; five adults were chosen for the tests; difficult adulthood; he aged very quickly; what's his age?; at the age of seven he went to school; ageing is a very unpleasant period of life for many people.

Ex. 3. Answer the following questions based on the text.

1. What are the two main influences that affect our development?

2. What does heredity determine?

3. What views do scientists have concerning heredity?

4. What are the early years of children concerned with?

5. Does the human infant differ greatly from other infant creatures during the very first weeks after birth?

6. What human characteristics are not seen in human infants at the very first stage of their development?

7. What facts can prove that within a few weeks after birth an infant is absolutely helpless?

8. What can a child do by 6 months?

9. When does the child begin to crawl and walk?

10. In what way is speech developed?

11. What changes occur during adolescence?

12. What is the cause of conflict between the adolescent, his parents and society?

13. Who enters adolescence earlier, boys or girls?

14. At what age do boys (girls) enter adolescence?

15. Why is adolescence often described as «the awkward age»?

16. Why do teenagers tend to group together?

Unit 2
What is Mental Health

Ex. 1. Read and translate the text.

Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

In most countries, particularly low- and middle-income countries, mental health services are severely short of resources - both human and financial. Of the health care resources available, most are currently spent on the specialized treatment and care of the people with mental illness, and to a lesser extent on an integrated mental health system. Instead of providing care in large psychiatric hospitals, countries should integrate mental health into primary health care, provide mental health care in general hospitals and develop community-based mental health services.

Even less funding is available for mental health promotion, an umbrella term that covers a variety of strategies, all aimed at having a positive effect on mental health well-being in general. The encouragement of individual resources and skills, and improvements in the socio-economic environment are among the strategies used.

Mental health promotion requires multi-sectoral action, involving a number of government sectors and non-governmental or community-based organizations. The focus should be on promoting mental health throughout the lifespan to ensure a healthy start in life for children and to prevent mental disorders in adulthood and old age.

Mental health improvements are central to nations' development. Positive mental health is linked to a range of development outcomes and is fundamental to coping with adversity. On the other hand, poor mental health impedes an individual's capacity to realize their potential, work productively, and make a contribution to their community. In order to improve population mental health, WHO MIND supports countries to implement programmes to ensure that effective treatment, prevention, and promotion programs are made available to all people who need them.

Ex. 2. Translate words into Russian.

Disorder, well-being, to cope with, fruitfully, to be short of, illness, lesser, extent, umbrella term, skill, focus, lifespan, adulthood, linked, outcome, adversity, to realize, to make available.

Ex. 3. Say whether the following statements are True or False.

1. The article discusses mental health in the EU.
2. The definition of mental health includes being able to deal with everyday pressures.
3. More psychiatric hospitals should be provided.
4. More money is spent on integrated health systems than on mental illness.
5. Mental health is vital for a country's progress.

Ex. 4 Find words in text that mean the following: illness, financial support, therapy, avoidance, well.

Ex. 5. The suffix *ity* can be added to adjectives to form nouns: adversity, community. Complete the sentences with the correct form of the word in brackets.

1. Mental health issues often involve much _____. (complex)
2. The _____ of mental illness is often genetic. (probable)
3. The most likely _____ is that depression has multiple causes. (possible)
4. We have the _____ to help you recover. (able)
5. Some patients need _____ as much as care. (secure)

Unit 3
World Health Organization

Ex. 1. Read and translate the text.

People with mental disorders around the world are exposed to a wide range of human rights violations. The stigma they face means they are often ostracized from society and fail to receive the care they require. In some communities, people with mental disorders are banished to the edge of town where they are left semi-naked or in rags, tied up, beaten and left to go hungry. Patients in many mental hospitals fare little better. People are restrained with metal shackles, confined in caged beds, deprived of clothing, decent bedding, clean water or proper toilet facilities and are subject to abuse and neglect. People with mental disorders also face discrimination on a daily basis including in the fields of education, employment and housing. Some countries even prohibit people from voting, marrying or having children.

How can these violations be prevented?
- Change attitudes and raise awareness.Ministries of Health, mental health service user and family groups, health professionals, NGOs, academic institutions, professional organizations and other stakeholders should unify their efforts in educating and changing public attitudes towards mental illness and in advocating for the rights of people with mental disorders.

- Improve human rights in mental health facilities.Mechanisms to monitor human rights should be established to protect against inhuman

and degrading treatment, poor living conditions and inappropriate and arbitrary involuntary admission and treatment. People should also have access to complaints mechanisms in cases of human rights violations.

- Empower mental health service users and families. Governments should support the creation and/or strengthening of mental health service user and families organizations. Such groups are in the best position to highlight problems, specify their needs, and help find solutions to improving mental health in countries and have a crucial role to play in the design and implementation of policies, plans, laws and services.

- Replace psychiatric institutions with community care. Large institutions, which are so often associated with human rights violations, should be replaced by community mental health care facilities, backed by psychiatric beds in general hospital and home care support.

- Increase investment in mental health.Governments need to dedicate more of their health budget to mental health. In addition the mental health workforce needs to be developed and trained to ensure that all people have access to good quality mental healthservices at each level of the health care system.

- Adopt policies, laws and services that promote human rights. Countries should put in place mental health policies, laws and services that promote the rights of people with mental disorders, empower them to make choices about their lives, provide them with legal protections, and ensure their full integration and participation into the community.

WHO has initiated a global action programme to assist countries to create and implement coherent and comprehensive mental health policies, plans and legislation, and to ensure adequate mental health care is available at the community level. This includes development of human resources for mental health.

Ex. 2. Translate words into Russian.

Range, ostractised, rags, beaten, to fare little better, shackles, caged, clothing, bedding, neglect, to marry, attitude, stakeholder, effort, to advocate for, to improve, to establish, to empower, to strengthen, to replace, backed, bed, budget, trained, to provide.

Ex. 3. Answer the following questions.

1. What happens to people with mental disorders around the world?

2. Why are these people often excluded from society?

3. Why should the users of mental health services be encouraged to participate in the planning of services?

4. Why should large institutions be substituted for smaller ones?

5. Are the current policies and legislation adequate for promoting the rights of people with mental disorders?

Ex. 4. Complete the sentences with the most appropriate word.

Child, foster, health, home, hospice, depression, eating, disorders, obsessive, compulsive, disorder, schizophrenia, self-harming, behaviour.

1. _____ care is better for the elderly than an institution.

2. People generally rely on their employers to sponsor their _____ care coverage.

3. Placements of teenagers in _____ care have dramatically increased over the past 10 years.

4. Many companies have a _____ care centre for their employees.

5. _____ care aims to optimize the quality of a terminally ill patient's life.

6. People who can't stop washing their hands may be suffering from an _____.

7. Anorexia and bulimia are serious _____.

8. _____ may be described as feeling sad, blue, unhappy, or miserable.

9. Cutting yourself is an example of _____.

10. _____ is a mental disorder that makes it difficult to tell the difference between real and unreal experiences.

Unit 4
Health Care

Ex. 1. Read and translate the text.

The healthcare sector refers primarily tothose services provided by hospitals, general practitioners and community clinics in the prevention, diagnosis, and treatment of illness. It is a major economic activity in

Member States, consuming significant fractions of gross domestic product (GDP), and accounting for the employment of tens of millions of people across Europe. It is also a very complex sector, composed not just of healthcare service providers, but also funders (both public and private) and consumers (patients). In addition, important economic sectors are actively associated with the sector, most notably pharmaceuticals and medical equipment suppliers. This article, however, will focus on healthcare service provision and does not address directly any industries that supply the sector with drugs or equipment.

Social services can have multiple meanings and can include, for example, the provision of welfare payments and pensions. Here, the term social services is confined to work rendered by any person or organisation in furtherance of the general welfare of citizens. This includes, but is not limited to, services for: children and their families; disabled people of all ages; elderly people (especially those with mental health problems); people who misuse drugs and alcohol; and services in relation to HIV/AIDS.

Public authorities and voluntary organisations are typically the providers of social services, though the private sector may also play an important role, for example, in the provision of long-term care facilities. Traditionally speaking, healthcare and social services sectors have been treated separately. This is partly on account of their origins but also due to the fact that interest groups have sought to maintain these boundaries. This situation is changing throughout the Western world. This is due to many factors including an increasingly elderly population, increased attention to prevention of disease as opposed to cure, and a greater demand from citizens (customers) for integrated services to meet their particular needs. The result is a growing emphasis on care (including healthcare) in the community, with much greater collaboration between healthcare and social services providers.

There are clear differences between EU Member States in the way healthcare and social services are both funded and delivered. Focusing on healthcare, the European Commission has discerned two main models:

- Countries that offer a national healthservice free at the point of delivery (the Nordic countries, the United Kingdom and Ireland), where expenditure is funded mainly through general taxation,

- Countries in which there is an insurance-based system (the other Member States), where contributions are levied specifically for access to

healthcare and where people are reimbursed for the services they purchase.

Though these systems may be different, all are subject to similar pressures, such as rising costs and expectations, and an ageing population.

Ex. 2. Translate words into Russian.

Primarily, general practitioner, most notably, pharmaceutical, equipment, drug, in furtherance of, facility, interest group, throughout, to discern, to levy, to purchase, expectation.

Ex. 3. Answer the following questions.

1. What is the main difference between the healthcare sector and social services?
2. Would charities be more active in the healthcare sector or social services?
3. Why have the healthcare sector and social services been considered separate sectors?
4. Why are these two sectors working together now?
5. What are the two main healthcare models to be found in the EU?

Ex. 4. Health services. Match the following words connected to the health services with their Russian equivalent.

1) in-patient;   a) палата;
2) prescription;   b) предписания;
3) operating theatre;   c) лежачий больной;
4) hospitalization;   d) операционная;
5) ward;   e) госпитализация.

Ex. 5. Odd Word Out. Which word in each group is NOT related to the other three words?

1. Fine, healthy, fit, weak.
2. Injury, pain, wound, cut.
3. Disease, epidemic, illness, disorder.
4. Temperature, germ, bug, virus.
5. Pills, tablets, ointment, capsules.

Unit 5
Identifying Emotional and Behavioural Problems

Ex. 1. Read and translate the text.

Most children have trouble managing their feelings and behaviour at times, particularly at certain stages of development. Many will also show temporary changes in behaviour when they are unwell or tired, or in association with a difficult situation such as grief or loss, or family stress.

When trying to decide whether further assessment is needed, it is important that staff and family members compare the child's behaviour and capacity with others at a similar stage of development and take into account any contextual factors that may be affecting the child.

A general practitioner (GP) is a good place to start if there are concerns about a child's development or behaviour. He or she can perform an initial assessment and refer the child and family to other professionals if needed for additional assessment, treatment and support.

Assessment by a paediatrician, psychiatrist or psychologist would generally be recommended if:

- The behaviour seems extreme when compared with other children at a similar stage.

- The problem is ongoing and has been observed over several weeks or months.

- The behaviour is not improving despite efforts of adults to guide or support the child.

- It happens across more than one setting (e.g. at home, playgroup, the park, preschool).

- It is interfering with the child's ongoing development, learning or progress in certain areas, for example there may be concerns about school readiness.

Strategies to encourage better behaviour

It is important to remember that it is sometimes difficult for inattentive, impulsive or hyperactive children to think ahead. Therefore knowing that completing the task is going to be an end in itself and getting the satisfaction through that is itself useful. Having the motivation coming from other people is necessary and therefore frequent praise and frequent rewards are valuable. The types and times of rewards, or the reverse of rewards, (punishments), have to be carefully thought through.

1. Rewards

A simple reward is praise. Teachers' praise is always important for children and of course for other members of staff. But for children who have behavioural problems it is particularly valuable in keeping them motivated and on task. Simply to say 'That's good' or 'It's great to see you working on that' can be an important way forward. Praise should only be given for behaviour that wants to be encouraged. The idea of reinforcing desirable behaviour can be extended and in particular cases, rewards such as stars on a chart, or in the child's book, or maybe some tokens that can be exchanged later for a treat, can be particularly effective. It might be that if you collected 5 stars then this could trigger some other reward. Or maybe marbles into a jar and when a certain number is reached a new reward is earned. These are concrete positive rewards and an external reminder to the child of how well he or she is doing. There is a danger to this approach and one worrie that the intrinsic motivation of young children might be undermined. This cannot happen if the child is not motivated already and it is unlikely to happen with verbal praise from the teacher.

But one always wants to be careful that the rewards given are appropriate. Of course it is possible if one has something like marbles in a jar to actually take them out. This is termed a response-cost tactic and can be particularly effective. Undesirable behaviour can be followed by tokens being taken back and then the child has to earn them again before the final reward is given.

2. Mild reprimands

Mild reprimands have been shown to be effective if a child is not attending to a particular task, and it has also been shown that they can improve the work of children.

However, it is important that any reprimand is given exactly at the time when the incident happens. Delay such as when a child is told off an hour after something that happened is far less effective. It is also important to explain what it is the child is being asked to do. In a class discussion for example instead of saying 'Stop shouting out the answers', it would be better to say 'Please put your hand up if you know the answer'.

If we think of a child with poor working memory, a long reprimand is not likely to be valuable since it will simply be forgotten as the new bit of the reprimand goes on. So a short quick reprimand and then straight on to

the next thing at the time of the incident is the best way. We must also recognise that giving a pupil attention can, in itself be seen as a reward. This opens up a trap for the unwary. If bad behaviour draws attention from the teacher it can reinforce the bad behaviour!

3. Time out

It has been shown that when there is inappropriate behaviour, a good tactic is simply to take the child away from the circumstance for some period. If a child is impulsive or reacts inappropriately simply stop that child and say 'No, sit down here'. Later 'We are going to move on to something else now'. In the classroom this can sometimes be difficult because the teacher has to work with the other children and a quiet space may not be available at that time. It can also be difficult and dangerous to leave a class of young children unsupervised while dealing with a frustrated individual. A compromise might simply be to allow a child to change the activity if he or she becomes frustrated and return to the original task at a later date.

4. Plan-do-review

Ground-breaking work with young children in the 1960s suggested that cooperatively planning activities, then doing them and then reviewing the results can be beneficial. The main idea being that some people do not link the actions to the consequences.

5. Productive physical movement

Children who are hyperactive really find it very difficult to sit still and some people have suggested that in our evolution it makes sense for some children to be naturally physically active and even hyperactive. Perhaps school is not such a good place for those children and we can make it a happier place by capitalising on their need to be moving around. Something like delivering a message, taking the register to the school office or sharpening a pencil may be useful. Watering the plants, feeding the classroom pets or simply standing at a desk while completing class work seems to be appropriate for many children and helpful for classroom management.

Alternating activities that require the child to be seated with other activities that allow for movement is recommended. It is also important to note that on some days it could be more difficult for the child to sit still

than others and teachers need to be flexible and modify instructional demands accordingly. Productive physical movement needs to be carefully structured and managed to eliminate opportunities for misbehaviour.

Productive physical movement could also be used for children with predominantly inattentive symptoms. Instruction introducing a change of activity or position might enable them to return to the original task with renewed focus.

Unit 6
Fear of Living

Ex. 1. Read and translate the text.

Escapism, the desire to avoid contact with other people, down to subjecting oneself to complete isolation, is not rare. Doctors have known about it for a long time, but it was only in the past few years that it was identified as a disease called ociophobia, and serious studies of this phenomenon were carried out.When lecturing, the great scientist Kliment Timiryazev always made a point of having lecture synopses with him, even though he never looked at them. Under no circumstances would he start a lecture without the notes. On one occasion, he left them at home and when he realized it, he kept the audience waiting until the driver he had sent for the papers delivered them.

Today, doctors find such behavioural patterns worth studying, since quite often they turn out to be symptoms of a disease.

Great Britain's Prof. Stewart A.Montgomery said at arecent international conference in Moscow, where he represented the World Psychiatric Association, that sociophobia had been overlooked by doctors, including Russian ones, for too long. Social fear is not easy to detect, mainly because it is not a fear of something tangible like loneliness, or losing one's job. Its symptoms resemble mere shyness. Prof. Montgomery believes that people tend to develop the first symptoms of sociophobia early on in life, when they are still in school, and this impairs their academic performance. These children always choose a desk in the back row, not because they want to play pranks, but because they want to attract as little attention as possible.

The progression of this pathological condition is also difficult to detect in shy older adolescents who don't drink or take drugs. And the longer it is left untreated, the worse the condition gets. As children, they tend to develop complexes, and when older, sociophobics will usually choose a profession that doesn't involve public contact, and will voluntarily deprive themselves of careers. They feel uncomfortable and awkward around people. Anatoly Smulevich, head of the department of borderline conditions at the Centre for Mental Health, uses a graphic description to characterize the disease – «tears that are invisible to the world».

These quiet introverts rarely go to see doctors, and rarely do doctors pay much attention to them either. Meanwhile, the condition continues to worsen. Fearing criticism, negative comments, derogatory words and mean looks from other people, sociophobics begin to panic. They begin by fussing with their clothes and their hair, and looking around all the time. This gives way to a constant fear of disaster, for instance when talking to one's boss, reading a lecture and even when meeting with friends.

This is typical behaviour for sociophobics. A teacher at a Moscow institute always felt terrified before an audience. This neurosis would cause him to jump on a train after the lecture and travel to any other city, just to unwind. The following day he would return to Moscow in a relatively normal state. Prof. Montgomery maintains that five to six percent of the population suffers from sociophobia. This constant fear of social contact is often accompanied by many other symptoms like heart palpitations, tense muscles, dryness of the mouth, headaches and other unpleasant feelings.

The symptoms are deeply rooted and the essence of a social introvert. Such people have trouble asserting their opinions and standing up for their rights, which is why they are often looked upon as undesirable workers. Their pathological shyness prevents them from evaluating their abilities positively, and causes them to be constantly selfabsorbed in their own thoughts and to agonize over the most trivial matters.

Considering that 95 percent of such diseases tend to develop before the age of 20, treatment should be started as early as possible. Prof. Montgomery believes that if therapy is not started on time, five to seven years later sociophobics begin resorting to alcohol and drugs to cope with their problems. This gives rise to a special stratum of people who have a unique relationship with society. They are lonely and are usually poorly educated, they experience money problems and bounce from job to job. At times they contemplate suicide.

But even if the condition is left untreated for a long time, therapy often helps a person restore contact with society. And although remedial treatment for sociophobics may be expensive, treating alcoholics costs the state even more, as does financing the unemployed. Igor Sergeyev, head of the department of Psychiatry at the Russian State Medical University, believes that diagnosis and treatment of such diseases should be provided free of charge at special polyclinics.

Ex. 2. Answer the following questions.

1. Why is the article headlined as fear of living?
2. What is meant by escapism?
3. Is it a disease or a phenomenon?
4. What are the major symptoms of sociophobia?
5. Is social fear easily detected?
6. What kind of profession do sociophobics prefer to choose?
7. How do they feel around people?
8. Are sociophobics introverted or extroverted?
9. Do they easily begin to panic? Under what circumstances?
10. How does their pathological shyness interfere with social contacts?
11. How is it possible to treat this condition?
12. Where can sociophobics apply for help?

Ex. 3. Complete the following sentences:

1. The desire to avoid contact with other people is called _____.
2. Sociophobia symptoms resemble _____.
3. A.Smulevich characterized this disease as _____.
4. Sociophobics as children tend to develop _____.
5. Their fear impairs academic _____.
6. Constant fear of social contact is accompanied by such physiological symptoms as _____.
7. Sociophobics resort to _____ to cope with the problems.
8. They are lonely and experience _____.
9. Therapy often helps a person restore _____.
10. Diagnosis and treatment of such diseases should be provided free _____.

Unit 7
Character and Communication

Ex. 1. Read and translate the text.

Communication is the most important skill in life. We spend most of our waking hours communicating. But consider this: You've spent years learning how to read and write, years learning how to speak. But what about listening? What training or education have you got that enables you to listen so that you really, deeply understand another human being from the individual's own frame of reference? Comparatively few people have had any training in listening at all. And, for the most part, their training has been in the personality ethic of technique, truncated from the character base and the relationship base absolutely vital to authentic understanding of another person.

If you want to interact effectively with me, to influence me – your spouse, your child, your neighbor, your boss, your coworker, your friend – you first need to understand me. And you can't do that with technique alone. If I sense you're using some technique, I sense duplicity, manipulation. I wonder why you're doing it, what your motives are. And I don't feel safe enough to open myself up to you. The real key to your influence with me is your example, your actual conduct. Your example flows naturally out of your character, or the kind of person you truly are – not what others say you are or what you may want me to think you are. It is evident in how I actually experience you. Your character is constantly radiating, communicating. From it, in the long run, I come to instinctively trust or distrust you and your efforts with me. If your life runs hot and cold, if you're both caustic and kind, and, above all, if your private performance doesn't square with your public performance, it's very hard for me to open up with you. Then, as much as I may want and even need to receive your loe and influence, I don't feel safe enough to expose my opinions and experiences and my tender feelings. Who knows what will happen? But unless I open up with you, unless you understand me and my unique situation and feelings, you won't know how to advise and counsel me. What you say is good and fine, but it doesn't quite pertain to me. You may say you care about and appreciate me. I desperately want to believe that. But how can you appreciate me when you don't even understand me? All I have are your words, and I can't trust

words. I'm too angry and defensive – perhaps too guilty and afraid – to be influenced, even though inside I know I need what you could tell me.Unless you're influenced by my uniqueness, I'm not going to be influenced by your advice. So if you want to be really effective in the habit of interpersonal communication, you cannot do it with technique alone. You have to build the skills of empathic listening on a base of character that inspires openness and trust. And you have to build the Emotional Bank Accounts that create a commerce between hearts.

Ex. 2. Make up disjunctive questions.

1. Communication is the most important skill in life.
2. Comparatively few people have had any training in listening.
3. Your character is constantly communicating.
4. Unless you understand a person you can't advise or counsel him.
5. Sometimes it is not reasonable to trust words.
6. We have to build skills of empathic listening.

Ex. 3. Answer the following questions. Give your arguments.

1. What are the basic types of communication? There are four of them, aren't there?
2. Is it possible or impossible to learn communication skills for a short period of time?
3. What training or education should you have in order to communicate properly?
4. What is meant by effective interaction?
5. How would you interact with your spouse (your neighbor, your boss, your coworker, your child)?
6. Is there direct or indirect connection between character and communication?
7. Must we trust completely the words we hear in a conversation with the other person?
8. Are you in favor of or against empathic listening?

Ex. 4. Make up a list of character traits that are of help for a productive communication.

Unit 8
Supplementary Reading

Social Worker

Social workers spend their days helping people with complicated psychological, health, social, or financial problems. They assist families in need and people who are the victims of abuse. They provide counseling, advice, and direction for people who would otherwise have no way of bettering their situations. While seeing people who are confused, scared, and beset by problems all day long may sound disheartening, social workers told us that they were uplifted by their job and that they truly felt they were doing work of value. "People need your help and if you're part of the human race, you give it to them," said one, adding, "The only strange thing is that you get paid to do it." Social workers, around half of whom work for local and federal governments, have to be familiar with all assistance programs and services available for those in need. This requires continuing education to keep abreast of programs, their funding, and their efficacy. "The quickest way to lose your client's trust is to send them to an agency that tells them they're not eligible," said one by way of explaining that the trust of one's client is difficult to earn and easily lost. Social workers have to be prepared for disappointments from their clients as well. Over 30 percent of urban families assigned a social worker miss one of their first three appointments. Still, most professionals invest themselves heavily in the fates of their clients, and a number of our respondents called this involvement emotionally draining. While this contributes to the reasonably high attrition rate for first-year workers (15 percent), respondents noted that it was valuable in that it kept them aware of the significance of what they do. More and more, social workers are being asked to find an area of focused responsibility, such as criminal justice issues, gerontological services, or medical issues. This can leave the social worker a bit dissatisfied, as often a client will have a number of concurrent problems, and they have a very prescribed range of duties they can perform. For people with a natural instinct to help others, this is tantamount to "telling a millionaire he can only give away twenty dollars at a time." Private professionals are under no such restrictions, and record generally higher levels of satisfaction.

Social workers face significant educational requirements. Most initial positions, which are primarily clerical, require only a Bachelor's degree in Social Work (B.S.W.) or a related field, such as psychology or sociology. For positions which involve psychological recommendations or assessments, or for positions with more responsibility, a Master's in Social Work (M.S.W.) is required. Over 300 colleges offer B.S.W.s and over 100 offer M.S.W.s and are accredited by the Council on Social Work Education. Those who wish to advance to policy or director positions are asked to complete a Ph.D. in social work. Nearly all programs require extensive field work and client contact. Traditional coursework includes social welfare policies, political science, human behavior, research methodology, and abnormal psychology. All states have strict licensing requirements for social workers, and additional professional certifications are available from the National Association of Social Workers (NASW). Private practitioners are encouraged to earn professional certifications, as it helps in collecting reimbursement for services from insurance providers.

Social workers have a strong instinct to help people, and this often translates into positions such as therapists, guidance counselors, and not-for-profit counseling services. Those who become burned out by the intense nature of the client/worker relationship find slightly more distancing professions, such as teaching, writing promotional literature for programs, and fundraising.

Social Justice

Social work is a practical profession aimed at helping people address their problems and matching them with the resources they need to lead healthy and productive lives.

Beneath this practicality lies a strong value system that can be summarized in two words: social justice. Social justice is the view that everyone deserves equal economic, political and social rights and opportunities. Social workers aim to open he doors of access and opportunity for everyone, particularly those in greatest need.

A brief glance at the many roles of social workers shows how this value system underscores everything they do. With homeless clients, for example, social workers make sure their clients have access to food stamps and health care. The same is true for elderly clients: Social workers may work to protect them from financial abuse or to ensure that

they are receiving the health and financial benefits that are rightfully theirs.

Social workers also apply social-justice principles to structural problems in the social service agencies in which they work. Armed with the long-term goal of empowering their clients, they use knowledge of existing legal principles and organizational structure to suggest changes to protect their clients, who are often powerless and underserved. For example, social workers may learn organizational ethics to ensure that clients are treated respectfully by staff or they may examine the organization's policies on personal client information to make sure it is held in confidence.

Often, social workers bring social justice concepts into the wider social and political arena. Following the September 11, 2001, attacks in New York, Pennsylvania, and Washington an international group of social workers issued statements condemning terrorism but calling for examination of possible underlying causes. In particular, the statements suggested that terrorism may be fueled in part by global practices that led to poverty and rage among millions of Middle Eastern citizens.

Indeed, from the beginning of their profession, social workers have been involved in "connecting the dots" between peace and social justice. According to social work philosophy. Peace is not possible where there are gross inequalities of money and power, whether between workers and managers, nations and nations or men and women.

What is Social Work

Social work is a profession for those with a strong desire to help improve people's lives. Social workers assist people by helping them cope with and solve issues in their everyday lives, such as family and personal problems and dealing with relationships. Some social workers help clients who face a disability, life-threatening disease, social problem, such as inadequate housing, unemployment, or substance abuse. Social workers also assist families that have serious domestic conflicts, sometimes involving child or spousal abuse. Additionally, they may conduct research, advocate for improved services, or become involved in planning or policy development. Many social workers specialize in serving a particular population or working in a specific setting (сфера). In all settings, these workers may also be called licensed clinical social workers, if they hold the appropriate State mandated license.

Child, family, and school social workers provide social services and assistance to improve the social and psychological functioning of children and their families. Workers in this field assess their client's needs and offer assistance to improve their situation. This often includes coordinating available services to assist a child or family. They may assist single parents in finding day care, arrange adoptions, or help find foster homes for neglected, abandoned, or abused children. These workers may specialize in working with a particular problem, population or setting, such as child protective services, adoption, homelessness, domestic violence, or foster care.

In schools, social workers often serve as the link between students' families and the school, working with parents, guardians (опекуны), teachers, and other school officials to ensure that students reach their academic and personal potential. They also assist students in dealing with stress or emotional problems. Many school social workers work directly with children with disabilities and their families. In addition, they address problems such as misbehavior, truancy, teenage pregnancy, and drug and alcohol problems and advise teachers on how to cope with difficult students. School social workers may teach workshops (семинары) to entire classes on topics like conflict resolution.

Child, family, and school social workers may be known as child welfare social workers, family services social workers, or child protective services social workers. These workers often work for individual and family services agencies, schools, or State or local governments.

Medical and public health social workers provide psychosocial support to individuals, families, or vulnerable populations so they can cope with chronic, acute, or terminal illnesses (смертельные болезни), such as Alzheimer's disease, cancer, or AIDS. They also advise family caregivers, counsel patients, and help plan for patients' needs after discharge from hospitals. They may arrange for at-home services, such as meals-on-wheels or home care. Some work on interdisciplinary teams that evaluate certain kinds of patients, such as geriatric (гериатрический, старый) or organ transplant patients.

Some specialize in services for senior citizens and their families. These social workers may run support groups for the adult children of aging parents. Also, they may assess, coordinate, and monitor services such as housing, transportation, and long-term care. These workers may be known as gerontological social workers.

Medical and public health social workers may work for hospitals, nursing and personal care facilities, individual and family services agencies, or local governments.

Mental health and substance abuse social workers assess and treat individuals with mental illness or substance abuse problems. Such services include individual and group therapy, outreach, crisis intervention, social rehabilitation, and teaching skills needed for everyday living. They also may help plan for supportive services to ease clients' return to the community when leaving in-patient facilities. They may provide services to assist family members of those who suffer from addiction or other mental health issues. These workers may work in outpatient facilities, where clients come in for treatment and then leave, or in inpatient programs, where patients reside at the facility. Some mental health and substance social workers may work in employee-assistance programs. In this setting, they may help people cope with job-related pressures or with personal problems that affect the quality of their work. Other social workers work in private practice, where they are employed directly by the client. These social workers may be known as clinical social workers, occupational social workers, or substance abuse social workers.

Other types of social workers include social work administrators, researchers, planners and policymakers, who develop and implement programs to address issues such as child abuse, homelessness, substance abuse, poverty, and violence. These workers research and analyze policies, programs, and regulations. They identify social problems and suggest legislative and other solutions. They may help raise funds or write grants to support these programs.

Working with Other Professions

Social work works closely with other professional disciplines, including the various nursing specialisms, teaching, occupational therapy and other health professions, psychology, counselling, medical consultants and general practitioners, early years workers, police, youth justice and offender services.

Multi-disciplinary teams have increased in number and variety in children's and adults' services, as a means of giving people access to a range of expertise, improving coordination and making best use of scarce professional skills. Social work is good at building bridges with other

disciplines and agencies, and helping overcome some of the barriers and gaps between different professions which can create difficulties for people with multiple or complex conditions using several services. It is sometimes necessary to be flexible about boundaries so as to avoid people being referred unnecessarily from one source of help to another, and having to give the same information to different workers. Social work has a tradition of not sticking rigidly to professional or agency boundaries where greater flexibility serves people's best interests.

Social work should be clear and confident about the expertise it has developed, the distinctive contribution it makes and the features of its work particularly valued by people who use its services. It also has a responsibility to feed its knowledge, values and approaches into the work of joint teams to inform their culture and widen their frame of reference. Professionals working together in multi-disciplinary settings, in children's centres or community mental health teams, for instance, are likely to become familiar with one another's areas of expertise, and able to apply a common core of knowledge, whilst recognising when a particular professional's skills are required. Social workers who are outposted still need access to good professional supervision, learning and development opportunities, up-to-date knowledge support and links to relevant policy and practice developments.

Ethical Principles of Social Work

The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Ethical Principle: Social workers' primary goal is to help people in need and to address social problems. Social workers elevate service to others above selfinterest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Ethical Principle: Social workers challenge social injustice. Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty,

unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Ethical Principle: Social workers respect the inherent dignity and worth of the person. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession

From the History of Social Work

Social work has its roots in the struggle of society to deal with poverty and the resultant problems. Therefore, social work is intricately linked with the idea of charity work; but must be understood in broader terms. The concept of charity goes back to ancient times, and the practice of providing for the poor has roots in all major world religions.

Pre-Modern history

In the West, when Constantine 1 legalized the Christian Church, the newly legitimized church set up poorhouses, homes for the aged, hospitals, and orphanages. These were often funded, at least in part, from grants from the Empire. By 590 the church had a system for circulating the consumables to the poor: associated with each parish was a diaconium or office of the deacon. As there was no effective bureaucracy below city government that was capable of charitable activities, the clergy served this role in the west up through the 18th century. During the Middle Ages, the Christian church had vast influence on European society and charity was considered to be a responsibility and a sign of one's piety. This charity was in the form of direct relief (for example, giving money, food, or other material goods to alleviate a particular need), as opposed to trying to change the root causes of poverty.

Modern history

Social work, as a profession, originated in the 19th century. The movement began primarily in the United States and England. After the end of feudalism, the poor were seen as a more direct threat to the social order, and so the state formed an organized system to care for them. In England, the Poor Law served this purpose. This system of laws sorted the poor into different categories, such as the able bodied poor, the impotent poor, and the idle poor. This system developed different responses to these different groups.

The 19th century ushered in the Industrial Revolution. There was a great leap in technological and scientific achievement, but there was also a great migration to urban areas throughout the Western world. This led to many social problems, which in turn led to an increase in social activism. Also with the dawn of the 19th century came a great "missionary" push from many Protestant denominations. Some of these mission efforts (urban missions), attempted to resolve the problems inherent in large cities like poverty, prostitution, disease and other afflictions. In the United States workers known as "friendly visitors", stipended by church and other charitable bodies, worked through direct relief, prayer, and evangelism to alleviate these problems. In Europe, chaplains or almoners were appointed to administrate the church's mission to the poor.

Topical vocabulary

1) struggle – борьба, бороться;
2). resultant – равнодействующий;
3) intricately – сложно;
4) charity – милосердие;
5) orphanage – приют;
6) consumables – потребление, товары широкого потребления;
7) parish – приход;
8) responsibility – ответственность;
9) piety – набожность;
10) relief – облегчение;
11) threat – угроза;
12) usher – служитель;
13) urban area – городской район;

14) attempt – попытка, пытаться;
15) inherent – присущий.

Knowledge, Values and Skills in Social Work

Initial social work education and training should equip people with the distinctive combination of knowledge, values and skills, drawn from a range of academic disciplines and practice learning, they require for beginning practice. These include:

- respect for the equality, worth and human rights of all people, and for their individuality, privacy and dignity;
- understanding of, and commitment to, the rights of the child;
- commitment to putting into practice equalities and diversity principles, recognizing and dismantling barriers, and challenging discrimination against people using services, careers, families and fellow-workers;
- skills in assessing, jointly with people and families, their circumstances, strengths, needs and preferred outcomes;
- understanding of individual, family and community dynamics;
- skills and knowledge to deal with hostile and aggressive responses to social work intervention, without putting their own safety at risk;
- knowledge of the frameworks of law, policy and regulation affecting social work practice;
- skills, knowledge and judgment required to recognize and evaluate levels of risk to children and adults, assess possible measures to reduce and manage the risks, and take appropriate action;
- skills in enabling people to exercise choice, be involved in decisions affecting them, and use resources to secure the outcomes they want;
- skills in communication, particularly with and on behalf of children and adults with limited ability to convey their own views and wishes;
- skills in negotiating and coordinating services provided by networks of social care staff and family careers.

Topical vocabulary

1) equip with – обеспечивать/экипировать чем-либо;
2) draw from – вытаскивать;
3) dignity – достоинство;

4) commitment – обязательство;

5). diversity – разнообразие;

6) dismantling – демонтаж.

Social Work Methods and Approaches

Methods of working in social work have evolved over a long period, rooted in common core principles but reflecting changing legal and policy frameworks, social attitudes and expectations, and relationships between professionals and the public. Key features include:

- professional relationships based on warmth, trust and rapport with people using services;

- social models of assessing people's situations and working with them to overcome barriers to participation and independence;

- practice that seeks to put power in the hands of people to manage their own situations, with the social worker as facilitator;

- work that integrates individual, family and community dimensions in a creative balance;

- distinctive approaches to understanding and working with risk, recognizing the need to safeguard those who are vulnerable whilst enabling people to take the risks that go with ordinary everyday living;

- modern approaches to established casework skills and methodologies, working systematically and in an integrated way to keep a focus on people's practical, social and psychological wellbeing;

- applying and extending principles of personalization, which have always been at the heart of social work at its best, to help people find individual solutions to their situations and achieve satisfactory outcomes;

- effective joint working with other disciplines, other social care staff, volunteers, foster parents and advocates.

Topical vocabulary

1) evolve over – развиваться в течение (периода времени);

2) root in – корениться в чем-либо;

3) reflect – отражать;

4) rapport – взаимопонимание;

5) assess – оценка, оценивать;

6) participation – участие;

7) facilitator – стимулятор;

8) dimension – измерение;
9) distinctive – четкий, ясный;
10) vulnerable – уязвимый;
11) establish – устанавливать, учреждать, основывать;
12) keep a focus on – сосредоточить внимание на чем-либо;
13) solution – решение;
14) outcome – результат;
15) foster – приемный.

The Essence of Social Work

The social work profession is committed to reducing human suffering, enhancing the quality of life, and confronting the causes of social injustices that occur throughout the world around us. This commitment inspires social workers to develop skills that promote change on all various levels. Whether it is dealing with an ill person, a homeless person, or a person who has undergone domestic violence. The social workers are trained specifically to provide direct services to individuals, such as: families, groups and communities.

They learn to confront and change the problems that are causing the injustices, the discriminations, and the oppressions. For the essence of their work is all about the help that they are able to supply to those whom are going through such difficult times with in their lives.

One of the hardest things for a social worker to have to deal with is leaving their work at work, and not bringing it home with them. For each and every single social worker that is out there and trying to help improve upon peoples lives, no matter who they are, they are going to have to deal with some traumatic cases. In all different areas within the field of social work, the cases almost always have an impact, and in all honesty no matter how traumatic the case is, it is always going to leave the imprint on the social worker and on their career. A social worker forms a bond with the person of whom they are trying to help, and no matter who you are in life once a bond has been formed you are never going to forget that person you have made that connection with. In most cases the social worker can see a little deeper than what is just sitting on the surface of the person of whom they are assisting, they begin seeing inside of them and who they truly are. This is where it then becomes difficult, that once your work has been done for the day and you return home, you are

expected to leave the cases alone, to ignore them and to move one with your OWN life.

Social work is an established professional discipline with a distinctive part to play in promoting and securing the wellbeing of children, adults, families and communities. It operates within a framework of legislation and government policy, set out in Putting People First and the Children's Plan, and contributes to the development of social policy, practice and service provision. It collaborates with other social care, health, education and related services to ensure people receive integrated support. It is a profession regulated by law.

Social work is committed to enabling every child and adult to fulfill their potential, achieve and maintain independence and self-direction, make choices, take control of their own lives and support arrangements, and exercise their civil and human rights. It looks at people's lives and circumstances in the round, and works with them to personalize social care responses to fit their own individual situations. Its approaches and working methods aim to promote empowerment and creativity.

Social work embodies a set of core values and principles. It is committed to the rights of the child; respects the equality, worth and human rights of all people, and their individuality, privacy and dignity; and challenges discrimination and prejudice. Its knowledge base, drawn from relevant academic disciplines, is informed by the experience and expertise of people using services, developed through research and tested in practice.

Social work makes a particular contribution in situations where there are high levels of complexity, uncertainty, stress, conflicts of interest, and risk, particularly to children and vulnerable adults. It applies specialist analytical skills and knowledge to assessing these situations, and making complex judgments on action to take.

Types of Social Workers

There are many different types of social workers but here are three examples of the type of work that they do.

1. Child, Family and School Social Workers help children, families and the elderly work toward resolving their problems. They help place children in foster care and assist parents looking to adopt. They connect struggling parents with resources to help better care for and raise their children. They work with students and teachers to address bullying,

learning disabilities and other problems. According to the Bureau of Labor Statistics, child, family and school social workers are the most common kind of social worker.

2.   Medical and Public Health Social Workers help the seriously ill and those with chronic health problems to find adequate care, access public resources like medicare and medicaid, and find services like nutrition classes and nursing care. They often play a key role in helping clients to navigate and coordinate the numerous health care and public service systems that provide care together. Medical and public health social workers also offer counseling to clients and their families about coping with the effects of illness.

3.   Mental Health and Substance Abuse Social Workers help people with a wide variety of mental health and substance abuse problems. Therapy is one common way for social workers to help clients address those problems. Helping people to find financially accessible rehabilitative programs or long-term mental health care is another way. Mental health and substance abuse social workers may also participate in outreach and preventative programs, which seek to locate people in need and address problems before they become dire, respectively.

Social assistance

Social assistance is based on need and thus requires declarations of income, family size, and other circumstances. It is provided on the basis of a means test that takes into account not only income but also capital; persons with a specific level of saving may be ineligible. Alternatively it may be only income-tested, the income from capital being assessed in the same way as other income. Often those who have been given the task of operating the scheme (social workers) have been allowed considerable discretion in deciding whether to give assistance and how much to give in certain types of cases.

 In other countries social assistance plays a considerable role in supplementing social insurance benefits for those without other sources of income such as sick pay or employers pension schemes as well as providing for those without rights to benefits or those whose benefits have run out because they are paid only for a specific number of months (unemployment benefits).

Partly because of this problem of stigma, social assistance programs are called by a variety of different names in the hope that they will be

more acceptable to applicants. For example, the term used is supplementary benefit in the United Kingdom and GAIN (guaranteed income) in British Columbia.

Rules of social assistance differ considerably from country to country and are usually determined locally rather than centrally. In the United Kingdom, where rules are determined centrally persons in full-time work are not eligible. In the United States only households headed by a single parent are eligible. The United States used what is essentially the social assistance approach for meeting the medical care needs of low – income persons under the Medicaid program.

Child abuse

There are four types of child abuse. They are defined as:

- Physical: An injury or pattern of injuries that happen to a child that are not accidental. These injuries may include beatings, burns, bruises, bites, welts, strangulation, broken bones or death.

- Neglect: Neglect occurs when adults responsible for the well being of a child fail to provide for the child. Neglect may include not giving food, clothing, shelter, failure to keep children clean, lack of supervision and withholding medical care.

- Emotional: Any chronic and persistent act by an adult that endangers the mental health or emotional development of a child including rejection, ignoring, terrorizing, corrupting, constant criticism, menace remarks, insults, and giving little or no love, guidance and support.

- Sexual: Sexual abuse is the sexual assault or sexual exploitation of children. Sexual abuse may consist of numerous acts over a long period of time or a single incident. Children can be victimized from infancy through adolescence. The perpetrator keeps the child from disclosing through intimidation, threats and rewards.

In 80 % of the sexual abuse cases the child knows the offender and in 50 % of all cases, the offender is a member of the child's household. Abuse crosses all socio-economic backgrounds.

In cases reported in Massachusetts and California the greatest number of cases are those of neglect, followed by cases of physical abuse, with sexual abuse cases ranking third and finally emotional abuse. Two million cases of child abuse are reported each year and of these reported cases, two thousand of the children die.

Child abuse has serious consequences, which may remain as indelible pain throughout the victim's lifetime. The violence and negligence of parents and caretakers serve as a model for children as they grow up. The child victims of today, without protection and treatment, may become the child abusers of tomorrow.

As with any social issue, child abuse is a problem for the entire community. Achieving the goals of protective services requires the coordination of many resources. Each professional group and agency involved with a family assumes responsibility for specific elements of the Child Protective Service (CPS) process. The Department of Human Services works closely with physicians, nurses, educators, mental health practitioners, law enforcement agencies, and the judiciary. These parties are involved in the identification, reporting, investigation, and treatment of cases of child maltreatment.

Protective services are provided by the Department of Human Services to abused and neglected children and their families without regard to income. Special rehabilitative services for prevention and treatment of child abuse are provided by D.H.S. and other community resources to children and families such as: homemaker services, parenting classes, respite day care, foster care, financial assistance, psychological and psychiatric services, and sexual abuse treatment.

Social organisations in Belarus

Belarus' social policy prioritises the interests of ordinary citizens and supports people in difficult life situations. Despite global trends, sovereign Belarus has managed to preserve free education and free medical care. Every citizen receives a pension, every mother enjoys financial support on the birth of a child, and every child has access to free education.

Men and women are equal in all spheres in Belarus, including education, work, raising children, receiving of allowances and social guarantees. Moreover, a fair share of remuneration is guaranteed, reflecting the economic results of labour, at a level deemed fitting for a 'normal' life.

Family and children under state protection.

State family support is a key direction of state social policy and a foundation of demographic security. According to the census, over 2.7

million families live in Belarus, and 1.2 million of these have children under the age of 18 years.

An efficient system operates regarding legal guarantees and privileges for families with children, involving payment of allowances in connection with the birth and upbringing of children, providing free meals to children aged 0-24 months and other types of state targeted social assistance. Moreover, lump-sum payments are given in cases of the birth of two or more children, in addition to guarantees in the sphere of pensions, labour, tax and housing legislation.

Legal guarantees come into force even before a child is born. Pregnant women receive free medical care and paid maternity leave (126–160 days). A working mother or father, or other relative, is eligible to take leave to provide care for a child until they reach the age of 3 years, with employment guaranteed for return. This leave can be used in whole or in part.

During this period of leave, allowances are paid for child-care (until they turn 3 years old) regardless of parents' employment or income, to virtually all families. Allowances are paid as follows: 35 percent of the average monthly nationwide wage for the first child; 40 percent for the second and subsequent children; 45 percent for a disabled child under the age of 3 years.

Overall, eleven varieties of allowances are applied in relation to childbirth and upbringing. To ensure balanced nutrition within low-income families, the state provides free meals to children aged 0-24 months old. In cases of the birth of two or more children at once, state targeted assistance is provided regardless of family income. All children under 3 years are provided with free medicine.

Families with many children enjoy special state care, with substantial state investments applied to improve living conditions for this category of family and to provide privileged (free) meals at educational establishments.

The system of legal guarantees and privileges for larger families is constantly being improved. In 2015, a major social programme was introduced. Family capital envisages a one-off non-cash payment to families, to the value of US $10,000, at the birth or adoption of a third or subsequent child. Apart from financial support at legislative level, legal guarantees are provided to families with children, regarding employment, tax and pensions.

Public and religious associations play an important role in strengthening family values and enhancing the prestige of the family. Belarus is ranked 25th among 179 countries worldwide for offering favourable conditions for motherhood: the best result within the CIS.

State targeted social assistance.
In 2001, a system of targeted social assistance was introduced, aiming to provide temporary financial support to low-income individuals and families experiencing difficult situations. It is also designed to ensure the maintenance of income for low-income people, at the level of the living wage on average per capita (hereinafter referred to as the LW).

State targeted social assistance is provided in accordance with Presidential Decree # 41 'On State Social Assistance' as of January 19th, 2012. As part of the targeted assistance system, five social allowances are envisaged, covering a significant number of needy citizens.

In 2014, state targeted social assistance was allocated to 217,800 people, to the value of Br424.8 billion. From January-September 2015, 189,200 Belarusians benefited, receiving Br404.6 billion.

Social protection for the elderly and disabled.
In line with the Constitution of the Republic of Belarus, citizens are guaranteed a pension. At present, almost a third of the Belarusian population receives a pension (over 27 percent).

In the Republic, pensions are paid relating to age, disability, the loss of a breadwinner (including to parentless children), for long service and for outstanding service to the country. The right to a working pension is granted to men on reaching the age of 60 years and to women aged 55 (having fulfilled other provisions stipulated by legislation).

Following social policy, as part of special state programmes, support is rendered to those in need, across various categories of citizen. Assistance is provided in maintaining their standard of living, solving social problems, and offering psycho-social and medical rehabilitation.

Great Patriotic War veterans, the lone elderly and disabled people receive special support. Taking into account surveys of their living conditions and state of health, their needs are met for improved housing conditions, in addition to the technical means of social rehabilitation, home repairs and telephone communication.

War veterans, the aged and the disabled enjoy certain privileges, which include access to sanatoriums run by the Ministry of Labour and

Social Protection. There are four state financed sanatoriums (able to accommodate 864 guests). They are open year round and are always fully-booked, welcoming over 16,500 people annually.

All offer access for guests with less mobility. Belaya Vezha, Yaselda and Vyazhuti sanatoriums can accommodate wheelchair users and offer medical facilities for those who are mobility impaired.

Most of the guests are those claiming the right to free sanatorium-spa treatments (mainly disabled categories 1 and 2). With partial payment, the elderly and 3rd category disabled citizens can also receive treatment.

Modern medical equipment makes it possible to ensure high-level treatment. Each sanatorium has its own specialty, offering physical therapy and diagnostic procedures, using the latest medical equipment.

Each is on a rolling-programme of improvement, to ensure that the newest technologies are offered.

From 2009-2015, an additional 223 places were introduced, while the balneary buildings at Belaya Vezha, Berezina and Yaselda sanatoriums were reconstructed. In addition, Berezina's medical building was revamped and a swimming pool constructed at Yaselda.

Social services.

Countrywide, social services centres have been established and are developing to meet state social standards. There are 146 such centres, helping individuals and families. Citizens with disabilities are being provided with high quality social services, including home visits, reflecting their individual needs. Home visits are the most popular form of social service, with 87,600 Belarusians receiving such help as of October 1st, 2015. Staff are able to purchase and deliver food, medicines and essential commodities, as well as helping with registration of documents to provide material assistance, and the payment of utility bills.

Meanwhile, 61 around-the-clock departments offer services to 2,173 elderly and disabled persons. There are also 87 daycare centres for the elderly and 152 such centres for people with disabilities – attended regularly by over 4,000 citizens. These daycare centres work to help those with disabilities gain some mobility, teaching techniques to help those with limited movement. Whether living with long-term mobility loss, or degenerative conditions, citizens benefit from becoming more self-sufficient, learning skills to help them retain (or gain) independence. Within such centres, there are 253 rehabilitation and employment workshops, alongside over 1,200 hobby clubs.

Moving with the times, social services are offering new forms of help, including hourly care of small children, and assistance with the care of disabled children for single-parent families. This allows parents vital 'time-off' to catch up on errands or to undertake activities they cannot when accompanied by their child. It's a vital service, enabling carers to return refreshed.

At the initiative of local executive and administrative bodies, the country's regions are introducing new forms of living arrangement for the elderly and for people with disabilities.

Rural areas are widely applying innovative care solutions for the elderly, including homes which offer semi-independent living, and accommodation with 'foster families'.

There are 80 care homes for the elderly and disabled, comprising forty-seven neuropsychiatric homes (12,600 people), twenty-three general homes for the elderly and disabled (4,000 places), and ten institutions for children and young people with disabilities (1,700).

Social services offer help in so many forms: consulting-informational, social-intermediary, social-medical, social-educational, social-residential, social-psychological, and social-rehabilitation among them.

Meanwhile, new forms of social services are being added to meet modern needs:

- provision of social services for short stays (up to one month), for the elderly and disabled, on a paid basis;

- provision of services for the elderly and disabled to stay in 1-2 bedroom accommodation with en-suite facilities and other additional services, on a paid basis;

- social respite services for families with disabled children, to give them a chance to recuperate and settle family issues;

- accompanied accommodation for the disabled, to assist them in preparing for independent living outside inpatient facilities and to adapt to conditions of life and work.

As part of an experiment conducted in Minsk, citizens can conclude contracts to receive social services in their own homes, or at nursing homes.

Since 2013, social service legislation in the Republic of Belarus has envisaged a mechanism to attract legal entities and individual entrepreneurs to provide social services and realise social projects.

In 2015, the Belarusian Red Cross Society was the main executor of this state social order, rendering medical and social services to senior citizens and the disabled.

Social rehabilitation of the disabled.

Children and adults with disabilities account for 5.8 percent of the Belarusian population. State and society aim to provide social support to the disabled, ensuring their right to dignified living, employment and leisure.

Social protection of the disabled is a priority for the state's social policy. Legislation has been passed relating to disability and a number of state social programmes are being realised. Co-ordinating the policy is the newly-formed Republican Interdepartmental Council on Disability. This comprises top officials from Republican bodies of state administration: dealing with labour and social protection, health, transport, communication, housing and communal services, education, culture, public associations of the disabled and other non-governmental organisations. The Council is headed by Belarus' Deputy Prime Minister.

A vital element in the social protection of the disabled is the maintenance of material assistance, including pension and insurance payments, medical, vocational and social rehabilitation, employment, and provision of technical means of social rehabilitation.

The provision of the technical means of social rehabilitation is essential. In accordance with legislation, those classed as belonging to disability groups I and II are provided with the technical means of social rehabilitation free of charge and on privileged terms, with funding from Republican and local budgets.

The Belarusian Prosthetic and Orthopaedic Rehabilitation Centre Republican Unitary Enterprise (hereinafter referred to as the BPORC) renders orthopaedic assistance to the public, producing over 70 percent of items included on the State Register (List) of Technical Means of Social Rehabilitation. More than 80 percent of its orders are made for registered individuals, to specifications given by medical consultants from the Outpatient Prosthesis Department (of the parent company and from BPORC branches). Over 41,000 people annually receive prosthetic and orthopaedic products in Belarus.

Demands are increasing for persons with disabilities to be able to enjoy full access to their surroundings. State programmes have been

working towards this, including the Complex Social Development Programme for 2011-2015 (comprising three sub-programmes: Social Support of Veterans, Persons Affected by War Consequences, the Elderly and Disabled; Prevention of Disability and Rehabilitation of Disabled Persons; and Development of Stationary Establishments of Social Service). There is also a 2011-2015 state programme to create a barrier-free living environment for physically disabled persons.

These state programmes aim to improve the quality of life for those registered as disabled, ensuring their social integration into society through measures to rehabilitate and compensate for disturbed or lost skills, as well as employment. They aim to improve national rehabilitation, teaching people with disabilities creative skills and helping them to participate in physical culture and sport. They also aim to promote unhindered access to social infrastructure, for people with all categories of disability.

The Republic has created technical legislation governing building design (regulations and codes, state standards and technical specifications) to promote a barrier-free environment from the outset. Meanwhile, existing buildings are being adapted to comply with regulations. Such codes are mandatory for all organisations, institutions and enterprises, legal entities and individuals engaged in design and estimate documentation. Failure to comply with norms of access will be enforced through legislation.

Various domestic organisations are now commercially producing lifting platforms for vertical and inclined movement, in addition to side lifts with manual transmission. Meanwhile, prefabricated modular ramps are being manufactured to order. From 2011 to 2014, over 7,800 sites were updated to create a barrier-free environment. In addition, around a thousand low-floor passenger buses and trolley-buses came into operation, and Belarusian Railways purchased sixteen modern electric and three diesel trains. Access for those with impaired mobility is progressing at Minsk National Airport RUE and on Minsk's metro. During repair of the existing road network, curbs are being lowered at crossing places, and road signs and traffic lights are being equipped with sound signals.

A system of communication and information support for persons with visual and hearing disabilities is being developed, with leading Republican broadcasting companies working to ensure that all viewers and listeners are able to access information.

Belarusian Women's Union.

Belarus is among the top thirty countries on such indicators as representation of women within legislative bodies and women's participation in decision-making. In the realm of national legislation, 29.7 percent of National Assembly members are women. Meanwhile, among civil servants at all levels, 68.5 percent are female.

Belarusian women are taking an active role in public life, rather than waiting for the state to address their problems. Whether occupying high government positions or looking after the home, women are defending their interests. There are more than thirty public associations for women, with the most authoritative being the Belarusian Women's Union. Established on December 14th, 1991, it has over 180,000 members.

The Belarusian Women's Union promotes women's role in decision-making: their active participation in bringing about a strong and prosperous Belarus. The Union's organisations are established countrywide, in urban and rural areas, at almost every large enterprise, as well as at various labour groups and educational institutions.

The purpose of the Union is to assist in protecting the rights and legal interests of women, family and children. It aims to provide women with a decent position in society, enhancing women's role in the socio-political, socio-economic and cultural life of the country.

The Belarusian Women's Union is engaged in protecting the rights of women and children, organising educational and advisory activities, and contributing to strengthening the family. It works to protect and improve women's health, and the quality of life for all Belarusian citizens. In particular, the leadership of the Belarusian Women's Union provides counselling for women and their families on such areas as employment, housing and family law, and the social protection of women and children. It is helping the spiritual and moral revival of society and preserving the cultural heritage of Belarus.

At the initiative of the Belarusian Women's Union, Mother's Day was established, celebrated annually on October 14th. In addition, it has brought about the Business Women of Belarus club, a club of women-scientists, and the Selchanka (Village Woman) Department. Under the auspices of the Union, contests are being held annually to name the 'Woman of the Year' and the 'Best Large Family', honouring women who have achieved success through professional, social and charitable activities, and raising wonderful children. Jointly, with the Ministry of

Labour and Social Protection and the Ministry of Health, it organises such charity campaigns as 'Women's Health – Nation's Health', and 'Our Children'.

Another Union activity deals with women's diplomacy: co-operative agreements have been signed and strong working alliances have been established with women in several foreign countries, including Russia, Ukraine, Lithuania, Vietnam, India, Korea, Cuba, Libya and Syria. Jointly with foreign embassies, the 'Women Abroad' information project launched in 2013, focusing on the position of women in society around the globe.

Belarusian Red Cross.

2018 sees the 155th anniversary of the founding of the International Red Cross and Red Crescent Movement, which brings together over 400 million people in 176 countries around the world. The only national Red Cross organisation – which assists the state in implementing humanitarian activities countrywide – is the Belarusian Red Cross Society Republican Public Association. It aims to protect and improve the lives and health of vulnerable people by mobilising the humanitarian potential of society and ensuring respect for individuals.

Since 2013, the Ministry of Labour and Social Protection, and local executive and administrative bodies of the Hrodzienskaja voblasć and Viciebskaja voblasć (as part of the 'From Innovation in the Social Sphere to New Quality of Life' project), have joined the Belarusian Red Cross Society in testing a new state mechanism. This aims to provide medical and social services to lonely disabled citizens in Navapolack and Hrodna, in their own homes. Hrodna's Lieninski rajon piloted the scheme. Last year, over 20,000 volunteers held 3,700 events in Belarus. Six thousand volunteers take the core initiative, making and implementing projects for Belarusian society, and 80 percent of them are young people.

In addition, in the near future, the organisation will gain more Sisters of Mercy (at present, there are 111 of them). In summer 2013, Minsk hosted a solemn ceremony, awarding three Belarusian nurses with the unique Florence Nightingale Medal: Voĺha Hiejcava, Tamara Ciarešyna and Izoĺda Siemušyna. They have dedicated their lives to the care of the seriously ill, needy, lonely and elderly, showing the best of human qualities: kindness, mercy, compassion and empathy. In 2015, the Red Cross in Minsk provided humanitarian assistance to almost 11,000 citizens.

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